



Wave 3
2008

Parent 2

Please fill out this form with regard to yourself and the child named below.

Parent's name:

Study child's name:

Thank you for your ongoing participation in *Growing up in Australia*. The study is being run by the Australian Institute of Family Studies on behalf of the Australian government, with data collected for the Institute by the Australian Bureau of Statistics (ABS).

All information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual information will be released to any person or department except at your written request and on your authorisation. Participation in this study is voluntary.

If you have any questions or want more information, please call the ABS on **1800 005 508**.

Please return the forms using the reply paid envelope provided (Reply Paid 76746, Sydney NSW 2000).

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick **within** the data entry boxes provided, for example
- Leave answer boxes blank where you have no response or data to enter, for example
- Do **not** use 'nil', 'n/a' or '-'.
- Tick one box only unless otherwise instructed.

2 8 5 or

- If a mistake is made, please correct it in this way

₁ Yes ₂ No



About your child

These questions are about the different sorts of things you may do with the study child (as named on the front page) and about this child's personality.

1 In the past month how often did you...?

(Tick one box per row only)

	Daily	A few times a week	A few times a month	Rarely	Not at all
(a) Help this child with his/her homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk to this child about his/her school activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Eat an evening meal with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Supervise this child brush his/her teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2 Please tick one box for each of the following statements to best describe the study child's behaviour over the past six months:

(Tick one box per row only)

	Not true	Somewhat true	Certainly true
(a) Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Shares readily with other children (treats, toys, pencils, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Good attention span, sees tasks through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Parenting

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

3 Thinking about the study child over the last six months, how often did you...?

(Tick one box per row only)

	Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost Always
(a) Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk it over and reason with this child when he/she misbehaved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Give this child reasons why rules should be obeyed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Explain to this child why he/she was being corrected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Explain to this child the consequences of his/her behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Emphasise to this child the reasons for rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4 When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...?

(Tick one box per row only)

	Never/ Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5 In the past six months, how often would you say...?*(Tick one box per row only)*

1 = Not at all

All the time = 10

- | | | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| (a) I have been angry with this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| (b) I have raised my voice with or shouted at this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| (c) I have lost my temper with this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

6 How often...?*(Tick one box per row only)*

Never/Almost never

Rarely

Sometimes

Often

Always/Almost always

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Does this child behave in a manner different from the way you want him/her to | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Do you think that this child's behaviour is more than you can handle | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) Do you feel that you are good at getting this child to do what you want him/her to do | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (d) Do you feel that you are in control and on top of things when you are caring for this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (e) Do you try to protect this child from life's difficulties | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (f) Do you put this child's wants and needs before your own | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (g) Does leaving this child with other people upset you no matter how well you know them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

7 Overall, as a parent, do you feel that you are...?

- 1 Not very good at being a parent
- 2 A person who has some trouble being a parent
- 3 An average parent
- 4 A better than average parent
- 5 A very good parent

Your health and wellbeing

8 In general, would you say your own health is...?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

9 How many serves of fruit do you usually eat each day? (A 'serve' = 1 medium piece or two small pieces of fruit or 1 cup of diced pieces)

serves

10 How many serves of vegetables do you usually eat each day? (A 'serve' = 1/2 cup of cooked vegetables or 1 cup of salad vegetables)

serves

11 About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? (e.g. walking briskly, riding a bike, gardening, tennis, swimming, running etc.)

days


12 About how much do you weigh? (If reporting in kg, round to the nearest kg. If pregnant at this time, write in your usual weight when not pregnant.)

kg or stones pounds

13 About how tall are you, without shoes?

cm or feet inches

14 Are you male or female?

- 1 Male  Go to Question 16
- 2 Female

15 Are you currently pregnant?

- 1 Yes
- 2 No
- 3 Not sure, possibly


16 Do you currently smoke cigarettes?

- 1 Yes
- 2 No  Go to Question 18

17 How many cigarettes do you usually smoke in one day?

- 1 Less than one a day
- 2 1 to 5 per day
- 3 6 to 10 per day
- 4 11 to 20 per day
- 5 More than 20 per day

18 How often do you have a drink containing alcohol?

- 1 Never  Go to Question 21
- 2 Not in the last year
- 3 Monthly or less
- 4 2 to 3 times a month
- 5 Once a week
- 6 2 to 3 times a week
- 7 4 to 6 times a week
- 8 Every day

19 How many standard drinks do you have on a typical day when you are drinking?

- 1 1 or 2
- 2 3 or 4
- 3 5 or 6
- 4 7 to 10
- 5 11 or more

20 How often do you have 5 or more standard drinks on one occasion (if female) or 7 or more standard drinks on one occasion (if male)?

- 1 Every day
- 2 4-6 times a week
- 3 2-3 times a week
- 4 Once a week
- 5 2-3 times a month
- 6 Monthly or less
- 7 Never

21 How difficult do you feel your life is at present?

- 1 No problems or stresses
- 2 Few problems or stresses
- 3 Some problems and stresses
- 4 Many problems and stresses
- 5 Very many problems and stresses

22 How well do you think you are coping?

- 1 Not at all
- 2 A little
- 3 Fairly well
- 4 Very well
- 5 Extremely well

23 In the past year, have you had two weeks or more during which you felt sad, blue or depressed or lost pleasure in things that you usually cared about or enjoyed?

- 1 Yes
- 2 No

24 How often do you feel rushed or pressed for time?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

25 How often do you feel that you need support or help but can't get it from anyone?

- 1 Very often
- 2 Often
- 3 Sometimes
- 4 Never

26 In the past 4 weeks, how often did you feel...?
(Tick one box per row only)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hopeless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) That everything was an effort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) So sad that nothing would cheer you up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Your family life

27 Do you have any biological or adopted children who do not live with you?

₁ Yes

₂ No ▶ Go to Question **29**

28 How many children do you have living elsewhere?

29 Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another? ('Family' refers to the people you live with)

₁ Excellent

₂ Very good

₃ Good

₄ Fair

₅ Poor

30 How much time per week do you personally spend on...?

(If you do not do an activity, write '0' in the hours box.)

(a) Domestic tasks (e.g. housework, home maintenance, shopping and cooking)

hours minutes

(b) Actively doing things with your children (e.g. playing with your children, helping them with personal care, teaching, coaching or actively supervising them, or getting them to childcare, school and other activities)

hours minutes

31 Thinking about how you and your partner look after the family and house, do you think that you do your fair share of the...?

(Tick one box per row only)

I do much less than my fair share	I do less than my fair share	I do my fair share	I do more than my fair share	I do much more than my fair share
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(a) Domestic tasks (housework, home maintenance, shopping and cooking)

₁ ₂ ₃ ₄ ₅

(b) Child-rearing tasks (both physical and emotional care)

₁ ₂ ₃ ₄ ₅

32 How often...? (Tick one box per row only)

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Are you a resource or support to your partner in raising your child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you feel your partner understands and is supportive of your needs as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Do you and your partner disagree about basic child-rearing issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Is your conversation with your partner awkward or stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Do you and your partner argue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Is there anger or hostility between you and your partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please answer the next questions without thinking too long about your responses - your first response is usually the best. Mark which best describes your answer from the scales provided for each question.

33 How well does your partner meet your needs?

1 = Poorly —————> Extremely well = 5

1 2 3 4 5

34 In general, how satisfied are you with your relationship?

1 = Unsatisfied —————> Very satisfied = 5

1 2 3 4 5

35 How good is your relationship compared to most?

1 = Poor —————> Excellent = 5

1 2 3 4 5

36 How often do you wish you hadn't married or lived together?

1 = Never —————> Very often = 5

1 2 3 4 5

37 To what extent has your marriage or relationship met your original expectations?

1 = Hardly at all —————> Completely = 5

1 2 3 4 5

38 How much do you love your partner?

1 = Not much —————> Very, very much = 5

1 2 3 4 5

39 How many problems are there in your relationship?

1 = Very few —————> Very many = 5

1 2 3 4 5

40 Which best describes the degree of happiness, all things considered, in your relationship?

Extremely unhappy Fairly unhappy A little unhappy Happy Very happy Extremely happy Perfectly happy

1 2 3 4 5 6 7

Work and family

Only complete this section if you are currently in paid work. If you are not in paid work, please go to Question 49. When you answer the questions below, please think about the job in which you work, or usually work, the most hours.

41 If you could choose the number of hours you work each week (and taking into account how that would affect your income), how many hours would you prefer to work?

 hours

42 If you sometimes need to change the time when you start or finish your workday, is it possible?

- 1 Yes, I am able to work flexible hours
- 2 Yes, with approval in special situations
- 3 No, not likely
- 4 No, definitely not
- 5 Don't know

43 Could you get a permanent change in hours if needed?

- 1 Yes, could change to more hours
- 2 Yes, could change to fewer hours
- 3 Yes, could get both
- 4 No, not possible
- 5 Don't know

44 How secure do you feel in your present job?

- 1 Very secure
- 2 Secure
- 3 Not very secure
- 4 Very insecure

45 Still thinking about the job in which you work the most hours, how strongly do you agree or disagree with these statements?

(Tick one box per row only)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a lot of freedom to decide how I do my own work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) My working has a positive effect on my child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Working helps me to better appreciate the time that I spend with my child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) The fact that I work makes me a better parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) I never have enough time to get everything done in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

46 Having both work and family responsibilities:

(a) Makes me a more rounded person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Gives my life more variety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Makes me feel competent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

47 Because of my work responsibilities:

(a) I have missed out on home or family activities that I would liked to have taken part in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) My family time is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

48 Because of my family responsibilities:

(a) I have had to turn down work activities or opportunities that I would prefer to take on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) The time I spend working is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Family and Community

49 People sometimes look to others for companionship, assistance, or other types of support. How often are each of the following kinds of support available to you if you need it?

(Tick one box per row only)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
(a) Someone you can count on to listen to you when you need to talk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Someone to confide in or talk to about yourself or your problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Someone to share your most private worries and fears with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Someone to turn to for suggestions about how to deal with a personal problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Someone to help you if you were confined to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Someone to take you to the doctor if you needed it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Someone to prepare your meals if you were unable to do it yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Someone to help with daily chores if you were sick	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Someone who shows you love and affection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Someone to love and make you feel wanted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Someone who hugs you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Someone to have a good time with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) Someone to get together with for relaxation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) Someone to do something enjoyable with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) Someone to do things with to help you get your mind off things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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50 How often do you see, talk to or email the following people? (Answer for the most frequent contact e.g. if you talk to your mother every day and your father once a week, record 'Every day')

(Tick one box per row only)

	No contact	Rarely	A few times a year	At least every month	At least every week	Every day	Don't have
(a) Your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(b) Your partner/spouse's parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(c) Other family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(d) Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(e) Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

51 How often do the following people support you in raising your child(ren)?

(Tick one box per row only)

	Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your partner/spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Your partner/spouse's parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Other family members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

52 How strongly do you agree or disagree with these statements about your neighbourhood?

(Tick one box per row only)

	Strongly agree	Agree	Disagree	Strongly disagree
(a) It is safe for children to play outside during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) This is a safe neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) People around here are willing to help their neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Most people in your neighbourhood can be trusted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

53 How strongly do you agree or disagree that...?

(Tick one box per row only)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(a) If you need information about local services, you know where to find that information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) You are well informed about local affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) You feel a strong sense of identity with your neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

54 Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

1 Yes

2 No

55 In general, how often do you attend events that bring people together such as fetes, shows, festivals or other community events?

1 Never

2 Rarely

3 Occasionally

4 Sometimes

5 Often

6 Very often

56 Are you currently an active member of a sporting, hobby or community-based club or association?

1 Yes

2 No

Please complete the questions below if you are not the person named on the front of this form

57 What is your name?

58 What is your relationship to the person named on the front of this form?

- 1 Partner
- 2 Child
- 3 Other relative
- 4 Friend
- 5 Interviewer
- 6 Professional interpreter
- 7 Other

59 What is the reason for filling in this form on behalf of the person named on the front of this form?

Thank you for taking the time to fill in this form.