



The Longitudinal Study of Australian Children

Wave 4 2010

Parent's name:

Study child's name:

Thank you for your ongoing participation in *Growing Up in Australia*, the Longitudinal Study of Australian Children. The study is being conducted in partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Institute of Family Studies and the Australian Bureau of Statistics, with advice provided by a consortium of leading researchers.

It is very important for this study to have the perspective of both parents/guardians. We really appreciate you finding the time to complete and return this form.

All information collected will be kept strictly confidential. Participation in this study is voluntary.



Instructions

- This questionnaire is to be completed by the parent/guardian named above with regard to the child named above
- Use **black** pen
- Keep each number or tick within the response box provided, for example

or

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

1 Yes 2 No

5 4 2

- Where appropriate, you can record '0' in the response box. However, do not use 'nil', 'n/a' or '-'
- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, Sydney NSW 2000)

If you have any questions or want more information, please call on **1800 005 508** freecall (excluding mobile phones).

Your child's personality and behaviour

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

	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) Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children (<i>treats, toys, pencils, etc.</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (<i>parents, teachers, other children</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees chores or homework through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Parenting

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

	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

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

	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

4 In the past month, how often did you...

	Daily	A few times a week	A few times a month	Rarely	Not at all
(a) 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
(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) 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

5 How often...

	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

6 How much do you agree or disagree with the following?

	Strongly agree	Agree	Disagree	Strongly disagree
(a) I know how to help this child do well at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) I think that I can make a difference in this child's success at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) I am able to help this child at home with school work that is difficult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

8 How many of this child's...

	None of them	Only a few	About half	Most of them	All of them
(a) Close friends do you know by sight and first and last name?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Close friend's parents do you know by sight and by first and last name?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9 How strongly do you agree or disagree with the following?

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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- (a) It is important that parents know where their child is and what he/she is doing all the time
- (b) It is difficult to know where this child is and what he/she is doing now that he/she is getting older

1 2 3 4 5

1 2 3 4 5

10 How often...

Always	Almost always	About half the time	Almost never	Never
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- (a) In the course of a day, do you know where this child is?
- (b) Do you know who this child is with when he/she is away from home?
- (c) Do you talk to this child about what is going on in his/her life?
- (d) Does this child go out without telling you where he/she will be?

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Your health and wellbeing

11 In general, would you say your own health is...

Excellent	Very good	Good	Fair	Poor
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1 2 3 4 5

12 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

13 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

14 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

15 About how much do you weigh?

(If you are pregnant, please record your usual weight when not pregnant)

kg or stones pounds

16 About how tall are you, without shoes?

cm or feet inches

17 Do you currently smoke cigarettes?

- 1 Yes
- 2 No ▶ Go to Question **19**

18 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

19 How often do you have a drink containing alcohol?

- 1 Never ▶ Go to Question **23**
- 2 Not in the last year
- 3 Monthly or less
- 4 2 or 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

20 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

21 How often do you have 5 or more standard drinks on one occasion?

- 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 ▶ Go to Question **23**

22 How often do you have 7 or more standard drinks on one occasion?

- 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

23 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

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

(a) Domestic tasks (*housework, home maintenance, shopping and cooking*)

- 1 I do much less than my fair share
- 2 I do less than my fair share
- 3 I do my fair share
- 4 I do more than my fair share
- 5 I do much more than my fair share

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

- 1 I do much less than my fair share
- 2 I do less than my fair share
- 3 I do my fair share
- 4 I do more than my fair share
- 5 I do much more than my fair share

25 In the past 4 weeks, how often did you feel...

	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 (<i>that is, without hope</i>)	<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

26 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

27 How well do you think you are coping?

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

28 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

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

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

30 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

31 How often...

	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

32 Have you ever been afraid of your spouse/partner?

1 Yes 2 No

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

33 How well does your spouse/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 feel 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 spouse/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
<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

Family and community

41 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?

	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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42 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')

	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 spouse/partner'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

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

	Always	Often	Sometimes	Rarely	Never	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
(b) Your spouse/partner'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
(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
(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
(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

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

	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

45 How strongly do you agree or disagree that...

	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

46 How do you feel about your neighbourhood as a place to bring up children?

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

47 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

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

- 1 Yes
- 2 No

49 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

Work and family

- If you are not in paid work, please go to Question 56.
- For the next questions, please think about the job in which you work the most hours.

50 If you could choose, how many hours would you prefer to work per week, taking into account how that would affect your income?

hours

51 If you sometimes need to change the time when you start or finish your work day, 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

52 Could you get a permanent increase in hours if needed?

- 1 Yes
- 2 No
- 3 Don't know

53 Could you get a permanent decrease in hours if needed?

- 1 Yes
- 2 No
- 3 Don't know

54 How secure do you feel in your present job?

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

55 How strongly do you agree or disagree with these statements?

	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
(f) Having both work and family responsibilities 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
(g) Having both work and family responsibilities 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
(h) Having both work and family responsibilities makes me feel competent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Because of my work responsibilities I have missed out on home or family activities that I would like 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
(j) Because of my work responsibilities 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
(k) Because of my family responsibilities 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
(l) Because of my family responsibilities 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

Contact details

56 What is your relationship to the study child?

1 Mother / female guardian 2 Father / male guardian 3 Other (*please specify*)

Name: (*please print*)

Work phone:

Mobile:

Signature:

Date: / /

**Thank you for taking the time to fill in this form.
Please return in reply paid envelope supplied.**