



The Longitudinal Study  
of Australian Children

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This file contains all Wave 8 questionnaires in the following order:

- Study Child ACASI (B Cohort)
- Study Child CSRB (B Cohort)
- Parent CAPI (B Cohort)
- Parent CASI (B Cohort)
- Parent CATI (B Cohort)
- Parent Leave Behind (B Cohort)
- Teacher Leave Behind (B Cohort)
- Young Person CAPI (K Cohort)
- Young Person CASI (K Cohort)
- Parent 1 CATI (K Cohort)
- Parent 2 CATI (K Cohort)
- Parent Living Elsewhere (K Cohort)
- Young Person CAWI (K Cohort)

Each questionnaire has been annotated with the variable names (inside curly brackets) and the question position (inside square brackets).

# B Cohort Casi Study Child

## Questionnaire

Respondent Stream: Study Child  
Mode: CASI

### ACASIB\_Q01

Did the parent provide consent to proceed? {hid40e2}  
[ACASB 1.1]

- 1: Yes ---> Q01b  
 2: No

### ACASIB\_Q01a

Enter the reason parent did not provide consent  
{hid40e2o} [ACASB 1.1.1]

### ACASIB\_Q01b

I've got some questions now for you to answer  
directly into the computer. There are no right and  
wrong answers, we just want to know what you think.

- 1: Yes ---> Q02  
 2: No ---> Q01c

Would you like to do this? {hid40f} [ACASB 1.2]

### ACASIB\_Q01c

Enter the reason Study Child did not proceed  
{hid40fo} [ACASB 1.2.1]

### ACASIB\_Q02

Is the child attending school? {hpc37c5b1a} [ACASB  
1.3]

- 1: Government / Catholic / Independent or Private  
school  
 2: Not in school

### ACASIB\_Q03a

Is the study child's biological/adopted mother in  
this home? {hfd23c1} [ACASB 1.4-1.7]

- 1: Yes, in this home ---> Q03b  
 2: No, living elsewhere (PLE) ---> Q03aii  
 6: No, deceased or never sees ---> Q03aiv

**ACASIB\_Q03aii**

Is there more than one person that could be a 'mum' in the child's life e.g. step mum, foster mum, etc.

- 1: Yes ---> Q03aiii  
 2: No ---> Q03b

**ACASIB\_Q03aiii**

When I hand you the notebook, there will be some questions that refer to 'mum', who do you think of as your 'mum'?

\_\_\_\_\_

**ACASIB\_MumSkip**

Did the study child choose their mum living elsewhere? {hfd23d1} [ACASB 1.6]

- 1: Yes  
 2: No

**ACASIB\_Q03aiv**

Is there a 'mum' in the home?

- 1: Yes  
 2: No

**ACASIB\_Q03b**

Is the study child's biological/adopted father in this home? {hfd23c2} [ACASB 1.8-1.11]

- 1: Yes, in this home ---> Q03e  
 2: No, living elsewhere (PLE) ---> Q03bii  
 6: No, deceased or never sees ---> Q03biv

**ACASIB\_Q03bii**

Is there more than one person that could be a 'dad' in the child's life e.g. step dad, foster dad, etc.

- 1: Yes ---> Q03biii  
 2: No ---> Q03e

**ACASIB\_Q03biii**

When I hand you the notebook, there will be some questions that refer to 'dad', who do you think of as your 'dad'?

\_\_\_\_\_

**ACASIB\_DadSkip**

Did the study child choose their dad living elsewhere? {hfd23d2} [ACASB 1.10]

- 1: Yes  
 2: No

**ACASIB\_Q03baiv**

Is there a 'dad' in the home?

- 1: Yes  
 2: No

**ACASIB\_Q03e**

All of your answers will be kept strictly confidential.

At any time during the interview if you would rather not answer a particular question hold down the cntrl key and press R.

Please make sure you read the question and response options carefully before answering.

Try not to spend too long on any one question, your first response is usually the best.

**ACASIB\_Q04**

Before you begin let's make sure the headphones work and the volume is right for you.

**ACASIB\_Q05**

You should be hearing sound now.

Please let the Interviewer know if you need the volume adjusted.

**ACASIB\_Q05a**

The first questions are about your social networks and online activities.

**ACASIB\_Q05b**

How many social network accounts do you use once a month or more? ( e.g. Facebook, Twitter, Instagram, YouTube.) {hhe39c1} [ACASB 2.1]

\_\_\_\_\_

0: None ---> Q05h

**ACASIB\_Q05c**

Thinking about those social networking accounts, how often do you share/post on them? {hhe39c2} [ACASB 2.2]

- 1: Hourly or more often
- 2: Several times a day
- 3: Everyday
- 4: Almost everyday
- 5: Once or twice a week
- 6: A few times a month
- 7: Once a month or less
- 8: Never

**ACASIB\_Q05h**

The next questions are about the types of information and services you access online.

**ACASIB\_Q05i**

For the topic below, please indicate which of the online activities you have engaged in.  1: Yes  
 2: No

Ways to be very thin {hhe40c1} [ACASB 3.1]

Ways to be very thin - Searched for or viewed information or images {hhe40c1a} [ACASB 3.1.1]  0: No  
 1: Yes

Ways to be very thin - Posted, shared or distributed information or images {hhe40c1b} [ACASB 3.1.2]  0: No  
 1: Yes

**ACASIB\_Q05j**

For the topic below, please indicate which of the online activities you have engaged in.  1: Yes  
 2: No

Ways to access illicit substances (i.e. drugs) {hhe40c2} [ACASB 3.2]

Ways to access illicit substances (i.e. drugs) - Searched for or viewed information or images {hhe40c2a} [ACASB 3.2.1]  0: No  
 1: Yes

Ways to access illicit substances (i.e. drugs) - Posted, shared or distributed information or images {hhe40c2b} [ACASB 3.2.2]  0: No  
 1: Yes

**ACASIB\_Q05k**

For the topic below, please indicate which of the online activities you have engaged in.  1: Yes  
 2: No

Ways of physically harming or hurting yourself {hhe40c4} [ACASB 3.3]

Ways of physically harming or hurting yourself - Searched for or viewed information or images {hhe40c4a} [ACASB 3.3.1]  0: No  
 1: Yes

Ways of physically harming or hurting yourself - Posted, shared or distributed information or images {hhe40c4b} [ACASB 3.3.2]  0: No  
 1: Yes

**ACASIB\_Q05l**

For the topic below, please indicate which of the online activities you have engaged in.  1: Yes  
 2: No

Ways of dying by suicide / taking your own life {hhe40c5} [ACASB 3.4]

Ways of dying by suicide / taking your own life - Searched for or viewed information or images {hhe40c5a} [ACASB 3.4.1]  0: No  
 1: Yes

Ways of dying by suicide / taking your own life -  
Posted, shared or distributed information or images  
{hhe40c5b} [ACASB 3.4.2]

- 0: No  
 1: Yes

### ACASIB\_Q06

The next questions are about school.

### ACASIB\_Q07

For each of the following sentences please pick the answer that best matches your experience. There are no right or wrong answers.

People here notice when I'm good at something  
{hpc58h1} [ACASB 4.1.1]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

It is hard for people like me to be accepted here  
{hpc58h2} [ACASB 4.1.2]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Other students in this school take my opinions  
seriously {hpc58h3} [ACASB 4.1.3]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Most teachers at this school are interested in me.  
{hpc58h4} [ACASB 4.1.4]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Sometimes I don't feel as if I belong here {hpc58h5}  
[ACASB 4.1.5]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

There's at least one teacher or other adult in this  
school I can talk to if I have a problem {hpc58h6}  
[ACASB 4.1.6]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Teachers here are not interested in people like me.  
{hpc58h7} [ACASB 4.1.7]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I am included in lots of activities at this school.  
{hpc58h8} [ACASB 4.1.8]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I can really be myself at this school {hpc58h9}  
[ACASB 4.1.9]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

The teachers here respect me {hpc58h10} [ACASB  
4.1.10]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I wish I were in a different school. {hpc58h11}  
[ACASB 4.1.11]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Other students here like me the way I am {hpc58h12}  
[ACASB 4.1.12]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

## ACASIB\_Q08

How much do you agree or disagree with each of the following?

I learn things quickly in most school subjects  
{hpc58j1} [ACASB 4.2.1]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

I am good at most school subjects {hpc58j2} [ACASB  
4.2.2]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

I do well in tests in most school subjects {hpc58j3}  
[ACASB 4.2.3]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

**ACASIB\_Q09**

Do you like maths and number work at school?  
{hpc58b2} [ACASB 4.3.1]

1: Yes  
 2: Sometimes  
 3: No

Do you like reading and writing activities at school?  
{hpc58b8} [ACASB 4.3.2]

1: Yes  
 2: Sometimes  
 3: No

Do you like learning about science and science  
activities at school? {hpc58b9} [ACASB 4.3.3]

1: Yes  
 2: Sometimes  
 3: No

**ACASIB\_Q10**

How many times did the following things happen to you in the last 6 months?

I was late for school {hpc58i1} [ACASB 5.1.1]

1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I cut or skipped classes {hpc58i2} [ACASB 5.1.2]

1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I was absent from school without parental permission  
{hpc58i3a} [ACASB 5.1.3]

1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I was absent from school with parental permission  
{hpc58i3b} [ACASB 5.1.4]

1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I got into trouble for not following school rules  
{hpc58i4} [ACASB 5.1.5]

1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times



**ACASIB\_Q11**

What was the main reason for your most recent absence from school without parental permission? {hpc58i5} [ACASB 5.2]

- 1: Pressure from friends to do other things
- 2: Stress, anxiety or depression
- 3: Tiredness
- 4: Other illness or medical condition
- 5: Bullying
- 6: Problems with friend(s)
- 7: Problems with teacher(s)
- 8: To avoid school work
- 9: To complete school work
- 10: Other reason

**ACASIB\_Q12**

During the last two weeks, how many days were you absent from school without parental permission? {hpc58i6} [ACASB 5.3]

\_\_\_\_\_

**ACASIB\_Q14**

What was the main reason for your most recent absence from school with parental permission? {hpc58i7} [ACASB 5.4]

- 1: Stress, anxiety or depression
- 2: Tiredness
- 3: Other illness or medical condition
- 4: Medical, dental or other specialist appointment
- 5: Bullying
- 6: Problems with friend(s)
- 7: Problems with teacher(s)
- 8: To avoid school work
- 9: To complete school work
- 10: Caring for another family member
- 11: Illness of family member
- 12: Outside of school activities (e.g. representative sport, music performance etc.)
- 13: Family events (e.g. holidays, religious/cultural events)
- 14: Other reason

**ACASIB\_Q20**

How much interest does your mother show towards your learning and education? {hhe38c1} [ACASB 6.1.1]

- 1: A lot of interest
- 2: Some interest
- 3: Not much interest
- 4: No interest at all

How much interest does your father show towards your learning and education? {hhe38c2} [ACASB 6.1.2]

- 1: A lot of interest
- 2: Some interest
- 3: Not much interest
- 4: No interest at all

**ACASIB\_Q23**

The next questions are about how you get on with friends. For each statement, choose the number that best describes you and your friends.

My friends sense when I'm upset about something  
{hsc22a1} [ACASB 7.1.1]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

My friends encourage me to talk about my difficulties  
{hsc22a2} [ACASB 7.1.2]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

My friends listen to what I say {hsc22b1} [ACASB 7.1.3]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

I feel my friends are good friends {hsc22b2} [ACASB 7.1.4]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

I trust my friends {hsc22b3} [ACASB 7.1.5]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

My friends respect my feelings {hsc22b4} [ACASB 7.1.6]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

I tell my friends about my problems and troubles  
{hsc22a3} [ACASB 7.1.7]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

If my friends know something is bothering me, they ask me about it {hsc22a4} [ACASB 7.1.8]

- 1: Almost always true  
 2: Often true  
 3: Sometimes true  
 4: Seldom true  
 5: Almost never true

**ACASIB\_Q24**

This set of questions is about the kids that you spend time with. You might know these kids from school, your neighbourhood, or anywhere else. Think about these kids when you answer each of the questions.

They read books for fun {hsc23a1} [ACASB 7.2.1]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They try to get away with things. {hsc23a2} [ACASB 7.2.2]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

I get into trouble when I am with them {hsc23a3} [ACASB 7.2.3]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They work hard at school {hsc23a4} [ACASB 7.2.4]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They get into a lot of trouble at school {hsc23a5} [ACASB 7.2.5]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They do well in school {hsc23a6} [ACASB 7.2.6]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They are good at sports {hsc23a7} [ACASB 7.2.7]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They are mean to other kids {hsc23a8} [ACASB 7.2.8]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They cheat on tests {hsc23a9} [ACASB 7.2.9]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

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They go to church or religious services {hsc23a10}  
[ACASB 7.2.10]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They dislike school {hsc23a11} [ACASB 7.2.11]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They are respectful of teachers {hsc23a12} [ACASB  
7.2.12]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They think being popular is more important than  
getting good grades {hsc23a13} [ACASB 7.2.13]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They are involved in lots of activities outside of  
school {hsc23a14} [ACASB 7.2.14]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They make me do things I am ashamed of {hsc23a15}  
[ACASB 7.2.15]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They get into lots of fights {hsc23a16} [ACASB  
7.2.16]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They smoke cigarettes {hsc23a17} [ACASB 7.2.17]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They drink alcohol {hsc23a18} [ACASB 7.2.18]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them
- 

They have broken the law {hsc23a19} [ACASB 7.2.19]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

They try drugs {hsc23a20} [ACASB 7.2.20]

- 1: None of them  
 2: One or two of them  
 3: Some of them  
 4: Most of them  
 5: All of them

### ACASIB\_Q26

For the next questions, please think about things that might have happened to you at school or out-of-school.

Include texts, Facebook, etc as well as face-to-face contact.

### ACASIB\_Q27

During the last 12 months, since this month last year,

someone hit or kicked me on purpose {hre22a} [ACASB 8.1.1]

- 1: Yes  
 2: No

someone grabbed or shoved me on purpose. {hre22b} [ACASB 8.1.2]

- 1: Yes  
 2: No

someone threatened to hurt me. {hre22c} [ACASB 8.1.3]

- 1: Yes  
 2: No

someone said mean things to me or called me names. {hre22e} [ACASB 8.1.4]

- 1: Yes  
 2: No

someone tried to keep others from being my friend. {hre22f} [ACASB 8.1.5]

- 1: Yes  
 2: No

someone did not let me join in what they were doing {hre22g} [ACASB 8.1.6]

- 1: Yes  
 2: No

someone spread rumours about me behind my back {hre22x} [ACASB 8.1.7]

- 1: Yes  
 2: No

someone deliberately tried to hurt me by not talking to me {hre22y} [ACASB 8.1.8]

- 1: Yes  
 2: No

someone deliberately excluded me from an activity, event or group {hre22z} [ACASB 8.1.9]

- 1: Yes  
 2: No

I hit or kicked someone on purpose {hre22i} [ACASB 8.1.10]

- 1: Yes  
 2: No

I grabbed or shoved someone on purpose {hre22m} [ACASB 8.1.11]

- 1: Yes  
 2: No

I threatened to hurt someone {hre22n} [ACASB 8.1.12]

- 1: Yes  
 2: No

I said mean things to someone or called someone names {hre22p} [ACASB 8.1.13]

- 1: Yes  
 2: No

I told others not to be someone's friend {hre22q} [ACASB 8.1.14]  1: Yes  
 2: No

I did not let someone join in what I was doing {hre22r} [ACASB 8.1.15]  1: Yes  
 2: No

I spread rumours about someone behind their back {hre22za} [ACASB 8.1.16]  1: Yes  
 2: No

I deliberately tried to hurt someone by not talking to them {hre22zb} [ACASB 8.1.17]  1: Yes  
 2: No

I deliberately excluded someone from an activity, event or group {hre22zc} [ACASB 8.1.18]  1: Yes  
 2: No

## ACASIB\_Q28

Did any of these things happen during the past month?

Someone hit or kicked me on purpose {hre22a1} [ACASB 8.2.1]  0: No  
 1: Yes

Someone grabbed or shoved me on purpose {hre22b1} [ACASB 8.2.2]  0: No  
 1: Yes

Someone threatened to hurt me {hre22c1} [ACASB 8.2.3]  0: No  
 1: Yes

Someone said mean things to me or called me names {hre22e1} [ACASB 8.2.4]  0: No  
 1: Yes

Someone tried to keep others from being my friend {hre22f1} [ACASB 8.2.5]  0: No  
 1: Yes

Someone did not let me join in what they were doing {hre22g1} [ACASB 8.2.6]  0: No  
 1: Yes

Someone spread rumours about me behind my back {hre22x1} [ACASB 8.2.7]  0: No  
 1: Yes

Someone deliberately tried to hurt me by not talking to me {hre22y1} [ACASB 8.2.8]  0: No  
 1: Yes

Someone deliberately excluded me from an activity, event or group {hre22z1} [ACASB 8.2.9]  0: No  
 1: Yes

I hit or kicked someone on purpose {hre22i1} [ACASB 8.2.10]  0: No  
 1: Yes

I grabbed or shoved someone on purpose {hre22m1} [ACASB 8.2.11]  0: No  
 1: Yes

I threatened to hurt someone {hre22n1} [ACASB 8.2.12]  0: No  
 1: Yes

I said mean things to someone or called someone names  
{hre22p1} [ACASB 8.2.13]  0: No  
 1: Yes

I told others not to be someone's friend {hre22q1}  
[ACASB 8.2.14]  0: No  
 1: Yes

I did not let someone join in what I was doing  
{hre22r1} [ACASB 8.2.15]  0: No  
 1: Yes

I spread rumours about someone behind their back  
{hre22za1} [ACASB 8.2.16]  0: No  
 1: Yes

I deliberately tried to hurt someone by not talking  
to them {hre22zb1} [ACASB 8.2.17]  0: No  
 1: Yes

I deliberately excluded someone from an activity,  
event or group {hre22zc1} [ACASB 8.2.18]  0: No  
 1: Yes

Nothing happened {hre22w1} [ACASB 8.2.19]  0: No  
 1: Yes ---> Q34

## ACASIB\_Q29

How many times in the past month did

Someone hit or kicked me on purpose {hre22a2} [ACASB  
8.3.1]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone grabbed or shoved me on purpose {hre22b2}  
[ACASB 8.3.2]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone threatened to hurt me {hre22c2} [ACASB 8.3.3]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone said mean things to me or called me names  
{hre22e2} [ACASB 8.3.4]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone tried to keep others from being my friend  
{hre22f2} [ACASB 8.3.5]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone did not let me join in what they were doing  
{hre22g2} [ACASB 8.3.6]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone spread rumours about me behind my back  
{hre22x2} [ACASB 8.3.7]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone deliberately tried to hurt me by not talking  
to me {hre22y2} [ACASB 8.3.8]  1: Once or twice  
 2: About once a week  
 3: Several times a week

Someone deliberately excluded me from an activity, event or group {hre22z2} [ACASB 8.3.9]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I hit or kicked someone on purpose {hre22l2} [ACASB 8.3.10]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I grabbed or shoved someone on purpose {hre22m2} [ACASB 8.3.11]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I threatened to hurt someone {hre22n2} [ACASB 8.3.12]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I said mean things to someone or called someone names {hre22p2} [ACASB 8.3.13]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I told others not to be someone's friend {hre22q2} [ACASB 8.3.14]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I did not let someone join in what I was doing {hre22r2} [ACASB 8.3.15]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I spread rumours about someone behind their back {hre22za2} [ACASB 8.3.16]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I deliberately tried to hurt someone by not talking to them {hre22zb2} [ACASB 8.3.17]

1: Once or twice  
 2: About once a week  
 3: Several times a week

I deliberately excluded someone from an activity, event or group {hre22zc2} [ACASB 8.3.18]

1: Once or twice  
 2: About once a week  
 3: Several times a week

### ACASIB\_Q30

Where did this happen?

Someone hit or kicked me on purpose {hre22a3} [ACASB 8.4.1]

1: At school  
 2: Out of school  
 3: Both

Someone grabbed or shoved me on purpose {hre22b3} [ACASB 8.4.2]

1: At school  
 2: Out of school  
 3: Both

Someone threatened to hurt me {hre22c3} [ACASB 8.4.3]

1: At school  
 2: Out of school  
 3: Both



---

Someone said mean things to me or called me names {hre22e3} [ACASB 8.4.4]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
Someone tried to keep others from being my friend {hre22f3} [ACASB 8.4.5]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
Someone did not let me join in what they were doing {hre22g3} [ACASB 8.4.6]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
Someone spread rumours about me behind my back {hre22x3} [ACASB 8.4.7]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
Someone deliberately tried to hurt me by not talking to me {hre22y3} [ACASB 8.4.8]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
Someone deliberately excluded me from an activity, event or group {hre22z3} [ACASB 8.4.9]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I hit or kicked someone on purpose {hre22i3} [ACASB 8.4.10]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I grabbed or shoved someone on purpose {hre22m3} [ACASB 8.4.11]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I threatened to hurt someone {hre22n3} [ACASB 8.4.12]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I said mean things to someone or called someone names {hre22p3} [ACASB 8.4.13]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I told others not to be someone's friend {hre22q3} [ACASB 8.4.14]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I did not let someone join in what I was doing {hre22r3} [ACASB 8.4.15]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I spread rumours about someone behind their back {hre22za3} [ACASB 8.4.16]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both
I deliberately tried to hurt someone by not talking to them {hre22zb3} [ACASB 8.4.17]	<input type="checkbox"/> 1: At school <input type="checkbox"/> 2: Out of school <input type="checkbox"/> 3: Both

---

I deliberately excluded someone from an activity,  
event or group {hre22zc3} [ACASB 8.4.18]

- 1: At school  
 2: Out of school  
 3: Both

### ACASIB\_Q32

How did this happen?

Someone threatened to hurt me? Face-to-face  
{hre22c4a} [ACASB 8.5.1.1]

- 0: No  
 1: Yes

Someone threatened to hurt me? Video chat {hre22c4b}  
[ACASB 8.5.1.2]

- 0: No  
 1: Yes

Someone threatened to hurt me? Phone call {hre22c4c}  
[ACASB 8.5.1.3]

- 0: No  
 1: Yes

Someone threatened to hurt me? Private messaging  
{hre22c4d} [ACASB 8.5.1.4]

- 0: No  
 1: Yes

Someone threatened to hurt me? Open forum {hre22c4e}  
[ACASB 8.5.1.5]

- 0: No  
 1: Yes

Someone threatened to hurt me? Other {hre22c4f}  
[ACASB 8.5.1.6]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Face-to-face {hre22e4a} [ACASB 8.5.2.1]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Video chat {hre22e4b} [ACASB 8.5.2.2]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Phone call {hre22e4c} [ACASB 8.5.2.3]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Private messaging {hre22e4d} [ACASB 8.5.2.4]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Open forum {hre22e4e} [ACASB 8.5.2.5]

- 0: No  
 1: Yes

Someone said mean things to me or called me names?  
Other {hre22e4f} [ACASB 8.5.2.6]

- 0: No  
 1: Yes

Someone tried to keep others from being my friend?  
Face-to-face {hre22f4a} [ACASB 8.5.3.1]

- 0: No  
 1: Yes

Someone tried to keep others from being my friend?  
Video chat {hre22f4b} [ACASB 8.5.3.2]

- 0: No  
 1: Yes

Someone tried to keep others from being my friend?  
Phone call {hre22f4c} [ACASB 8.5.3.3]

- 0: No  
 1: Yes

Someone tried to keep others from being my friend?  
Private messaging {hre22f4d} [ACASB 8.5.3.4]

- 0: No  
 1: Yes

Someone tried to keep others from being my friend? Open forum {hre22f4e} [ACASB 8.5.3.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone tried to keep others from being my friend? Other {hre22f4f} [ACASB 8.5.3.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Face-to-face {hre22g4a} [ACASB 8.5.4.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Video chat {hre22g4b} [ACASB 8.5.4.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Phone call {hre22g4c} [ACASB 8.5.4.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Private messaging {hre22g4d} [ACASB 8.5.4.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Open forum {hre22g4e} [ACASB 8.5.4.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone did not let me join in what they were doing? Other {hre22g4f} [ACASB 8.5.4.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Face-to-face {hre22x4a} [ACASB 8.5.5.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Video chat {hre22x4b} [ACASB 8.5.5.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Phone call {hre22x4c} [ACASB 8.5.5.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Private messaging {hre22x4d} [ACASB 8.5.5.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Open forum {hre22x4e} [ACASB 8.5.5.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone spread rumours about me behind my back? Other {hre22x4f} [ACASB 8.5.5.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately tried to hurt me by not talking to me? Face-to-face {hre22y4a} [ACASB 8.5.6.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately tried to hurt me by not talking to me? Video chat {hre22y4b} [ACASB 8.5.6.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately tried to hurt me by not talking to me? Phone call {hre22y4c} [ACASB 8.5.6.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately tried to hurt me by not talking to me? Private messaging {hre22y4d} [ACASB 8.5.6.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Someone deliberately tried to hurt me by not talking to me? Open forum {hre22y4e} [ACASB 8.5.6.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately tried to hurt me by not talking to me? Other {hre22y4f} [ACASB 8.5.6.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Face-to-face {hre22z4a} [ACASB 8.5.7.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Video chat {hre22z4b} [ACASB 8.5.7.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Phone call {hre22z4c} [ACASB 8.5.7.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Private messaging {hre22z4d} [ACASB 8.5.7.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Open forum {hre22z4e} [ACASB 8.5.7.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone deliberately excluded me from an activity, event or group? Other {hre22z4f} [ACASB 8.5.7.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Face-to-face {hre22n4a} [ACASB 8.5.8.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Video chat {hre22n4b} [ACASB 8.5.8.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Phone call {hre22n4c} [ACASB 8.5.8.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Private messaging {hre22n4d} [ACASB 8.5.8.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Open forum {hre22n4e} [ACASB 8.5.8.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I threatened to hurt someone? Other {hre22n4f} [ACASB 8.5.8.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I said mean things to someone or called someone names? Face-to-face {hre22p4a} [ACASB 8.5.9.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I said mean things to someone or called someone names? Video chat {hre22p4b} [ACASB 8.5.9.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I said mean things to someone or called someone names? Phone call {hre22p4c} [ACASB 8.5.9.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I said mean things to someone or called someone names? Private messaging {hre22p4d} [ACASB 8.5.9.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

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I said mean things to someone or called someone names? Open forum {hre22p4e} [ACASB 8.5.9.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I said mean things to someone or called someone names? Other {hre22p4f} [ACASB 8.5.9.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Face-to-face {hre22q4a} [ACASB 8.5.10.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Video chat {hre22q4b} [ACASB 8.5.10.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Phone call {hre22q4c} [ACASB 8.5.10.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Private messaging {hre22q4d} [ACASB 8.5.10.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Open forum {hre22q4e} [ACASB 8.5.10.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I told others not to be someones friend? Other {hre22q4f} [ACASB 8.5.10.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Face-to-face {hre22r4a} [ACASB 8.5.11.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Video chat {hre22r4b} [ACASB 8.5.11.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Phone call {hre22r4c} [ACASB 8.5.11.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Private messaging {hre22r4d} [ACASB 8.5.11.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Open forum {hre22r4e} [ACASB 8.5.11.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I did not let someone join in what I was doing? Other {hre22r4f} [ACASB 8.5.11.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I spread rumours about someone behind their back? Face-to-face {hre22za4a} [ACASB 8.5.12.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I spread rumours about someone behind their back? Video chat {hre22za4b} [ACASB 8.5.12.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I spread rumours about someone behind their back? Phone call {hre22za4c} [ACASB 8.5.12.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I spread rumours about someone behind their back? Private messaging {hre22za4d} [ACASB 8.5.12.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

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I spread rumours about someone behind their back? Open forum {hre22za4e} [ACASB 8.5.12.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I spread rumours about someone behind their back? Other {hre22za4f} [ACASB 8.5.12.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Face-to-face {hre22zb4a} [ACASB 8.5.13.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Video chat {hre22zb4b} [ACASB 8.5.13.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Phone call {hre22zb4c} [ACASB 8.5.13.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Private messaging {hre22zb4d} [ACASB 8.5.13.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Open forum {hre22zb4e} [ACASB 8.5.13.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately tried to hurt someone by not talking to them? Other {hre22zb4f} [ACASB 8.5.13.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Face-to-face {hre22zc4a} [ACASB 8.5.14.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Video chat {hre22zc4b} [ACASB 8.5.14.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Phone call {hre22zc4c} [ACASB 8.5.14.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Private messaging {hre22zc4d} [ACASB 8.5.14.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Open forum {hre22zc4e} [ACASB 8.5.14.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I deliberately excluded someone from an activity, event or group? Other {hre22zc4f} [ACASB 8.5.14.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

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**ACASIB\_Q34**

In the last 6 months have you been treated unfairly or badly because of your language or accent? {hsc26c1} [ACASB 8.6.1 ]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your skin colour? {hsc26c2} [ACASB 8.6.2]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your disability? {hsc26c3} [ACASB 8.6.3]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your religious beliefs? {hsc26c4} [ACASB 8.6.4]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your cultural background? {hsc26c5} [ACASB 8.6.5]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your mental health problems? {hsc26c6} [ACASB 8.6.6]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your sexual identity or same sex attraction? {hsc26c7} [ACASB 8.6.7]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your body size, shape or physical appearance? {hsc26c8} [ACASB 8.6.8]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your sex (i.e. sexism)? {hsc26c9} [ACASB 8.6.9]  1: Yes  2: No

In the last 6 months have you been treated unfairly or badly because of your gender identity (e.g. transgender, gender non-conforming)? {hsc26c10} [ACASB 8.6.10]  1: Yes  2: No

**ACASIB\_Q34a**

The next questions are about your relationships and sexuality.

**ACASIB\_Q34b**

Which of these statements best describes your sexual feelings at this time in your life {hre23a} [ACASB 9.1]

- 1: I'm attracted only to girls  
 2: I'm attracted only to boys  
 3: I'm attracted to girls and boys  
 4: I'm not sure who I am attracted to  
 5: I don't feel any attraction to others

**ACASIB\_Q34c**

Have you ever had sex {hre23b} [ACASB 9.2]

- 1: Yes  
 2: No ---> Q35

**ACASIB\_Q34d**

How old were you the first time you had sex {hre23c} [ACASB 9.3]

\_\_\_\_\_

**ACASIB\_Q34e**

The last time you had sex, what method (if any) was used to prevent pregnancy?

None {hhb29a1} [ACASB 9.4.1]

- 0: No  
 1: Yes

Birth control pills {hhb29a2} [ACASB 9.4.2]

- 0: No  
 1: Yes

Condoms {hhb29a3} [ACASB 9.4.3]

- 0: No  
 1: Yes

Morning after pill {hhb29a7} [ACASB 9.4.4]

- 0: No  
 1: Yes

Contraceptive implant (rod) {hhb29a8} [ACASB 9.4.5]

- 0: No  
 1: Yes

Contraceptive injection {hhb29a9} [ACASB 9.4.6]

- 0: No  
 1: Yes

Intrauterine device (IUD) {hhb29a10} [ACASB 9.4.7]

- 0: No  
 1: Yes

Diaphragm {hhb29a11} [ACASB 9.4.8]

- 0: No  
 1: Yes

Vaginal ring {hhb29a12} [ACASB 9.4.9]

- 0: No  
 1: Yes

Female condom {hhb29a13} [ACASB 9.4.10]

- 0: No  
 1: Yes

Rhythm method / Fertility awareness {hhb29a14} [ACASB 9.4.11]

- 0: No  
 1: Yes



Withdrawal {hhb29a15} [ACASB 9.4.12]  0: No  
 1: Yes

Engaged in other sexual behaviours {hhb29a16} [ACASB 9.4.13]  0: No  
 1: Yes

Not applicable (e.g. same-sex partner) {hhb29a17} [ACASB 9.4.14]  0: No  
 1: Yes

Other {hhb29a4} [ACASB 9.4.15]  0: No  
 1: Yes

Not sure {hhb29a5} [ACASB 9.4.16]  0: No  
 1: Yes

### ACASIB\_Q34g

The last time you had sex, what method (if any) was used to prevent getting a sexually transmitted infection (STI)?

None {hhb29b1} [ACASB 9.5.1]  0: No  
 1: Yes

Condom {hhb29b2} [ACASB 9.5.2]  0: No  
 1: Yes

Other {hhb29b3} [ACASB 9.5.3]  0: No  
 1: Yes

Not sure {hhb29b4} [ACASB 9.5.4]  0: No  
 1: Yes

### ACASIB\_Q34i

Have you ever been pregnant/Have you ever had sex that resulted in a pregnancy {hhs53a} [ACASB 10.1]  1: Yes, currently pregnant/a girl is currently pregnant  
 2: Yes, but not currently pregnant/a girl was pregnant  
 3: No ---> Q35

### ACASIB\_Q34j

How many times have you been pregnant/How many pregnancies {hhs53a1} [ACASB 10.2] \_\_\_\_\_

### ACASIB\_Q34k

What was the outcome of first pregnancy {hhs53b1} [ACASB 10.3.1]  1: Birth of live baby  
 2: Birth of a stillborn baby  
 3: A miscarriage  
 4: An abortion

What was the outcome of second pregnancy {hhs53b2} [ACASB 10.3.2]  1: Birth of live baby  
 2: Birth of a stillborn baby  
 3: A miscarriage  
 4: An abortion

What was the outcome of third pregnancy {hhs53b3}  
[ACASB 10.3.3]

- 1: Birth of live baby  
 2: Birth of a stillborn baby  
 3: A miscarriage  
 4: An abortion

### ACASIB\_Q35

Are you going out with anyone, that is, do you currently have a boyfriend or girlfriend? {hre19a1}  
[ACASB 11.1]

- 1: Yes  
 2: No ---> Q38

### ACASIB\_Q36

Do you go out, just the two of you? {hre19a2} [ACASB 11.2]

- 1: Yes  
 2: No

### ACASIB\_Q38

How many boyfriends/girlfriends have you had in the last 2 years? {hre19a4} [ACASB 11.3]

\_\_\_\_\_

### ACASIB\_Q41a

The next questions ask about the help you provide to people who have a long-term health condition, disability or are elderly. This may be someone in your family or someone else.

### ACASIB\_Q41b

Do you help someone who has a long-term health condition, has a disability or is elderly, with activities that they would have trouble doing on their own {hsc28a} [ACASB 12.1]

- 1: Yes  
 2: No ---> Q49

### ACASIB\_Q43

What is first persons relationship to you {hsc28b1}  
[ACASB 12.3.1]

- 1: Brother / sister  
 2: Parent / step-parent  
 3: Grandparent  
 4: Aunt / uncle  
 5: Niece / nephew  
 6: Cousin  
 7: Other relative  
 8: Boarder / housemate  
 9: Unrelated child (under 18 years)  
 10: Unrelated adult (18 years or over)

What is second persons relationship to you {hsc28b2}  
[ACASB 12.3.2]

- 1: Brother / sister  
 2: Parent / step-parent  
 3: Grandparent  
 4: Aunt / uncle  
 5: Niece / nephew  
 6: Cousin  
 7: Other relative  
 8: Boarder / housemate  
 9: Unrelated child (under 18 years)  
 10: Unrelated adult (18 years or over)

What is third persons relationship to you {hsc28b3}  
[ACASB 12.3.3]

- 1: Brother / sister  
 2: Parent / step-parent  
 3: Grandparent  
 4: Aunt / uncle  
 5: Niece / nephew  
 6: Cousin  
 7: Other relative  
 8: Boarder / housemate  
 9: Unrelated child (under 18 years)  
 10: Unrelated adult (18 years or over)

#### ACASIB\_Q44

Does first person live with you {hsc28c1} [ACASB  
12.4.1]

- 1: Yes  
 2: No

Does second person live with you {hsc28c2} [ACASB  
12.4.2]

- 1: Yes  
 2: No

Does third person live with you {hsc28c3} [ACASB  
12.4.3]

- 1: Yes  
 2: No

#### ACASIB\_Q45

Does first person go to the same school as you  
{hsc28d1} [ACASB 12.5.1]

- 1: Yes  
 2: No

Does second person go to the same school as you  
{hsc28d2} [ACASB 12.5.2]

- 1: Yes  
 2: No

Does third person go to the same school as you  
{hsc28d3} [ACASB 12.5.3]

- 1: Yes  
 2: No

#### ACASIB\_Q46

What sort of help do you provide for the first person

Personal care {hsc28e1} [ACASB 12.6.1.1]

- 1: Yes  
 2: No

Moving around {hsc28f1} [ACASB 12.6.1.2]

- 1: Yes  
 2: No

Transport {hsc28g1} [ACASB 12.6.1.3]

- 1: Yes  
 2: No

Communicating {hsc28h1} [ACASB 12.6.1.4]

- 1: Yes  
 2: No

Preparation of meals {hsc28i1} [ACASB 12.6.1.5]

- 1: Yes  
 2: No

Housework, shopping, errands {hsc28j1} [ACASB  
12.6.1.6]

- 1: Yes  
 2: No

---

House repairs or garden care {hsc28k1} [ACASB 12.6.1.7]  1: Yes  
 2: No

---

Health care {hsc28l1} [ACASB 12.6.1.8]  1: Yes  
 2: No

---

Paperwork {hsc28m1} [ACASB 12.6.1.9]  1: Yes  
 2: No

---

Keeping them company {hsc28n1} [ACASB 12.6.1.10]  1: Yes  
 2: No

---

Emotional support - providing love, comfort or protection {hsc28s1} [ACASB 12.6.1.11]  1: Yes  
 2: No

---

Provide help for technology use {hsc28t1} [ACASB 12.6.1.12]  1: Yes  
 2: No

---

Other {hsc28o1} [ACASB 12.6.1.13]  1: Yes  
 2: No

---

What sort of help do you provide for the second person

---

Personal care {hsc28e2} [ACASB 12.6.2.1]  1: Yes  
 2: No

---

Moving around {hsc28f2} [ACASB 12.6.2.2]  1: Yes  
 2: No

---

Transport {hsc28g2} [ACASB 12.6.2.3]  1: Yes  
 2: No

---

Communicating {hsc28h2} [ACASB 12.6.2.4]  1: Yes  
 2: No

---

Preparation of meals {hsc28i2} [ACASB 12.6.2.5]  1: Yes  
 2: No

---

Housework, shopping, errands {hsc28j2} [ACASB 12.6.2.6]  1: Yes  
 2: No

---

House repairs or garden care {hsc28k2} [ACASB 12.6.2.7]  1: Yes  
 2: No

---

Health care {hsc28l2} [ACASB 12.6.2.8]  1: Yes  
 2: No

---

Paperwork {hsc28m2} [ACASB 12.6.2.9]  1: Yes  
 2: No

---

Keeping them company {hsc28n2} [ACASB 12.6.2.10]  1: Yes  
 2: No

---

Emotional support - providing love, comfort or protection {hsc28s2} [ACASB 12.6.2.11]  1: Yes  
 2: No

---

---

Provide help for technology use {hsc28t2} [ACASB 12.6.2.12]  1: Yes  
 2: No

---

Other {hsc28o2} [ACASB 12.6.2.13]  1: Yes  
 2: No

---

What sort of help do you provide for the third person

---

Personal care {hsc28e3} [ACASB 12.6.3.1]  1: Yes  
 2: No

---

Moving around {hsc28f3} [ACASB 12.6.3.2]  1: Yes  
 2: No

---

Transport {hsc28g3} [ACASB 12.6.3.3]  1: Yes  
 2: No

---

Communicating {hsc28h3} [ACASB 12.6.3.4]  1: Yes  
 2: No

---

Preparation of meals {hsc28i3} [ACASB 12.6.3.5]  1: Yes  
 2: No

---

Housework, shopping, errands {hsc28j3} [ACASB 12.6.3.6]  1: Yes  
 2: No

---

House repairs or garden care {hsc28k3} [ACASB 12.6.3.7]  1: Yes  
 2: No

---

Health care {hsc28l3} [ACASB 12.6.3.8]  1: Yes  
 2: No

---

Paperwork {hsc28m3} [ACASB 12.6.3.9]  1: Yes  
 2: No

---

Keeping them company {hsc28n3} [ACASB 12.6.3.10]  1: Yes  
 2: No

---

Emotional support - providing love, comfort or protection {hsc28s3} [ACASB 12.6.3.11]  1: Yes  
 2: No

---

Provide help for technology use {hsc28t3} [ACASB 12.6.3.12]  1: Yes  
 2: No

---

Other {hsc28o3} [ACASB 12.6.3.13]  1: Yes  
 2: No

---

**ACASI\_Q47**

How often do you do these caring activities? {hsc28q}  
[ACASB 12.7]

- 1: Every day  
 2: At least once a week  
 3: At least once a fortnight  
 4: At least once a month  
 5: Less than once a month ---> Q49

**ACASI\_Q48**

On average, what is the total number of hours you  
spend each day/week/fortnight/month providing care?  
{hsc28r} [ACASB 12.8]

- 1: Less than 2 hours  
 2: 2 to less than 5 hours  
 3: 5 to less than 10 hours  
 4: 10 to less than 15 hours  
 5: 15 to less than 20 hours  
 6: 20 hours or more

**ACASI\_Q49**

The next questions are all about you. We want to know what you think about yourself and others, as well as how you act.

**ACASI\_Q50**

For each of the following sentences, pick the answer that best describes you.

Overall, I have a lot to be proud of {hse21a1} [ACASB  
13.1.1]

- 1: False  
 2: Mostly false  
 3: Sometimes false sometimes true  
 4: Mostly true  
 5: True

Most things I do, I do well {hse21a2} [ACASB 13.1.2]

- 1: False  
 2: Mostly false  
 3: Sometimes false sometimes true  
 4: Mostly true  
 5: True

Overall, most things I do turn out well {hse21a3}  
[ACASB 13.1.3]

- 1: False  
 2: Mostly false  
 3: Sometimes false sometimes true  
 4: Mostly true  
 5: True

I can do things as well as most people {hse21a4}  
[ACASB 13.1.4]

- 1: False  
 2: Mostly false  
 3: Sometimes false sometimes true  
 4: Mostly true  
 5: True

If I really try, I can do almost anything I want to  
{hse21a5} [ACASB 13.1.5]

- 1: False  
 2: Mostly false  
 3: Sometimes false sometimes true  
 4: Mostly true  
 5: True

**ACASI\_Q51**

In general, I am happy with how things are for me in my life right now {hse21b1} [ACASB 13.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**ACASI\_Q52**

Here is a list of things that some kids have done - please read through the list and answer the questions as honestly as you can.

In the last 12 months, have you

Got into physical fights in public {hse20a1} [ACASB 14.1.1]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Skipped school for a whole day {hse20a2} [ACASB 14.1.2]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Stolen something from a shop {hse20a3} [ACASB 14.1.3]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Drawn graffiti in public places {hse20a4} [ACASB 14.1.4]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Carried a weapon like a knife, gun or piece of wood {hse20a5} [ACASB 14.1.5]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Taken a vehicle (e.g. car, motorbike) for a ride or drive without permission {hse20a6} [ACASB 14.1.6]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Stolen money or other things from another person  
{hse20a7} [ACASB 14.1.7]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Run away from home and stayed away overnight or longer {hse20a8} [ACASB 14.1.8]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Purposely damaged or destroyed others' property  
{hse20a9} [ACASB 14.1.9]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Damaged a parked car (e.g. broken an aerial, slashed  
tyres, scratched paint) {hse20a10} [ACASB 14.1.10]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Gone around with a group of 3 or more kids damaging  
property or getting into fights {hse20a11} [ACASB  
14.1.11]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Been suspended or expelled from school {hse20a12}  
[ACASB 14.1.12]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Broken into a house, flat or vehicle {hse20a13}  
[ACASB 14.1.13]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times
- 

Stolen something out of a parked car {hse20a14}  
[ACASB 14.1.14]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times



---

Started a fire in a place where you should not burn anything {hse20a15} [ACASB 14.1.15]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Used force or threats to get money or things from someone {hse20a16} [ACASB 14.1.16]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Been caught by police for something you had done {hse20a17} [ACASB 14.1.17]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

### ACASI\_Q53

In the past 12 months have you

---

Been told to move on, or been warned or cautioned, by police {hse25a} [ACASB 14.2.1]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been required to attend a youth justice conference {hse25b} [ACASB 14.2.2]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been charged with an offence by the police {hse25c} [ACASB 14.2.3]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Appeared in court as a defendant {hse25d} [ACASB 14.2.4]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been convicted of an offence {hse25e} [ACASB 14.2.5]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been on community-based supervision without being sentenced (e.g. supervised or conditional bail, home-detention bail) {hse25h} [ACASB 14.2.6]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been detained in a youth detention centre on remand (without being sentenced) {hse25f} [ACASB 14.2.7]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been on community-based supervision after sentencing (e.g. home detention, probation, suspended detention, community service orders and parole or supervised release) {hse25i} [ACASB 14.2.8]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been detained in a youth detention centre or youth justice centre after sentencing {hse25g} [ACASB 14.2.9]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

#### ACASI\_Q54

The next questions are about religion or spirituality.

We are interested in our views even if you do not belong to a specific religious or spiritual group (i.e. people can have beliefs about religion or spirituality without belonging to a specific religion)

#### ACASI\_Q55

Are you active in a religious or spiritual group, such as regularly going to services, Sunday school or a religious youth club? {hfd13c2} [ACASB 15.1 ]

1: Yes  
 2: No

#### ACASI\_Q56

How often is the following true

My decisions in life are influenced by my religious or spiritual beliefs {hfd13c4a} [ACASB 15.2.1]

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

In my every day behaviour, I try to follow my religious or spiritual beliefs {hfd13c4b} [ACASB 15.2.2]

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

#### ACASI\_Q57

For each item, please mark the box for Not True, Somewhat True or Certainly true. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

I try to be nice to other people. I care about their feelings {hse03c1a} [ACASB 16.1.1]

1: Not true  
 2: Somewhat true  
 3: Certainly true

I am restless, I cannot stay still for long {hse03c2a} [ACASB 16.1.2]

1: Not true  
 2: Somewhat true  
 3: Certainly true

- 
- I get a lot of headaches, stomach-aches or sickness {hse03c3a} [ACASB 16.1.3]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I usually share with others, for example CD's, games, food {hse03c1b} [ACASB 16.1.4]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I get very angry and lose my temper {hse03c4a} [ACASB 16.1.5]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I would rather be alone than with people of my age {hse03c5a} [ACASB 16.1.6]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I usually do as I am told {hse03c4b} [ACASB 16.1.7]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I worry a lot {hse03c3b} [ACASB 16.1.8]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I am helpful if someone is hurt, upset or feeling ill {hse03c1c} [ACASB 16.1.9]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I am constantly fidgeting or squirming {hse03c2b} [ACASB 16.1.10]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I have one good friend or more {hse03c5b} [ACASB 16.1.11]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I fight a lot. I can make other people do what I want {hse03c4c} [ACASB 16.1.12]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I am often unhappy, depressed or tearful {hse03c3c} [ACASB 16.1.13]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- Other people my own age generally like me {hse03c5c} [ACASB 16.1.14]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I am easily distracted, I find it difficult to concentrate {hse03c2c} [ACASB 16.1.15]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true
- 
- I am nervous in new situations. I easily lose confidence {hse03c3d} [ACASB 16.1.16]
- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I am kind to younger children {hse03c1d} [ACASB 16.1.17]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I am often accused of lying or cheating {hse03c4f} [ACASB 16.1.18]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

Other children or young people pick on me or bully me {hse03c5d} [ACASB 16.1.19]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I often volunteer to help others (parents, teachers, children) {hse03c1e} [ACASB 16.1.20]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I think before I do things {hse03c2d} [ACASB 16.1.21]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I take things that are not mine from home, school or elsewhere {hse03c4g} [ACASB 16.1.22]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I get along better with adults than people my age {hse03c5e} [ACASB 16.1.23]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I have many fears, I am easily scared {hse03c3e} [ACASB 16.1.24]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

I finish the work I am doing, my attention is good {hse03c2e} [ACASB 16.1.25]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

## ACASIB\_Q58

Decide how true each sentence is for you?

SSIS Empathy Scale {hcompathy }

## SSIS Empathy Scale {hcompathy }

### ACASIB\_Q59

The next questions are about your physical development.

#### ACASIB\_Q59a

Would you say that your growth in height, or your growth spurt {hhs36e} [ACASB 17.1]

- 1: Has not yet started
- 2: Has barely started
- 3: Has definitely started
- 4: Seems complete

#### ACASIB\_Q59b

Would you say that your body hair growth {hhs36c} [ACASB 17.2]

- 1: Has not yet started
- 2: Has barely started
- 3: Has definitely started
- 4: Seems complete

#### ACASIB\_Q59c

Have you noticed any skin changes, especially pimples? {hhs36a} [ACASB 17.3]

- 1: Has not yet started
- 2: Has barely started
- 3: Has definitely started
- 4: Seems complete

#### ACASIB\_Q59d

Male child: Have you noticed a deepening of your voice? {hhs36f} [ACASB 17.4]

- 1: Has not yet started
- 2: Has barely started
- 3: Has definitely started
- 4: Seems complete

**ACASIB\_Q59e**

Male child: Have you begun to grow hair on your face?  
{hhs36g} [ACASB 17.5]

- 1: Has not yet started ---> Q63  
 2: Has barely started ---> Q63  
 3: Has definitely started ---> Q63  
 4: Seems complete ---> Q63

**ACASIB\_Q59f**

Female child: Have you noticed that your breasts have  
begun to grow? {hhs36d} [ACASB 17.6]

- 1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

**ACASIB\_Q59g**

Female child: Have you ever menstruated ? {hhs36h}  
[ACASB 18.1]

- 1: Yes  
 2: No ---> Q63

**ACASIB\_Q59h**

Female child: How old were you when you had your  
first period? Years {hhs36h2} [ACASB 18.2.1]

\_\_\_\_\_

**ACASIB\_Q59c**

Female child: How old were you when you had your  
first period? Months {hhs36h3} [ACASB 18.2.2]

\_\_\_\_\_

**ACASIB\_Q60**

Female child: The next questions are about how your periods are going for you.

Female child: Have you had any periods in the last 3  
months? {hhs36i} [ACASB 18.3]

- 1: Yes  
 2: No ---> Q63

**ACASIB\_Q61**

Female child: During the past 3 months how regular  
were your periods? {hhs36i1} [ACASB 18.4.1]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the past 3 months how heavy were  
your periods? {hhs36i2} [ACASB 18.4.2]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the past 3 months how painful  
were your periods? {hhs36i3} [ACASB 18.4.3]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the past 3 months how grumpy or teary did you get before your periods? {hhs36i4} [ACASB 18.4.4]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

### ACASIB\_Q62

Female child: In the last 3 months, did you miss any of the following because of your periods? {hhs36o} [ACASB 18.5]

- 1: Yes  
 2: No

School days {hhs36o1} [ACASB 18.5.1]

- 0: No  
 1: Yes

Work days {hhs36o2} [ACASB 18.5.2]

- 0: No  
 1: Yes

Social activities (like going out with your friends, parties) because of your periods? {hhs36o3} [ACASB 18.5.3]

- 0: No  
 1: Yes

Sports or exercise because of your periods? {hhs36o4} [ACASB 18.5.4]

- 0: No  
 1: Yes

None of the above {hhs36o5} [ACASB 18.5.5]

- 0: No  
 1: Yes

### ACASIB\_Q63

The next questions are about you and your health.

Please remember to read the questions and response options carefully before answering.

### ACASIB\_Q64

Did you have breakfast today? {hhs22c} [ACASB 19.1]

- 1: Yes  
 2: No

### ACASIB\_Q65

Thinking about yesterday, how often did you have

fresh fruit? {hhs21c1a1} [ACASB 19.2.1]

- 0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

cooked vegetables? {hhs21c1b1} [ACASB 19.2.3]

- 0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

raw vegetables or salad? {hhs21c1c1} [ACASB 19.2.4]

- 0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

meat pie, hamburger, hot dog, sausage or sausage roll? {hhb21c3a1} [ACASB 19.2.5]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

hot chips or French fries? {hhb21c3b1} [ACASB 19.2.6]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

potato chips or savoury snacks such as 'Twisties'? {hhb21c3c1} [ACASB 19.2.7]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

biscuits, doughnuts, cake or chocolate? {hhb21c3d1} [ACASB 19.2.8]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

bread or toast? {hhb21c6a1b1} [ACASB 19.2.9]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

full cream milk or milk products (e.g. yoghurt or cheese)? {hhb21c3e1} [ACASB 19.2.10]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

skim/low/no fat milk or milk products {hhb21c4a1} [ACASB 19.2.11]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

water? {hhb21c5a1} [ACASB 19.2.12]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

soft drink or cordial, not diet soft drink or diet cordial? {hhb21c2b1} [ACASB 19.2.13]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

diet or sugar free soft drink or cordial? {hhb21c6a1} [ACASB 19.2.14]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

energy drinks (e.g. Redbull, Mother or V)? {hhb21c7a1} [ACASB 19.2.15]

0; Not at all  
 1: Once  
 2: Twice  
 3: More than twice



coffee? {hhb21c7b1} [ACASB 19.2.16]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: More than twice

#### ACASI\_Q67

How would you feel if you gained one to two kilograms in weight? {hhb30b1} [ACASB 19.3]

- 1: It would please me
- 2: It wouldn't bother me
- 3: I'd be a little concerned
- 4: It would worry me
- 5: It would really upset me

#### ACASI\_Q68

Over the last 4 weeks have you been afraid you might gain weight ? {hhb30b2} [ACASB 19.4]

- 1: Yes
- 2: No ---> Q71

#### ACASI\_Q69

During the last 4 weeks, how often did you feel afraid that you might gain weight? {hhb30b3} [ACASB 19.5]

- 1: Less than one day a week
- 2: One day a week
- 3: Two or three days a week
- 4: Four or five days a week
- 5: Six or seven days a week

#### ACASI\_Q70

How concerned were you that you might gain weight? {hhb30b4} [ACASB 19.6]

- 1: Only a little
- 2: Moderately
- 3: Very
- 4: Extremely

#### ACASI\_Q71

How important is your weight in how you feel about yourself as a person? {hhb30b5} [ACASB 19.7]

- 1: Not important
- 2: A bit important
- 3: Moderately important
- 4: Very important

#### ACASI\_Q72

How do you feel about your weight at the moment? {hhb30b6} [ACASB 19.8]

- 1: Very underweight
- 2: Somewhat underweight
- 3: About the right weight
- 4: Somewhat overweight
- 5: Very overweight

**ACASI\_Q73**

In the last 4 weeks have you gone all day (12 or more hours) without eating to control your weight or shape? {hbb30b7} [ACASB 20.1]

- 1: Yes  
 2: No ---> Q76

**ACASI\_Q74**

How often during the last 4 weeks have you gone all day without eating? {hbb30b8} [ACASB 20.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**ACASI\_Q75**

How long have you been having days without eating? {hbb30b9} [ACASB 20.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**ACASI\_Q76**

In the last 4 weeks have you felt at any time that you have lost control of your eating or felt you ate much too much? {hbb30b10} [ACASB 21.1]

- 1: Yes  
 2: No ---> Q81

**ACASI\_Q77**

How often during the last 4 weeks have you felt like this? {hbb30b11} [ACASB 21.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**ACASI\_Q78**

How long have you been having these feelings that you have lost control of your eating? {hbb30b12} [ACASB 21.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**ACASI\_Q79**

When you lose control of your eating, how difficult is it to stop after starting to eat in this way? {hbb30b13} [ACASB 21.4]

- 1: Fairly easy  
 2: Fairly difficult  
 3: Very difficult  
 4: Impossible

**ACASI\_Q80**

Which of the following is the closest to the amount of food you would eat in less than 2 hours?  
{hbb30b14} [ACASB 21.5]

- 1: 2 pieces of bread and 4 scoops of ice-cream and 2 biscuits  
 2: 8 pieces of bread and half a litre of ice-cream and 5 biscuits  
 3: 12 pieces of bread and 1 litre of ice-cream and 10 biscuits  
 4: 1 loaf of bread and 2 litres of ice-cream and 1 packet of biscuits  
 5: Less than any of these amounts

**ACASI\_Q81**

Over the last 4 weeks have you taken any tablets, medicines or drugs in order to control your weight?  
{hbb30c} [ACASB 22.1]

- 1: Yes  
 2: No ---> Q87

**ACASI\_Q82**

What did you take in the last 4 weeks to control your weight?

Laxatives {hbb30c1} [ACASB 22.2.1]

- 0: No  
 1: Yes

Diuretics {hbb30c2} [ACASB 22.2.2]

- 0: No  
 1: Yes

Appetite suppressants {hbb30c3} [ACASB 22.2.3]

- 0: No  
 1: Yes

Other drugs {hbb30c4} [ACASB 22.2.4]

- 0: No  
 1: Yes

**ACASI\_Q84**

How often during the last 4 weeks have you taken?

Laxatives {hbb30c1a} [ACASB 22.3.1]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

Diuretics {hbb30c2a} [ACASB 22.3.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

Appetite suppressants {hbb30c3a} [ACASB 22.3.3]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

---

Other drugs {hbb30c5a} [ACASB 22.3.4]

- 1: Less than one day a week
- 2: One day a week
- 3: Two or three days a week
- 4: Four or five days a week
- 5: Six or seven days a week

---

### ACASI\_Q85

How long have you been taking laxatives? {hbb30c1b}  
[ACASB 22.4.1]

- 1: Less than 4 weeks
- 2: Between 4 weeks and 3 months
- 3: Between 3 months and 6 months
- 4: Between 6 months and a year
- 5: Longer than a year

---

How long have you been taking diuretics? {hbb30c2b}  
[ACASB 22.4.2]

- 1: Less than 4 weeks
- 2: Between 4 weeks and 3 months
- 3: Between 3 months and 6 months
- 4: Between 6 months and a year
- 5: Longer than a year

---

How long have you been taking appetite suppressants?  
{hbb30c3b} [ACASB 22.4.3]

- 1: Less than 4 weeks
- 2: Between 4 weeks and 3 months
- 3: Between 3 months and 6 months
- 4: Between 6 months and a year
- 5: Longer than a year

---

How long have you been taking other drugs ?  
{hbb30c5b} [ACASB 22.4.4]

- 1: Less than 4 weeks
- 2: Between 4 weeks and 3 months
- 3: Between 3 months and 6 months
- 4: Between 6 months and a year
- 5: Longer than a year

---

### ACASI\_Q86

When taking laxatives how many tablets would you take  
in a day? {hbb30c1c} [ACASB 22.5.1]

- 1: One
- 2: Between 2 and 5
- 3: Between 6 and 10
- 4: Between 11 and 15
- 5: Between 16 and 20
- 6: More than 20

---

When taking diuretics how many tablets would you take  
in a day? {hbb30c2c} [ACASB 22.5.2]

- 1: One
- 2: Between 2 and 5
- 3: Between 6 and 10
- 4: Between 11 and 15
- 5: Between 16 and 20
- 6: More than 20

---

When taking appetite suppressants how many tablets  
would you take in a day? {hbb30c3c} [ACASB 22.5.3]

- 1: One
- 2: Between 2 and 5
- 3: Between 6 and 10
- 4: Between 11 and 15
- 5: Between 16 and 20
- 6: More than 20

When taking other drugs how many tablets would you take in a day? {hbb30c5c} [ACASB 22.5.4]

- 1: One
- 2: Between 2 and 5
- 3: Between 6 and 10
- 4: Between 11 and 15
- 5: Between 16 and 20
- 6: More than 20

#### ACASI\_Q87

Over the last 4 weeks have you made yourself vomit as a means of controlling your shape or weight? {hbb30d} [ACASB 23.1]

- 1: Yes
- 2: No ---> Q90

#### ACASIB\_Q88

How often during the last 4 weeks have you made yourself vomit as a means of controlling your shape or weight? {hbb30d1} [ACASB 23.2]

- 1: Less than one day a week
- 2: One day a week
- 3: Two or three days a week
- 4: Four or five days a week
- 5: Six or seven days a week

#### ACASIB\_Q89

How long have you been making yourself vomit to control your weight? {hbb30d2} [ACASB 23.3]

- 1: Less than 4 weeks
- 2: Between 4 weeks and 3 months
- 3: Between 3 months and 6 months
- 4: Between 6 months and a year
- 5: Longer than a year

#### ACASIB\_Q90

Did you exercise in order to control your weight over the last 4 weeks? {hbb30e} [ACASB 24.1]

- 1: Yes
- 2: No ---> Q94

#### ACASIB\_Q91

How often in the last 4 weeks have you exercised in order to control your weight? {hbb30e1} [ACASB 24.2]

- 1: Less than one day a week
- 2: One day a week
- 3: Two or three days a week
- 4: Four or five days a week
- 5: Six or seven days a week

#### ACASIB\_Q92

In the last 4 weeks, how much time have you spent exercising per day in order to control your weight? {hbb30e2} [ACASB 24.3]

- 0: Less than an hour per day
- 1: About an hour per day
- 2: About 2 hours per day
- 3: About 3 hours per day
- 4: About 4 hours per day
- 5: More than 4 hours per day

**ACASIB\_Q93**

How long have you been exercising in order to control your weight? {hbb30e3} [ACASB 24.4]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**ACASIB\_Q94**

The next questions are about your teeth.

In the past one month, how much of a problem has this been for you

I have tooth pain {hbb23e1} [ACASB 25.1.1]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

I have tooth pain when I eat or drink something hot, cold, or sweet {hbb23e2} [ACASB 25.1.2]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

I have teeth that are dark in colour {hbb23e3} [ACASB 25.1.3]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

I have gum pain {hbb23e4} [ACASB 25.1.4]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

I have blood on my toothbrush after brushing my teeth {hbb23e5} [ACASB 25.1.5]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**ACASIB\_Q95**

Yesterday, how often did you brush your teeth? {hbb23b1} [ACASB 25.2]

- 1: Not at all  
 2: Once  
 3: Twice  
 4: More than twice

**ACASIB\_Q96**

The next few questions ask about cigarettes, alcohol and other drugs.

**ACASIB\_Q97**

Have you ever smoked even part of a cigarette?  
{hbb15c9} [ACASB 26.1]

- 1: No ---> Q99  
 2: Yes, just a few puffs  
 3: Yes, I have smoked fewer than 10 cigarettes in my life  
 4: Yes, I have smoked 10 to 100 cigarettes in my life  
 5: Yes, I have smoked more than 100 cigarettes in my life

**ACASIB\_Q97a**

How old were you when you had your first cigarette?  
{hbb15c10} [ACASB 26.2]

\_\_\_\_\_

**ACASIB\_Q97b**

Have you smoked cigarettes in the last twelve months?  
{hbb15c11} [ACASB 26.3]

- 1: Yes  
 2: No ---> Q99

**ACASIB\_Q97c**

Have you smoked cigarettes in the last four weeks?  
{hbb15c12} [ACASB 26.4]

- 1: Yes  
 2: No ---> Q99

**ACASIB\_Q98**

Number of cigarettes you had during the last 7 days, including yesterday? {hbb15c13} [ACASB 26.5]

\_\_\_\_\_

**ACASIB\_Q99**

Have you ever had even part of an alcoholic drink?  
{hbb16c11} [ACASB 27.1]

- 1: No ---> Q100  
 2: Yes, just a few sips ---> Q100  
 3: Yes, I have had fewer than 10 alcoholic drinks in my life  
 4: Yes, I have had 10 or more alcoholic drinks in my life

**ACASIB\_Q99a**

How old were you when you had your first full serve (a glass) of alcohol? {hbb16c12} [ACASB 27.2]

\_\_\_\_\_

**ACASIB\_Q99b**

Have you had an alcoholic drink in the last twelve months? {hhb16c13} [ACASB 27.3]

- 1: Yes  
 2: No ---> Q100

**ACASIB\_Q99c**

Have you had an alcoholic drink in the last four weeks? {hhb16c9} [ACASB 27.4]

- 1: Yes  
 2: No ---> Q99e

**ACASIB\_Q99d**

Number of alcoholic drinks you had during the last seven days, including yesterday? {hhb16c10} [ACASB 27.5]

\_\_\_\_\_

**ACASI\_Q99e**

Has your use of alcohol caused you to

have trouble at school the next day? {hhb16c14a} [ACASB 27.6.1]

- 1: Never  
 2: Sometimes  
 3: Often

get into arguments with your family? {hhb16c14b} [ACASB 27.6.2]

- 1: Never  
 2: Sometimes  
 3: Often

get injured or have an accident? {hhb16c14c} [ACASB 27.6.3]

- 1: Never  
 2: Sometimes  
 3: Often

become violent and get into a fight? {hhb16c14d} [ACASB 27.6.4]

- 1: Never  
 2: Sometimes  
 3: Often

have sex with someone which you later regretted? {hhb16c14e} [ACASB 27.6.5]

- 1: Never  
 2: Sometimes  
 3: Often

**ACASIB\_Q100**

For each of the types of drugs listed below, indicate whether you have ever used it.

Cannabis (i.e. marijuana, pot, grass, weed, joint) {hhb26c1} [ACASB 28.1.1]

- 1: Yes  
 2: No

Ice (i.e. crystal methamphetamine) {hhb37c1} [ACASB 28.1.2]

- 1: Yes  
 2: No

Other meth/amphetamines (e.g. speed, powder meth, whiz, goey) {hhb38c1} [ACASB 28.1.3]

- 1: Yes  
 2: No

Cocaine (i.e. coke, charlie, blow, snow) {hhb39c1} [ACASB 28.1.4]

- 1: Yes  
 2: No



Ecstasy (i.e. XTC, E, Ex, Eccy, MDMA) {hbb40c1}  1: Yes  
 [ACASB 28.1.5]  2: No

Hallucinogens (e.g. LSD/acid, magic mushrooms) {hbb41c1} [ACASB 28.1.6]  1: Yes  
 2: No

Inhalants (e.g. chroming, sniffing, solvents, glue, petrol, bulbs, poppers) {hbb27c1} [ACASB 28.1.7]  1: Yes  
 2: No

Synthetic cannabis (designed to mimic cannabis, i.e. spice, kronic, northern lights, blue lotus, K2) {hbb42c1} [ACASB 28.1.8]  1: Yes  
 2: No

Other psychoactive/ synthetic drugs (i.e. drugs that have been designed to mimic established illicit drugs, such as party pills, research chemicals) {hbb43c1} [ACASB 28.1.9]  1: Yes  
 2: No

Any other illicit drug (e.g. heroin, GHB, Ketamine, K2) {hbb48c1} [ACASB 28.1.10]  1: Yes  
 2: No

If all No  ---> Q104

### ACASIB\_Q101

Please indicate the age you first used cannabis (i.e. marijuana, pot, grass, weed, joint) {hbb26c2} [ACASB 28.2.1] \_\_\_\_\_

Please indicate the age you first used ice (i.e. crystal methamphetamine) {hbb37c2} [ACASB 28.2.2] \_\_\_\_\_

Please indicate the age you first used other meth/amphetamines {hbb38c2} [ACASB 28.2.3] \_\_\_\_\_

Please indicate the age you first used cocaine {hbb39c2} [ACASB 28.2.4] \_\_\_\_\_

Please indicate the age you first used ecstasy {hbb40c2} [ACASB 28.2.5] \_\_\_\_\_

Please indicate the age you first used hallucinogens {hbb41c2} [ACASB 28.2.6] \_\_\_\_\_

Please indicate the age you first used inhalants {hbb27c2} [ACASB 28.2.7] \_\_\_\_\_

Please indicate the age you first used synthetic cannabis {hbb42c2} [ACASB 28.2.8] \_\_\_\_\_

Please indicate the age you first used other psychoactive/synthetic drugs {hbb43c2} [ACASB 28.2.9] \_\_\_\_\_

Please indicate the age you first used other illicit drugs {hbb48c2} [ACASB 28.2.10] \_\_\_\_\_

**ACASIB\_Q102**

In the past 12 months, how often did you use cannabis? {hbb26c6a} [ACASB 28.3.1]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use ice? {hbb37c3} [ACASB 28.3.2]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use other meth/amphetamines? {hbb38c3} [ACASB 28.3.3]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use cocaine? {hbb39c3} [ACASB 28.3.4]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use ecstasy? {hbb40c3} [ACASB 28.3.5]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use hallucinogens? {hbb41c3} [ACASB 28.3.6]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use inhalants? {hbb27c9} [ACASB 28.3.7]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use synthetic cannabis? {hbb42c3} [ACASB 28.3.8]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use other psychoactive/synthetic drugs? {hbb43c7} [ACASB 28.3.9]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use other illicit drugs? {hbb48c7} [ACASB 28.3.10]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

### ACASIB\_Q103

Have you used cannabis in the last four weeks? {hbb26c4} [ACASB 28.4.1]

- 1: Yes  
 2: No

Have you used ice in the last four weeks? {hbb37c4} [ACASB 28.4.2]

- 1: Yes  
 2: No

Have you used other meth/amphetamines in the last four weeks? {hbb38c} [ACASB 28.4.3]

- 1: Yes  
 2: No

Have you used cocaine in the last four weeks? {hbb39c4} [ACASB 28.4.4]

- 1: Yes  
 2: No

Have you used ecstasy in the last four weeks? {hbb40c4} [ACASB 28.4.5]

- 1: Yes  
 2: No

Have you used hallucinogens in the last four weeks? {hbb41c4} [ACASB 28.4.6]

- 1: Yes  
 2: No

Have you used inhalants in the last four weeks? {hbb27c4} [ACASB 28.4.7]

- 1: Yes  
 2: No

Have you used synthetic cannabis in the last four weeks? {hbb42c4} [ACASB 28.4.8]

- 1: Yes  
 2: No

Have you used other psychoactive/synthetic drugs in the last four weeks? {hbb43c4} [ACASB 28.4.9]

- 1: Yes  
 2: No

Have you used other illicit drugs in the last four weeks? {hbb48c4} [ACASB 28.4.10]

- 1: Yes  
 2: No

**ACASIB\_Q104**

For each of the types of drugs listed below, indicate whether you have ever used it for non-medical purposes

Tranquilisers / Sleeping pills (e.g. Valium, Serepax, Mandrax, Stilnox, Xanax) {hbb44c1} [ACASB 29.1.1]  1: Yes  
 2: No

Painkillers / Pain-relievers and Opioids (e.g. Codeine products, Morphine, Oxycodone, {hbb45c1} [ACASB 29.1.2]  1: Yes  
 2: No

Any stimulant medication (e.g. amphetamines, Ritalin, Concerta, Adipex-P, pseudoephedrine-based cold and flu tablets) {hbb46c1} [ACASB 29.1.3]  1: Yes  
 2: No

**ACASIB\_Q104a**

Please indicate the age you first used tranquilisers/sleeping pills {hbb44c2} [ACASB 29.2.1] \_\_\_\_\_

Please indicate the age you first used painkillers/pain-relievers and/or opioids {hbb45c2} [ACASB 29.2.2] \_\_\_\_\_

Please indicate the age you first used stimulant medication {hbb46c2} [ACASB 29.2.3] \_\_\_\_\_

**ACASIB\_Q105**

In the past 12 months, how often did you use tranquilisers/sleeping pills? {hbb44c7} [ACASB 29.3.1]  1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use painkillers/pain-relievers and/or opioids? {hbb45c7} [ACASB 29.3.2]  1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use stimulant medication? {hbb46c7} [ACASB 29.3.3]  1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

**ACASIB\_Q106**

Have you used tranquilisers/sleeping pills in the last 4 weeks? {hbb44c4} [ACASB 29.4.1]  1: Yes  
 2: No

Have you used painkillers/pain-relievers and/or opioids in the last four weeks? {hbb45c4} [ACASB 29.4.2]  1: Yes  
 2: No

Have you used stimulant medication in the last four weeks? {hbb46c4} [ACASB 29.4.3]  1: Yes  
 2: No

**ACASIB\_Q114**

The next questions are about how you are feeling.

**ACASI\_Q115**

How often do you feel rushed or pressed for time? {hhs26c3} [ACASB 30.1]  1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never

**ACASIB\_Q116**

Please select the word that shows how often each of these things happen to you. There are no right or wrong answers.

I worry about things {hse16b1} [ACASB 30.2.1]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I feel afraid {hse16b2} [ACASB 30.2.2]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I feel afraid that I will make a fool of myself in front of people {hse16b3} [ACASB 30.2.3]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I worry that something bad will happen to me {hse16b4} [ACASB 30.2.4]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I feel nervous {hse16b5} [ACASB 30.2.5]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I wake up feeling scared {hse16b6} [ACASB 30.2.6]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

I worry what other people think of me {hse16b7} [ACASB 30.2.7]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

All of a sudden I feel really scared for no reason at all {hse16b8} [ACASB 30.2.8]  1: Never  
 2: Sometimes  
 3: Often  
 4: Always

### ACASIB\_Q117

For each question please select how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, select True. If a sentence was only sometimes true, select Sometimes. If a sentence was not true about you, select Not true {hse21c1} [ACASB 30.3.1]

I felt miserable or unhappy {hse21c1} [ACASB 30.3.1]  1: True  
 2: Sometimes  
 3: Not true

I didn't enjoy anything at all {hse21c2} [ACASB 30.3.2]  1: True  
 2: Sometimes  
 3: Not true

I felt so tired I just sat around and did nothing {hse21c3} [ACASB 30.3.3]  1: True  
 2: Sometimes  
 3: Not true

I was very restless {hse21c4} [ACASB 30.3.4]  1: True  
 2: Sometimes  
 3: Not true

I felt I was no good anymore {hse21c5} [ACASB 30.3.5]  1: True  
 2: Sometimes  
 3: Not true

I cried a lot {hse21c6} [ACASB 30.3.6]  1: True  
 2: Sometimes  
 3: Not true

I found it hard to think properly or concentrate {hse21c7} [ACASB 30.3.7]  1: True  
 2: Sometimes  
 3: Not true

I hated myself {hse21c8} [ACASB 30.3.8]  1: True  
 2: Sometimes  
 3: Not true

I was a bad person {hse21c9} [ACASB 30.3.9]  1: True  
 2: Sometimes  
 3: Not true

---

I felt lonely {hse21c10} [ACASB 30.3.10]

- 1: True  
 2: Sometimes  
 3: Not true

---

I thought nobody really loved me {hse21c11} [ACASB 30.3.11]

- 1: True  
 2: Sometimes  
 3: Not true

---

I thought I could never be as good as other kids {hse21c12} [ACASB 30.3.12]

- 1: True  
 2: Sometimes  
 3: Not true

---

I did everything wrong {hse21c13} [ACASB 30.3.13]

- 1: True  
 2: Sometimes  
 3: Not true

---

### ACASI\_Q118

The next set of questions are about self-harm and suicide.

---

### ACASI\_Q119

Sometime people feel like hurting themselves.

---

During the past 12 months have you thought about hurting yourself on purpose in any way? {hhs54a} [ACASB 30.4.1]

- 1: Yes  
 2: No

---

During the past 12 months have you hurt yourself on purpose in any way {hhs54b} [ACASB 30.4.2]

- 1: Yes  
 2: No

---

### ACASI\_Q120

---

During the past 12 months did you ever seriously consider attempting suicide? {hhs54c} [ACASB 30.5.1]

- 1: Yes  
 2: No

---

During the past 12 months did you make a plan about how you would attempt suicide? {hhs54d} [ACASB 30.5.2]

- 1: Yes  
 2: No

---

### ACASI\_Q121

---

During the past 12 months, how many times did you actually attempt suicide? {hhs54e} [ACASB 30.6]

- 0: 0 times ---> Q122a  
 1: 1 time  
 2: 2 or 3 times  
 3: 4 or 5 times  
 4: 6 or more times

**ACASI\_Q122**

Did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse? {hhs54f} [ACASB 30.7]

1: Yes  
 2: No

**ACASI\_Q122a**

During the past 12 months, did you hurt yourself on purpose when you weren't intending to end your life? {hse32c1} [ACASB 30.8]

1: Yes  
 2: No

**ACASI\_Q123**

In the last month, how much of a problem has this been for you?

It is difficult for me to walk more than 100 metres {hgd08a} [ACASB 30.9.1]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

It is difficult for me to run {hgd08b} [ACASB 30.9.2]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

It is difficult for me to play sport or do exercise {hgd08c} [ACASB 30.9.3]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

It is difficult for me to lift something heavy {hgd08d} [ACASB 30.9.4]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

It is difficult for me to have a bath or shower by myself {hgd08e} [ACASB 30.9.5]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

It is difficult for me to help around the house {hgd08f} [ACASB 30.9.6]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

I get aches and pains {hgd08g} [ACASB 30.9.7]

0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always



I have low energy {hgd08h} [ACASB 30.9.8]

- 0: Never
- 1: Almost never
- 2: Sometimes
- 3: Often
- 4: Almost always

### ACASIB\_Q124

These questions ask about how you are today. For each question, read all the choices and decide which one is most like you today.

### ACASIB\_Q125

Worried {hgd09a} [ACASB 31.1]

- 1: I don't feel worried today
- 2: I feel a little bit worried today; 3 I feel a bit worried today
- 4: I feel quite worried today
- 5: I feel very worried today

### ACASIB\_Q126

Sad {hgd09b} [ACASB 31.2]

- 1: I don't feel sad today
- 2: I feel a little bit sad today
- 3: I feel a bit sad today
- 4: I feel quite sad today
- 5: I feel very sad today

### ACASIB\_Q127

Pain {hgd09c} [ACASB 31.3]

- 1: I don't have any pain today
- 2: I have a little bit of pain today
- 3: I have a bit of pain today
- 4: I have quite a lot of pain today
- 5: I have a lot of pain today

### ACASIB\_Q128

Tired {hgd09d} [ACASB 31.4]

- 1: I don't feel tired today
- 2: I feel a little bit tired today
- 3: I feel a bit tired today
- 4: I feel quite tired today
- 5: I feel very tired today

### ACASIB\_Q129

Annoyed {hgd09e} [ACASB 31.5]

- 1: I don't feel annoyed today
- 2: I feel a little bit annoyed today
- 3: I feel a bit annoyed today
- 4: I feel quite annoyed today
- 5: I feel very annoyed today

**ACASIB\_Q130**

Schoolwork/Homework {hgd09f} [ACASB 31.6]

- 1: I have no problems with my schoolwork/homework today
- 2: I have a few problems with my schoolwork/homework today
- 3: I have some problems with my schoolwork/homework today
- 4: I have many problems with my schoolwork/homework today
- 5: I can't do my schoolwork/homework today

**ACASIB\_Q131**

Sleep {hgd09g} [ACASB 31.7]

- 1: Last night I had no problems sleeping
- 2: Last night I had a few problems sleeping
- 3: Last night I had some problems sleeping
- 4: Last night I had many problems sleeping
- 5: Last night I couldn't sleep at all

**ACASIB\_Q132**

Daily routine (things like eating, having a bath/shower, getting dressed) {hgd09h} [ACASB 31.8]

- 1: I have no problems with my daily routine today
- 2: I have a few problems with my daily routine today
- 3: I have some problems with my daily routine today
- 4: I have many problems with my daily routine today
- 5: I can't do my daily routine today

**ACASIB\_Q133**

Able to join in activities (things like playing out with your friends, doing sports, joining in things) {hgd09i} [ACASB 31.9]

- 1: I can join in with any activities today
- 2: I can join in with most activities today
- 3: I can join in with some activities today
- 4: I can join in with a few activities today
- 5: I can join in with no activities today

**ACASI\_Q134**

Below is a list of people who you might seek help or advice from if you were experiencing a personal or emotional problem.

Have you sought help for personal or emotional problems from any of these in the last 12 months?

Boyfriend or girlfriend {hhs55a} [ACASB 32.1.1]

- 0: No
- 1: Yes

Friend {hhs55b} [ACASB 32.1.2]

- 0: No
- 1: Yes

Parent {hhs55c} [ACASB 32.1.3]

- 0: No
- 1: Yes

Brother or sister {hhs55d} [ACASB 32.1.4]

- 0: No
- 1: Yes

Other relative / family member {hhs55e} [ACASB 32.1.5]

- 0: No
- 1: Yes

Teacher {hhs55f} [ACASB 32.1.6]

- 0: No  
 1: Yes

Other school staff {hhs55g} [ACASB 32.1.7]

- 0: No  
 1: Yes

Family doctor / GP {hhs55h} [ACASB 32.1.8]

- 0: No  
 1: Yes

Mental health professional {hhs55i} [ACASB 32.1.9]

- 0: No  
 1: Yes

Other adult {hhs55j} [ACASB 32.1.10]

- 0: No  
 1: Yes

Phone help line {hhs55k} [ACASB 32.1.11]

- 0: No  
 1: Yes

Internet {hhs55l} [ACASB 32.1.12]

- 0: No  
 1: Yes

Someone else not listed above {hhs55m} [ACASB 32.1.13]

- 0: No  
 1: Yes

I have not sought help from anyone {hhs55n} [ACASB 32.1.1]

- 0: No  
 1: Yes

I have not had any emotional or personal problems {hhs55o}

- 0: No  
 1: Yes

### ACASIB\_Q136

The next questions are about you and your family.

### ACASIB\_Q137

For each of these statements, choose the best answer for you.

My parents accept me as I am {hre09a} [ACASB 33.1.1]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

My parents understand me {hre09b} [ACASB 33.1.2]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I trust my parents {hre09c} [ACASB 33.1.3]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I can count on my parents to help me when I have a problem {hre09d} [ACASB 33.1.4]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

My parents pay attention to me {hre09e} [ACASB 33.1.5]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I talk with my parents when I have a problem {hre09f} [ACASB 33.1.6]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

If my parents know that something is bothering me, they ask me about it {hre09g} [ACASB 33.1.7]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I share my thoughts and feelings with my parents {hre09h} [ACASB 33.1.8]

- 1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

### ACASI\_Q138

In your family, how are most of the decisions made about the following topics.

How late you can stay up on a school night {hpa25a} [ACASB 33.2.1]

- 1: My parent(s) decide  
 2: My parent(s) decide after discussing it with me  
 3: We decide together  
 4: I decide after discussing it with my parent(s)  
 5: I decide all by myself

How much time you spend watching TV, movies, playing electronic games or using social media (such as Facebook or Twitter) {hpa25b} [ACASB 33.2.2]

- 1: My parent(s) decide  
 2: My parent(s) decide after discussing it with me  
 3: We decide together  
 4: I decide after discussing it with my parent(s)  
 5: I decide all by myself

How late you can stay out at night {hpa25c} [ACASB 33.2.3]

- 1: My parent(s) decide  
 2: My parent(s) decide after discussing it with me  
 3: We decide together  
 4: I decide after discussing it with my parent(s)  
 5: I decide all by myself

Which friends you can spend time with {hpa25d} [ACASB 33.2.4]

- 1: My parent(s) decide  
 2: My parent(s) decide after discussing it with me  
 3: We decide together  
 4: I decide after discussing it with my parent(s)  
 5: I decide all by myself

How you dress or do your hair {hpa25e} [ACASB 33.2.5]

- 1: My parent(s) decide  
 2: My parent(s) decide after discussing it with me  
 3: We decide together  
 4: I decide after discussing it with my parent(s)  
 5: I decide all by myself

---

What you do with your money {hpa25f} [ACASB 33.2.6]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
Choices related to your education {hpa25g} [ACASB 33.2.7]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
Whether you get a paid job (or how much you work) {hpa25h} [ACASB 33.2.8]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
What sporting activities you do {hpa25i} [ACASB 33.2.9]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
What social activities you do {hpa25j} [ACASB 33.2.10]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
Choices about your health or medical treatment {hpa25k} [ACASB 33.2.11]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself
Whether you take part in religious activities {hpa25l} [ACASB 33.2.12]	<input type="checkbox"/> 1: My parent(s) decide <input type="checkbox"/> 2: My parent(s) decide after discussing it with me <input type="checkbox"/> 3: We decide together <input type="checkbox"/> 4: I decide after discussing it with my parent(s) <input type="checkbox"/> 5: I decide all by myself

---

**ACASIB\_Q139**

---

How often do people in your family yell at each other? {hre08c} [ACASB 33.3]	<input type="checkbox"/> 1: Never <input type="checkbox"/> 2: Hardly ever <input type="checkbox"/> 3: Sometimes <input type="checkbox"/> 4: Often <input type="checkbox"/> 5: Always
--	--

**ACASI\_Q140**

How much do your parents know about

who your friends are? {hpa22a} [ACASB 33.4.1]

- 1: Parents don't know  
 2: Parents know a little  
 3: Parents know a lot  
 4: I'm not sure

how you spend your money? {hpa22b} [ACASB 33.4.2]

- 1: Parents don't know  
 2: Parents know a little  
 3: Parents know a lot  
 4: I'm not sure

what you do with your free time? {hpa22c} [ACASB 33.4.3]

- 1: Parents don't know  
 2: Parents know a little  
 3: Parents know a lot  
 4: I'm not sure

where you are most afternoons after school? {hpa22d} [ACASB 33.4.4]

- 1: Parents don't know  
 2: Parents know a little  
 3: Parents know a lot  
 4: I'm not sure

**ACASI\_Q141**

The following statements are about attitudes toward families and work. How strongly do you agree or disagree with these statements

It is better for the family if the husband is the principal breadwinner outside the home and the wife has primary responsibility for the home and children. {hpw37c1} [ACASB 34.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

If both husband and wife work, they should share equally in the housework and childcare {hpw37c2} [ACASB 34.1.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Ideally, there should be as many women as men in important positions in government and business {hpw37c3} [ACASB 34.1.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**ACASI\_Q142**

The next few questions are about your relationship with your mum/dad and the time you spend together.

**ACASIB\_Q143**

Thinking about your mum, does she

expect you to follow family rules? {hpa20a1} [ACASB 35.1.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

like you to tell her when you are worried or have a problem? {hpa20a2} [ACASB 35.1.1.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

praise you for doing well? {hpa20a3} [ACASB 35.1.1.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

let you get away with things? {hpa20a4} [ACASB 35.1.1.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

punish you if you do not behave yourself? {hpa20a5} [ACASB 35.1.1.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

point out ways you could do better? {hpa20a6} [ACASB 35.1.1.6]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

spend time just talking with you? {hpa20a7} [ACASB 35.1.1.7]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

let you know when you do something wrong? {hpa20a8} [ACASB 35.1.1.8]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Thinking about your dad, does he

expect you to follow family rules? {hpa20b1} [ACASB 35.1.2.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

like you to tell him when you are worried or have a problem? {hpa20b2} [ACASB 35.1.2.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

praise you for doing well? {hpa20b3} [ACASB 35.1.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

let you get away with things? {hpa20b4} [ACASB 35.1.2.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

punish you if you do not behave yourself? {hpa20b5} [ACASB 35.1.2.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

point out ways you could do better? {hpa20b6} [ACASB 35.1.2.6]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

spend time just talking with you? {hpa20b7} [ACASB 35.1.2.7]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

let you know when you do something wrong? {hpa20b8} [ACASB 35.1.2.8]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

#### ACASIB\_Q144

Do you and your mum do things together that are just for fun? {hpa20a9} [ACASB 35.2.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

Do you and your dad do things together that are just for fun? {hpa20b9} [ACASB 35.2.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree



**ACASI\_Q145**

Thinking about mum, does she

tell you that her ideas are correct and that you shouldn't question them? {hpa20a10} [ACASB 36.1.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

respect your privacy? {hpa20a11} [ACASB 36.1.1.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

give you lots of freedom? {hpa20a12} [ACASB 36.1.1.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

make most of the decisions about what you can do? {hpa20a13} [ACASB 36.1.1.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

believe that you have the right to your own point of view? {hpa20a14} [ACASB 36.1.1.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Thinking about dad, does he

tell you that his ideas are correct and that you shouldn't question them? {hpa20b10} [ACASB 36.1.2.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

respect your privacy? {hpa20b11} [ACASB 36.1.2.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

give you lots of freedom? {hpa20b12} [ACASB 36.1.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

make most of the decisions about what you can do? {hpa20b13} [ACASB 36.1.2.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

believe that you have the right to your own point of view? {hpa20b14} [ACASB 36.1.2.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

### ACASIB\_Q147

Do you think the amount of time your mum spends with you is enough, too much or not enough? {hpa21a3} [ACASB 37.1.1]

- 1: Nowhere near enough  
 2: Not quite enough  
 3: About right  
 4: A little too much  
 5: Way too much

Do you think the amount of time your dad spends with you is enough, too much or not enough? {hpa21b3} [ACASB 37.1.2]

- 1: Nowhere near enough  
 2: Not quite enough  
 3: About right  
 4: A little too much  
 5: Way too much

### ACASIB\_Q148

How close do you feel to your mum? Would you say you are {hpa21a4} [ACASB 38.1.1]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all

How close do you feel to your dad? Would you say you are {hpa21b4} [ACASB 38.1.2]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all

### ACASI\_Q149

The next set of questions is about your mum/dad's work.

#### ACASI\_Q149a

Does your mum have a job? {hpw35m1} [ACASB 39.1.1]

- 1: Yes  
 2: No ---> Q150

Does your dad have a job? {hpw35f1} [ACASB 39.1.2]

- 1: Yes  
 2: No ---> Q150

#### ACASI\_Q149b

Pick the answer that you think best matches each statement.

My mother talks with enthusiasm about her job {hpw38ca1} [ACASB 40.1.1]

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

---

My mother likes going to work {hpw38cb1} [ACASB 40.2.1]

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

---

My mother considers her job important {hpw38cc1} [ACASB 40.3.1]

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

---

My mother is often tired after work {hpw38cd1} [ACASB 40.4.1]

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

---

My mother has long working hours {hpw38ce1} [ACASB 40.5.1]

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

---

My mother is in a bad mood after work {hpw38cf1} [ACASB 40.6.1]

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

---

My mother is worried about losing her job {hpw38cg1} [ACASB 40.7.1]

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

---

My father talks with enthusiasm about his job {hpw38ca2} [ACASB 40.1.2]

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

---

My father likes going to work {hpw38cb2} [ACASB 40.2.2]

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

---

My father considers his job important {hpw38cc2} [ACASB 40.3.2]

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

---

My father is often tired after work {hpw38cd2} [ACASB 40.4.2]

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

---

---

My father has long working hours {hpw38ce2} [ACASB 40.5.2]

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

---

My father is in a bad mood after work {hpw38cf2} [ACASB 40.6.2]

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

---

My father is worried about losing his job {hpw38cg2} [ACASB 40.7.2]

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

---

### ACASI\_Q149c

---

Because of mothers work my mother gets angry with me easily {hpw38ch1} [ACASB 41.1.1]

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

---

Because of mothers work my mother is not interested in what is going on in my life {hpw38ci1} [ACASB 41.2.1]

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

---

Because of mothers work my mother does not have time for me {hpw38cj1} [ACASB 41.3.1]

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

---

Because of father work my father gets angry with me easily {hpw38ch2} [ACASB 41.1.2]

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

---

Because of father work my father is not interested in what is going on in my life {hpw38ci2} [ACASB 41.2.2]

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

---

Because of father work my father does not have time for me {hpw38cj2} [ACASB 41.3.2]

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

**ACASIB\_Q150**

The next few questions are about you, your mum/dad and your mum/dad who lives elsewhere.

**ACASIB\_Q151**

Do you live mostly with your mum, mostly with your dad, or do you live equally with both? {hpe38a1} [ACASB 42.1]

- 1: Mostly (or only) with mum  
 2: Mostly (or only) with dad  
 3: Live equally with both parents  
 4: Other

**ACASIB\_Q153**

Are you able to see your mum/dad who lives elsewhere when you want to? {hpe38b1} [ACASB 42.2]

- 1: Always  
 2: Sometimes  
 3: Occasionally  
 4: Never  
 5: I don't want to see him/her

**ACASI\_Q154**

How often do you stay with your parent who lives elsewhere? {hpe38h} [ACASB 42.3]

- 1: At least once a fortnight  
 2: Less than once a fortnight, but more than once a year  
 3: Less than once a year or not at all ---> Q157

**ACASI\_Q155**

How well do the following statements describe what it is like when you are at your PLE's place

I feel relaxed and comfortable {hpe39a1} [ACASB 42.4.1]

- 1: True  
 2: Sometimes true  
 3: Not true

I feel like I dont belong {hpe39b1} [ACASB 42.4.2]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a say in what we do {hpe39d1} [ACASB 42.4.3]

- 1: True  
 2: Sometimes true  
 3: Not true

I can have friends over if I want to {hpe39e1} [ACASB 42.4.4]

- 1: True  
 2: Sometimes true  
 3: Not true

I get into trouble a lot {hpe39f1} [ACASB 42.4.5]

- 1: True  
 2: Sometimes true  
 3: Not true

I can leave stuff there, knowing it wont get touched while Im gone {hpe39g1} [ACASB 42.4.6]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to be in touch with friends while Im there {hpe39h1} [ACASB 42.4.7]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to do my study while Im there {hpe39i1}  
[ACASB 42.4.8]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to do my sport or other activities while  
Im there {hpe39j1} [ACASB 42.4.9]

- 1: True  
 2: Sometimes true  
 3: Not true

Its boring theres not much to do there {hpe39l1}  
[ACASB 42.4.10]

- 1: True  
 2: Sometimes true  
 3: Not true

The rules and expectations are tough {hpe39m1} [ACASB  
42.4.11]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a room or space where I can go to be alone  
{hpe39o1} [ACASB 42.4.12]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a place to keep my stuff {hpe39p1} [ACASB  
42.4.13]

- 1: True  
 2: Sometimes true  
 3: Not true

### ACASI\_Q156a

How well do the following statements describe what it is like when you are at your mum's or dad's place

I feel relaxed and comfortable {hpe39a2} [ACASB  
42.5.1-42.6.1]

- 1: True  
 2: Sometimes true  
 3: Not true

I feel like I dont belong {hpe39b2} [ACASB  
42.5.2-42.6.2]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a say in what we do {hpe39d2} [ACASB  
42.5.3-42.6.3]

- 1: True  
 2: Sometimes true  
 3: Not true

I can have friends over if I want to {hpe39e2} [ACASB  
42.5.4-42.6.4]

- 1: True  
 2: Sometimes true  
 3: Not true

I get into trouble a lot {hpe39f2} [ACASB  
42.5.5-42.6.5]

- 1: True  
 2: Sometimes true  
 3: Not true

I can leave stuff there, knowing it wont get touched  
while Im gone {hpe39g2} [ACASB 42.5.6]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to be in touch with friends while Im there  
{hpe39h2} [ACASB 42.5.7]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to do my study while Im there {hpe39i2}  
[ACASB 42.5.8]

- 1: True  
 2: Sometimes true  
 3: Not true

Its hard to do my sport or other activities while  
Im there {hpe39j2} [ACASB 42.5.9]

- 1: True  
 2: Sometimes true  
 3: Not true

Its boring theres not much to do there {hpe39l2}  
[ACASB 42.5.10-42.6.6]

- 1: True  
 2: Sometimes true  
 3: Not true

The rules and expectations are tough {hpe39m2} [ACASB  
42.5.11-42.6.7]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a room or space where I can go to be alone  
{hpe39o2} [ACASB 42.5.12]

- 1: True  
 2: Sometimes true  
 3: Not true

I have a place to keep my stuff {hpe39p2} [ACASB  
42.5.13]

- 1: True  
 2: Sometimes true  
 3: Not true

#### ACASIB\_Q157

Do you think the amount of time your parent who lives  
elsewhere spends with you is enough, too much or not  
enough? {hpa21p3} [ACASB 42.7]

- 1: Nowhere near enough  
 2: Not quite enough  
 3: About right  
 4: A little too much  
 5: Way too much

#### ACASIB\_Q158

Have you had a say in any of the decisions about who  
you would live with? {hpe38c1} [ACASB 42.8]

- 1: Yes  
 2: No

#### ACASIB\_Q159

Did you want to have a say about who you would live  
with? {hpe38d1} [ACASB 42.9]

- 1: Yes  
 2: No

#### ACASI\_Q160

I have a few statements here about how you might feel about your parent's separation. Do you agree or disagree  
with the following statements

I find it hard to be fair to both parents {hpe38f1a}  
[ACASB 43.1.1 ]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel relieved they separated {hpe38f1b} [ACASB 43.1.2]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I wish they would get back together {hpe38f1c} [ACASB 43.1.3]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel split or torn between my parents {hpe38f1e} [ACASB 43.1.4]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel that I can't talk about one parent to the other {hpe38f1f} [ACASB 43.1.5]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel that I can only invite one of them to something, I cant have them both there {hpe38f1g} [ACASB 43.1.6]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I often have to carry messages from one parent to the other {hpe38f1h} [ACASB 43.1.7]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel like I get caught in the middle of my parents arguments with each other {hpe38f1i} [ACASB 43.1.8]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

My parents frequently fight with each other in front of me {hpe38f1j} [ACASB 43.1.9]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

## ACASI\_Q161

How close do you feel to your mum/dad who lives elsewhere? Would you say you are {hpa21p4} [ACASB 43.2]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all



**ACASIB\_Q162a**

Thank you very much for answering our questions. The information you have given us today will help make life better for all young Australians.

# B Cohort CsrB Study Child

## Questionnaire

Respondent Stream: Study Child  
Mode: CRSB

### CSRB\_Q01

You have entered the Child Self Report B module.

- 1: Permission obtained ---> Q02
- 5: Permission not obtained ---> Q01a

Did the parent provide consent to proceed? {hid40a}  
[CSRB 1.1]

### CSRB\_Q01a

Reason not obtain permission to conduct direct  
assessments - parent not provide consent {hid40ao}  
[CSRB1.1.1]

- > End Module

### CSRB\_Q02

I am now going to ask you some questions. There are  
no right or wrong answers, I just want to know what  
you think. Shall we do this together now? {hid40d}  
[CSRB 1.2]

- 1: Yes ---> Q08
- 2: No

### CSRB\_Q02a

Reason child did not proceed {hid40do} [CSRB 1.2.1]

### CSRB\_Q08

The first few questions are about last week and what you did outside of school.

### CSRB\_Q09

Last week how many hours did you spend on homework?  
{hhe26f} [CSRB 2]

- 1: Less than 1 hour
- 2: Between 1 and 3 hours
- 3: More than 3 but less than 5 hours
- 4: Between 5 and 10 hours
- 5: More than 10 hours

**CSRB\_Q17**

We would like to know about the different activities you participate in.

In the last 12 months, since current month last year, did you regularly participate in any of the following organised activities outside of school hours?

Outside of school hours includes the time before school, after school, weekends and school holidays etc {hhe09d1} [NA]

- 1: Yes  
 2: No ---> Q22

Community group or club (e.g. scouts, guides, or cultural group) {hhe09c14fa} [CSRB 3.1.1]

- 0: No  
 1: Yes

Team sport (e.g. football, cricket or netball) {hhe09c14fb} [CSRB 3.1.2]

- 0: No  
 1: Yes

Individual sport, coaching or lessons (e.g. swimming, tennis, karate or gymnastics) {hhe09c14fc} [CSRB 3.1.3]

- 0: No  
 1: Yes

Art, music or performance lessons (e.g. piano, dance, choir or drama) {hhe09c14fd} [CSRB 3.1.4]

- 0: No  
 1: Yes

Classes to improve academic skills (e.g. remedial reading or extra tutoring) {hhe09c14fe} [CSRB 3.1.5]

- 0: No  
 1: Yes

Classes to learn new skills (e.g. computing, or learning another language) {hhe09c14ff} [CSRB 3.1.6]

- 0: No  
 1: Yes

Religious services or classes {hhe09c14fg} [CSRB 3.1.7]

- 0: No  
 1: Yes

Fitness activity (e.g. going for a run, to the gym, or doing a group fitness class) {hhe09c14fh} [CSRB 3.1.8]

- 0: No  
 1: Yes

Other classes or clubs (e.g. chess, public speaking, board or card games, role playing) {hhe09c14fi} [CSRB 3.1.9]

- 0: No  
 1: Yes

Other {hhe09c14fj} [CSRB 3.1.10]

- 0: No  
 1: Yes

**CRSB\_Q18**

On average, in a typical week, how many hours would you spend doing community group or club, including practice or training where relevant? {hhe09c15b1} [CSRB 3.2.1]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing team sport, including practice or training where relevant? {hhe09c15a1} [CSRB 3.2.2]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing individual sport, coaching or lessons , including practice or training where relevant? {hhe09c15a2} [CSRB 3.2.3]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing Art, music or performance lessons, including practice or training where relevant? {hhe09c15d} [CSRB 3.2.4]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing classes to improve academic skills, including practice or training where relevant? {hhe09c15e} [CSRB 3.2.5]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing classes to learn new skills, including practice or training where relevant? {hhe09c15f} [CSRB 3.2.6]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing religious services or classes, including practice or training where relevant? {hhe09c15b2} [CSRB 3.2.7]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing fitness activity, including practice or training where relevant? {hhe09c15g} [CSRB 3.2.8]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

---

On average, in a typical week, how many hours would you spend doing other classes or clubs, including practice or training where relevant? {hhe09c15h} [CSRB 3.2.9]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing other, including practice or training where relevant? {hhe09c15} [CSRB 3.2.10]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

### CRSB\_Q19

How important is community group or club to you? {hhe09c16b1} [CSRB 3.3.1]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is team sport to you? {hhe09c16a1} [CSRB 3.3.2]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is individual sport to you? {hhe09c16a2} [CSRB 3.3.3]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is art, music or performance lessons to you? {hhe09c16d} [CSRB 3.3.4]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is classes to improve academic skills to you? {hhe09c16f} [CSRB 3.3.5]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is learn new skills to you? {hhe09c16g} [CSRB 3.3.6]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is religious services or classes to you? {hhe09c16b2} [CSRB 3.3.7]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is fitness activity to you? {hhe09c16h} [CSRB 3.3.8]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is other classes or clubs to you? {hhe09c16i} [CSRB 3.3.9]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is other to you? {hhe09c16} [CSRB 3.3.10]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**CRSB\_Q22**

In the last year, have you won any awards or been recognised for doing well in certain activities? {hhe36a10} [CSRB 4.1]  1: Yes  
 2: No

Won an academic award (e.g. maths, English). {hhe36a1} [CSRB 4.1.1]  0: No  
 1: Yes

Received a community service award {hhe36a2} [CSRB 4.1.2]  0: No  
 1: Yes

Been selected to represent the school in a science, math or technology competition {hhe36a3} [CSRB 4.1.3]  0: No  
 1: Yes

Received an award in sports {hhe36a4} [CSRB 4.1.4]  0: No  
 1: Yes

Received an award in music, arts, dance performance or drama {hhe36a5} [CSRB 4.1.5]  0: No  
 1: Yes

Received an award for other club activities (e.g. chess, debating) {hhe36a6} [CSRB 4.1.6]  0: No  
 1: Yes

Received another type of award or recognition for something {hhe36a7} [CSRB 4.1.7]  0: No  
 1: Yes ---> Q23

**CRSB\_Q23**

Other specify {hhe36a9} [CSRB 4.2] \_\_\_\_\_

**CRSB\_Q25**

How much do you enjoy being physically active (doing things like sports, active games, walking or running or swimming)? {hhe36a9} [CSRB 4.2]  1: A lot  
 2: Quite a lot  
 3: Not very much  
 4: Not at all

**CRSB\_Q25a**

About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? This is all the time you spent in activities that increased your heart rate and made you breathe hard. {hhe36a9} [CSRB 4.2] \_\_\_\_\_

**CRSB\_Q25b**

About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity? This is all the time you spent in activities that increased your heart rate and made you breathe hard. {hhs14c2a} [CSRB 5.3]

\_\_\_\_\_

**CRSB\_Q27**

About what time do you go to bed on a usual school night? {hhs21c2a} [CSRB 6.1]

\_\_\_\_\_

**CRSB\_Q28**

About what time do you fall asleep on a usual school night? {hhs21c3a} [CSRB 6.2]

\_\_\_\_\_

**CRSB\_Q29**

About what time do you wake up in the morning on a usual school day? {hhs21c4a} [CSRB 6.3]

\_\_\_\_\_

**CRSB\_Q30**

About what time do you go to bed on the nights when you do not have school the next day? {hhs21c5a} [CSRB 6.4]

\_\_\_\_\_

**CRSB\_Q31**

About what time do you fall asleep on the nights when you do not have school the next day? {hhs21c6a} [CSRB 6.5]

\_\_\_\_\_

**CRSB\_Q32**

About what time do you wake up on the days when you do not have school? {hhs21c7a} [CSRB 6.6]

\_\_\_\_\_

**CRSB\_Q33**

During the last month, do you think you usually got enough sleep? {hhs20c3} [CSRB 6.7]

- 1: Plenty  
 2: Just enough  
 3: Not quite enough  
 4: Not nearly enough

**CRSB\_Q34**

During the last month, how well do you feel you have slept in general? {hhs20c4} [CSRB 6.8]

- 1: Very well
- 2: Fairly well
- 3: Fairly badly
- 4: Very badly

**CRSB\_Q34a**

In general, how is your health? {hhs13c1} [CSRB 7]

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

**CRSB\_Q35**

The next questions are about using the Internet, computers, computer-like devices and mobile phones.

A computer-like device includes any electronic device that has functions like a computer for example laptops, tablets, smartphones and some gaming devices.

**CRSB\_Q36a**

How often do you use a computer or computer-like device to download mobile applications from the Internet (including games)(e.g. From the Google Play store, the Apple Store or Windows Store)? {hhe24c6b} [CSRB 8.1]

- 1: Everyday
- 2: Almost every day
- 3: Once or twice a week
- 4: A few times a month
- 5: Once a month or less
- 6: Never

**CRSB\_Q36b**

How often do you use a computer or computer-like device to upload media to the Internet (e.g. music, videos, books, newspapers, magazines etc.)? {hhe24c6c} [CSRB 8.2]

- 1: Everyday
- 2: Almost every day
- 3: Once or twice a week
- 4: A few times a month
- 5: Once a month or less
- 6: Never

**CRSB\_Q36c**

How often do you use a computer or computer-like device to play games? {hhe24c6d} [CSRB 8.3]

- 1: Everyday
- 2: Almost every day
- 3: Once or twice a week
- 4: A few times a month
- 5: Once a month or less
- 6: Never



**CSRB\_Q36d**

How often do you use a computer or computer-like device to participate in online actions or campaigns (e.g. petitions, protests, fundraisers)? {hhe24c6p} [CSRB 8.4]

- 1: Everyday  
 2: Almost every day  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**CSRB\_Q36e**

How often do you use a computer or computer-like device to do homework? {hhe24c6e} [CSRB 8.5]

- 1: Everyday  
 2: Almost every day  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**CSRB\_Q36f**

How often do you use a computer or computer-like device to create or use a spreadsheet (e.g. Excel) or use other software (e.g. PowerPoint, graphics programs)? Do not include games or writing documents (e.g. Word). {hhe24c6g} [CSRB 8.6]

- 1: Everyday  
 2: Almost every day  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**CSRB\_Q36g**

How often do you use a computer or computer-like device to buy or sell things on the Internet (Including digital purchases such as music, movies and games)? {hhe24c6m} [CSRB 8.7]

- 1: Everyday  
 2: Almost every day  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**CSRB\_Q41**

The next questions I have for you are about your current and future education and work.

**CSRB\_Q42**

In the last 12 months have you worked? {hpw36c1} [CSRB 9.1]

- 1: Yes  
 2: No ---> Q44

**CSRB\_Q43**

What is the main reason you have worked in the last 12 months? {hpw36c10} [CSRB 9.2]

- 1: For spending money  
 2: To save up for something  
 3: For friendship or to develop social skills  
 4: To improve career prospects  
 5: To supplement family income  
 6: To help in family business  
 7: Other (specify) ---> Q43a

**CSRB\_Q43a**Enter other main reason {hpw36c10o} [CSRB 9.3]  
\_\_\_\_\_**CSRB\_Q44**

As things stand now, do you know what career or occupation you would like to have in the future? {hpw39ca} [CSRB 10.1]

- 1: Yes  
 2: No ---> Q46

**CSRB\_Q45**What is your desired occupation? {hpw39ca1} [CSRB 10.2]  
\_\_\_\_\_**CSRB\_Q46**

When you talk about your plans for the future, would you say you talk to your

Parents {hpw39cb1} [CSRB 10.3.1]

- 0: No  
 1: Yes

Friends {hpw39cb2} [CSRB 10.3.2]

- 0: No  
 1: Yes

Teachers {hpw39cb3} [CSRB 10.3.3]

- 0: No  
 1: Yes

School Career Guidance Counsellor {hpw39cb4} [CSRB 10.3.4]

- 0: No  
 1: Yes

Other{hpw39cb5} [CSRB 10.3.5]

- 0: No  
 1: Yes

**CSRB\_Q47**

Are you currently enrolled in one or more vocational subjects at school? {hpc78a} [CSRB 11.1]

- 1: Yes  
 2: No ---> Q50

**CSRB\_Q48**

Will this enrolment lead to the completion of a certificate qualification in this area of study? {hpc78a1} [CSRB 11.2]

- 1: Yes  
 2: No ---> Q50

**CSRB\_Q49**

What is the name of the qualification that you will complete? {hpc78a2} [CSRB 11.3]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: Vocational Education and Training (VET)/TAFE Diploma
- 7: Vocational Education and Training (VET)/TAFE Advanced Diploma/Associate Degree
- 8: University Diploma
- 9: University Advanced Diploma/Associate Degree
- 10: Other (specify) ---> Q49a

**CSRB\_Q49a**

Enter other qualification {hpc78a2a} [CSRB 11.4]

---

**CSRB\_Q50**

Looking ahead how far do you think you will go with your education? {hhe13c} [CSRB 12.1]

- 1: Leave school before finishing secondary school and not complete any further qualification
- 2: Complete secondary school
- 3: Complete a trade or vocational training course
- 4: Complete an undergraduate university degree
- 5: Complete a postgraduate qualification or degree

**CSRB\_Q51**

When you are an adult, how important will it be to you that your job provides you with the opportunity to have a high income? {hhe37b1} [CSRB 12.2]

- 1: Not important
- 2: A little Important
- 3: Fairly important
- 4: Very important

**CSRB\_Q52**

When you are an adult, how important will it be to you that your job allows you to be in a position of power? {hhe37b2} [CSRB 12.3]

- 1: Not important
- 2: A little Important
- 3: Fairly important
- 4: Very important

**CSRB\_Q53**

When you are an adult, how important will it be to you that your job allows you to help others? {hhe37b3} [CSRB 12.4]

- 1: Not important
- 2: A little Important
- 3: Fairly important
- 4: Very important

**CSRB\_Q54**

When you are an adult, how important will it be to you that your job gives you plenty of time to spend with your family? {hhe37b4} [CSRB 12.5]

- 1: Not important  
 2: A little Important  
 3: Fairly important  
 4: Very important

**CSRB\_Q55**

When you are an adult, how important will it be to you that your job is a job that you find interesting? {hhe37b5} [CSRB 12.6]

- 1: Not important  
 2: A little Important  
 3: Fairly important  
 4: Very important

**CSRB\_Q56**

The next few questions are about unpaid voluntary work, that is, help willingly given in the form of time, service or skills for an organisation.

In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations? {hsc11c4} [CSRB 13.1]

- 1: Yes  
 2: No ---> Q59

Sport/recreation (e.g. coaching, refereeing) {hsc11c2b} [CSRB 13.1.1]

- 0: No  
 1: Yes

School and children's groups (e.g. canteen, teacher's aide, play group, childcare) {hsc11c2o} [CSRB 13.1.2]

- 0: No  
 1: Yes

Community/welfare (e.g. Clean Up Australia, The Smith Family) {hsc11c2a} [CSRB 13.1.3]

- 0: No  
 1: Yes

Church or religious groups {hsc11c2j} [CSRB 13.1.4]

- 0: No  
 1: Yes

Emergency services (e.g. firefighting, search and rescue) {hsc11c2g} [CSRB 13.1.5]

- 0: No  
 1: Yes

Youth/student service/mentoring/leadership/adventure (e.g. scouts) {hsc11c2p} [CSRB 13.1.6]

- 0: No  
 1: Yes

Arts/heritage/cultural/music activities (e.g. Museum) {hsc11c2e} [CSRB 13.1.7]

- 0: No  
 1: Yes

Health/health care (e.g. volunteering in a hospital or clinic) {hsc11c2d} [CSRB 13.1.8]

- 0: No  
 1: Yes

Teaching or training (e.g. TAFE, Community College, Adult education classes) {hsc11c2q} [CSRB 13.1.9]

- 0: No  
 1: Yes

Animal welfare (e.g. RSPCA) {hsc11c2r} [CSRB 13.1.10]

- 0: No  
 1: Yes

Environment (e.g. conservation) {hsc11c2s} [CSRB 13.1.11]

- 0: No  
 1: Yes

Immigrant/refugee assistance {hsc11c2t} [CSRB 13.1.12]  0: No  
 1: Yes

International aid/development (e.g. Oxfam) {hsc11c2u} [CSRB 13.1.13]  0: No  
 1: Yes

Law/Justice/Political/Human rights (e.g. Amnesty International) {hsc11c2v} [CSRB 13.1.14]  0: No  
 1: Yes

Business/professional associations or unions {hsc11c2f} [CSRB 13.1.15]  0: No  
 1: Yes

Ethnic and Ethnic-Australian societies {hsc11c2w} [CSRB 13.1.16]  0: No  
 1: Yes

Other {hsc11c2x} [CSRB 13.1.17]  0: No  
 1: Yes

### CSRB\_Q57

In the last 12 months, how often did you work for this/these organisation/s on a voluntary basis? {hsc11c3a} [CSRB 13.2]  1: At least once a week  
 2: At least once a fortnight  
 3: At least once a month  
 4: At least once a year

### CSRB\_Q58

In total, how many hours did you do volunteer activities for this/these organisation/s? {hsc11c3b} [CSRB 13.3] \_\_\_\_\_

### CSRB\_Q59

Thank you for answering these questions about yourself.

# B Cohort Capi Parent 1

## Questionnaire

Respondent Stream: Parent 1  
Mode: CAPI

### WORK\_Q01

I now have some questions about current paid work.

### WORK\_Q02

I would like to ask about last week, that is, the week starting Sunday and ending. Last week, did you do any work at all in a job, business or farm? {hpw02a1} [P1B CAI A1.1]

- 1: Yes ---> WORK\_Q08
- 2: No
- 3: Permanently unable to work ---> WORK\_Q43
- 4: Permanently not intending to work (if aged 65+ only) ---> WORK\_Q43

### WORK\_Q03

Last week, did you do any work without pay in a family business? {hpw02a2} [P1B CAI A1.2]

- 1: Yes ---> WORK\_Q08
- 2: No
- 3: Permanently not intending to work (if aged 65+ only) ---> WORK\_Q43

### WORK\_Q04

Did you have a job, business or farm that you were away from because of holidays, sickness or any other reason? {hpw02a3} [P1B CAI A1.3]

- 1: Yes
- 2: No ---> WORK\_Q31
- 3: Permanently not intending to work (if aged 65+ only) ---> WORK\_Q43

### WORK\_Q05

What was the main reason you were away from work last week? ('Paid maternity/paternity leave' can be leave taken on full-pay or half-pay, but does not include leave without pay) {hpw03a1b} [P1B CAI A1.4]

- 1: Paid maternity/paternity leave
- 2: Unpaid maternity/paternity leave ---> WORK\_Q07
- 3: Holiday/Flextime/Study/Personal reasons ---> WORK\_Q08
- 4: Own illness or injury/Sick leave ---> WORK\_Q08
- 5: Standard work arrangements/Shift work/RDO ---> WORK\_Q08
- 6: Stood down/On short time/Insufficient work ---> WORK\_Q08
- 7: Bad weather/Plant breakdown ---> WORK\_Q08
- 8: Began/left/lost job during the week ---> WORK\_Q08
- 9: On strike/Locked out/Industrial dispute ---> WORK\_Q08
- 10: Other ---> WORK\_Q08

**WORK\_Q06**

How long is this paid maternity/paternity leave for in total? (This is the whole duration of paid maternity/paternity leave that covers past and future period. Enter number of weeks.) {hpw03a2} [P1B CAI A1.5]

\_\_\_\_\_

**WORK\_Q07**

Do you intend to return to paid work after your maternity/paternity leave? ('Return to paid work' means returning to any paid part-time, full-time or casual work after all maternity/paternity leave.) {hpw03a3} [P1B CAI A1.6]

- 1: Yes  
 2: No

**WORK\_Q08**

Did you have more than one job or business last week? {hpw04a1} [P1B CAI A1.7]

- 1: Yes  
 2: No ---> WORK\_Q12

**WORK\_Q09**

How many jobs or businesses did you have? {hpw04a2} [P1B CAI A1.8]

\_\_\_\_\_

**WORK\_Q11**

The next few questions are about the job or business in which you usually work the most hours.

**WORK\_Q12**

Do you work for an employer or in your own business? {hpw05a2} [P1B CAI A1.9]

- 1: Employer ---> WORK\_Q14  
 2: Own business ---> WORK\_Q15  
 3: Other ---> WORK\_Q14

**WORK\_Q14**

Are you employed .... {hpw06a} [P1B CAI A1.10]

- 1: In a permanent ongoing position  
 2: On a fixed term contract  
 3: On a casual basis  
 4: On some other basis

**WORK\_Q15**

In your current job do you have paid holiday or recreation leave? {hpw07a1} [P1B CAI A1.11]

- 1: Yes  
 2: No

**WORK\_Q15a**

In your current job do you have paid sick leave?  1: Yes  
 {hpw07a2} [P1B CAI A1.12]  2: No

**WORK\_15b**

In your current job do you have paid maternity/paternity leave?  1: Yes  
 {hpw07a3} [P1B CAI A1.13]  2: No

**WORK\_15c**

In your current job do you have paid personal or family leave?  1: Yes  
 {hpw07a4} [P1B CAI A1.14]  2: No

**WORK\_Q20**

In your main job held last week, what was your occupation? {hpw08a5} [P1B CAI A1.15-A.17] \_\_\_\_\_

**WORK\_Q20a**

In your main job held last week, what was your occupation? {hpw08a7} [P1B CAI A1.15-A.17] \_\_\_\_\_

**WORK\_Q23**

How many hours do you usually work each week in all jobs? {hpw09a} [P1B CAI A2.1] \_\_\_\_\_

**WORK\_Q27a**

How many days do you usually work in a four week period? {hpw34a} [P1B CAI A2.2] \_\_\_\_\_

**WORK\_Q27b**

And do you usually work on weekends? {hpw10a3b} [P1B CAI A2.3] \_\_\_\_\_

**WORK\_Q27c**

On which days do you usually work in main job?  1: Monday to Friday ---> WORK\_Q27e  
 {hpw10a5} [P1B CAI A2.4]  2: Nine day fortnight ---> WORK\_Q27e  
 3: Days vary from week to week ---> WORK\_Q27e  
 4: Days vary from month to month ---> WORK\_Q27e  
 5: Other ---> WORK\_Q27d



**WORK\_Q27d**

On which days do you usually work in main job?

Monday {hpw10a5a} [P1B CAI A2.5.1]

- 0: No  
 1: Yes

Tuesday {hpw10a5b} [P1B CAI A2.5.2]

- 0: No  
 1: Yes

Wednesday {hpw10a5c} [P1B CAI A2.5.3]

- 0: No  
 1: Yes

Thursday {hpw10a5d} [P1B CAI A2.5.4]

- 0: No  
 1: Yes

Friday {hpw10a5e} [P1B CAI A2.5.5]

- 0: No  
 1: Yes

Saturday {hpw10a5f} [P1B CAI A2.5.6]

- 0: No  
 1: Yes

Sunday {hpw10a5g} [P1B CAI A2.5.7]

- 0: No  
 1: Yes

**WORK\_Q27e**

Which of these best describes your current work schedule in main job? {hpw10a6} [P1B CAI A2.6]

- 1: A regular daytime schedule ---> WORK\_Q27g  
 2: A regular evening shift ---> WORK\_Q27g  
 3: A regular night shift ---> WORK\_Q27g  
 4: A rotating shift (changes from days to evenings to nights) ---> WORK\_Q27g  
 5: Split shift (two distinct periods each day) ---> WORK\_Q27g  
 6: On call ---> WORK\_Q27g  
 7: Irregular schedule ---> WORK\_Q27g  
 8: Other (please specify) ---> WORK\_Q27f

**WORK\_Q27f**

Other (specify) {hpw10a6o} [P1B CAI A2.7]

\_\_\_\_\_

**WORK\_Q27g**

Are you in the same job/business as you were at the last interview/two years ago? (It must be the same job for the same employer, with similar working conditions) {hpw27a} [P1B CAI A3.1]

- 1: Yes  
 2: No ---> WORK\_Q28a

**WORK\_Q27gb**

Two years ago, about how many hours did you usually work each week (in all jobs)? (If less than 1 hour enter 0.) {gpw09a} [P1B CAI A3.2+W7]

\_\_\_\_\_

**WORK\_Q28a**

Since the last interview/Over the last two years have you had a job or business for all that time? {hpw24a1} [P1B CAI A3.3]

 1: Yes 2: No**WORK\_Q28aa**

Two years ago did you work for an employer or in your own business? {gpw05a2} [P1B CAI A3.4+W7]

 1: Employer 2: Own business 3: Other**WORK\_Q28ab**

Two years ago were you employed {gpw06a} [P1B CAI A3.5+W7]

 1: in a permanent ongoing position 2: on a fixed term contract 3: on a casual basis 4: on some other basis**WORK\_Q28ac**

In your main job held what was your occupation two years ago? {gpw08a5} [P1B CAI A3.6+W7]

\_\_\_\_\_

**WORK\_Q28ac1**

What were your main tasks and duties?

\_\_\_\_\_

**WORK\_Q29**

During the time when you did not have a job or business, for how many months were you actively looking for work? {hpw24a5} [P1B CAI A4.8]

 1: None ---> WORK\_Q43 2: All the time not working ---> WORK\_Q43 3: Number of months**WORK\_Q29a**

During the time when you did not have a job or business, for how many months were you actively looking for work? Enter number of months. {hpw24a4} [P1B CAI A4.9]

\_\_\_\_\_

**WORK\_Q31**

At any time during the last 4 weeks have you been looking for full-time or part-time work? {hpw11a1} [P1B CAI A5.1]

- 1: Yes, full-time work  
 2: Yes, part-time work  
 3: No ---> WORK\_Q36

**WORK\_Q33**

If you had found a job could you have started work last week? {hpw12a} [P1B CAI A5.2]

- 1: Yes  
 2: No

**WORK\_Q34**

When did you begin looking for work? {hpw13a1} [P1B CAI A5.3]

- 1: Since we last interviewed you/Less than two years ago  
 2: Before last interview/More than 2 years to less than 5 years ago ---> WORK\_Q36  
 3: 5 years or more ago ---> WORK\_Q36

**WORK\_Q35**

Enter month/year began looking for work (mm/yyyy format). {hpw13a2} [P1B CAI A5.4]

\_\_\_\_\_

**WORK\_Q36**

What are the reasons you are not currently in paid work?

Prefers to look after own child(ren) themselves {hpw25a1} [P1B CAI A5.5.1]

- 0: No  
 1: Yes

Too busy with family {hpw25a2} [P1B CAI A5.5.2]

- 0: No  
 1: Yes

Want to continue breastfeeding {hpw25a3} [P1B CAI A5.5.3]

- 0: No  
 1: Yes

Have had another baby {hpw25a4} [P1B CAI A5.5.4]

- 0: No  
 1: Yes

Partner earns enough to support them {hpw25a5} [P1B CAI A5.5.5]

- 0: No  
 1: Yes

No jobs available {hpw25a6} [P1B CAI A5.5.6]

- 0: No  
 1: Yes

Can't find a job that interests {hpw25a7} [P1B CAI A5.5.7]

- 0: No  
 1: Yes

Can't find a job with enough flexibility {hpw25a8} [P1B CAI A5.5.8]

- 0: No  
 1: Yes

Can't get suitable child care {hpw25a9} [P1B CAI A5.5.9]

- 0: No  
 1: Yes

It's not worthwhile with child care costs {hpw25a10} [P1B CAI A5.5.10]  0: No  
 1: Yes

Would lose government benefits if worked {hpw25a11} [P1B CAI A5.5.11]  0: No  
 1: Yes

Own short-term illness or injury {hpw25a14} [P1B CAI A5.5.12]  0: No  
 1: Yes

Own long-term health condition or disability {hpw25a15} [P1B CAI A5.5.13]  0: No  
 1: Yes

Study/returning to studies {hpw25a16} [P1B CAI A5.5.14]  0: No  
 1: Yes

Caring for ill/disabled/elderly person {hpw25a17} [P1B CAI A5.5.15]  0: No  
 1: Yes

Retired {hpw25a18} [P1B CAI A5.5.16]  0: No  
 1: Yes

Other (please specify) {hpw25a12} [P1B CAI A5.5.17]  0: No  
 1: Yes ---> WORK\_Q37

### WORK\_Q37

What are the reasons you are not currently in paid work? Other {hpw25a13} [P1B CAI A5.6] \_\_\_\_\_

### WORK\_Q40

When did you last work for two weeks or more? {hpw14a1b} [P1B CAI A5.7]  1: Since we last interviewed you/2years ago  
 2: Before last interview/2 years to less than 5 years ago ---> WORK\_Q41  
 3: 5 years or more ago ---> WORK\_Q41  
 4: Never worked 2 or more weeks ---> WORK\_Q43

### WORK\_Q40a

Enter month/year last worked for two weeks or more {hpw14a2} [P1B CAI A5.8] \_\_\_\_\_

### WORK\_Q41

What was the main reason Parent 1 stopped working in his/her job or business? {hpw26a1} [P1B CAI A5.9]

- 1: Pregnant/to have children ---> WORK\_Q42a
- 2: Looking after family members or ageing parents ---> WORK\_Q42a
- 3: Looking after children ---> WORK\_Q42a
- 4: Childcare too expensive, unsuitable, unavailable ---> WORK\_Q42a
- 5: Lost job (retrenched, made redundant, employer went out of business, dismissed, no work available) ---> WORK\_Q42a
- 6: Job ended/temporary/seasonal ---> WORK\_Q42a
- 7: Unsatisfactory work arrangements ---> WORK\_Q42a
- 8: Own ill health/injury/disability ---> WORK\_Q42a
- 9: Studying, returning to study ---> WORK\_Q42 a
- 10: Self employed- business closed down for economic reasons (went broke, liquidated, no work, no supply or demand) ---> WORK\_Q42a
- 11: Moved to another location ---> WORK\_Q42a
- 12: Other (specify)
- 13: Retired ---> WORK\_Q42a

### WORK\_Q41a

What was the main reason you stopped working in your job or business? Other (specify) {hpw26ao} [P1B CAI A5.10]

\_\_\_\_\_

### WORK\_Q42a

How many months were there when you had a job or business, since we last interviewed you/in the last two years? {hpw24a2} [P1B CAI A6.1]

\_\_\_\_\_

### WORK\_Q42aa

Did you have a job two years ago?

- 1: Yes
- 2: No ---> WORK\_Q42d

### WORK\_Q42ab

Did you work for an employer or in your own business?

- 1: Employer
- 2: Own business
- 3: Other

### WORK\_Q42ac

Were you employed

- 1: In a permanent ongoing position
- 2: On a fixed term contract
- 3: On a casual basis
- 4: On some other basis

**WORK\_Q42ad**

How many hours did you usually work each week?

\_\_\_\_\_

**WORK\_Q42ae**

What was your occupation?

\_\_\_\_\_

**WORK\_Q42ae1**

What were your main tasks and duties?

\_\_\_\_\_

**WORK\_Q42d**

Since the last interview/In the last two years have there been any times when you were actively looking for work? {hpw24a3} [P1B CAI A6.8]

- 1: Yes  
 2: No ---> WORK\_Q43

**WORK\_Q42e**

How many months were you actively looking for work?

\_\_\_\_\_

**WORK\_Q43**

The next few questions are about unpaid voluntary work, that is, help willingly given in the form of time, service or skills for an organisation.

In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations? {hsc11a4} [P1B CAI A7.1]

- 1: Yes  
 2: No ---> WORK\_Q45

Sport/recreation (e.g. coaching, refereeing) {hsc11a2b} [P1B CAI A7.1.1]

- 0: No  
 1: Yes

School and children's groups (e.g. canteen, teacher's aide, play group, childcare) {hsc11a2o} [P1B CAI A7.1.2]

- 0: No  
 1: Yes

Community/welfare (eg Clean Up Australia, The Smith Family) {hsc11a2a} [P1B CAI A7.1.3]

- 0: No  
 1: Yes

Church or religious groups {hsc11a2j} [P1B CAI A7.1.4]

- 0: No  
 1: Yes

Emergency services (e.g. firefighting, search and rescue) {hsc11a2g} [P1B CAI A7.1.5]

- 0: No  
 1: Yes

Youth/student service/mentoring/leadership/adventure (e.g. scouts) {hsc11a2p} [P1B CAI A7.1.6]

- 0: No  
 1: Yes

Arts/heritage/cultural/music activities (e.g. Museum) {hsc11a2e} [P1B CAI A7.1.7]

- 0: No  
 1: Yes

Health/health care (e.g. volunteering in a hospital or clinic) {hsc11a2d} [P1B CAI A7.1.8]  0: No  
 1: Yes

Teaching or training (e.g. TAFE, Community College, Adult education classes) {hsc11a2q} [P1B CAI A7.1.9]  0: No  
 1: Yes

Animal welfare (e.g. RSPCA) {hsc11a2r} [P1B CAI A7.1.10]  0: No  
 1: Yes

Environment (e.g. conservation) {hsc11a2s} [P1B CAI A7.1.11]  0: No  
 1: Yes

Immigrant/refugee assistance {hsc11a2t} [P1B CAI A7.1.12]  0: No  
 1: Yes

International aid/development (e.g. Oxfam) {hsc11a2u} [P1B CAI A7.1.13]  0: No  
 1: Yes

Law/Justice/Political/Human rights (e.g. Amnesty International) {hsc11a2v} [P1B CAI A7.1.14]  0: No  
 1: Yes

Business/professional associations or unions {hsc11a2f} [P1B CAI A7.1.15]  0: No  
 1: Yes

Ethnic and Ethnic-Australian societies {hsc11a2w} [P1B CAI A7.1.16]  0: No  
 1: Yes

Other {hsc11a2x} [P1B CAI A7.1.17]  0: No  
 1: Yes

### WORK\_Q43b

In the last 12 months, how often did you work for [WS32] on a voluntary basis? {hsc11a3a} [P1B CAI A7.2]  1: At least once a week  
 2: At least once a fortnight  
 3: At least once a month  
 4: At least once a year

### WORK\_Q43c

In total, how many hours did you do volunteer activities? {hsc11a3b} [P1B CAI A7.3] \_\_\_\_\_

### WORK\_Q46

We are also interested in the family situation when you were growing up.

**WORK\_Q48**

Thinking about the family you grew up in, have your parents permanently separated or divorced? {hpa14a2} [P1B CAI A8.1+W2-7]

- 1: Yes  
 2: No ---> WORK\_Q51  
 3: Never lived together ---> WORK\_Q51

**WORK\_Q49**

How old were you when this happened? (If your parents separated before divorce, enter your age when they separated. If less than one year of age at the time, record as 01.) {hpa14a3} [P1B CAI A8.2+W2-7]

\_\_\_\_\_

**WORK\_Q51**

Previously you told us that your father/mother was the main breadwinner when you were 14 years old. We now want to know about your mother/father.

**WORK\_Q52**

Thinking back to when you were 14 years old, did your mother work in a job, business or farm? {hpa24a2b} [P1B CAI A 9.1.2+W4-5]

- 1: Yes  
 2: No ---> WORK\_Q55  
 3: Your mother/father was deceased when you were 14 years old ---> WORK\_Q55

**WORK\_Q53**

What was your mother occupation? {hpa24a5b} [P1B CAI A 9.1.3/9.1.4+W4-5]

\_\_\_\_\_

**WORK\_Q54**

What were your mother's main tasks and duties?

\_\_\_\_\_

**WORK\_Q55**

Was your mother unemployed for a total of 6 months or more while you were growing up? {hpa24a4b} [P1B CAI A 9.1.5+W4-5]

- 1: Yes  
 2: No

**WORK\_Q56**

Previously you told us that your father/mother was the main breadwinner when you were 14 years old. We now want to know about your mother/father.



**WORK\_Q57**

Thinking back to when you were 14 years old, did your mother/father work in a job, business or farm? {hpa24a2a} [P1B CAI A 9.2.2+W4-5]

- 1: Yes  
 2: No ---> HEAL\_Q01  
 3: Your mother/father was deceased when you were 14 years old ---> HEAL\_Q01

**WORK\_Q58**

What was your mother/father occupation? {hpa24a5a} [P1B CAI A 9.2.3/9.2.4+W4-5]

\_\_\_\_\_

**WORK\_Q59**

What were your mother/father's main tasks and duties?

\_\_\_\_\_

**WORK\_Q60**

Was your mother/father unemployed for a total of 6 months or more while you were growing up? {hpa24a4a} [P1B CAI A 9.2.5+W4-5]

- 1: Yes  
 2: No

**HEAL\_Q01**

The next questions are about the study child's health.

**HEAL\_Q02**

In general, how would you say study child's current health is? {hhs13c} [P1B CAI B1.1]

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

**HEAL\_Q03**

Does child currently need or use medicine prescribed by a doctor, other than vitamins? {hhs14a} [P1B CAI B1.2]

- 1: Yes  
 2: No ---> HEAL\_Q06

**HEAL\_Q04**

Is this because of any medical, behavioural or other health condition? {hhs14b} [P1B CAI B1.3]

- 1: Yes  
 2: No ---> HEAL\_Q06

**HEAL\_Q05**

Is this a condition that has lasted or is expected to last for at least 12 months? {hhs14c} [P1B CAI B1.4]

- 1: Yes  
 2: No ---> HEAL\_Q06

**HEAL\_Q06**

Does child need or use more medical care, mental health or educational services than is usual for most children of the same age? {hhs14d} [P1B CAI B1.5]

- 1: Yes  
 2: No ---> HEAL\_Q13

**HEAL\_Q07**

Is this because of any specific medical, behavioural or other health condition? {hhs14e} [P1B CAI B1.6]

- 1: Yes  
 2: No ---> HEAL\_Q13

**HEAL\_Q08**

Is this a condition that has lasted or is expected to last for at least 12 months? {hhs14f} [P1B CAI B1.7]

- 1: Yes  
 2: No

**HEAL\_Q13**

In the last 12 months, has child had an illness with wheezing in the chest which lasted for a week or more? (Includes whistling or rattling noise) {hhs15c2} [P1B CAI B2.1]

- 1: Yes  
 2: No ---> HEAL\_Q16

**HEAL\_Q14**

In the last 12 months, about how many times did child have wheezing that lasted for a week or more? {hhs15c3} [P1B CAI B2.2]

\_\_\_\_\_

**HEAL\_Q16**

Has a doctor ever told you that child has asthma? {hhs29a} [P1B CAI B2.3+W1-7]

- 1: Yes  
 2: No ---> HEAL\_Q17b

**HEAL\_Q16a**

In the last 12 months has child taken any medication for asthma? {hhs29b} [P1B CAI B2.4]

- 1: Yes  
 2: No

**HEAL\_Q17b**

Does child have any of these ongoing conditions? ('Ongoing conditions' exist for some period of time (weeks, months or years) or re-occur regularly. They do not have to be diagnosed by a doctor.) {hhs17a} [P1B CAI B3.1]

- 1: Yes  
 2: No ---> HEAL\_Q17r

Eczema {hhs17a4} [P1B CAI B3.1.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17ba

---

Asthma {hhs17a27} [P1B CAI B3.1.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Hay fever {hhs17a28} [P1B CAI B3.1.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Problems with eyes or seeing properly (including wearing glasses) {hhs17a2} [P1B CAI B3.1.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Hearing problems {hhs17a1} [P1B CAI B3.1.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Tonsillitis {hhs17a17} [P1B CAI B3.1.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Constipation {hhs17a15} [P1B CAI B3.1.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Irritable bowel {hhs17a29} [P1B CAI B3.1.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Soiling {hhs17a16} [P1B CAI B3.1.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Wetting self during the day {hhs17a19} [P1B CAI B3.1.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Frequent headaches {hhs17a13} [P1B CAI B3.1.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Recurrent abdominal pain {hhs17a14} [P1B CAI B3.1.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Recurrent pain in other parts of the body {hhs17a20} [P1B CAI B3.1.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Bone, joint or muscle problem {hhs17a21} [P1B CAI B3.1.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
ADD/ADHD {hhs17a12} [P1B CAI B3.1.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Anxiety disorder {hhs17a22a} [P1B CAI B3.1.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Depression {hhs17a22b} [P1B CAI B3.1.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Anxiety disorder, Depression {hhs17a22} [P1B CAI B3.1.16-3.1.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba
Autism, Asperger's, or other autism spectrum {hhs17a23} [P1B CAI B3.1.18]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q17ba

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Diabetes {hhs17a24} [P1B CAI B3.1.19]  0: No  
 1: Yes ---> HEAL\_Q17ba

Congenital heart condition {hhs17a30} [P1B CAI B3.1.20]  0: No  
 1: Yes ---> HEAL\_Q17ba

Palpitations {hhs17a31} [P1B CAI B3.1.21]  0: No  
 1: Yes ---> HEAL\_Q17ba

Epilepsy or seizure disorder {hhs17a25} [P1B CAI B3.1.22]  0: No  
 1: Yes ---> HEAL\_Q17ba

Chronic fatigue {hhs17a26} [P1B CAI B3.1.23]  0: No  
 1: Yes ---> HEAL\_Q17ba

Other illness {hhs17a10} [P1B CAI B3.1.24]  0: No  
 1: Yes ---> HEAL\_Q17bb

**HEAL\_Q17bb**

Other illnesses(Specify) {hhs17a10o} [P1B CAI B3.2] \_\_\_\_\_

**HEAL\_Q17ba**

About how many days in the last 12 months has the child missed school because of

Eczema {hhs52a4} [P1B CAI B3.3.1 ] \_\_\_\_\_

Asthma {hhs52a27} [P1B CAI B3.3.2] \_\_\_\_\_

Hay fever {hhs52a28} [P1B CAI B3.3.3] \_\_\_\_\_

Problems with eyes or seeing properly {hhs52a2} [P1B CAI B3.3.4] \_\_\_\_\_

Hearing problems {hhs52a1} [P1B CAI B3.3.5] \_\_\_\_\_

Tonsillitis {hhs52a17} [P1B CAI B3.3.6] \_\_\_\_\_

Constipation {hhs52a15} [P1B CAI B3.3.7] \_\_\_\_\_

Irritable bowel {hhs52a29} [P1B CAI B3.3.8] \_\_\_\_\_

Soiling {hhs52a16} [P1B CAI B3.3.9] \_\_\_\_\_

---

Wetting self during the day {hhs52a19} [P1B CAI B3.3.10]

---

---

Frequent headaches {hhs52a13} [P1B CAI B3.3.11]

---

---

Recurrent abdominal pain {hhs52a14} [P1B CAI B3.3.12]

---

---

Recurrent pain in other parts of the body {hhs52a20} [P1B CAI B3.3.13]

---

---

Bone, joint or muscle problem {hhs52a21} [P1B CAI B3.3.14]

---

---

ADD/ADHD {hhs52a22} [P1B CAI B3.3.15]

---

---

Anxiety disorder {hhs52a22a} [P1B CAI B3.3.16]

---

---

Depression {hhs52a22b} [P1B CAI B3.3.17]

---

---

Autism, Asperger's or other autism {hhs52a23} [P1B CAI B3.3.18]

---

---

Diabetes {hhs52a24} [P1B CAI B3.3.19]

---

---

Congenital heart condition {hhs52a30} [P1B CAI B3.3.20]

---

---

Palpitations {hhs52a31} [P1B CAI B3.3.21]

---

---

Epilepsy or seizure disorder {hhs52a25} [P1B CAI B3.3.22]

---

---

Chronic fatigue {hhs52a26} [P1B CAI B3.3.23]

---

---

Other illness {hhs52a10} [P1B CAI B3.3.24]

---

**HEAL\_Q17c**

Would you describe the child's Eczema as mild, moderate or severe? {hhs37a4} [P1B CAI B3.4.1]

- 1: Mild ---> HEAL\_Q17d  
 2: Moderate ---> HEAL\_Q17d  
 3: Severe ---> HEAL\_Q17d

Would you describe the child's Asthma as mild, moderate or severe? {hhs37a27} [P1B CAI B3.4.2]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Hay fever as mild, moderate or severe? {hhs37a28} [P1B CAI B3.4.3]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Problems with eyes or seeing properly (including wearing glasses) as mild, moderate or severe? {hhs37a2} [P1B CAI B3.4.4]

- 1: Mild ---> HEAL\_Q17e  
 2: Moderate ---> HEAL\_Q17e  
 3: Severe ---> HEAL\_Q17e

Would you describe the child's Hearing problems as mild, moderate or severe? {hhs37a1} [P1B CAI B3.4.5]

- 1: Mild ---> HEAL\_Q17j  
 2: Moderate ---> HEAL\_Q17j  
 3: Severe ---> HEAL\_Q17j

Would you describe the child's Tonsillitis as mild, moderate or severe? {hhs37a17} [P1B CAI B3.4.6]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Constipation as mild, moderate or severe? {hhs37a15} [P1B CAI B3.4.7]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Irritable bowel as mild, moderate or severe? {hhs37a29} [P1B CAI B3.4.8]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Soiling as mild, moderate or severe? {hhs37a16} [P1B CAI B3.4.9]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Wetting self during the day as mild, moderate or severe? {hhs37a19} [P1B CAI B3.4.10]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Frequent headaches as mild, moderate or severe? {hhs37a13} [P1B CAI B3.4.11]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Recurrent abdominal pain as mild, moderate or severe? {hhs37a14} [P1B CAI B3.4.12]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Recurrent pain in other parts of the body as mild, moderate or severe? {hhs37a20} [P1B CAI B3.4.13]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Bone, joint or muscle problem as mild, moderate or severe? {hhs37a21} [P1B CAI B3.4.14]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Attention Deficit Disorder as mild, moderate or severe? {hhs37a22} [P1B CAI B3.4.15]

- 1: Mild ---> HEAL\_Q17mk  
 2: Moderate ---> HEAL\_Q17m  
 3: Severe ---> HEAL\_Q17m

Would you describe the child's Anxiety disorder as mild, moderate or severe? {hhs37a22a} [P1B CAI B3.4.16]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Depression as mild, moderate or severe? {hhs37a22b} [P1B CAI B3.4.17]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Autism, Asperger's, or other autism spectrum as mild, moderate or severe? {hhs37a23} [P1B CAI B3.4.18]

- 1: Mild ---> HEAL\_Q17p  
 2: Moderate ---> HEAL\_Q17p  
 3: Severe ---> HEAL\_Q17p

Would you describe the child's Diabetes as mild, moderate or severe? {hhs37a24} [P1B CAI B3.4.19]

- 1: Mild ---> HEAL\_Q17p  
 2: Moderate ---> HEAL\_Q17p  
 3: Severe ---> HEAL\_Q17p

Would you describe the child's Congenital heart condition as mild, moderate or severe? {hhs37a30} [P1B CAI B3.4.20]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Palpitations as mild, moderate or severe? {hhs37a31} [P1B CAI B3.4.21]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Epilepsy or seizure disorder as mild, moderate or severe? {hhs37a25} [P1B CAI B3.4.22]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Chronic fatigue as mild, moderate or severe? {hhs37a26} [P1B CAI B3.4.23]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

Would you describe the child's Other illnesses as mild, moderate or severe? {hhs37a10} [P1B CAI B3.4.24]

- 1: Mild ---> HEAL\_Q17k  
 2: Moderate ---> HEAL\_Q17k  
 3: Severe ---> HEAL\_Q17k

## HEAL\_Q17d

Which parts of the child's body are affected by eczema?

The folds of the elbows {hhs17d1} [P1B CAI B3.5.1]

- 0: No ---> HEAL\_Q17k  
 1: Yes ---> HEAL\_Q17k

Behind the knees {hhs17d2} [P1B CAI B3.5.2]

- 0: No ---> HEAL\_Q17k  
 1: Yes ---> HEAL\_Q17k

Under the buttocks {hhs17d3} [P1B CAI B3.5.3]

- 0: No ---> HEAL\_Q17k  
 1: Yes ---> HEAL\_Q17k

Around the neck, ears, eyes {hhs17d4} [P1B CAI B3.5.4]

- 0: No ---> HEAL\_Q17k  
 1: Yes ---> HEAL\_Q17k

Other {hhs17d5} [P1B CAI B3.5.5]

- 0: No ---> HEAL\_Q17k  
 1: Yes ---> HEAL\_Q17k

**HEAL\_Q17e**Does child wear glasses or contact lenses? {hhs31a}  
[P1B CAI B4.1]

- 1: Yes  
 2: No

**HEAL\_Q17g**From what age did child start wearing glasses or  
contact lenses {zhs31b1} [P1B CAI B4.2+W2-7]

- 1: Age in months  
 2: Age in years

**HEAL\_Q17h**From what age did child start wearing glasses or  
contact lenses? Amount {zhs31b2} [P1B CAI B4.3+W2-7]

\_\_\_\_\_

**HEAL\_Q17i**What is the main reason that child wears glasses or  
contact lenses? {hhs31c} [P1B CAI B4.4]

- 1: Short sighted (myopia)  
 2: Long sighted  
 3: Turned eye(s) (squint)  
 4: Astigmatism  
 5: Amblyopia (lazy eye)  
 6: Other reason ---> HEAL\_Q17ia

**HEAL\_Q17ia**

Other specify {hhs31co} [P1B CAI B4.5]

\_\_\_\_\_

**HEAL\_Q17ib**Do any of the other eye conditions on the list also  
apply? {hhs31d} [P1B CAI B4.6]

- 1: Yes  
 2: No ---> HEAL\_Q17r

Short sighted (myopia) {hhs31d1} [P1B CAI B4.6.1]

- 0: No  
 1: Yes

Long sighted {hhs31d2} [P1B CAI B4.6.2]

- 0: No  
 1: Yes

Turned eye(s) (squint) {hhs31d3} [P1B CAI B4.6.3]

- 0: No  
 1: Yes

Astigmatism {hhs31d4} [P1B CAI B4.6.4]

- 0: No  
 1: Yes

Amblyopia (lazy eye) {hhs31d5} [P1B CAI B4.6.5]

- 0: No  
 1: Yes



**HEAL\_Q17j**

Does the child use any of the following aids? {hhs38}  
[P1B CAI B4.7]  1: Yes  
 2: No

Hearing aid(s) {hhs38a} [P1B CAI B4.7.1]  0: No  
 1: Yes

Cochlear implant {hhs38b} [P1B CAI B4.7.2]  0: No  
 1: Yes

Adaptations in mainstream classroom, e.g. FM loop  
{hhs38c} [P1B CAI B4.7.3]  0: No  
 1: Yes

Special visiting teacher {hhs38d} [P1B CAI B4.7.4]  0: No  
 1: Yes

Special school {hhs38e} [P1B CAI B4.7.5]  0: No  
 1: Yes

**HEAL\_Q17k**

How often does eczema occur? {hhs37d1a} [P1B CAI  
B5.1.1]  1: Daily ---> HEAL\_Q17r  
 2: Most days (4-6 times a week) ---> HEAL\_Q17r  
 3: Some days (1-3 times a week) ---> HEAL\_Q17r  
 4: A few times a month ---> HEAL\_Q17r  
 5: A few times a year ---> HEAL\_Q17r  
 6: Rarely ---> HEAL\_Q17r

How often does Asthma occur? {hhs37za1a} [P1B CAI  
B5.1.2]  1: Daily ---> HEAL\_Q17r  
 2: Most days (4-6 times a week) ---> HEAL\_Q17r  
 3: Some days (1-3 times a week) ---> HEAL\_Q17r  
 4: A few times a month ---> HEAL\_Q17r  
 5: A few times a year ---> HEAL\_Q17r  
 6: Rarely ---> HEAL\_Q17r

How often does Hay fever occur? {hhs37zb1a} [P1B CAI  
B5.1.3]  1: Daily ---> HEAL\_Q17r  
 2: Most days (4-6 times a week) ---> HEAL\_Q17r  
 3: Some days (1-3 times a week) ---> HEAL\_Q17r  
 4: A few times a month ---> HEAL\_Q17r  
 5: A few times a year ---> HEAL\_Q17r  
 6: Rarely ---> HEAL\_Q17r

How often does Tonsillitis occur? {hhs37q1a} [P1B CAI  
B5.1.4]  1: Daily ---> HEAL\_Q17r  
 2: Most days (4-6 times a week) ---> HEAL\_Q17r  
 3: Some days (1-3 times a week) ---> HEAL\_Q17r  
 4: A few times a month ---> HEAL\_Q17r  
 5: A few times a year ---> HEAL\_Q17r  
 6: Rarely ---> HEAL\_Q17r

How often does Constipation occur? {hhs37o1a} [P1B  
CAI B5.1.5]  1: Daily ---> HEAL\_Q17r  
 2: Most days (4-6 times a week) ---> HEAL\_Q17r  
 3: Some days (1-3 times a week) ---> HEAL\_Q17r  
 4: A few times a month ---> HEAL\_Q17r  
 5: A few times a year ---> HEAL\_Q17r  
 6: Rarely ---> HEAL\_Q17r

---

How often does Soiling occur? {hhs37p1a} [P1B CAI B5.1.6]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Wetting self during the day occur? {hhs37s1a} [P1B CAI B5.1.7]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Frequent headaches occur? {hhs37m1a} [P1B CAI B5.1.8]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Recurrent abdominal pain occur? {hhs37n1a} [P1B CAI B5.1.9]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Recurrent pain in other parts of the body occur? {hhs37t1a} [P1B CAI B5.1.10]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Bone, joint or muscle problems occur? {hhs37u1a} [P1B CAI B5.1.11]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Anxiety occur? {hhs37v2a} [P1B CAI B5.1.12]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

---

How often does Depression occur? {hhs37v3a} [P1B CAI B5.1.13]

- 1: Daily ---> HEAL\_Q17r
- 2: Most days (4-6 times a week) ---> HEAL\_Q17r
- 3: Some days (1-3 times a week) ---> HEAL\_Q17r
- 4: A few times a month ---> HEAL\_Q17r
- 5: A few times a year ---> HEAL\_Q17r
- 6: Rarely ---> HEAL\_Q17r

How often does Palpitations occur? {hhs37ze1} [P1B CAI B5.1.14]

- 1: Daily ---> HEAL\_Q17p  
 2: Most days (4-6 times a week) ---> HEAL\_Q17p  
 3: Some days (1-3 times a week) ---> HEAL\_Q17p  
 4: A few times a month ---> HEAL\_Q17p  
 5: A few times a year ---> HEAL\_Q17p  
 6: Rarely ---> HEAL\_Q17p

How often does Epilepsy or seizures occur? {hhs37y1a} [P1B CAI B5.1.15]

- 1: Daily ---> HEAL\_Q17p  
 2: Most days (4-6 times a week) ---> HEAL\_Q17p  
 3: Some days (1-3 times a week) ---> HEAL\_Q17p  
 4: A few times a month ---> HEAL\_Q17p  
 5: A few times a year ---> HEAL\_Q17p  
 6: Rarely ---> HEAL\_Q17p

How often does Chronic fatigue occur? {hhs37z1a} [P1B CAI B5.1.16]

- 1: Daily ---> HEAL\_Q17p  
 2: Most days (4-6 times a week) ---> HEAL\_Q17p  
 3: Some days (1-3 times a week) ---> HEAL\_Q17p  
 4: A few times a month ---> HEAL\_Q17p  
 5: A few times a year ---> HEAL\_Q17p  
 6: Rarely ---> HEAL\_Q17p

### HEAL\_Q17m

Has child ever taken any medication for Attention Deficit Disorder or ADHD? {hhs17l1} [P1B CAI B6.1+W3-7]

- 1: Yes  
 2: No ---> HEAL\_Q17r

### HEAL\_Q17n

Is study child currently taking medication for Attention Deficit Disorder or ADHD? {hhs17l3} [P1B CAI B6.2]

- 1: Yes  
 2: No ---> HEAL\_Q17r

### HEAL\_Q17o

What is the name of the medication that the child is taking? {hhs17l3c1} [P1B CAI B6.3]

- 1: Ritalin 10 tablets, Ritalin LA capsules or Concerta tablets ---> HEAL\_Q17r  
 2: Dexamphetamine ---> HEAL\_Q17r  
 3: Strattera ---> HEAL\_Q17r  
 4: Catapres ---> HEAL\_Q17r  
 5: Risperdal ---> HEAL\_Q17r  
 6: Melatonin ---> HEAL\_Q17r  
 7: Other (specify)

### HEAL\_Q17oa

Other (specify) {hhs17l3co} [P1B CAI B6.4]

**HEAL\_Q17p**

How old was the child when autism/Asperger's and autism spectrum was first diagnosed? {hhs17w3} [P1B CAI B7.1.1]

- 1: Age in months  
 2: Age in years

How old was the child when diabetes was first diagnosed? {hhs17x3} [P1B CAI B7.1.2]

- 1: Age in months  
 2: Age in years

How old was the child when palpitations was first diagnosed? {hhs17a26c} [P1B CAI B7.1.3]

- 1: Age in months  
 2: Age in years

How old was the child when epilepsy or seizures was first diagnosed? {hhs17y3} [P1B CAI B7.1.4]

- 1: Age in months  
 2: Age in years

How old was the child when chronic fatigue was first diagnosed? {hhs17a22c} [P1B CAI B7.1.5]

- 1: Age in months  
 2: Age in years

**HEAL\_Q17pa**

How old was the child when autism/aspergers and autism spectrum was first diagnosed? {hhs17w4} [P1B CAI B7.2.1]

\_\_\_\_\_

How old was the child when diabetes was first diagnosed? {hhs17x4} [P1B CAI B7.2.2]

\_\_\_\_\_

How old was the child when palpitations was first diagnosed? {hhs17z4} [P1B CAI B7.2.3]

\_\_\_\_\_

How old was the child when epilepsy or seizures was first diagnosed? {hhs17y4} [P1B CAI B7.2.4]

\_\_\_\_\_

How old was the child when chronic fatigue was first diagnosed? {hhs17u4} [P1B CAI B7.2.5]

\_\_\_\_\_

**HEAL\_Q17r**

During the last interview you told us the child had a reaction to peanuts.  
 Has the child had any more reactions to peanuts since we last saw you? {hhs43a1} [P1B CAI B8.1.1]

- 1: No more reactions ---> HEAL\_Q18a  
 2: Eliminated food from diet ---> HEAL\_Q18a  
 3: Yes ---> HEAL\_Q17t

During the last interview you told us the child had a reaction to other nuts.  
 Has the child had any more reactions to other nuts since we last saw you? {hhs43a2} [P1B CAI B8.1.2]

- 1: No more reactions ---> HEAL\_Q18a  
 2: Eliminated food from diet ---> HEAL\_Q18a  
 3: Yes ---> HEAL\_Q17t

During the last interview you told us the child had a reaction to hen's eggs.  
 Has the child had any more reactions to hen's eggs since we last saw you? {hhs43a3} [P1B CAI B8.1.3]

- 1: No more reactions ---> HEAL\_Q18a  
 2: Eliminated food from diet ---> HEAL\_Q18a  
 3: Yes ---> HEAL\_Q17t

During the last interview you told us the child had a reaction to cow's milk.  
 Has the child had any more reactions to cow's milk since we last saw you? {hhs43a4} [P1B CAI B8.1.4]

- 1: No more reactions ---> HEAL\_Q18a  
 2: Eliminated food from diet ---> HEAL\_Q18a  
 3: Yes ---> HEAL\_Q17t

<p>During the last interview you told us the child had a reaction to soy. Has the child had any more reactions to soy since we last saw you? {hhs43a5} [P1B CAI B8.1.5]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to sesame. Has the child had any more reactions to sesame since we last saw you? {hhs43a6} [P1B CAI B8.1.6]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to wheat. Has the child had any more reactions to wheat since we last saw you? {hhs43a7} [P1B CAI B8.1.7]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to fruit(1). Has the child had any more reactions to fruit(1) since we last saw you? {hhs43a11} [P1B CAI B8.1.8]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to fruit(2). Has the child had any more reactions to fruit(2) since we last saw you? {hhs43a12} [P1B CAI B8.1.9]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to fruit(3). Has the child had any more reactions to fruit(3) since we last saw you? {hhs43a13} [P1B CAI B8.1.10]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to preservatives. Has the child had any more reactions to preservatives since we last saw you? {hhs43a14} [P1B CAI B8.1.11]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to additives. Has the child had any more reactions to additives since we last saw you? {hhs43a15} [P1B CAI B8.1.12]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to seafood. Has the child had any more reactions to seafood since we last saw you? {hhs43a16} [P1B CAI B8.1.13]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to other food(1). Has the child had any more reactions to other food(1) since we last saw you? {hhs43a8} [P1B CAI B8.1.14]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>
<p>During the last interview you told us the child had a reaction to other food(2). Has the child had any more reactions to other food(2) since we last saw you? {hhs43a9} [P1B CAI B8.1.15]</p>	<p><input type="checkbox"/> 1: No more reactions ---&gt; HEAL_Q18a  <input type="checkbox"/> 2: Eliminated food from diet ---&gt; HEAL_Q18a  <input type="checkbox"/> 3: Yes ---&gt; HEAL_Q17t</p>

During the last interview you told us the child had a reaction to other food(3).  
Has the child had any more reactions to other food(3) since we last saw you? {hhs43a10} [P1B CAI B8.1.16]

- 1: No more reactions ---> HEAL\_Q18a  
 2: Eliminated food from diet ---> HEAL\_Q18a  
 3: Yes ---> HEAL\_Q17t

### HEAL\_Q17t

What was child's reaction to Peanuts?

Skin rash {hhs41a1} [P1B CAI B8.2.1.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41a2} [P1B CAI B8.2.1.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41a3} [P1B CAI B8.2.1.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41a4} [P1B CAI B8.2.1.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41a5} [P1B CAI B8.2.1.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs41a6} [P1B CAI B8.2.1.6 ]

- 0: No  
 1: Yes

Swelling or tingling in mouth {hhs41a7} [P1B CAI B8.2.1.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs41a8} [P1B CAI B8.2.1.8 ]

- 0: No  
 1: Yes

Other reaction to peanuts {hhs41a9} [P1B CAI B8.3.1]

What was child's reaction to other nuts?

Skin rash {hhs41b1} [P1B CAI B8.2.2.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41b2} [P1B CAI B8.2.2.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41b3} [P1B CAI B8.2.2.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41b4} [P1B CAI B8.2.2.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41b5} [P1B CAI B8.2.2.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs41b6} [P1B CAI B8.2.2.6 ]

- 0: No  
 1: Yes

Swelling or tingling in mouth {hhs41b7} [P1B CAI B8.2.2.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs41b8} [P1B CAI B8.2.2.8 ]

- 0: No  
 1: Yes

Other reaction to other nuts {hhs41b9} [P1B CAI B8.3.2]

\_\_\_\_\_

What was child's reaction to hen's eggs?

Skin rash {hhs41c1} [P1B CAI B8.2.3.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41c2} [P1B CAI B8.2.3.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41c3} [P1B CAI B8.2.3.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41c4} [P1B CAI B8.2.3.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41c5} [P1B CAI B8.2.3.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs41c6} [P1B CAI B8.2.3.6 ]

- 0: No  
 1: Yes

Swelling or tingling in mouth {hhs41c7} [P1B CAI B8.2.3.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs41c8} [P1B CAI B8.2.3.8 ]

- 0: No  
 1: Yes

Other reaction to hen's eggs {hhs41c9} [P1B CAI B8.3.3]

\_\_\_\_\_

What was child's reaction to cow's milk?

Skin rash {hhs41d1} [P1B CAI B8.2.4.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41d2} [P1B CAI B8.2.4.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41d3} [P1B CAI B8.2.4.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41d4} [P1B CAI B8.2.4.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41d5} [P1B CAI B8.2.4.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs41d6} [P1B CAI B8.2.4.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling in mouth {hhs41d7} [P1B CAI B8.2.4.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs41d8} [P1B CAI B8.2.4.8 ]

- 0: No  
 1: Yes

---

Other reaction to cow's milk {hhs41d9} [P1B CAI B8.3.4]

---

What was child's reaction to soy?

---

Skin rash {hhs41e1} [P1B CAI B8.2.5.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

---

Vomiting {hhs41e2} [P1B CAI B8.2.5.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs41e3} [P1B CAI B8.2.5.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs41e4} [P1B CAI B8.2.5.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs41e5} [P1B CAI B8.2.5.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs41e6} [P1B CAI B8.2.5.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling in mouth {hhs41e7} [P1B CAI B8.2.5.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs41e8} [P1B CAI B8.2.5.8 ]

- 0: No  
 1: Yes

---

Other reaction to soy {hhs41e9} [P1B CAI B8.3.5]

---

What was child's reaction to sesame?

---

Skin rash {hhs41f1} [P1B CAI B8.2.6.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

---

Vomiting {hhs41f2} [P1B CAI B8.2.6.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs41f3} [P1B CAI B8.2.6.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs41f4} [P1B CAI B8.2.6.4 ]

- 0: No  
 1: Yes



Migraine (within 4 hours) {hhs41f5} [P1B CAI B8.2.6.5 ]

0: No  
 1: Yes

Difficulty breathing {hhs41f6} [P1B CAI B8.2.6.6 ]

0: No  
 1: Yes

Swelling or tingling in mouth {hhs41f7} [P1B CAI B8.2.6.7 ]

0: No  
 1: Yes

Other (specify) {hhs41f8} [P1B CAI B8.2.6.8 ]

0: No  
 1: Yes

Other reaction to sesame {hhs41f9} [P1B CAI B8.3.6]

\_\_\_\_\_

What was child's reaction to wheat?

Skin rash {hhs41g1} [P1B CAI B8.2.7.1 ]

0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41g2} [P1B CAI B8.2.7.2 ]

0: No  
 1: Yes

Diarrhoea {hhs41g3} [P1B CAI B8.2.7.3 ]

0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41g4} [P1B CAI B8.2.7.4 ]

0: No  
 1: Yes

Migraine (within 4 hours) {hhs41g5} [P1B CAI B8.2.7.5 ]

0: No  
 1: Yes

Difficulty breathing {hhs41g6} [P1B CAI B8.2.7.6 ]

0: No  
 1: Yes

Swelling or tingling in mouth {hhs41g7} [P1B CAI B8.2.7.7 ]

0: No  
 1: Yes

Other (specify) {hhs41g8} [P1B CAI B8.2.7.8 ]

0: No  
 1: Yes

Other reaction to wheat? {hhs41g9} [P1B CAI B8.3.7]

\_\_\_\_\_

What was child's reaction to fruit(1)?

Skin rash {hhs41k1} [P1B CAI B8.2.8.1 ]

0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41k2} [P1B CAI B8.2.8.2 ]

0: No  
 1: Yes

Diarrhoea {hhs41k3} [P1B CAI B8.2.8.3 ]

0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41k4} [P1B CAI B8.2.8.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41k5} [P1B CAI B8.2.8.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs41k6} [P1B CAI B8.2.8.6 ]

- 0: No  
 1: Yes

Swelling or tingling in mouth {hhs41k7} [P1B CAI B8.2.8.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs41k8} [P1B CAI B8.2.8.8 ]

- 0: No  
 1: Yes

Other reaction to fruit(1)? {hhs41k9} [P1B CAI B8.3.8]

\_\_\_\_\_

What was child's reaction to fruit(2)?

Skin rash {hhs41l1} [P1B CAI B8.2.9.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41l2} [P1B CAI B8.2.9.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41l3} [P1B CAI B8.2.9.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41l4} [P1B CAI B8.2.9.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs41l5} [P1B CAI B8.2.9.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs41l6} [P1B CAI B8.2.9.6 ]

- 0: No  
 1: Yes

Swelling or tingling in mouth {hhs41l7} [P1B CAI B8.2.9.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs41l8} [P1B CAI B8.2.9.8 ]

- 0: No  
 1: Yes

Other reaction to fruit(2)? {hhs41l9} [P1B CAI B8.3.9]

\_\_\_\_\_

What was child's reaction to fruit(3)?

Skin rash {hhs41m1} [P1B CAI B8.2.10.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41m2} [P1B CAI B8.2.10.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs41m3} [P1B CAI B8.2.10.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41m4} [P1B CAI B8.2.10.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41m5} [P1B CAI B8.2.10.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41m6} [P1B CAI B8.2.10.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41m7} [P1B CAI B8.2.10.7 ]  0: No  
 1: Yes

Other (specify) {hhs41m8} [P1B CAI B8.2.10.8 ]  0: No  
 1: Yes

Other reaction to fruit(3)?

---

What was child's reaction to preservatives?

Skin rash {hhs41n1} [P1B CAI B8.2.11.1 ]  0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41n2} [P1B CAI B8.2.11.2 ]  0: No  
 1: Yes

Diarrhoea {hhs41n3} [P1B CAI B8.2.11.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41n4} [P1B CAI B8.2.11.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41n5} [P1B CAI B8.2.11.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41n6} [P1B CAI B8.2.11.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41n7} [P1B CAI B8.2.11.7 ]  0: No  
 1: Yes

Other (specify) {hhs41n8} [P1B CAI B8.2.11.8 ]  0: No  
 1: Yes

Other reaction to preservatives? {hhs41n9} [P1B CAI B8.3.11]

---

What was child's reaction to additives?

Skin rash {hhs41o1} [P1B CAI B8.2.12.1 ]  0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41o2} [P1B CAI B8.2.12.2 ]  0: No  
 1: Yes

Diarrhoea {hhs41o3} [P1B CAI B8.2.12.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41o4} [P1B CAI B8.2.12.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41o5} [P1B CAI B8.2.12.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41o6} [P1B CAI B8.2.12.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41o7} [P1B CAI B8.2.12.7 ]  0: No  
 1: Yes

Other (specify) {hhs41o8} [P1B CAI B8.2.12.8 ]  0: No  
 1: Yes

Other reaction to additives? {hhs41o9} [P1B CAI B8.3.12]

What was child's reaction to seafood?

Skin rash {hhs41p1} [P1B CAI B8.2.13.1 ]  0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41p2} [P1B CAI B8.2.13.2 ]  0: No  
 1: Yes

Diarrhoea {hhs41p3} [P1B CAI B8.2.13.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41p4} [P1B CAI B8.2.13.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41p5} [P1B CAI B8.2.13.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41p6} [P1B CAI B8.2.13.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41p7} [P1B CAI B8.2.13.7 ]  0: No  
 1: Yes

Other (specify) {hhs41p8} [P1B CAI B8.2.13.8 ]  0: No  
 1: Yes

Other reaction to seafood? {hhs41p9} [P1B CAI B8.3.13]

What was child's reaction to other food 1?

Skin rash {hhs41h1} [P1B CAI B8.2.14.1 ]  0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41h2} [P1B CAI B8.2.14.2 ]  0: No  
 1: Yes

Diarrhoea {hhs41h3} [P1B CAI B8.2.14.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41h4} [P1B CAI B8.2.14.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41h5} [P1B CAI B8.2.14.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41h6} [P1B CAI B8.2.14.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41h7} [P1B CAI B8.2.14.7 ]  0: No  
 1: Yes

Other (specify) {hhs41h8} [P1B CAI B8.2.14.8 ]  0: No  
 1: Yes

Other reaction to other food? {hhs41h9} [P1B CAI B8.3.14]

What was child's reaction to other food 2?

Skin rash {hhs41i1} [P1B CAI B8.2.15.1 ]  0: No  
 1: Yes ---> HEAL\_Q17u

Vomiting {hhs41i2} [P1B CAI B8.2.15.2 ]  0: No  
 1: Yes

Diarrhoea {hhs41i3} [P1B CAI B8.2.15.3 ]  0: No  
 1: Yes

Stomach ache or abdominal pain {hhs41i4} [P1B CAI B8.2.15.4 ]  0: No  
 1: Yes

Migraine (within 4 hours) {hhs41i5} [P1B CAI B8.2.15.5 ]  0: No  
 1: Yes

Difficulty breathing {hhs41i6} [P1B CAI B8.2.15.6 ]  0: No  
 1: Yes

Swelling or tingling in mouth {hhs41i7} [P1B CAI B8.2.15.7 ]  0: No  
 1: Yes

Other (specify) {hhs41i8} [P1B CAI B8.2.15.8 ]  0: No  
 1: Yes

Other reaction to other food 2? {hhs41i9} [P1B CAI B8.3.15]

---

What was child's reaction to other food 3?

---

Skin rash {hhs41j1} [P1B CAI B8.2.16.1 ]

- 0: No  
 1: Yes ---> HEAL\_Q17u

---

Vomiting {hhs41j2} [P1B CAI B8.2.16.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs41j3} [P1B CAI B8.2.16.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs41j4} [P1B CAI B8.2.16.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs41j5} [P1B CAI B8.2.16.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs41j6} [P1B CAI B8.2.16.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling in mouth {hhs41j7} [P1B CAI B8.2.16.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs41j8} [P1B CAI B8.2.16.8 ]

- 0: No  
 1: Yes

---

Other reaction to other food 3? {hhs41j9} [P1B CAI B8.3.16]

---

### HEAL\_Q17u

What was the skin rash to peanuts?

---

Hives or urticaria {hhs42a1} [P1B CAI B8.4.1.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b1} [P1B CAI B8.4.1.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c1} [P1B CAI B8.4.1.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d1} [P1B CAI B8.5.1]

---

What was the skin rash to other nuts?

---

Hives or urticaria {hhs42a2} [P1B CAI B8.4.2.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b2} [P1B CAI B8.4.2.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c2} [P1B CAI B8.4.2.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d2} [P1B CAI B8.5.2]

---

What was the skin rash to eggs?

---

Hives or urticaria {hhs42a3} [P1B CAI B8.4.3.1 ]

- 1: Yes  
 2: No
- 

Eczema flare {hhs42b3} [P1B CAI B8.4.3.2 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42c3} [P1B CAI B8.4.3.3 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42d3} [P1B CAI B8.5.3]

---

What was the skin rash to cow's milk?

---

Hives or urticaria {hhs42a4} [P1B CAI B8.4.4.1 ]

- 1: Yes  
 2: No
- 

Eczema flare {hhs42b4} [P1B CAI B8.4.4.2 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42c4} [P1B CAI B8.4.4.3 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42d4} [P1B CAI B8.5.4]

---

What was the skin rash to soy?

---

Hives or urticaria {hhs42a5} [P1B CAI B8.4.5.1 ]

---

Eczema flare {hhs42b5} [P1B CAI B8.4.5.2 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42c5} [P1B CAI B8.4.5.3 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42d5} [P1B CAI B8.5.5]

---

What was the skin rash to sesame?

---

Hives or urticaria {hhs42a6} [P1B CAI B8.4.6.1 ]

- 1: Yes  
 2: No
- 

Eczema flare {hhs42b6} [P1B CAI B8.4.6.2 ]

- 1: Yes  
 2: No
- 

Other (specify) {hhs42c6} [P1B CAI B8.4.6.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d6} [P1B CAI B8.5.6]

---

What was the skin rash to wheat?

---

Hives or urticaria {hhs42a7} [P1B CAI B8.4.7.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b7} [P1B CAI B8.4.7.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c7} [P1B CAI B8.4.7.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d7} [P1B CAI B8.5.7]

---

What was the skin rash to fruit(1)?

---

Hives or urticaria {hhs42a11} [P1B CAI B8.4.8.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b11} [P1B CAI B8.4.8.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c11} [P1B CAI B8.4.8.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d11} [P1B CAI B8.5.8]

---

What was the skin rash to fruit(2)?

---

Hives or urticaria {hhs42a12} [P1B CAI B8.4.9.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b12} [P1B CAI B8.4.9.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c12} [P1B CAI B8.4.9.3 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42d12} [P1B CAI B8.5.9]

---

What was the skin rash to fruit(3)?

---

Hives or urticaria {hhs42a13} [P1B CAI B8.4.10.1 ]

- 1: Yes  
 2: No

---

Eczema flare {hhs42b13} [P1B CAI B8.4.10.2 ]

- 1: Yes  
 2: No

---

Other (specify) {hhs42c13} [P1B CAI B8.4.10.3 ]

- 1: Yes  
 2: No



---

Other (specify) {hhs42d13} [P1B CAI B8.5.10]

---

What was the skin rash to preservatives?

---

Hives or urticaria {hhs42a14} [P1B CAI B8.4.11.1 ]

1: Yes  
 2: No

---

Eczema flare {hhs42b14} [P1B CAI B8.4.11.2 ]

1: Yes  
 2: No

---

Other (specify) {hhs42c14} [P1B CAI B8.4.11.3 ]

1: Yes  
 2: No

---

Other (specify) {hhs42d14} [P1B CAI B8.5.11]

---

What was the skin rash to additives?

---

Hives or urticaria {hhs42a15} [P1B CAI B8.4.12.1 ]

1: Yes  
 2: No

---

Eczema flare {hhs42b15} [P1B CAI B8.4.12.2 ]

1: Yes  
 2: No

---

Other (specify) {hhs42c15} [P1B CAI B8.4.12.3 ]

1: Yes  
 2: No

---

Other (specify) {hhs42d15} [P1B CAI B8.5.12]

---

What was the skin rash to seafood?

---

Hives or urticaria {hhs42a16} [P1B CAI B8.4.13.1 ]

1: Yes  
 2: No

---

Eczema flare {hhs42b16} [P1B CAI B8.4.13.2 ]

1: Yes  
 2: No

---

Other (specify) {hhs42c16} [P1B CAI B8.4.13.3 ]

1: Yes  
 2: No

---

Other (specify) {hhs42d16} [P1B CAI B8.5.13]

---

What was the skin rash to other food(1)?

---

Hives or urticaria {hhs42a8} [P1B CAI B8.4.14.1 ]

1: Yes  
 2: No

---

Eczema flare {hhs42b8} [P1B CAI B8.4.14.2 ]

1: Yes  
 2: No

---

Other (specify) {hhs42c8} [P1B CAI B8.4.14.3 ]

1: Yes  
 2: No

Other (specify) {hhs42d8} [P1B CAI B8.5.14]

---

What was the skin rash to other food(2)?

---

Hives or urticaria {hhs42a9} [P1B CAI B8.4.15.1 ]  1: Yes  
 2: No

---

Eczema flare {hhs42b9} [P1B CAI B8.4.15.2 ]  1: Yes  
 2: No

---

Other (specify) {hhs42c9} [P1B CAI B8.4.15.3 ]  1: Yes  
 2: No

---

Other (specify) {hhs42d9} [P1B CAI B8.5.15]

---

What was the skin rash to other food(3)?

---

Hives or urticaria {hhs42a10} [P1B CAI B8.4.16.1 ]  1: Yes  
 2: No

---

Eczema flare {hhs42b10} [P1B CAI B8.4.16.2 ]  1: Yes  
 2: No

---

Other (specify) {hhs42c10} [P1B CAI B8.4.16.3 ]  1: Yes  
 2: No

---

Other (specify) {hhs42d10} [P1B CAI B8.5.16]

---

### HEAL\_Q18a

Since the last interview has the child had a reaction (e.g. redness or itching) that you thought was due to some food or drink she/he had consumed? {hhs39} [P1B CAI B9.1]  1: Yes  
 2: No ---> HEAL\_Q23

### HEAL\_Q18b

What food(s) caused the reaction?

---

Peanuts {hhs39a1} [P1B CAI B9.2.1]  0: No  
 1: Yes ---> HEAL\_Q18f

---

Other nuts {hhs39b1} [P1B CAI B9.2.2]  0: No  
 1: Yes ---> HEAL\_Q18f

---

Eggs (can clarify hens eggs if asked) {hhs39c1} [P1B CAI B9.2.3]  0: No  
 1: Yes ---> HEAL\_Q18f

---

Cow's milk {hhs39d1} [P1B CAI B9.2.4]  0: No  
 1: Yes ---> HEAL\_Q18f

Soy {hhs39e1} [P1B CAI B9.2.5]  0: No  
 1: Yes ---> HEAL\_Q18f

Sesame {hhs39f1} [P1B CAI B9.2.6]  0: No  
 1: Yes ---> HEAL\_Q18f

Wheat {hhs39g1} [P1B CAI B9.2.7]  0: No  
 1: Yes ---> HEAL\_Q18f

Fruit (specify) {hhs39k1} [P1B CAI B9.2.8]  0: No  
 1: Yes ---> HEAL\_Q18ba

Preservatives {hhs39n1} [P1B CAI B9.2.9]  0: No  
 1: Yes ---> HEAL\_Q18f

Additives (colour, flavour) {hhs39o1} [P1B CAI B9.2.10]  0: No  
 1: Yes ---> HEAL\_Q18f

Seafood {hhs39p1} [P1B CAI B9.2.11]  0: No  
 1: Yes ---> HEAL\_Q18f

Other food (specify) {hhs39h1} [P1B CAI B9.2.12]  0: No  
 1: Yes ---> HEAL\_Q18c

Unknown food {hhs39q1} [P1B CAI B9.2.13]  0: No  
 1: Yes ---> HEAL\_Q18f

**HEAL\_Q18ba**

Type of fruit 1 (specify) {hhs39k9o} [P1B CAI B9.3.1] \_\_\_\_\_

Type of fruit 2 (specify) {hhs39l9o} [P1B CAI B9.3.2] \_\_\_\_\_

Type of fruit 3 (specify) {hhs39m9o} [P1B CAI B9.3.3] \_\_\_\_\_

**HEAL\_Q18c**

Other Food 1 (Specify) {hhs39h1o} [P1B CAI B9.4.1] \_\_\_\_\_

Other Food 2 (Specify) {hhs39i1o} [P1B CAI B9.4.2] \_\_\_\_\_

Other Food 3 (Specify) {hhs39j1o} [P1B CAI B9.4.3] \_\_\_\_\_

**HEAL\_Q18f**

About how long after the child had peanuts did the reaction appear? {hhs39a5} [P1B CAI B9.5.1 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had other nuts did the reaction appear? {hhs39b5} [P1B CAI B9.5.2 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had eggs did the reaction appear? {hhs39c5} [P1B CAI B9.5.3 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had cow's milk did the reaction appear? {hhs39d5} [P1B CAI B9.5.4 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had soy did the reaction appear? {hhs39e5} [P1B CAI B9.5.5 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had sesame did the reaction appear? {hhs39f5} [P1B CAI B9.5.6 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had wheat did the reaction appear? {hhs39g5} [P1B CAI B9.5.7 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had fruit 1 did the reaction appear? {hhs39k5} [P1B CAI B9.5.8 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had fruit 2 did the reaction appear? {hhs39l5} [P1B CAI B9.5.9 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had fruit 3 did the reaction appear? {hhs39m5} [P1B CAI B9.5.10 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had preservatives did the reaction appear? {hhs39n5} [P1B CAI B9.5.11 ]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had additives did the reaction appear? {hhs39o5} [P1B CAI B9.5.12]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had seafood did the reaction appear? {hhs39p5} [P1B CAI B9.5.13]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had other food 1 did the reaction appear? {hhs39h5} [P1B CAI B9.5.14]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had other food 2 did the reaction appear? {hhs39i5} [P1B CAI B9.5.15]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had other food 3 did the reaction appear? {hhs39j5} [P1B CAI B9.5.16]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

About how long after the child had unknown food did the reaction appear? {hhs39q5} [P1B CAI B9.5.17]

- 1: Less than half an hour  
 2: Half an hour to an hour  
 3: 1 - 4 hours  
 4: More than 4 hours

## HEAL\_Q18g

What was the child's reaction to peanuts?

Skin rash {hhs39a6a} [P1B CAI B9.6.1.1 ]

- 0: No  
 1: Yes

Vomiting {hhs39a6b} [P1B CAI B9.6.1.2 ]

- 0: No  
 1: Yes

Diarrhoea {hhs39a6c} [P1B CAI B9.6.1.3 ]

- 0: No  
 1: Yes

Stomach ache or abdominal pain {hhs39a6d} [P1B CAI B9.6.1.4 ]

- 0: No  
 1: Yes

Migraine (within 4 hours) {hhs39a6e} [P1B CAI B9.6.1.5 ]

- 0: No  
 1: Yes

Difficulty breathing {hhs39a6f} [P1B CAI B9.6.1.6 ]

- 0: No  
 1: Yes

Swelling or tingling of mouth {hhs39a6g} [P1B CAI B9.6.1.7 ]

- 0: No  
 1: Yes

Other (specify) {hhs39a6h} [P1B CAI B9.6.1.8 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39a6ho} [P1B CAI B9.7.1 ]

---

What was the child's reaction to Other nuts?

---

Skin rash {hhs39b6a} [P1B CAI B9.6.2.1 ]

- 0: No  
 1: Yes

---

Vomiting {hhs39b6b} [P1B CAI B9.6.2.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs39b6c} [P1B CAI B9.6.2.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39b6d} [P1B CAI B9.6.2.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39b6e} [P1B CAI B9.6.2.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs39b6f} [P1B CAI B9.6.2.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39b6g} [P1B CAI B9.6.2.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39b6h} [P1B CAI B9.6.2.8 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39b6ho} [P1B CAI B9.7.2 ]

---

What was the child's reaction to eggs?

---

Skin rash {hhs39c6a} [P1B CAI B9.6.3.1 ]

- 0: No  
 1: Yes

---

Vomiting {hhs39c6b} [P1B CAI B9.6.3.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs39c6c} [P1B CAI B9.6.3.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39c6d} [P1B CAI B9.6.3.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39c6e} [P1B CAI B9.6.3.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs39c6f} [P1B CAI B9.6.3.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39c6g} [P1B CAI B9.6.3.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39c6h} [P1B CAI B9.6.3.8 ]  0: No  
 1: Yes

---

Other (specify) {hhs39c6ho} [P1B CAI B9.7.3 ]

---

What was the child's reaction to cow's milk?

---

Skin rash {hhs39d6a} [P1B CAI B9.6.4.1 ]  0: No  
 1: Yes

---

Vomiting {hhs39d6b} [P1B CAI B9.6.4.2 ]  0: No  
 1: Yes

---

Diarrhoea {hhs39d6c} [P1B CAI B9.6.4.3 ]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39d6d} [P1B CAI B9.6.4.4 ]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39d6e} [P1B CAI B9.6.4.5 ]  0: No  
 1: Yes

---

Difficulty breathing {hhs39d6f} [P1B CAI B9.6.4.6 ]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39d6g} [P1B CAI B9.6.4.7 ]  0: No  
 1: Yes

---

Other (specify) {hhs39d6h} [P1B CAI B9.6.4.8 ]  0: No  
 1: Yes

---

Other (specify) {hhs39d6ho} [P1B CAI B9.7.4 ]

---

What was the child's reaction to soy?

---

Skin rash {hhs39e6a} [P1B CAI B9.6.5.1 ]  0: No  
 1: Yes

---

Vomiting {hhs39e6b} [P1B CAI B9.6.5.2 ]  0: No  
 1: Yes

---

Diarrhoea {hhs39e6c} [P1B CAI B9.6.5.3 ]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39e6d} [P1B CAI B9.6.5.4 ]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39e6e} [P1B CAI B9.6.5.5 ]  0: No  
 1: Yes

---

Difficulty breathing {hhs39e6f} [P1B CAI B9.6.5.6 ]  0: No  
 1: Yes

---

---

Swelling or tingling of mouth {hhs39e6g} [P1B CAI B9.6.5.7 ]  0: No  
 1: Yes

---

Other (specify) {hhs39e6h} [P1B CAI B9.6.5.8 ]  0: No  
 1: Yes

---

Other (specify) {hhs39e6ho} [P1B CAI B9.7.5 ] \_\_\_\_\_

---

What was the child's reaction to sesame?

---

Skin rash {hhs39f6a} [P1B CAI B9.6.6.1 ]  0: No  
 1: Yes

---

Vomiting {hhs39f6b} [P1B CAI B9.6.6.2 ]  0: No  
 1: Yes

---

Diarrhoea {hhs39f6c} [P1B CAI B9.6.6.3 ]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39f6d} [P1B CAI B9.6.6.4 ]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39f6e} [P1B CAI B9.6.6.5 ]  0: No  
 1: Yes

---

Difficulty breathing {hhs39f6f} [P1B CAI B9.6.6.6 ]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39f6g} [P1B CAI B9.6.6.7 ]  0: No  
 1: Yes

---

Other (specify) {hhs39f6h} [P1B CAI B9.6.6.8 ]  0: No  
 1: Yes

---

Other (specify) {hhs39f6ho} [P1B CAI B9.7.6 ] \_\_\_\_\_

---

What was the child's reaction to wheat?

---

Skin rash {hhs39g6a} [P1B CAI B9.6.7.1 ]  0: No  
 1: Yes

---

Vomiting {hhs39g6b} [P1B CAI B9.6.7.2 ]  0: No  
 1: Yes

---

Diarrhoea {hhs39g6c} [P1B CAI B9.6.7.3 ]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39g6d} [P1B CAI B9.6.7.4 ]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39g6e} [P1B CAI B9.6.7.5 ]  0: No  
 1: Yes

---



---

Difficulty breathing {hhs39g6f} [P1B CAI B9.6.7.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39g6g} [P1B CAI B9.6.7.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39g6h} [P1B CAI B9.6.7.8 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39g6ho} [P1B CAI B9.7.7 ]

---

---

What was the child's reaction to fruit 1?

---

Skin rash {hhs39k6a} [P1B CAI B9.6.8.1 ]

- 0: No  
 1: Yes

---

Vomiting {hhs39k6b} [P1B CAI B9.6.8.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs39k6c} [P1B CAI B9.6.8.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39k6d} [P1B CAI B9.6.8.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39k6e} [P1B CAI B9.6.8.5 ]

- 0: No  
 1: Yes

---

Difficulty breathing {hhs39k6f} [P1B CAI B9.6.8.6 ]

- 0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39k6g} [P1B CAI B9.6.8.7 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39k6h} [P1B CAI B9.6.8.8 ]

- 0: No  
 1: Yes

---

Other (specify) {hhs39k6ho} [P1B CAI B9.7.8]

---

---

What was the child's reaction to fruit 2?

---

Skin rash {hhs39l6a} [P1B CAI B9.6.9.1 ]

- 0: No  
 1: Yes

---

Vomiting {hhs39l6b} [P1B CAI B9.6.9.2 ]

- 0: No  
 1: Yes

---

Diarrhoea {hhs39l6c} [P1B CAI B9.6.9.3 ]

- 0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39l6d} [P1B CAI B9.6.9.4 ]

- 0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39l6e} [P1B CAI B9.6.9.5 ]  0: No  
 1: Yes

---

Difficulty breathing {hhs39l6f} [P1B CAI B9.6.9.6 ]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39l6g} [P1B CAI B9.6.9.7 ]  0: No  
 1: Yes

---

Other (specify) {hhs39l6h} [P1B CAI B9.6.9.8 ]  0: No  
 1: Yes

---

Other (specify) {hhs39l6ho} [P1B CAI B9.7.9 ] \_\_\_\_\_

---

What was the child's reaction to fruit 3?

---

Skin rash {hhs39m6a} [P1B CAI B9.6.10.1]  0: No  
 1: Yes

---

Vomiting {hhs39m6b} [P1B CAI B9.6.10.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39m6c} [P1B CAI B9.6.10.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39m6d} [P1B CAI B9.6.10.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39m6e} [P1B CAI B9.6.10.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39m6f} [P1B CAI B9.6.10.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39m6g} [P1B CAI B9.6.10.7]  0: No  
 1: Yes

---

Other (specify) {hhs39m6h} [P1B CAI B9.6.10.8]  0: No  
 1: Yes

---

Other (specify) {hhs39m6ho} [P1B CAI B9.7.10 ] \_\_\_\_\_

---

What was the child's reaction to preservatives?

---

Skin rash {hhs39n6a} [P1B CAI B9.6.11.1]  0: No  
 1: Yes

---

Vomiting {hhs39n6b} [P1B CAI B9.6.11.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39n6c} [P1B CAI B9.6.11.3]  0: No  
 1: Yes

---

---

Stomach ache or abdominal pain {hhs39n6d} [P1B CAI B9.6.11.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39n6e} [P1B CAI B9.6.11.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39n6f} [P1B CAI B9.6.11.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39n6g} [P1B CAI B9.6.11.7]  0: No  
 1: Yes

---

Other (specify) {hhs39n6h} [P1B CAI B9.6.11.8]  0: No  
 1: Yes

---

Other (specify) {hhs39n6ho} [P1B CAI B9.7.11]

---

What was the child's reaction to additives?

---

Skin rash {hhs39o6a} [P1B CAI B9.6.12.1 ]  0: No  
 1: Yes

---

Vomiting {hhs39o6b} [P1B CAI B9.6.12.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39o6c} [P1B CAI B9.6.12.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39o6d} [P1B CAI B9.6.12.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39o6e} [P1B CAI B9.6.12.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39o6f} [P1B CAI B9.6.12.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39o6g} [P1B CAI B9.6.12.7]  0: No  
 1: Yes

---

Other (specify) {hhs39o6h} [P1B CAI B9.6.12.8]  0: No  
 1: Yes

---

Other (specify) {hhs39o6ho} [P1B CAI B9.7.12]

---

What was the child's reaction to seafood?

---

Skin rash {hhs39p6a} [P1B CAI B9.6.13.1]  0: No  
 1: Yes

---

Vomiting {hhs39p6b} [P1B CAI B9.6.13.2]  0: No  
 1: Yes

---

---

Diarrhoea {hhs39p6c} [P1B CAI B9.6.13.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39p6d} [P1B CAI B9.6.13.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39p6e} [P1B CAI B9.6.13.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39p6f} [P1B CAI B9.6.13.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39p6g} [P1B CAI B9.6.13.7]  0: No  
 1: Yes

---

Other (specify) {hhs39p6h} [P1B CAI B9.6.13.8]  0: No  
 1: Yes

---

Other (specify) {hhs39p6ho} [P1B CAI B9.7.13]

---

What was the child's reaction to other food 1?

---

Skin rash {hhs39h6a} [P1B CAI B9.6.14.1]  0: No  
 1: Yes

---

Vomiting {hhs39h6b} [P1B CAI B9.6.14.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39h6c} [P1B CAI B9.6.14.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39h6d} [P1B CAI B9.6.14.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39h6e} [P1B CAI B9.6.14.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39h6f} [P1B CAI B9.6.14.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39h6g} [P1B CAI B9.6.14.7]  0: No  
 1: Yes

---

Other (specify) {hhs39h6h} [P1B CAI B9.6.14.8]  0: No  
 1: Yes

---

Other (specify) {hhs39h6ho} [P1B CAI B9.7.14]

---

What was the child's reaction to other food 2?

---

Skin rash {hhs39i6a} [P1B CAI B9.6.15.1]  0: No  
 1: Yes

---

Vomiting {hhs39i6b} [P1B CAI B9.6.15.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39i6c} [P1B CAI B9.6.15.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39i6d} [P1B CAI B9.6.15.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39i6e} [P1B CAI B9.6.15.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39i6f} [P1B CAI B9.6.15.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39i6g} [P1B CAI B9.6.15.7]  0: No  
 1: Yes

---

Other (specify) {hhs39i6i} [P1B CAI B9.6.15.8]  0: No  
 1: Yes

---

Other (specify) {hhs39i6io} [P1B CAI B9.7.15]

---

What was the child's reaction to other food 3?

---

Skin rash {hhs39j6a} [P1B CAI B9.6.16.1]  0: No  
 1: Yes

---

Vomiting {hhs39j6b} [P1B CAI B9.6.16.2]  0: No  
 1: Yes

---

Diarrhoea {hhs39j6c} [P1B CAI B9.6.16.3]  0: No  
 1: Yes

---

Stomach ache or abdominal pain {hhs39j6d} [P1B CAI B9.6.16.4]  0: No  
 1: Yes

---

Migraine (within 4 hours) {hhs39j6e} [P1B CAI B9.6.16.5]  0: No  
 1: Yes

---

Difficulty breathing {hhs39j6f} [P1B CAI B9.6.16.6]  0: No  
 1: Yes

---

Swelling or tingling of mouth {hhs39j6g} [P1B CAI B9.6.16.7]  0: No  
 1: Yes

---

Other (specify) {hhs39j6h} [P1B CAI B9.6.16.8]  0: No  
 1: Yes

---

Other (specify) {hhs39j6ho} [P1B CAI B9.7.16]

---

What was the child's reaction to unknown food?

---

Skin rash {hhs39q6a} [P1B CAI B9.6.17.1]  0: No

1: Yes

Vomiting {hhs39q6b} [P1B CAI B9.6.17.2]

0: No

1: Yes

Diarrhoea {hhs39q6c} [P1B CAI B9.6.17.3]

0: No

1: Yes

Stomach ache or abdominal pain {hhs39q6d} [P1B CAI B9.6.17.4]

0: No

1: Yes

Migraine (within 4 hours) {hhs39q6e} [P1B CAI B9.6.17.5]

0: No

1: Yes

Difficulty breathing {hhs39q6f} [P1B CAI B9.6.17.6]

0: No

1: Yes

Swelling or tingling of mouth {hhs39q6g} [P1B CAI B9.6.17.7]

0: No

1: Yes

Other (specify) {hhs39q6h} [P1B CAI B9.6.17.8]

0: No

1: Yes

Other (specify) {hhs39q6ho} [P1B CAI B9.7.17]

### HEAL\_Q18i

Still thinking about peanuts did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39a7a} [P1B CAI B9.8.1]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about other nuts did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39b7a} [P1B CAI B9.8.2]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about eggs did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39c7a} [P1B CAI B9.8.3]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about cow's milk did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39d7a} [P1B CAI B9.8.4]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about soy did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39e7a} [P1B CAI B9.8.5]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about sesame did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39f7a} [P1B CAI B9.8.6]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about wheat did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39g7a} [P1B CAI B9.8.7]

1: Yes

2: No ---> HEAL\_Q18k

Still thinking about fruit 1 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39k7a} [P1B CAI B9.8.8]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about fruit 2 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39l7a} [P1B CAI B9.8.9 ]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about fruit 3 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39m7a} [P1B CAI B9.8.10 ]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about preservatives did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39n7a} [P1B CAI B9.8.11]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about additives did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39o7a} [P1B CAI B9.8.12]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about seafood did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39p7a} [P1B CAI B9.8.13]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about other food 1 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39h7a} [P1B CAI B9.8.14]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about other food 2 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39i7a} [P1B CAI B9.8.15]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about other food 3 did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39j7a} [P1B CAI B9.8.16]

- 1: Yes  
 2: No ---> HEAL\_Q18k

Still thinking about unknown food did the child go on to have the food reaction tested with a skin prick in the last 2 years? {hhs39q7a} [P1B CAI B9.8.17]

- 1: Yes  
 2: No ---> HEAL\_Q18k

### HEAL\_Q18j

Did the child test positive for peanuts? {hhs39a7b} [P1B CAI B9.9.1 ]

- 1: Positive for this food  
 2: Negative for this food

Did the child test positive for Other nuts? {hhs39b7b} [P1B CAI B9.9.2 ]

- 1: Positive for this food  
 2: Negative for this food

Did the child test positive for eggs? {hhs39c7b} [P1B CAI B9.9.3 ]

- 1: Positive for this food  
 2: Negative for this food

Did the child test positive for cow's milk? {hhs39d7b} [P1B CAI B9.9.4 ]

- 1: Positive for this food  
 2: Negative for this food

Did the child test positive for soy? {hhs39e7b} [P1B CAI B9.9.5 ]

- 1: Positive for this food  
 2: Negative for this food

Did the child test positive for sesame? {hhs39f7b} [P1B CAI B9.9.6 ]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for wheat? {hhs39g7b} [P1B CAI B9.9.7 ]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for fruit 1? {hhs39k7b} [P1B CAI B9.9.8]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for fruit 2? {hhs39l7b} [P1B CAI B9.9.9]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for fruit 3? {hhs39m7b} [P1B CAI B9.9.10]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for preservatives? {hhs39n7b} [P1B CAI B9.9.11]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for additives? {hhs39o7b} [P1B CAI B9.9.12]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for seafood? {hhs39p7b} [P1B CAI B9.9.13]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for other food 1? {hhs39h7b} [P1B CAI B9.9.14]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for other food 2? {hhs39i7b} [P1B CAI B9.9.15]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for other food 3? {hhs39j7b} [P1B CAI B9.9.16]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food
Did the child test positive for unknown food? {hhs39q7b} [P1B CAI B9.9.17]	<input type="checkbox"/> 1: Positive for this food <input type="checkbox"/> 2: Negative for this food

### HEAL\_Q18k

Still thinking about peanuts, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39a8a} [P1B CAI B9.10.1 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No ---> HEAL_Q18m
Still thinking about Other nuts, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39b8a} [P1B CAI B9.10.2 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No ---> HEAL_Q18m
Still thinking about eggs, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39c8a} [P1B CAI B9.10.3 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No ---> HEAL_Q18m



---

Still thinking about cow's milk, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39d8a} [P1B CAI B9.10.4 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about soy, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39e8a} [P1B CAI B9.10.5 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about sesame, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39f8a} [P1B CAI B9.10.6 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about wheat, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39g8a} [P1B CAI B9.10.7 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about fruit 1, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39k8a} [P1B CAI B9.10.8 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about fruit 2, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39l8a} [P1B CAI B9.10.9 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about fruit 3, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39m8a} [P1B CAI B9.10.10 ]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about preservatives, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39n8a} [P1B CAI B9.10.11]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about additives, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39o8a} [P1B CAI B9.10.12]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about seafood, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39p8a} [P1B CAI B9.10.13]

- 1: Yes  
 2: No ---> HEAL\_Q18m

---

Still thinking about other food 1, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39h8a} [P1B CAI B9.10.14]

- 1: Yes  
 2: No ---> HEAL\_Q18m

Still thinking about other food 2, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39i8a} [P1B CAI B9.10.15]

1: Yes  
 2: No ---> HEAL\_Q18m

Still thinking about other food 3, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39j8a} [P1B CAI B9.10.16]

1: Yes  
 2: No ---> HEAL\_Q18m

Still thinking about unknown food, did the child go on to have the food reaction tested with a food challenge at the hospital in the last 2 years? {hhs39q8a} [P1B CAI B9.10.17]

1: Yes  
 2: No ---> HEAL\_Q18m

## HEAL\_Q18I

Did the child test positive for peanuts? {hhs39a8b} [P1B CAI B9.11.1 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for Other nuts? {hhs39b8b} [P1B CAI B9.11.2 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for eggs? {hhs39c8b} [P1B CAI B9.11.3 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for cow's milk? {hhs39d8b} [P1B CAI B9.11.4 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for soy? {hhs39e8b} [P1B CAI B9.11.5 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for sesame? {hhs39f8b} [P1B CAI B9.11.6 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for wheat? {hhs39g8b} [P1B CAI B9.11.7 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for fruit 1? {hhs39k8b} [P1B CAI B9.11.8 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for fruit 2? {hhs39l8b} [P1B CAI B9.11.9 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for fruit 3? {hhs39m8b} [P1B CAI B9.11.10 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for preservatives? {hhs39n8b} [P1B CAI B9.11.11 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for additives? {hhs39o8b} [P1B CAI B9.11.12 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for seafood? {hhs39p8b} [P1B CAI B9.11.13 ]

1: Positive for this food  
 2: Negative for this food

Did the child test positive for other food 1? {hhs39h8b} [P1B CAI B9.11.14]  1: Positive for this food  
 2: Negative for this food

Did the child test positive for other food 2? {hhs39i8b} [P1B CAI B9.11.15]  1: Positive for this food  
 2: Negative for this food

Did the child test positive for other food 3? {hhs39j8b} [P1B CAI B9.11.16]  1: Positive for this food  
 2: Negative for this food

Did the child test positive for unknown food? {hhs39q8b} [P1B CAI B9.11.17]  1: Positive for this food  
 2: Negative for this food

### HEAL\_Q18m

Does the child carry an EpiPen? {hhs39ep} [P1B CAI B9.12]  1: Yes  
 2: No

### HEAL\_Q23

The next set of question is about any type of injury that the child may have experienced in the last 12 months

### HEAL\_Q24

In the last 12 months, how many times did child need medical attention from a doctor or hospital because he/she was hurt or injured? \_\_\_\_\_

(Include hospital casualty emergency ward or outpatients clinics and in more remote areas, include care given by a visiting nurse or health centre nurse. Exclude medical attention because child was unwell or had an illness (e.g. fever, asthma) {hhs18a} [P1B CAI B10.1]

0: None ---> HEAL\_Q30c

### HEAL\_Q25

What types of injury did child have that needed medical attention (in the last 12 months)?

Broken or fractured bone (suspected broken or fractured bones should be coded as 'Other') {hhs18b1} [P1B CAI B10.2.1 ]  0: No  
 1: Yes ---> HEAL\_Q26

Burn or scald {hhs18b2} [P1B CAI B10.2.2 ]  0: No  
 1: Yes ---> HEAL\_Q26

Dislocation {hhs18b3} [P1B CAI B10.2.3 ]  0: No  
 1: Yes ---> HEAL\_Q26

Sprain or strain {hhs18b4} [P1B CAI B10.2.4 ]  0: No  
 1: Yes ---> HEAL\_Q26

Cut or scrape {hhs18b5} [P1B CAI B10.2.5 ]  0: No  
 1: Yes ---> HEAL\_Q26

Bruises or swelling {hhs18b11} [P1B CAI B10.2.6 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Animal bites or bee stings {hhs18b12} [P1B CAI B10.2.7 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Concussion or internal head injury {hhs18b6} [P1B CAI B10.2.8 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Internal injury (not head) {hhs18b7} [P1B CAI B10.2.9 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Dental injury {hhs18b8} [P1B CAI B10.2.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Accidental poisoning {hhs18b9} [P1B CAI B10.2.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q26
Other (specify) {hhs18b10} [P1B CAI B10.2.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> HEAL_Q25a

### HEAL\_Q25a

Record name of 'Other' injury. {hhs18bo} [P1B CAI B10.3]

\_\_\_\_\_

### HEAL\_Q26

How many times did the study child have a broken or fractured bone? {hhs18d1} [P1B CAI B10.4.1 ]

\_\_\_\_\_

How many times did the study child have a burn or a scald? {hhs18d2} [P1B CAI B10.4.2 ]

\_\_\_\_\_

How many times did the study child have a dislocation? {hhs18d3} [P1B CAI B10.4.3 ]

\_\_\_\_\_

How many times did the study child have a sprain or a strain? {hhs18d4} [P1B CAI B10.4.4 ]

\_\_\_\_\_

How many times did the study child have a cut or a scrape? {hhs18d5} [P1B CAI B10.4.5 ]

\_\_\_\_\_

How many times did the study child have a bruise or swelling {hhs18d11} [P1B CAI B10.4.6 ]

\_\_\_\_\_

How many times did the study child have an animal bite or bee sting {hhs18d12} [P1B CAI B10.4.7 ]

\_\_\_\_\_

How many times did the study child have a concussion or internal head injury? {hhs18d6} [P1B CAI B10.4.8 ]

\_\_\_\_\_

How many times did the study child have an internal injury (not head)? {hhs18d7} [P1B CAI B10.4.9 ]

\_\_\_\_\_

How many times did the study child have a dental injury? {hhs18d8} [P1B CAI B10.4.10]

\_\_\_\_\_

How many times did the study child have an accidental poisoning? {hhs18d9} [P1B CAI B10.4.11]

\_\_\_\_\_

How many times did the study child have an other injury? {hhs18d10} [P1B CAI B10.4.12]

\_\_\_\_\_

### HEAL\_Q27

In the last 12 months, did the study child stay in hospital for at least one night because of this injury/these injuries? {hhs18c1} [P1B CAI B10.5]

- 1: Yes  
 2: No ---> HEAL\_Q29

### HEAL\_Q28

How many times? {hhs18c2} [P1B CAI B10.6]

\_\_\_\_\_

### HEAL\_Q29

Thinking about the most serious injury in the last 12 months, where did this occur? {hhs18e2} [P1B CAI B11.1]

- 1: Home  
 2: School  
 3: Work  
 4: Someone elses place e.g. family member/friends/neighbours  
 5: Outside public place other than a road e.g. beach, playground, sports ground  
 6: Inside public place e.g. shopping centre, gym, indoor sports centre  
 7: Public road  
 8: Other(specify)

### HEAL\_Q29a

(Other specify) {hhs18eo} [P1B CAI B11.2]

\_\_\_\_\_

### HEAL\_Q29b

Did this injury involve a motor vehicle (e.g. car, motorbike, bus etc.) or bicycle? {hhs18f} [P1B CAI B11.3]

- 1: Yes  
 2: No ---> HEAL\_Q30

### HEAL\_Q29c

Was this a...? {hhs18g} [P1B CAI B11.4]

- 1: Car accident  
 2: Motorbike accident  
 3: Quad bike accident  
 4: Bicycle accident  
 5: Pedestrian accident  
 6: None of these

**HEAL\_Q30**

How did this injury occur? {hhs18h} [P1B CAI B11.5]

- 1: It was an accident (unintentional)  
 2: Someone else did it to him/her deliberately (intentional)  
 3: He/She did it to himself/herself deliberately (self-inflicted)

**HEAL\_Q30a**

Does the child currently suffer from any physical or mental disability as a result of being injured? {hhs18i} [P1B CAI B11.6]

- 1: Yes  
 2: No ---> HEAL\_Q30c

**HEAL\_Q30b**

Does this disability prevent the child from performing his/her usual activities e.g. going to school, playing sport etc? {hhs18j} [P1B CAI B11.7]

- 1: Yes, fully  
 2: Yes, but only partially  
 3: No

**HEAL\_Q30c**

Not including injuries, in the last 12 months, did the study child stay in hospital for at least one night for any (other) reason?

- 1: Yes  
 2: No ---> HEAL\_Q33

(Not hospital outpatient or emergency department.) {hhs19a1} [P1B CAI B12.1]

**HEAL\_Q31**

How many times? {hhs19a2} [P1B CAI B12.2]

\_\_\_\_\_

**HEAL\_Q32b**

For what reasons (not including injuries) (Allow up to 3 responses)

Fever or Viral illness {hhs19b1} [P1B CAI B12.3.1 ]

- 0: No  
 1: Yes

Asthma {hhs19b2} [P1B CAI B12.3.2 ]

- 0: No  
 1: Yes

Pneumonia {hhs19b4} [P1B CAI B12.3.3]

- 0: No  
 1: Yes

Abdominal pain {hhs19b13} [P1B CAI B12.3.4 ]

- 0: No  
 1: Yes

Headache {hhs19b14} [P1B CAI B12.3.5 ]

- 0: No  
 1: Yes

Constipation {hhs19b15} [P1B CAI B12.3.6 ]

- 0: No  
 1: Yes

Convulsion {hhs19b16} [P1B CAI B12.3.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Cellulitis {hhs19b17} [P1B CAI B12.3.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Tonsillitis {hhs19b18} [P1B CAI B12.3.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Drug or alcohol related {hhs19b20} [P1B CAI B12.3.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Mental health problem, including eating disorders {hhs19b22} [P1B CAI B12.3.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Torsion of the testes {hhs19b19} [P1B CAI B12.3.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Tonsillectomy and/or adenoidectomy {hhs19b10} [P1B CAI B12.3.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other once off illness or condition, surgery not needed {hhs19b12} [P1B CAI B12.3.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other ongoing illness or condition, surgery not needed {hhs19b24} [P1B CAI B12.3.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other once off illness or condition, surgery needed {hhs19b11} [P1B CAI B12.3.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other ongoing illness or condition, surgery needed {hhs19b26} [P1B CAI B12.3.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

### HEAL\_Q33

How much is the study child's sleeping pattern or habits a problem for you?  (Patterns or habits include the times they go to bed or wake-up, number of hours asleep, where they sleep, how heavy or lightly they sleep etc.) {hhs20a} [P1B CAI B13.1]	<input type="checkbox"/> 1: No problem at all <input type="checkbox"/> 2: A small problem <input type="checkbox"/> 3: A moderate problem <input type="checkbox"/> 4: A large problem
---	---

### HEAL\_Q35

Does child have any of these conditions on any nights of the week? {hhs20b} [P1B CAI B13.2]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No ---> HEAL_Q39
Difficulty getting off to sleep at night {hhs20b3} [P1B CAI B13.2.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Bed wetting {hhs20b8} [P1B CAI B13.2.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Nightmares, night terrors {hhs20b9} [P1B CAI B13.2.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Wheezing or asthma {hhs20b1b} [P1B CAI B13.2.4]  0: No

1: Yes

Snoring or difficulty breathing {hhs20b2} [P1B CAI B13.2.5]  0: No

1: Yes

Seeming tired in the morning {hhs20b10} [P1B CAI B13.2.6]  0: No

1: Yes

Poor sleep or disruption of sleep due to condition(s) given before {hhs20a2m} [P1B CAI B13.2.7]  0: No

1: Yes

Other condition (specify) {hhs20b7} [P1B CAI B13.2.8]  0: No

1: Yes

### HEAL\_Q35a

Record 'Other' problem. {hhs20b7o} [P1B CAI B13.3]

### HEAL\_Q35b

How often does the child have problems with getting to sleep? {hhs20d1} [P1B CAI B13.4.1]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with bed wetting? {hhs20d5} [P1B CAI B13.4.2]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with nightmares/terrors? {hhs20d6} [P1B CAI B13.4.3]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with wheezing or asthma? {hhs20d7} [P1B CAI B13.4.4]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with snoring/breathing? {hhs20d8} [P1B CAI B13.4.5]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely



How often does the child have problems with seeming tired in the morning? {hhs20d9} [P1B CAI B13.4.6]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with poor sleep or disruption of sleep due to condition(s) given before {hhs20a4l} [P1B CAI B13.4.7]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

How often does the child have problems with other? {hhs20d10} [P1B CAI B13.4.8]

- 1: Every night  
 2: 4-6 nights a week  
 3: 1-3 nights a week  
 4: About once a week  
 5: A few nights a month  
 6: Rarely

### HEAL\_Q39

Since the last interview has study child had any of the following problems with his/her teeth?

Cavities or dental decay {hhb23d1} [P1B CAI B14.1.1]

- 0: No ---> HEAL\_Q43a  
 1: Yes ---> HEAL\_Q39a

Accident causing breakage or loss of teeth {hhb23d4} [P1B CAI B14.1.2]

- 0: No  
 1: Yes

Braces {hhb23d5a} [P1B CAI B14.1.3]

- 0: No  
 1: Yes

Other dental problems (e.g. oral surgery) {hhb23d5b} [P1B CAI B14.1.4]

- 0: No  
 1: Yes

Other(specify) {hhb23a4e3} [P1B CAI B14.1.5]

- 0: No  
 1: Yes ---> HEAL\_Q39aa

None {hhb23d6} [P1B CAI B14.1.6]

- 0: No  
 1: Yes

Don't know {hhb23d8} [P1B CAI B14.1.7]

- 0: No  
 1: Yes

### HEAL\_Q39aa

Record 'Other' teeth problem(specify) {hhb23a3f} [P1B CAI B14.2]

**HEAL\_Q39a**

Did the study child receive any of these dental treatments as a result of the cavity or dental decay?

Tooth or teeth filled {hbb23a4b} [P1B CAI B14.3.1]  0: No  
 1: Yes

Tooth or teeth pulled {hbb23d3} [P1B CAI B14.3.2]  0: No  
 1: Yes

No treatment {hbb23d7} [P1B CAI B14.3.3]  0: No  
 1: Yes

**HEAL\_Q43a**

The next questions are about any services you might have used for the child.

**HEAL\_Q43b**

In the last 12 months, have you used any of these services for the study child? {hsc12a1z} [P1B CAI B15.1]  1: Yes  
 2: No

Youth health/wellbeing information from phone or internet {hsc12a1u} [P1B CAI B15.1.1]  0: No  
 1: Yes

Hospital emergency ward {hsc12a1f} [P1B CAI B15.1.2]  0: No  
 1: Yes

Hospital outpatients clinic {hsc12a1g} [P1B CAI B15.1.3]  0: No  
 1: Yes

GP or family doctor {hsc12a1h} [P1B CAI B15.1.4]  0: No  
 1: Yes

Disability services {hsc12a1w} [P1B CAI B15.1.5]  0: No  
 1: Yes

Speech therapy {hsc12a1l} [P1B CAI B15.1.6]  0: No  
 1: Yes

Dental services {hsc12a1o} [P1B CAI B15.1.7]  0: No  
 1: Yes

Paediatrician {hsc12a1d} [P1B CAI B15.1.8]  0: No  
 1: Yes

Guidance counsellor {hsc12a1m} [P1B CAI B15.1.9]  0: No  
 1: Yes

Other psychiatric or behavioural services {hsc12a1n} [P1B CAI B15.1.10]  0: No  
 1: Yes

Other medical specialist {hsc12a1p} [P1B CAI B15.1.11]  0: No  
 1: Yes

Other medical services {hsc12a1q} [P1B CAI B15.1.12]  0: No  
 1: Yes

Other youth specific services {hsc12a1j} [P1B CAI B15.1.13]  0: No  
 1: Yes

### HEAL\_Q43c

In the last 12 months, have there been any of the services listed above that this child has needed but could not get? {hsc12a2z} [P1B CAI B15.2]  1: Yes  
 2: No

Youth health/wellbeing information from phone or internet {hsc12a2u} [P1B CAI B15.2.1 ]  0: No  
 1: Yes

Hospital emergency ward {hsc12a2f} [P1B CAI B15.2.2 ]  0: No  
 1: Yes

Hospital outpatients clinic {hsc12a2g} [P1B CAI B15.2.3 ]  0: No  
 1: Yes

GP or family doctor {hsc12a2h} [P1B CAI B15.2.4 ]  0: No  
 1: Yes

Disability services {hsc12a2w} [P1B CAI B15.2.5]  0: No  
 1: Yes

Speech therapy {hsc12a2l} [P1B CAI B15.2.6 ]  0: No  
 1: Yes

Dental services {hsc12a2o} [P1B CAI B15.2.7 ]  0: No  
 1: Yes

Paediatrician {hsc12a2d} [P1B CAI B15.2.8 ]  0: No  
 1: Yes

Guidance counsellor {hsc12a2m} [P1B CAI B15.2.9 ]  0: No  
 1: Yes

Other psychiatric or behavioural services {hsc12a2n} [P1B CAI B15.2.10]  0: No  
 1: Yes

Other medical specialist {hsc12a2p} [P1B CAI B15.2.11]  0: No  
 1: Yes

Other medical services {hsc12a2q} [P1B CAI B15.2.12]  0: No  
 1: Yes

Other youth specific services {hsc12a2j} [P1B CAI B15.2.13]  0: No  
 1: Yes

**HEAL\_Q43d**

In the last 12 months, has anyone in this family used any of these services? {hsc13a1zz} [P1B CAI B15.3]

- 1: Yes  
 2: No

Parenting education courses or programs {hsc13a1b} [P1B CAI B15.3.1 ]

- 0: No  
 1: Yes

Relationship education courses {hsc13a1t} [P1B CAI B15.3.2 ]

- 0: No  
 1: Yes

Relationship counselling (family, couple) {hsc13a1u} [P1B CAI B15.3.3 ]

- 0: No  
 1: Yes

Other counselling services {hsc13a1d} [P1B CAI B15.3.4 ]

- 0: No  
 1: Yes

Parent support groups {hsc13a1w} [P1B CAI B15.3.5 ]

- 0: No  
 1: Yes

Parenting information from phone or internet {hsc13a1x} [P1B CAI B15.3.6 ]

- 0: No  
 1: Yes

Drug or alcohol services {hsc13a1h} [P1B CAI B15.3.7 ]

- 0: No  
 1: Yes

Problem gambling services {hsc13a1y} [P1B CAI B15.3.8 ]

- 0: No  
 1: Yes

Adult mental health services {hsc13a1i} [P1B CAI B15.3.9 ]

- 0: No  
 1: Yes

Migrant or ethnic resources services {hsc13a1j} [P1B CAI B15.3.10]

- 0: No  
 1: Yes

Housing services {hsc13a1k} [P1B CAI B15.3.11]

- 0: No  
 1: Yes

Disability services {hsc13a1m} [P1B CAI B15.3.12]

- 0: No  
 1: Yes

Financial management services? {hsc13a1z} [P1B CAI B15.3.13]

- 0: No  
 1: Yes

Emergency relief services? {hsc13a1z1} [P1B CAI B15.3.14]

- 0: No  
 1: Yes

Charities (e.g. Salvation Army) {hsc13a1n} [P1B CAI B15.3.15]

- 0: No  
 1: Yes

Church or religious groups {hsc13a1p} [P1B CAI B15.3.16]

- 0: No  
 1: Yes

Other family support services {hsc13a1s} [P1B CAI B15.3.17]

- 0: No  
 1: Yes

**HEAL\_Q43e**

In the last 12 months, have there been any of the services listed above that anyone in this family has needed but could not get? {hsc13a2zz} [P1B CAI B15.4]

1: Yes  
 2: No

Parenting education courses or programs {hsc13a2b} [P1B CAI B15.4.1 ]

0: No  
 1: Yes

Relationship education courses {hsc13a2t} [P1B CAI B15.4.2 ]

0: No  
 1: Yes

Relationship counselling (family, couple) {hsc13a2u} [P1B CAI B15.4.3 ]

0: No  
 1: Yes

Other counselling services {hsc13a2d} [P1B CAI B15.4.4 ]

0: No  
 1: Yes

Parent support groups {hsc13a2w} [P1B CAI B15.4.5 ]

0: No  
 1: Yes

Parenting information from phone or internet {hsc13a2x} [P1B CAI B15.4.6 ]

0: No  
 1: Yes

Drug or alcohol services {hsc13a2h} [P1B CAI B15.4.7 ]

0: No  
 1: Yes

Problem gambling services? {hsc13a2y} [P1B CAI B15.4.8 ]

0: No  
 1: Yes

Adult mental health services {hsc13a2i} [P1B CAI B15.4.9 ]

0: No  
 1: Yes

Migrant or ethnic resources services {hsc13a2j} [P1B CAI B15.4.10]

0: No  
 1: Yes

Housing services {hsc13a2k} [P1B CAI B15.4.11]

0: No  
 1: Yes

Disability services {hsc13a2m} [P1B CAI B15.4.12]

0: No  
 1: Yes

Financial management services? {hsc13a2z} [P1B CAI B15.4.13]

0: No  
 1: Yes

Emergency relief services? {hsc13a2z1} [P1B CAI B15.4.14]

0: No  
 1: Yes

Charities (e.g. Salvation Army) {hsc13a2n} [P1B CAI B15.4.15]

0: No  
 1: Yes

Church or religious groups {hsc13a2p} [P1B CAI B15.4.16]

0: No  
 1: Yes

Other family support services {hsc13a2s} [P1B CAI B15.4.17]

0: No  
 1: Yes

**HEAL\_Q50**

During the summer months, on the days when study child is outdoors how often does study child wear sunscreen to protect her/him self from sun ? {hbb20a1} [P1B CAI B16.1]

- 1: Every day  
 2: Most days  
 3: Some days  
 4: Never or hardly ever

**HEAL\_Q50a**

During the summer months, on the days when study child is outdoors how often does study child wear a hat to protect her/him self from sun ? {hbb20a2} [P1B CAI B16.2]

- 1: Every day  
 2: Most days  
 3: Some days  
 4: Never or hardly ever

**HEAL\_Q50b**

During the summer months, on the days when study child is outdoors how often does study child wear a shirt with sleeves that cover her/his shoulders to protect her/him self from sun ? {hbb20a3} [P1B CAI B16.3]

- 1: Every day  
 2: Most days  
 3: Some days  
 4: Never or hardly ever

**HEAL\_Q50c**

During the summer months, on the days when study child is outdoors how often does study child wear sunglasses to protect her/him self from sun ? {hbb20a4} [P1B CAI B16.4]

- 1: Every day  
 2: Most days  
 3: Some days  
 4: Never or hardly ever

**HEAL\_Q50d**

During the summer months, on the days when study child is outdoors how often does study child stay in the shade to protect her/him self from sun ? {hbb20a5} [P1B CAI B16.5]

- 1: Every day  
 2: Most days  
 3: Some days  
 4: Never or hardly ever

**DISB\_Q01**

Does the family member have a medical condition or disability that has lasted for 6 months or more? {hf17hp1} [NA]

- 1: Yes  
 2: No ---> DISB\_Q05

**DISB\_Q02**

Who has any medical conditions or disabilities that have lasted, or are likely to last, for six months or more? \_\_\_\_\_

**DISB\_Q03**

Which medical conditions or disabilities does the family member have?

Sight problems not corrected by glasses or contact lenses {hf17ahp1} [NA]  0: No  
 1: Yes

Hearing problems {hf17bhp1} [NA]  0: No  
 1: Yes

Speech problems {hf17chp1} [NA]  0: No  
 1: Yes

Blackouts, fits or loss of consciousness {hf17dhp1} [NA]  0: No  
 1: Yes

Difficulty learning or understanding {hf17ehp1} [NA]  0: No  
 1: Yes

Limited use of arms or fingers {hf17fhp1} [NA]  0: No  
 1: Yes

Difficulty gripping things {hf17ghp1} [NA]  0: No  
 1: Yes

Limited use of legs or feet {hf17hhp1} [NA]  0: No  
 1: Yes

Any condition that restricts physical activity or physical work (eg back problems, migraines) {hf17ihp1} [NA]  0: No  
 1: Yes

Disfigurement or deformity {hf17jhp1} [NA]  0: No  
 1: Yes

Any mental illness for which help or supervision is required {hf17lhp1} [NA]  0: No  
 1: Yes

**DISB\_Q04**

What is the name of the condition(s)?

\_\_\_\_\_

**DISB\_Q05**

Still thinking of conditions lasting six months or more, is anyone in the household restricted in everyday activities because any of the following? {hf18hp1} [NA]  1: Yes  
 2: No ---> DISB\_Q09

**DISB\_Q06**

Who has restriction(s) that are likely to last for six months or more? \_\_\_\_\_

**DISB\_Q07**

Which restrictions does the family member have?

Shortness of breath or breathing difficulties causing restriction {hf18ahp1} [NA]  0: No  
 1: Yes

Chronic or recurring pain or discomfort causing restriction {hf18bhp1} [NA]  0: No  
 1: Yes

A nervous or emotional condition causing restriction {hf18chp1} [NA]  0: No  
 1: Yes

Long term effects as a result of head injury, stroke or other brain damage causing restriction {hf18ehp1} [NA]  0: No  
 1: Yes

Any other long-term conditions causing restriction {hf18fhp1} [NA]  0: No  
 1: Yes

Any other long term condition such as arthritis, asthma, heart disease, Alzheimers disease, dementia etc. {hf18ghp1} [NA]  0: No  
 1: Yes

**DISB\_Q08**

What is the name of the condition(s) that cause the restriction(s)? \_\_\_\_\_

**DISB\_Q09**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age? {hhs08a} [NA]  1: Yes  
 2: No ---> DISB\_Q11

Communication (understanding or being understood by others) {hhs08a1} [NA]  0: No  
 1: Yes

Mobility (getting out of bed, moving around home or at places away from home) {hhs08a2} [NA]  0: No  
 1: Yes

Self-care (eating, drinking, dressing, bathing) {hhs08a3} [NA]  0: No  
 1: Yes

Interact or play with others {hhs08a4} [NA]  0: No  
 1: Yes

Cope with feelings or emotions {hhs08a7} [NA]  0: No  
 1: Yes



Manage his/her behaviour {hhs08a8} [NA]  0: No  
 1: Yes

Difficulty learning {hhs08a5} [NA]  0: No  
 1: Yes

Other (everyday activities) {hhs08a6} [NA]  0: No  
 1: Yes

### DISB\_Q10

Does study child ever need more help or care than other children his/her own age for any problem? {hhs08b} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for communication activities (for example: understanding, or being understood by others)? {hhs08b1} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for mobility (for example: getting out of bed, moving around at home, or at places away from home)? {hhs08b2} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for self-care activities (for example: doing everyday activities such as eating, showering, dressing or toileting)? {hhs08b3} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for interacting or playing with others? {hhs08b4} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for coping with feelings or emotions? {hhs08b7} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for manage his/her own behaviour? {hhs08b8} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for difficulty learning? {hhs08b5} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for Other (everyday activities)? {hhs08b6} [NA]  1: Yes  
 2: No

**DISB\_Q11**

Thinking about Parent 1 and his/her medical condition/restriction does the Study Child help them with everyday activities? {hf22ahp1} [NA]

- 1: Yes  
 2: No ---> DISB\_Q11c

**DISB\_Q11a**

How often does the Study Child do these caring activities for parent 1? {hf22bhp1} [NA]

- 1: Daily  
 2: Weekly  
 3: Fortnightly  
 4: Monthly or less ---> DISB\_Q11c

**DISB\_Q11b**

On average how many hours each [time period] does the Study child spend providing care for parent 1? {hf22chp1} [NA]

- 0: Less than 1 hour  
 1: 1 to less than 2 hours  
 2: 2 to less than 5 hours  
 3: 5 to less than 10 hours  
 4: 10 to less than 20 hours  
 5: 20 hours or more

**DISB\_Q11c**

Has having someone in your family with a long term condition had an effect on any of the following? {hsc16} [NA]

- 1: Yes  
 2: No

My ability to participate in employment/study/voluntary work {hsc16a} [NA]

- 0: No  
 1: Yes

My income/ financial situation? {hsc16b} [NA]

- 0: No  
 1: Yes

My ability to meet everyday living costs {hsc16c} [NA]

- 0: No  
 1: Yes

My expenses on health service {hsc16h} [NA]

- 0: No  
 1: Yes

**DISB\_Q12**

Do you help someone living elsewhere who is elderly or has a long-term health condition or disability, with everyday types of activities? {hsc19a} [NA]

- 1: Yes  
 2: No ---> DISB\_Q16

**DISB\_Q14**

What is the 1st person who helped relationship to the study child? {hsc19a1a} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult

What is the 2nd person who helped relationship to the study child? {hsc19a1b} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult

What is the 3rd person who helped relationship to the study child? {hsc19a1c} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult

### DISB\_Q15

On average how many hours do you spend each week providing care? If more than one person cared for, then ask for total hours for all persons {hsc19a2} [NA]

- 1: Less than 20 hours  
 2: 20 to less than 40 hours  
 3: 40 hours or more

### CHIC\_Q01

The next questions ask about any before or after school care arrangement that the study child had last year.

### CHIC\_Q01a

Was Study Child attending school last year? {hpc06a2} [P1B CAI C1.1]

- 1: Yes  
 2: No ---> CHIC\_Q01e

**CHIC\_Q01b**

Last year who provided regular care for the child before school?

I did {hpc64x1} [P1B CAI C1.2.1 ]  0: No  
 1: Yes

My spouse/partner who lives/lived with me {hpc64x2}  
[P1B CAI C1.2.2 ]  0: No  
 1: Yes

Before/after school care program at child's school  
{hpc64x3} [P1B CAI C1.2.3 ]  0: No  
 1: Yes

Before/after school care program at another school  
{hpc64x4} [P1B CAI C1.2.4 ]  0: No  
 1: Yes

Maternal grandparent {hpc64x7} [P1B CAI C1.2.5 ]  0: No  
 1: Yes

Paternal grandparent {hpc64x8} [P1B CAI C1.2.6]  0: No  
 1: Yes

Parent who lives/lived elsewhere {hpc64x9} [P1B CAI  
C1.2.7]  0: No  
 1: Yes

Child's sister, brother or other relative aged 18  
years and over {hpc64x10} [P1B CAI C1.2.8]  0: No  
 1: Yes

Friend, neighbour, nanny, babysitter or other person  
aged 18 years and over {hpc64x11} [P1B CAI C1.2.9]  0: No  
 1: Yes

Other relative under 18 years (including siblings)  
{hpc64x12} [P1B CAI C1.2.10]  0: No  
 1: Yes

Other relative under 18 years {hpc64x13} [P1B CAI  
C1.2.11]  0: No  
 1: Yes

No one, child cared for self {hpc64x14} [P1B CAI  
C1.2.12]  0: No  
 1: Yes

**CHIC\_Q01c**

Last year who provided regular care for the child after school?

I did {hpc65x1} [P1B CAI C1.3.1]  0: No  
 1: Yes

My spouse/partner who lives/lived with me {hpc65x2}  
[P1B CAI C1.3.2]  0: No  
 1: Yes

Before/after school care program at child's school  
{hpc65x3} [P1B CAI C1.3.3]  0: No  
 1: Yes

Before/after school care program at another school  
{hpc65x4} [P1B CAI C1.3.4]  0: No  
 1: Yes

Maternal grandparent {hpc65x7} [P1B CAI C1.3.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Paternal grandparent {hpc65x8} [P1B CAI C1.3.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Parent who lives/lived elsewhere {hpc65x9} [P1B CAI C1.3.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child's sister, brother or other relative aged 18 years and over {hpc65x10} [P1B CAI C1.3.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Friend, neighbour, nanny, babysitter or non relative aged 18 years and over {hpc65x11} [P1B CAI C1.3.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative under 18 years (including siblings) {hpc65x12} [P1B CAI C1.3.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other non relative under 18 years {hpc65x13} [P1B CAI C1.3.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
No one, child cared for self {hpc65x14} [P1B CAI C1.3.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

**CHIC\_Q01e**

Because we weren't able to interview you 2 years ago, I have some questions about that time.

**CHIC\_Q01f**

Was Study Child attending school 2 years ago? {gpc06a11a} [P1B CAI C2.1]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
--	---

**CHIC\_Q01g**

Who provided regular care for child before school?

I do {gpc64v} [P1B CAI C2.2.1+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
My partner who lives with me {gpc64w} [P1B CAI C2.2.2+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care program at child's school {gpc64l1} [P1B CAI C2.2.3+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care program at another school {gpc64l2} [P1B CAI C2.2.4+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care {gpc64i} [P1B CAI C2.2.3/4+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal grandparent {gpc64f1} [P1B CAI C2.2.5+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Paternal grandparent {gpc64f2} [P1B CAI C2.2.6+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Grandparent {gpc64f} [P1B CAI C2.2.5/6+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Parent who lives elsewhere {gpc64i} [P1B CAI C2.2.7+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child's sister, brother or other relative aged 18 years and over {gpc64g2} [P1B CAI C2.2.8+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Friend, neighbour, nanny, babysitter or other person aged 18 years and over {gpc64j4} [P1B CAI C2.2.9+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Relative under 18 years (including siblings) {gpc64j6} [P1B CAI C2.2.10+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other person under 18 years {gpc64j7} [P1B CAI C2.2.11+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
No one, child cares for self {gpc64u} [P1B CAI C2.2.12+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

### CHIC\_Q01h

Who provided regular care for child after school?

I do {gpc65v} [P1B CAI C2.3.1+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
My partner who lives with me {gpc65w} [P1B CAI C2.3.2+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care program at child's school {gpc65l1} [P1B CAI C2.3.3+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care program at another school {gpc65l2} [P1B CAI C2.3.4+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Before/after school care {gpc65l} [P1B CAI C2.3.3/4+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal grandparent {gpc65f1} [P1B CAI C2.3.5+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Paternal grandparent {gpc65f2} [P1B CAI C2.3.6+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Grandparent {gpc65f} [P1B CAI C2.3.5/6+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Parent who lives elsewhere {gpc65i} [P1B CAI C2.3.7+W7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Child's sister, brother or other relative 18 years and over {gpc65g2} [P1B CAI C2.3.8+W7]  0: No  
 1: Yes

Friend, neighbour, nanny, babysitter or other person aged 18 years and over {gpc65j4} [P1B CAI C2.3.9+W7]  0: No  
 1: Yes

Relative under 18 years (including siblings) {gpc65j6} [P1B CAI C2.3.10+W7]  0: No  
 1: Yes

Other person under 18 years {gpc65j7} [P1B CAI C2.3.11+W7]  0: No  
 1: Yes

No one, child cares for self {gpc65u} [P1B CAI C2.3.12+W7]  0: No  
 1: Yes

## CHIC\_Q02

Now I would like to ask you about the regular child care arrangements you currently have for the study child.

Who provides care for child before school?

I do {hpc64v} [P1B CAI C4.1.1]  0: No  
 1: Yes

My partner who lives with me {hpc64w} [P1B CAI C4.1.2 ]  0: No  
 1: Yes

Before/after school care program at child's school {hpc64l1} [P1B CAI C4.1.3 ]  0: No  
 1: Yes

Before/after school care at another school {hpc64l2} [P1B CAI C4.1.4 ]  0: No  
 1: Yes

Before/after school care {hpc64l} [P1B CAI C4.1.3/4 ]  0: No  
 1: Yes

Maternal grandparent {hpc64f1} [P1B CAI C4.1.5]  0: No  
 1: Yes

Paternal grandparent {hpc64f2} [P1B CAI C4.1.6]  0: No  
 1: Yes

Grandparent {hpc64f} [P1B CAI C4.1.5/6 ]  0: No  
 1: Yes

Parent who lives elsewhere {hpc64i} [P1B CAI C4.1.7 ]  0: No  
 1: Yes

Child's sister, brother or other relative aged 18 years and over {hpc64g2} [P1B CAI C4.1.8 ]  0: No  
 1: Yes

Friend, neighbour, nanny, babysitter or other person aged 18 years and over {hpc64j4} [P1B CAI C4.1.9 ]  0: No  
 1: Yes

Relative under 18 years (including siblings) {hpc64j6} [P1B CAI C4.1.10]  0: No  
 1: Yes

Other person under 18 years {hpc64j7} [P1B CAI C4.1.11]  0: No  
 1: Yes

No one, child cares for self {hpc64u} [P1B CAI C4.1.12]  0: No  
 1: Yes

## CHIC\_Q07

Who provides care for child after school?

I do {hpc65v} [P1B CAI C5.1.1 ]  0: No  
 1: Yes

My partner who lives with me {hpc65w} [P1B CAI C5.1.2 ]  0: No  
 1: Yes

Before/after school care program at child's school {hpc65l1} [P1B CAI C5.1.3 ]  0: No  
 1: Yes

Before/after school care program at another school {hpc65l2} [P1B CAI C5.1.4 ]  0: No  
 1: Yes

Before/after school care {hpc65l} [P1B CAI C5.1.3/4]  0: No  
 1: Yes

Maternal grandparent {hpc65f1} [P1B CAI C5.1.5]  0: No  
 1: Yes

Paternal grandparent {hpc65f2} [P1B CAI C5.1.6]  0: No  
 1: Yes

Grandparent {hpc65f} [P1B CAI C5.1.5/6]  0: No  
 1: Yes

Parent who lives elsewhere {hpc65i} [P1B CAI C5.1.7]  0: No  
 1: Yes

Child's sister, brother or other relative aged 18 years and over {hpc65g2} [P1B CAI C5.1.8]  0: No  
 1: Yes

Friend, neighbour, nanny, babysitter or other person aged 18 years and over {hpc65j4} [P1B CAI C5.1.9]  0: No  
 1: Yes

Relative under 18 years (including siblings) {hpc65j6} [P1B CAI C5.1.10]  0: No  
 1: Yes

Other person under 18 years {hpc65j7} [P1B CAI C5.1.11]  0: No  
 1: Yes

No one, child cares for self {hpc65u} [P1B CAI C5.1.12]  0: No  
 1: Yes



**CHIC\_Q12**

Apart from when child is at school or using an arrangement immediately after school, who looks after child on a regular basis on the evenings and on the weekend?

I do {hpc66v} [P1B CAI C6.1.1]  0: No  
 1: Yes

My spouse/partner who lives with me {hpc66w} [P1B CAI C6.1.2]  0: No  
 1: Yes

Maternal grandparent {hpc66f1} [P1B CAI C6.1.3]  0: No  
 1: Yes

Paternal grandparent {hpc66f2} [P1B CAI C6.1.4]  0: No  
 1: Yes

Grandparent {hpc66f} [P1B CAI C6.1.3/4]  0: No  
 1: Yes

Parent who lives elsewhere {hpc66i} [P1B CAI C6.1.5]  0: No  
 1: Yes

Child's sister, brother or other relative aged 18 years and over {hpc66g2} [P1B CAI C6.1.6]  0: No  
 1: Yes

Friend, neighbour, nanny, babysitter or Non-relative aged 18 years and over {hpc66j4} [P1B CAI C6.1.7]  0: No  
 1: Yes

Other relative under 18 years (including siblings) {hpc66j5} [P1B CAI C6.1.8]  0: No  
 1: Yes

Other non relative under 18 years {hpc66j} [P1B CAI C6.1.9]  0: No  
 1: Yes

No one, child cares for self {hpc66u} [P1B CAI C6.1.10]  0: No  
 1: Yes

**CHIC\_Q18**

In the last 12 months, who has provided care for child during the school holidays?

I have {hpc67v} [P1B CAI C7.1.1]  0: No  
 1: Yes

My spouse/ partner who lives with me {hpc67w} [P1B CAI C7.1.2 ]  0: No  
 1: Yes

Holiday care program at child's school {hpc67l1} [P1B CAI C7.1.3 ]  0: No  
 1: Yes

Holiday care program at another location {hpc67l3} [P1B CAI C7.1.4 ]  0: No  
 1: Yes

Maternal grandparent {hpc67f1} [P1B CAI C7.1.5 ]  0: No  
 1: Yes

Paternal grandparent {hpc67f2} [P1B CAI C7.1.6 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Grandparent {hpc67f} [P1B CAI C7.1.5/6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Parent who lives elsewhere {hpc67i} [P1B CAI C7.1.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child's sister, brother or other relative aged 18 years and over {hpc67g2} [P1B CAI C7.1.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Friend, neighbour, nanny, babysitter or other relative aged 18 years and over {hpc67j4} [P1B CAI C7.1.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative under 18 years (including siblings) {hpc67j5} [P1B CAI C7.1.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other non relative under 18 years {hpc67j} [P1B CAI C7.1.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
No one, child cares for self {hpc67u} [P1B CAI C7.1.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other (specify) {hpc67o} [P1B CAI C7.1.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

**CHIC\_Q19**

Other (specify) {hpc67jo} [P1B CAI C7.1.14]

**FACT\_Q01**

The next questions are about some of the activities the study child and family do.

**FACT\_Q04**

Does the study child enjoy reading at home that is not for school work? {hpc58a11} [P1B CAI D1.1]

1: Yes  
 2: Sometimes  
 3: No

**FACT\_Q05**

In the past month, has child done any of these things with you or another family member? (Include all adult family members not living with the study child. Exclude friends, carers and teachers or other clubs/classes/groups) {hhe05a} [P1B CAI D1.2]

1: Yes  
 2: No

Gone to a movie? {hhe05a1a} [P1B CAI D1.2.1]

0: No  
 1: Yes

Gone to a playground or a swimming pool? {hhe05a2} [P1B CAI D1.2.2]  0: No  
 1: Yes

Gone to sporting event in which child was not a player? {hhe05a1b} [P1B CAI D1.2.3]  0: No  
 1: Yes

Gone to a concert, play, museum, art gallery or community or school event? {hhe05a3} [P1B CAI D1.2.4]  0: No  
 1: Yes

Attended a religious service, church, temple, synagogue or mosque? {hhe05a4} [P1B CAI D1.2.5]  0: No  
 1: Yes

Visited a library? {hhe05a5} [P1B CAI D1.2.6]  0: No  
 1: Yes

### FACT\_Q07

The next questions are about the study child's use of technology at home.

In your home, is the TV usually on during meals? {hhe06n2} [P1B CAI D2.1]  1: Never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always  
 -9: Don't have a TV  
 -2: Don't know/Can't say

### FACT\_Q08

About how many hours on a typical weekday does the study child watch TV programs or movies at home? (Exclude times when the television is on, but the child is not watching. i.e. it's 'on in the background') (If different for each day, give average hours) {hhe06b2a} [P1B CAI D2.2]  1: None ---> FACT\_Q09  
 2: Number of hours and minutes

### FACT\_Q08a

Hours part {hhe06b2b} [P1B CAI D2.3]

\_\_\_\_\_

### FACT\_Q08b

Minutes part {hhe06b2c} [P1B CAI D2.4]

\_\_\_\_\_

**FACT\_Q09**

About how many hours on a typical weekend day does the study child watch TV programs or movies at home? (If different for Saturday and Sunday, give average hours. exclude times when the television is on, but the child is not watching (i.e. it's on in the background)) {hhe06c2a} [P1B CAI D2.5]

- 1: None ---> FACT\_Q09c  
 2: Number of hours and minutes

**FACT\_Q09a**

Hours part {hhe06c2b} [P1B CAI D2.6]

\_\_\_\_\_

**FACT\_Q09b**

Minutes part {hhe06c2c} [P1B CAI D2.7]

\_\_\_\_\_

**FACT\_Q09c**

Do you have rules for study child about the amount of screen time study child is allowed {hhe07a6a5} [P1B CAI D3.1]

- 1: Yes  
 2: No

**FACT\_Q09d**

Do you have rules for study child about where can have screen time (e.g. not in bedroom)? {hhe07a6a6} [P1B CAI D3.2]

- 1: Yes  
 2: No

**FACT\_Q09e**

Do you have rules for study child about whether or not he/she can have a profile on a social networking site like Facebook or Instagram? {hhe07f1c} [P1B CAI D3.3]

- 1: Yes  
 2: No

**FACT\_Q09f**

Do you have rules for study child about what is allowed to post or view on a social networking sites like Facebook or Instagram? {hhe07a6a4} [P1B CAI D3.4]

- 1: Yes  
 2: No

**FACT\_Q09g**

Do you have rules for study child about what TV programs or movies he/she is allowed to watch at home or elsewhere? {hhe06e} [P1B CAI D3.5]

- 1: Yes  
 2: No

**FACT\_Q09h**

Do you have rules for child about which electronic games he/she is allowed to play at home or elsewhere? {hhe17g2a} [P1B CAI D3.6]

- 1: Yes  
 2: No

**FACT\_Q09i**

About how many hours on a typical weekday does study child play electronic games? {hhe17b2a} [P1B CAI D4.1]

- 1: None ---> FACT\_Q09I  
 2: Number of hours and minutes

**FACT\_Q09j**

About how many hours on a typical weekday does study child play electronic games? Hours part {hhe17b2b} [P1B CAI D4.2]

\_\_\_\_\_

**FACT\_Q09k**

About how many hours on a typical weekday does study child play electronic games? Minutes part {hhe17b2c} [P1B CAI D4.3]

\_\_\_\_\_

**FACT\_Q09I**

About how many hours on a typical weekend day does study child play electronic games? (If different for Saturday and Sunday, give average hours) {hhe17c2a} [P1B CAI D4.4]

- 1: None ---> FACT\_Q10  
 2: Number of hours and minutes

**FACT\_Q09m**

About how many hours on a typical weekend day does study child play electronic games? (If different for Saturday and Sunday, give average hours) Hours part {hhe17c2b} [P1B CAI D4.5]

\_\_\_\_\_

**FACT\_Q09n**

About how many hours on a typical weekend day does study child play electronic games? (If different for Saturday and Sunday, give average hours) Minutes part {hhe17c2c} [P1B CAI D4.6]

\_\_\_\_\_

**FACT\_Q10**

In the past week, on how many days have you, or an adult played electronic games with the study child? - (Include electronic games played between study child and adult siblings. Any occasions where study child is using electronic games with adults present both in and outside of their homes). (Exclude older siblings) {hhe17d} [P1B CAI D5.1]

- 0: Not in the past week  
 1: 1 or 2 days  
 2: 3-5 days  
 3: 6-7 days

**FACT\_Q11**

In the past week, on how many days have you, or an adult watched TV or movies with the study child?  
(Exclude older siblings) {hhe06a15} [P1B CAI D5.2]

- 0: Not in the past week  
 1: 1 or 2 days  
 2: 3-5 days  
 3: 6-7 days

**FACT\_Q12**

The next few questions are about the study child's use of a mobile phone.

**FACT\_Q13**

Does child own or use a mobile phone? Exclude mobile phones that are only used for playing games or do not contain a SIM card. {hhe22a1a} [P1B CAI D6.1]

- 1: Yes  
 2: No ---> FACT\_Q16

Yes, Own phone {hhe22a1b} [P1B CAI D6.1.1]

- 0: No  
 1: Yes

Yes, Someone else's phone {hhe22a1c} [P1B CAI D6.1.2]

- 0: No  
 1: Yes

**FACT\_Q14**

Do you do any of the following to try to manage Study child mobile phone usage? {hhe22a3} [P1B CAI D6.2]

- 1: Yes  
 2: No

Restrict internet/data access (e.g. calls only or internet access only via Wifi) {hhe22a3a} [P1B CAI D6.2.1]

- 0: No  
 1: Yes

Restrict calls (e.g. mobile data or Wifi access only or can only take incoming calls) {hhe22a3b} [P1B CAI D6.2.2]

- 0: No  
 1: Yes

Use a pre-paid plan and restrict addition of credit {hhe22a3c} [P1B CAI D6.2.3]

- 0: No  
 1: Yes

Track usage (e.g. receive updates, check online) {hhe22a3d} [P1B CAI D6.2.4]

- 0: No  
 1: Yes

Share calls/data between family members {hhe22a3e} [P1B CAI D6.2.5]

- 0: No  
 1: Yes

Have rules for usage (e.g. when/where phone can be used) {hhe22a3f} [P1B CAI D6.2.6]

- 0: No  
 1: Yes

Something else (specify) {hhe22a3g} [P1B CAI D6.2.7]

- 0: No  
 1: Yes

**FACT\_Q14a**

Other (specify) {hhe22a3g1} [P1B CAI D6.3]

**FACT\_Q15**

Who usually pays for child's mobile phone usage?

Study child pays some of it {hhe22a2f1a} [P1B CAI D6.4.1]  0: No  
 1: Yes

Study child pays all of it {hhe22a2f1b} [P1B CAI D6.4.2]  0: No  
 1: Yes

Parent(s) pay some of it {hhe22a2f2a} [P1B CAI D6.4.3]  0: No  
 1: Yes

Parent(s) pay all of it {hhe22a2f2b} [P1B CAI D6.4.4]  0: No  
 1: Yes

Someone else pays some of it {hhe22a2f3a} [P1B CAI D6.4.5]  0: No  
 1: Yes

Someone else pays all of it {hhe22a2f3b} [P1B CAI D6.4.6]  0: No  
 1: Yes

**FACT\_Q16**

Now let's talk about any out of school activities that the study child regularly participates in.

**FACT\_Q17**

Talking about any out of school activities that study child regularly participates in, in the last week has the child participated in any of the following activities? {hhe09a1} [P1B CAI D7.1]  1: Yes  
 2: No ---> FACT\_Q21

Community group or club (e.g. scouts, guides, or cultural group) {hhe09a1a1} [P1B CAI D7.1.1]  0: No  
 1: Yes

Team sport (e.g. football, cricket or netball) {hhe09a2a1} [P1B CAI D7.1.2]  0: No  
 1: Yes

Individual sport, coached or lessons (e.g. swimming, tennis, karate or gymnastics) {hhe09a3a1} [P1B CAI D7.1.3]  0: No  
 1: Yes

Art, music or performance lessons (e.g. piano, dance, choir or drama) {hhe09a4a1} [P1B CAI D7.1.4]  0: No  
 1: Yes

Classes to improve academic skills (e.g. remedial reading or extra tutoring) {hhe09a5a1} [P1B CAI D7.1.5]  0: No  
 1: Yes

Classes to learn new skills (e.g. computing or learning another language) {hhe09a6a1} [P1B CAI D7.1.6]  0: No  
 1: Yes

Religious services or classes {hhe09a7a1} [P1B CAI D7.1.7]  0: No  
 1: Yes

Other {hhe09a8a1} [P1B CAI D7.1.8]  0: No  
 1: Yes

### FACT\_Q17a

Other activity - specify {hhe09a9a1} [P1B CAI D7.2]

\_\_\_\_\_

### FACT\_Q18

How many days last week did study child have the community group or club? {hhe09a1c} [P1B CAI D7.3.1]

\_\_\_\_\_

How many days last week did study child have the team sport? {hhe09a2c} [P1B CAI D7.3.2]

\_\_\_\_\_

How many days last week did study child have the individual sport? {hhe09a3c} [P1B CAI D7.3.3]

\_\_\_\_\_

How many days last week did study child have the art, music or performance lessons? {hhe09a4c} [P1B CAI D7.3.4]

\_\_\_\_\_

How many days last week did study child have the classes to improve academic skills? {hhe09a5c} [P1B CAI D7.3.5]

\_\_\_\_\_

How many days last week did study child have the classes to learn new skills? {hhe09a6c} [P1B CAI D7.3.6]

\_\_\_\_\_

How many days last week did study child have the religious services or classes? {hhe09a7c} [P1B CAI D7.3.7]

\_\_\_\_\_

How many days last week did study child have the other activity? {hhe09a8c} [P1B CAI D7.3.8]

\_\_\_\_\_

### FACT\_Q19

On this day/ those days, about how many hours did study child spend going to community group or club? {hhe09a1d} [P1B CAI D7.4.1]

- 1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to team sport? {hhe09a2d} [P1B CAI D7.4.2]

- 1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day



On this day/ those days, about how many hours did study child spend going to individual sport? {hhe09a3d} [P1B CAI D7.4.3]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to art, music or performance lessons? {hhe09a4d} [P1B CAI D7.4.4]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to classes to improve academic skills? {hhe09a5d} [P1B CAI D7.4.5]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to classes to learn new skills? {hhe09a6d} [P1B CAI D7.4.6]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to religious services or classes? {hhe09a7d} [P1B CAI D7.4.7]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

On this day/ those days, about how many hours did study child spend going to other activity? {hhe09a8d} [P1B CAI D7.4.8]

1: Up to one hour a day  
 2: More than 1 but less than 2 hours a day  
 3: More than 2 hours a day

## FACT\_Q20

Was the community group or club provided by the child's school? {hhe09a1b} [P1B CAI D7.5.1]

1: Yes  
 2: No

Was the team sport provided by the child's school? {hhe09a2b} [P1B CAI D7.5.2]

1: Yes  
 2: No

Was the individual sport, coached or lessons provided by the child's school? {hhe09a3b} [P1B CAI D7.5.3]

1: Yes  
 2: No

Was the art, music, performance lessons provided by the child's school? {hhe09a4b} [P1B CAI D7.5.4]

1: Yes  
 2: No

Was the classes to improve academic skills provided by the child's school? {hhe09a5b} [P1B CAI D7.5.5]

1: Yes  
 2: No

Was the classes to learn new skills provided by the child's school? {hhe09a6b} [P1B CAI D7.5.6]

1: Yes  
 2: No

Was the religious services or classes provided by the child's school? {hhe09a7b} [P1B CAI D7.5.7]

1: Yes  
 2: No

Was the other activity provided by the child's school? {hhe09a8b} [P1B CAI D7.5.8]

1: Yes  
 2: No

Was the community group or club provided by other organisation? {hhe09a1b1} [P1B CAI D7.5.1]

1: Yes  
 2: No

Was the team sport provided by other organisation? {hhe09a2b1} [P1B CAI D7.5.2]

1: Yes  
 2: No

Was the individual sport, coached or lessons provided by other organisation? {hhe09a3b1} [P1B CAI D7.5.3]

- 1: Yes  
 2: No

Was the art, music, performance lessons provided by other organisation? {hhe09a4b1} [P1B CAI D7.5.4]

- 1: Yes  
 2: No

Was the classes to improve academic skills provided by other organisation? {hhe09a5b1} [P1B CAI D7.5.5]

- 1: Yes  
 2: No

Was the classes to learn new skills provided by other organisation? {hhe09a6b1} [P1B CAI D7.5.6]

- 1: Yes  
 2: No

Was the religious services or classes provided by other organisation? {hhe09a7b1} [P1B CAI D7.5.7]

- 1: Yes  
 2: No

Was the other activity provided by other organisation? {hhe09a8b1} [P1B CAI D7.5.8]

- 1: Yes  
 2: No

### FACT\_Q21

How many of child's close friends do you know by sight and by their first and last names? {hpa19a1} [P1B CAI D8.1]

- 1: None of them  
 2: Only a few  
 3: About half  
 4: Most of them  
 5: All of them  
 -1: Child does not have any friends ---> FACT\_Q23

### FACT\_Q22

How many of child's close friends parents do you know by sight and by their first and last names? {hpa19a2} [P1B CAI D8.2]

- 1: None of them  
 2: Only a few  
 3: About half  
 4: Most of them  
 5: All of them  
 -1: Child does not have any friends

### FACT\_Q23

How strongly do you agree or disagree that "It is important that parents know where their child is and what they are doing all the time." {hpa08a1} [P1B CAI D9.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

### FACT\_Q24

How strongly do you agree or disagree that? "It is difficult to know where study child is and what he/she is doing now that he/she is getting older." {hpa08a2} [P1B CAI D9.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**FACT\_Q25**

In the course of a day, how often do you know where child is? {hpa18a1} [P1B CAI D9.3]

- 1: Always  
 2: Almost always,  
 3: About half the time  
 4: Almost never  
 5: Never

**FACT\_Q26**

How often do you know who child is with when he/she is away from home? {hpa18a2} [P1B CAI D9.4]

- 1: Always  
 2: Almost always,  
 3: About half the time  
 4: Almost never  
 5: Never

**FACT\_Q27**

How often does child go out without telling you where s/he will be? {hpa18a4} [P1B CAI D9.5]

- 1: Always  
 2: Almost always,  
 3: About half the time  
 4: Almost never  
 5: Never

**FACT\_Q28**

In the past month how often did you eat an evening meal with this child {hpa10a5a} [P1B CAI D10.1]

- 1: Daily  
 2: A few times a week  
 3: A few times a month  
 4: Rarely  
 5: Not at all

**FACT\_Q29**

Thinking about how you and Parent 2 look after the family and house do you think that you do your fair share of the domestic tasks? (e.g. housework, home maintenance, shopping and cooking) {hre02a2a} [P1B CAI D11.1]

- 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

**FACT\_Q30**

Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)? {hre02a1a} [P1B CAI D11.2]

- 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

**FACT\_Q31**

How much time per week do you personally spend on domestic tasks {hre02a2} [P1B CAI D11.3]

- 0: None ---> FACT\_Q32  
 1: Number of hours and minutes

**FACT\_Q31a**

Enter number of hours {hre02a2c} [P1B CAI D11.4]

\_\_\_\_\_

**FACT\_Q31b**

Enter number of minutes {hre02a2d} [P1B CAI D11.5]

\_\_\_\_\_

**FACT\_Q32**

How much time per week do you personally spend on actively doing things with your children {hre02a1} [P1B CAI D12.1]

- 0: None ---> FACT\_Q34  
 1: Number of hours and minutes

**FACT\_Q32a**

Enter number of hours {hre02a1c} [P1B CAI D12.2]

\_\_\_\_\_

**FACT\_Q33**

Enter number of minutes {hre02a1d} [P1B CAI D12.3]

\_\_\_\_\_

**FACT\_Q34**

How often does the child help around the house by doing things like setting the table, emptying the dishwasher, feeding family pets or putting out the rubbish? {hre17a1a} [P1B CAI D13.1]

- 1: Often  
 2: Sometimes  
 3: Seldom ---> FACT\_Q36  
 4: Never ---> FACT\_Q36

**FACT\_Q35**

Does s/he do this without being asked? {hre17a1b} [P1B CAI D13.2]

- 1: Yes  
 2: Sometimes  
 3: No

**FACT\_Q36**

How often does the child help with his/her own care by doing things like making his/her own bed, cleaning his/her own room or putting away his/her own clothes or belongings? {hre17a2a} [P1B CAI D13.3]

- 1: Often  
 2: Sometimes  
 3: Seldom ---> FACT\_Q38  
 4: Never ---> FACT\_Q38

**FACT\_Q37**

Does s/he do this without being asked? {hre17a2b}  
[P1B CAI D13.4]

- 1: Yes  
 2: Sometimes  
 3: No

**FACT\_Q38**

The next few questions ask about any work the study child may have done in the last 12 months. Work includes all formal and informal work for money or some other type of payment. It also includes paid or unpaid work in a family business or farm. It excludes any work the study child may have done for pocket money around your home. Questions about pocket money will be asked later.

**FACT\_Q39**

In the last 12 months has study child worked?

- 1: Yes  
 2: No ---> FACT\_Q53

{Include paid work for an employer, a family business or on a farm. Unpaid work in a family business or on a farm (i.e. contributing family workers). Work carried out for non-household members (e.g. neighbourhood car washing, lawn mowing) for payment. Work done for payment in kind (e.g. if the child receives goods rather than cash as payment for work done). Busking and/or street vending.}

(Excludes unpaid work experience, voluntary work, household chores for pocket money) (Examples of children's work (not done for pocket money) include retailing (incl fast food), pamphlet delivering, umpiring/refereeing, car washing, gardening/lawn mowing, babysitting, pet walking, working in a family business or farm, milk run) {hpw36a1} [P1B CAI D14.1]

**FACT\_Q40**

In the last 12 months who did child work for?

Employer {hpw36a2a} [P1B CAI D14.2.1]

- 1: Yes  
 2: No

Himself/herself {hpw36a2b} [P1B CAI D14.2.2]

- 1: Yes  
 2: No

Your family business/farm {hpw36a2c} [P1B CAI D14.2.3]

- 1: Yes  
 2: No

Other {hpw36a2d} [P1B CAI D14.2.4]

- 1: Yes  
 2: No

**FACT\_Q40a**

Other(specify) {hpw36a2do} [P1B CAI D14.3]

**FACT\_Q41**

Did child work during school terms, school holidays or both? {hpw36a3} [P1B CAI D14.4]

- 1: School term only  
 2: School holiday only  
 3: School term and school holiday

**FACT\_Q42**

During school term on which days of the week did child usually work?

Monday {hpw36a4a1} [P1B CAI D14.5.1]

- 0: No  
 1: Yes

Tuesday {hpw36a4a2} [P1B CAI D14.5.2]

- 0: No  
 1: Yes

Wednesday {hpw36a4a3} [P1B CAI D14.5.3]

- 0: No  
 1: Yes

Thursday {hpw36a4a4} [P1B CAI D14.5.4]

- 0: No  
 1: Yes

Friday {hpw36a4a5} [P1B CAI D14.5.5]

- 0: No  
 1: Yes

Saturday {hpw36a4a6} [P1B CAI D14.5.6]

- 0: No  
 1: Yes

Sunday {hpw36a4a7} [P1B CAI D14.5.7]

- 0: No  
 1: Yes

All {hpw36a4a8} [P1B CAI D14.5.8]

- 0: No  
 1: Yes

During school holidays on which days of the week did child usually work?

Monday {hpw36a4b1} [P1B CAI D14.5.1]

- 0: No  
 1: Yes

Tuesday {hpw36a4b2} [P1B CAI D14.5.2]

- 0: No  
 1: Yes

Wednesday {hpw36a4b3} [P1B CAI D14.5.3]

- 0: No  
 1: Yes

Thursday {hpw36a4b4} [P1B CAI D14.5.4]

- 0: No  
 1: Yes

Friday {hpw36a4b5} [P1B CAI D14.5.5]

- 0: No  
 1: Yes

Saturday {hpw36a4b6} [P1B CAI D14.5.6]  0: No  
 1: Yes

Sunday {hpw36a4b7} [P1B CAI D14.5.7]  0: No  
 1: Yes

All {hpw36a4b8} [P1B CAI D14.5.8]  0: No  
 1: Yes

### FACT\_Q43

In the last 12 months, during school term, when working on weekdays, what time of the day did he/she usually work?

Before 6am {hpw36a5a1} [P1B CAI D14.6.1]  0: No  
 1: Yes

6am - 9am {hpw36a5a2} [P1B CAI D14.6.2]  0: No  
 1: Yes

9am - 12pm {hpw36a5a3} [P1B CAI D14.6.3]  0: No  
 1: Yes

12pm - 3pm {hpw36a5a4} [P1B CAI D14.6.4]  0: No  
 1: Yes

3pm - 5pm {hpw36a5a5} [P1B CAI D14.6.5]  0: No  
 1: Yes

5pm - 7pm {hpw36a5a6} [P1B CAI D14.6.6]  0: No  
 1: Yes

After 7pm {hpw36a5a7} [P1B CAI D14.6.7]  0: No  
 1: Yes

In the last 12 months, during school holidays, when working on weekdays, what time of the day did he/she usually work?

Before 6am {hpw36a5b1} [P1B CAI D14.6.1]  0: No  
 1: Yes

6am - 9am {hpw36a5b2} [P1B CAI D14.6.2]  0: No  
 1: Yes

9am - 12pm {hpw36a5b3} [P1B CAI D14.6.3]  0: No  
 1: Yes

12pm - 3pm {hpw36a5b4} [P1B CAI D14.6.4]  0: No  
 1: Yes

3pm - 5pm {hpw36a5b5} [P1B CAI D14.6.5]  0: No  
 1: Yes

5pm - 7pm {hpw36a5b6} [P1B CAI D14.6.6]  0: No  
 1: Yes

---

 After 7pm {hpw36a5b7} [P1B CAI D14.6.7]

- 
- 0: No
- 
- 
- 1: Yes

**FACT\_Q44**

In the last 12 months, during school holidays, when working on weekend days, what time of the day did he/she usually work?

---

 Before 6am {hpw36a6a1} [P1B CAI D14.7.1]

- 
- 0: No
- 
- 
- 1: Yes

---

 6am - 9am {hpw36a6a2} [P1B CAI D14.7.2]

- 
- 0: No
- 
- 
- 1: Yes

---

 9am - 12pm {hpw36a6a3} [P1B CAI D14.7.3]

- 
- 0: No
- 
- 
- 1: Yes

---

 12pm - 3pm {hpw36a6a4} [P1B CAI D14.7.4]

- 
- 0: No
- 
- 
- 1: Yes

---

 3pm - 5pm {hpw36a6a5} [P1B CAI D14.7.5]

- 
- 0: No
- 
- 
- 1: Yes

---

 5pm - 7pm {hpw36a6a6} [P1B CAI D14.7.6]

- 
- 0: No
- 
- 
- 1: Yes

---

 After 7pm {hpw36a6a7} [P1B CAI D14.7.7]

- 
- 0: No
- 
- 
- 1: Yes

---

 In the last 12 months, during school holidays, when working on weekend days, what time of the day did he/she usually work?

---

 Before 6am {hpw36a6b1} [P1B CAI D14.7.1]

- 
- 0: No
- 
- 
- 1: Yes

---

 6am - 9am {hpw36a6b2} [P1B CAI D14.7.2]

- 
- 0: No
- 
- 
- 1: Yes

---

 9am - 12pm {hpw36a6b3} [P1B CAI D14.7.3]

- 
- 0: No
- 
- 
- 1: Yes

---

 12pm - 3pm {hpw36a6b4} [P1B CAI D14.7.4]

- 
- 0: No
- 
- 
- 1: Yes

---

 3pm - 5pm {hpw36a6b5} [P1B CAI D14.7.5]

- 
- 0: No
- 
- 
- 1: Yes

---

 5pm - 7pm {hpw36a6b6} [P1B CAI D14.7.6]

- 
- 0: No
- 
- 
- 1: Yes

---

 After 7pm {hpw36a6b7} [P1B CAI D14.7.7]

- 
- 0: No
- 
- 
- 1: Yes



**FACT\_Q45**

In the last 12 months, during school term, how many hours did he/she usually work each week? {hpw36a7a} [P1B CAI D14.8.1]

- 1: One hour or more  
 2: Less than one hour

Hours {hpw36a7b} [P1B CAI D14.9.1]

\_\_\_\_\_

Minutes {hpw36a7c} [P1B CAI D14.10.1]

\_\_\_\_\_

**FACT\_Q46**

In the last 12 months, during school holidays, how many hours did he/she usually work each week? {hpw36a8a} [P1B CAI D14.8.2]

- 1: One hour or more  
 2: Less than one hour

Hours {hpw36a8b} [P1B CAI D14.9.2]

\_\_\_\_\_

Minutes {hpw36a8c} [P1B CAI D14.10.2]

\_\_\_\_\_

**FACT\_Q48**

In the last 12 months what is the total number of weeks child worked for? Include all jobs held during school terms and school holidays. {hpw36a9} [P1B CAI D14.11]

\_\_\_\_\_

What is the main reason child has worked in the last 12 months? {hpw36a10} [P1B CAI D14.12]

- 1: For spending money  
 2: To save up for something  
 3: For friendship or to develop social skills  
 4: To improve career prospects  
 5: To supplement family income  
 6: To help in family business  
 7: Other (specify)

Other (specify) {hpw36a10o} [P1B CAI D14.13]

\_\_\_\_\_

**FACT\_Q49**

I'd now like to ask some questions about the income the study child receives from work.

Does child receive income from wages or salaries? {hfn14a10a} [P1B CAI D15.1]

- 1: Yes ---> FACT\_Q51  
 2: No

**FACT\_Q50**

Why doesn't child receive income from wages or salaries? {hfn14a10b} [P1B CAI D15.2]

\_\_\_\_\_

**FACT\_Q51**

Before income tax or anything else is taken out, how much does he/she receive from wages or salaries? {hfn14a10c} [P1B CAI D15.3]

\_\_\_\_\_

**FACT\_Q52**

What period does that cover? {hfn14a10d} [P1B CAI D15.4]

- 1: Week  
 2: Fortnight  
 3: Month  
 4: Other (specify)  
 5: Year

**FACT\_Q52a**

What period does that cover? Other (specify) {hfn14a10e} [P1B CAI D15.5]

\_\_\_\_\_

**FACT\_Q53**

The next few questions are about pocket money.

**FACT\_Q54**

In the last 12 months has child received pocket money? {hfn14a} [P1B CAI D16.1]

- 1: Yes  
 2: No ---> FACT\_Q62

**FACT\_Q55**

Does the child receive pocket money on a regular basis? ('Regular' means the child receives similar amounts of pocket money periodically. The answer should be no if payments are made at random times and different amounts are paid. ) {hfn14a1a2} [P1B CAI D16.2]

- 1: Yes  
 2: No ---> FACT\_Q58

**FACT\_Q56**

How much money does the child receive? {hfn14a3a2} [P1B CAI D16.3.1]

\_\_\_\_\_

**FACT\_Q57**

What period does that cover? {hfn14a4a2} [P1B CAI D16.4]

- 1: Week  
 2: Fortnight  
 3: Month  
 4: Other (specify)

**FACT\_Q57a**

What period does that cover? Other (specify) {hfn14a4a2} [P1B CAI D16.5]

\_\_\_\_\_

**FACT\_Q58**

In the last 12 months, approximately how much pocket money did child receive in total? {hfn14a2b} [P1B CAI D16.6]

\_\_\_\_\_

**FACT\_Q59**

Does the child have to do any of the following to get his/her pocket money? {hfn14a5y2} [P1B CAI D16.7]

- 1: Yes  
 2: No

Chores or tasks {hfn14a5a2} [P1B CAI D16.7.1]

- 0: No  
 1: Yes

Follow household rules {hfn14a5b2} [P1B CAI D16.7.2]

- 0: No  
 1: Yes

Homework {hfn14a5c2} [P1B CAI D16.7.3]

- 0: No  
 1: Yes

**FACT\_Q60**

Does the child get extra pocket money? {hfn14a6y2} [P1B CAI D16.8]

- 1: Yes  
 2: No

Good behaviour {hfn14a6a2} [P1B CAI D16.8.1]

- 0: No  
 1: Yes

Following household rules {hfn14a6b2} [P1B CAI D16.8.2]

- 0: No  
 1: Yes

Doing well at school {hfn14a6c2} [P1B CAI D16.8.3]

- 0: No  
 1: Yes

Completing homework {hfn14a6d2} [P1B CAI D16.8.4]

- 0: No  
 1: Yes

**FACT\_Q61**

Does the child get any of his/her pocket money stopped or taken away for any of these reasons? {hfn14a7y2} [P1B CAI D16.9]

1: Yes  
 2: No

Poor behaviour? {hfn14a7a2} [P1B CAI D16.9.1]

0: No  
 1: Yes

Not following household rules {hfn14a7b2} [P1B CAI D16.9.2]

0: No  
 1: Yes

Not doing well at school {hfn14a7c2} [P1B CAI D16.9.3]

0: No  
 1: Yes

Not completing homework {hfn14a7d2} [P1B CAI D16.9.4]

0: No  
 1: Yes

**FACT\_Q62**

The next questions are about the study child's finances.

**FACT\_Q63**

How does the child use the money he/she receives from all sources?

For savings or investments {hfn14a8a} [P1B CAI D17.1.1]

0: No  
 1: Yes

For contributing to household expenses {hfn14a8b} [P1B CAI D17.1.2]

0: No  
 1: Yes

For contributing to accommodation costs (e.g. rent, board, mortgage) {hfn14a8g} [P1B CAI D17.1.3]

0: No  
 1: Yes

For mobile phone / Internet usage {hfn14a8c} [P1B CAI D17.1.4]

0: No  
 1: Yes

For car expenses {hfn14a8h} [P1B CAI D17.1.5]

0: No  
 1: Yes

For other personal expenses {hfn14a8d} [P1B CAI D17.1.6]

0: No  
 1: Yes

Other {hfn14a8e} [P1B CAI D17.1.7]

0: No  
 1: Yes

Does not receive money from any source {hfn14a8f} [P1B CAI D17.1.8]

0: No  
 1: Yes

**FACT\_Q63a**

Other (please specify) {hfn14a8i} [P1B CAI D17.2]

**FACT\_Q64**

Does study child have any of the following?

A bank account with a debit/ATM/EFTPOS card in his/her own name {hfn14a9a1 } [P1B CAI D17.3.1]  0: No  
 1: Yes

Use of a bank account with a debit/ATM/EFTPOS card in someone else's name {hfn14a9a2 } [P1B CAI D17.3.2]  0: No  
 1: Yes

A bank account without a debit/ATM/EFTPOS card {hfn14a9a3 } [P1B CAI D17.3.3]  0: No  
 1: Yes

A credit card in his/her own name {hfn14a9b1} [P1B CAI D17.3.4]  0: No  
 1: Yes

Use of a credit card in someone else's name {hfn14a9b2} [P1B CAI D17.3.5]  0: No  
 1: Yes

None of the above {hfn14a9d } [P1B CAI D17.3.6]  0: No  
 1: Yes

**PLE\_SG01**

Does the study child have a parent living elsewhere?  1: Yes  
 2: No ---> INC\_Q01

**PLE\_Q01**

I'd now like to ask you about the study child's other parent and the contact and other arrangements you have with regard to the study child.

Parent refuses to do PLE module? {hpe23a1} [P1B CAI E1.1]  1: Yes  
 2: No ---> PLE\_Q05

**PLE\_Q01a**

Enter reason why P1 refuses to do PLE module. {hpe23a2} [P1B CAI E1.2]

---> INC\_Q01

**PLE\_Q05**

First of all, I would like to just check how PLE is related to child? {hpe04a} [P1B CAI E2.1]

- 1: Full biological sibling ---> PLE\_Q10
- 2: Adopted sibling ---> PLE\_Q10
- 3: Foster sibling ---> PLE\_Q10
- 4: Step sibling ---> PLE\_Q10
- 5: Half sibling ---> PLE\_Q10
- 6: Biological parent
- 7: Adopted parent
- 8: Step parent
- 9: Foster parent
- 10: Grandparent ---> PLE\_Q10
- 11: Aunt/uncle ---> PLE\_Q10
- 12: Niece/nephew ---> PLE\_Q10
- 13: Cousin ---> PLE\_Q10
- 14: Other relative/ In-law ---> PLE\_Q10
- 15: Boarder/ housemate ---> PLE\_Q10
- 16: Unrelated person ---> PLE\_Q10

**PLE\_Q06a**

Why does PLE live elsewhere? {hpe23d} [P1B CAI E2.2+W4-7]

- 1: I have not lived with PLE since Study Child was born ---> PLE\_Q06f
- 2: Together when child was born, but have separated since ---> PLE\_Q06c
- 3: Temporarily away from child for work, illness etc. ---> PLE\_Q06c
- 4: In gaol ---> PLE\_Q06c
- 5: I provide kinship care for the child (e.g. child living with grandparents)/ biological parent/s live elsewhere ---> PLE\_Q06c
- 6: I provide foster care / child is a ward of the state / biological parent/s live elsewhere ---> PLE\_Q06c
- 7: Other (specify)

**PLE\_Q06b**

Other (specify) {hpe23do} [P1B CAI E2.3+W4-7]

\_\_\_\_\_

**PLE\_Q06c**

What was study child's age, in years and months, when he/she last lived with both biological parents?  
Years part {hpe23c1} [P1B CAI E2.4+W2-7]

\_\_\_\_\_

**PLE\_Q06c2**

What was study child's age, in years and months, when he/she last lived with both biological parents?  
Months part {hpe23c2} [P1B CAI E2.5+W2-7]

\_\_\_\_\_

**PLE\_Q06f**

How far away does PLE live? {hpe05a} [P1B CAI E2.6]

- 1: Less than 5km
- 2: 5-19km
- 3: 20-49km
- 4: 50-99km
- 5: 100-499km
- 6: 500km or more
- 7: Overseas

**PLE\_Q06g**

Do you have a shared or joint parenting arrangement with PLE or do you have main care of Study Child? {hpe18a1} [P1B CAI E3.1]

- 1: I have main care of child ---> PLE\_Q06k
- 2: Shared or joint parenting ---> PLE\_Q06i
- 3: Other parent has main care of child ---> PLE\_Q06k
- 4: Other (specify)

**PLE\_Q06h**

Other (specify) {hpe18a1o} [P1B CAI E3.2]

---

**PLE\_Q06i**

Under your shared parenting arrangement, how do you split the care for Study Child? {hpe18a2} [P1B CAI E3.3]

- 1: Roughly 50/50 split
- 2: I have more than 50%
- 3: I have less than 50%

**PLE\_Q06k**

How was the decision about child's living arrangement made? (refers to the most recent decision) {hpe37a1} [P1B CAI E3.4]

- 1: Imposed on you by the court
- 2: Made by one or both of you (with legal assistance)
- 3: Made by one or both of you (with the assistance of another professional, e.g. mediator, or at a service like a Family Relationship Centre)
- 4: Made by one or both of you (without the assistance of any professionals)
- 5: The study child decided
- 6: Something that 'just happened'
- 1: No (final) decision made yet

**PLE\_Q06l**

Is the arrangement? {hpe37a2} [P1B CAI E3.5]

- 1: Verbal only
- 2: Written - but informal (i.e. not registered with the court)
- 3: Written - and formal (i.e. court order, consent order, parenting order)
- 2: Can't say/don't know

**PLE\_Q07**

How long is it since the study child last saw the parent living elsewhere? {hpe06a} [P1B CAI E3.6]

- 1: Has never seen parent ---> PLE\_Q09
- 2: Last saw more than 1 month ago ---> PLE\_Q09
- 3: Last saw 1-4 weeks ago ---> PLE\_Q10
- 4: Last saw 1-6 days ago ---> PLE\_Q10
- 5: Saw today ---> PLE\_Q10
- 2: Not sure ---> PLE\_Q10

**PLE\_Q09**

What is the main reason the study child has not seen the parent living elsewhere for more than a month? {hpe07b1} [P1B CAI E3.7]

- 1: Respondent does not want other parent to see child
- 2: Other parent does not want to see child
- 3: Other parent is in prison
- 4: Other parent lives too far away
- 5: Other parent is overseas
- 6: Other parent is sick/disabled (include mental illness)
- 7: Other parent does not have enough time to see child
- 8: Travel is too expensive
- 9: Other parent has a new partner or family
- 10: Other parent does not have suitable living arrangements for a child to visit
- 11: Supervision or restraint order
- 12: Drug, alcohol or violence problems
- 13: Child does not want to see PLE
- 14: Other reason

**PLE\_Q09b**

Other {hpe07bo} [P1B CAI E3.8]

---

**PLE\_Q10**

How often does the study child usually see the parent living elsewhere? {hpe08a1c} [P1B CAI E4.1]

- 1: Every day
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months
- 8: Less than once a year or not at all ---> PLE\_Q19k

**PLE\_Q11**

How many nights every (Period) does Study Child usually stay overnight with PLE? {hpe08a4a} [P1B CAI E4.2]

---



**PLE\_Q12**

How many days every (Period) does the study child spend time with the parent living elsewhere during daytime hours? {hpe08a2b} [P1B CAI E4.3]

\_\_\_\_\_

**PLE\_Q16**

Would you describe the current arrangement for contact between the study child and the parent living elsewhere as having a set pattern? (A 'set pattern' is consistent and predictable contact, regardless of frequency) {hpe11a} [P1B CAI E4.4]

1: Yes

2: No

**PLE\_Q17**

During holiday time, does the study child usually spend less, more or about the same amount of time with the parent living elsewhere as during other times? ('Holiday time' generally means school holidays) {hpe08a5} [P1B CAI E5.1]

1: Child spends more time with other parent

2: Spends the same time

3: Child spends less time with other parent

4: Varies

**PLE\_Q18**

Over the last 12 months/since you last lived with PLE, how much extra time has the study child spent with the parent living elsewhere during holidays? Record number of days. {hpe08a6} [P1B CAI E5.2]

\_\_\_\_\_

**PLE\_Q18a**

Is the time that the study child spends with the parent living elsewhere mainly restricted to holiday time? ('Holiday time' generally means school holidays) {hpe08a7} [P1B CAI E5.3]

1: Yes

2: No

**PLE\_Q19**

Over the past 12 months/since you last lived with PLE, how often has the study child had contact with the parent living elsewhere by phone, SMS, email or other electronic means? (Exclude face-to-face contact) {hpe13c2c} [P1B CAI E6]

1: Everyday

2: Several times a week

3: At least once a week

4: At least once a fortnight

5: At least once a month

6: At least once every 3 months

7: At least once every 6-12 months

8: Less than once a year or not at all

**PLE\_Q19c**

Some children have trouble adjusting when they move from one parent to another.

How strongly do you agree or disagree that when study child first returns from contact with PLE he/she has difficulty settling back into household/family routines {hpe28a3} [P1B CAI E7.1]

1: Strongly disagree

2: Disagree

3: Neither agree or disagree

4: Agree

5: Strongly agree

**PLE\_Q19d**

How strongly do you agree or disagree that when study child first returns from contact with PLE he/she is unpleasant or critical towards yourself or other family members {hpe28a4} [P1B CAI E7.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLE\_Q19e**

How strongly do you agree or disagree that when study child first returns from contact with PLE he/she is withdrawn and unhappy {hpe28a5} [P1B CAI E7.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLE\_Q19f**

How strongly do you agree or disagree that when study child first returns from contact with PLE he/she seems just the same as usual {hpe28a6} [P1B CAI E7.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLE\_Q19g**

The next few questions are about the study child returning to the PLE's place.

Would you say that study child looks forward to his/her time at PLE's place {hpe24a7} [P1B CAI E8.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLE\_Q19h**

Would you say that study child is good at organising clothes, school work and other things that need to be taken to PLE's place {hpe24a8} [P1B CAI E8.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLE\_Q19k**

Does study child have contacts with PLE's parents {hpe24a1c} [P1B CAI E9]

- 1: Yes  
 2: No  
 3: No, PLE's parents deceased

**PLE\_Q20**

The next questions are about your own relationship with PLE.

How well do you get along with the parent living elsewhere? {hpe14a} [P1B CAI E10.1]

- 1: Very well
- 2: Well
- 3: Neither well nor poorly
- 4: Poorly
- 5: Very poorly/badly
- 6: No contact with other parent

**PLE\_Q21**

Over the last 12 months/since you last lived with PLE, how often have you had contact with the parent living elsewhere either in person or by phone, SMS, email or other means? {hpe13a2c} [P1B CAI E10.2]

- 1: Everyday
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months
- 8: Less than once a year or not at all ---> PLE\_Q26

**PLE\_Q22**

How often do you disagree with the parent living elsewhere about basic parenting issues? {hpe15a1} [P1B CAI E10.3]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always
- 1: Don't discuss

**PLE\_Q23**

How often is there anger or hostility between you and the parent living elsewhere? {hpe15a4} [P1B CAI E10.4]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always

**PLE\_Q24**

How often is your conversation with the parent living elsewhere awkward or stressful? {hpe15a2} [P1B CAI E10.5]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always

**PLE\_Q25a**

Who is mostly involved in making decisions about the child's education? {hpe16b1} [P1B CAI E10.6]

- 1: Mainly me
- 2: Mainly child's other parent ---> PLE\_Q25c
- 3: Both of us equally ---> PLE\_Q25c
- 4: Whichever parent child is with at the time ---> PLE\_Q25c
- 5: Someone else ---> PLE\_Q25c
- 6: Mainly child ---> PLE\_Q25c

**PLE\_Q25b**

When you make major decisions about the child's education, how often do you ask the parent living elsewhere for his/her views? {hpe16b2} [P1B CAI E10.7]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLE\_Q25c**

Who is mostly involved in making decisions about the child's health care? {hpe16c1} [P1B CAI E10.8]

- 1: Mainly me  
 2: Mainly child's other parent ---> PLE\_Q25e  
 3: Both of us equally ---> PLE\_Q25e  
 4: Whichever parent child is with at the time ---> PLE\_Q25e  
 5: Someone else ---> PLE\_Q25e  
 6: Mainly child ---> PLE\_Q25e

**PLE\_Q25d**

When you make major decisions about the child's medical treatment, how often do you ask the parent living elsewhere for his/her views? {hpe16c2} [P1B CAI E10.9]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLE\_Q25e**

Who is mostly involved in making decisions about the child's religious or cultural activities? {hpe16d1} [P1B CAI E10.10]

- 1: Mainly me  
 2: Mainly child's other parent  
 3: Both of us equally  
 4: Whichever parent child is with at the time  
 5: Someone else  
 6: Mainly child

**PLE\_Q25f**

Who is mostly involved in making decisions about the child's sporting activities? {hpe16e1a} [P1B CAI E10.11]

- 1: Mainly me  
 2: Mainly child's other parent  
 3: Both of us equally  
 4: Whichever parent child is with at the time  
 5: Someone else  
 6: Mainly child

**PLE\_Q25g**

Who is mostly involved in making decisions about the child's social activities? {hpe16e1b} [P1B CAI E10.12]

- 1: Mainly me  
 2: Mainly child's other parent  
 3: Both of us equally  
 4: Whichever parent child is with at the time  
 5: Someone else  
 6: Mainly child

**PLE\_Q26**

How involved do you think the parent living elsewhere should be in the study child's life? {hpe17a1} [P1B CAI E10.13]

- 1: A lot more involved  
 2: A little more involved  
 3: Level of involvement is about right  
 4: A little less involved  
 5: Much less involved

**PLE\_Q27**

The next questions are about any child support payments for the study child. This includes payments made directly, or through the government's Child Support Program (previously the Child Support Agency).

**PLE\_Q27a1**

Do you have an arrangement with the parent living elsewhere in relation to child support payments for the study child? (Include any formal or informal arrangement) {hpe19a1b} [P1B CAI E11.1]

- 1: Yes  
 2: No ---> PLE\_Q27c

**PLE\_Q27a2**

Does this child support arrangement say that you are to: {hpe19a9} [P1B CAI E11.2]

- 1: Receive payments  
 2: Make payments  
 3: No money to be exchanged

**PLE\_Q27b**

Are you currently reviewing the arrangement? {hpe19a6} [P1B CAI E11.3]

- 1: Yes  
 2: No

**PLE\_Q27c**

Are you currently in discussion about a child support arrangement? {hpe19a7} [P1B CAI E11.4]

- 1: Yes ---> PLE\_Q27f  
 2: No

**PLE\_Q27d**

What is the main reason you do not have a child support arrangement? {hpe19a8c} [P1B CAI E11.5]

- 1: The parent living elsewhere is not child's biological parent/or is unknown  
 2: I pay child support to other parent  
 3: I have higher income or don't qualify  
 4: I don't need/want it  
 5: The parent living elsewhere has/or claims to have little cash income including, is unemployed, on benefits, own business, in prison  
 6: I and the parent living elsewhere share costs in other ways/including by having shared care  
 7: Mutual decision for other reasons  
 8: The parent living elsewhere refuses or won't discuss  
 9: I haven't sought any child support from the parent living elsewhere/e.g. want to avoid contact/conflict, no point  
 10: Other reason

**PLE\_Q27e**

Other (specify) {hpe19a8o} [P1B CAI E11.6]

\_\_\_\_\_

**PLE\_Q27f**

What services did you use/are you using to assist you with reaching a child support agreement? Any {hpe19a5} [P1B CAI E11.7]

- 1: Yes  
 2: No

Child Support Program (previously the Child Support Agency) {hpe19a5a} [P1B CAI E11.7.1]

- 0: No  
 1: Yes

Family Relationship Centre or other dispute resolution service {hpe19a5b} [P1B CAI E11.7.2]

- 0: No  
 1: Yes

Family Court {hpe19a5c} [P1B CAI E11.7.3]

- 0: No  
 1: Yes

Other services {hpe19a5d} [P1B CAI E11.7.4]

- 0: No  
 1: Yes

**PLE\_Q27h**

Was this arrangement decided by the Child Support Program, a Court or neither? {hpe19a2} [P1B CAI E11.8]

- 1: Child Support Program  
 2: Family Court  
 3: Neither - agreed with other parent  
 4: Neither - other

**PLE\_Q27i**

What is the amount to be paid in cash under this arrangement? {hpe20a1a} [P1B CAI E12.1]

- 1: Amount  
 0: Nothing ---> PLE\_Q29  
 -99: No set amount ---> PLE\_Q28b

**PLE\_Q28**

What is the amount to be paid under this arrangement? (Include payments that should be received through the Child Support Agency) Enter amount {hpe20a1c} [P1B CAI E12.2]

\_\_\_\_\_

**PLE\_Q28a**

How often should these payments be made? {hpe20a1n} [P1B CAI E12.3]

- 1: Weekly ---> PLE\_Q28b  
 2: Fortnightly ---> PLE\_Q28b  
 3: Monthly ---> PLE\_Q28b  
 4: Yearly ---> PLE\_Q28b  
 5: Other

**PLE\_Q28a2**

Other period {hpe20a1g} [P1B CAI E12.4]

---

**PLE\_Q28b**How many children are these payments for? {hpe20a1e}  
[P1B CAI E13.1]

---

**PLE\_Q28c**

How should these payments be made? {hpe19a3} [P1B CAI E13.2]

- 1: Through the governments Child Support Program  
(previously the Child Support Agency)
- 2: Directly between the parents
- 3: Other

**PLE\_Q28d**Is the parent living elsewhere up-to-date with  
his/her payments? {hpe20a2i} [P1B CAI E13.3]

- 1: Yes
- 2: No ---> PLE\_Q28f

**PLE\_Q28e**Was the last payment for the usual amount? {hpe20a2j}  
[P1B CAI E13.4]

- 1: Yes ---> PLE\_Q33
- 2: No

**PLE\_Q28f**

About how much are you owed? {hpe20a2k} [P1B CAI E13.5]

---

**PLE\_Q29**

Have you ever received a payment? {hpe20a2c} [P1B CAI E13.6]

- 1: Yes
- 2: No ---> PLE\_Q33

**PLE\_Q29a**How much was the last payment you received? (If  
respondent unsure, ask for best estimate) {hpe20a2d}  
[P1B CAI E14.1]

- 1: Amount
- 0: Nothing ---> PLE\_Q33

**PLE\_Q30**

Enter amount. {hpe20a2e} [P1B CAI E14.2]

---

**PLE\_Q30a**

What period did this payment cover? {hpe20a2n} [P1B CAI E14.3]

- 1: Week ---> PLE\_Q31  
 2: Fortnight ---> PLE\_Q31  
 3: Month ---> PLE\_Q31  
 4: Year ---> PLE\_Q31  
 5: Other (specify)

**PLE\_Q30b**

Other Specify {hpe20a2h} [P1B CAI E14.4]

\_\_\_\_\_

**PLE\_Q31**

How long ago was this last payment received? {hpe20a2l} [P1B CAI E15.1]

- 1: Within the last week  
 2: Within the last fortnight  
 3: Within the last month  
 4: Longer (specify)

**PLE\_Q31a**

How long ago was this last payment received? Specify (enter whole months) {hpe20a2m} [P1B CAI E15.2]

\_\_\_\_\_

**PLE\_Q32**

Was this difference in payment agreed between you and the parent living elsewhere? {hpe20a3} [P1B CAI E16.1]

- 1: Yes  
 2: No

**PLE\_Q32a**

Is this difference due to payments or purchases made by PLE for child's benefit through any of the following? (Child care costs, fees charged by a school or pre-school, school uniforms and/or books, fees for essential medical or dental services, rent or a security bond for your home, utilities, rates or body corporate charges for your home, loan repayments for your home, purchase or running costs or repairs to your car) {hpe20a4a} [P1B CAI E16.2]

- 1: Yes  
 2: No

**PLE\_Q32b**

Is this difference due to payments or purchases made by PLE for agreed services and/or goods such as gifts, lawn-mowing, babysitting, non-uniform clothing, travel expenses, etc.? {hpe20a4b} [P1B CAI E16.3]

- 1: Yes  
 2: No



**PLE\_Q33**

How often does child's parent living elsewhere do any of these additional things:

Buy clothes, toys or presents for child? {hpe21a1}  
[P1B CAI E16.4]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

**PLE\_Q33a**

Pay for child's medical or dental bills, health insurance or medicines? {hpe21a2} [P1B CAI E16.5]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

**PLE\_Q33b**

Give extra money for child's child care, pre-school/kindergarten or school expenses? {hpe21a3} [P1B CAI E16.6]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

**PLE\_Q33c**

Give you extra money to help out, like pay the rent, household bills or car repairs? {hpe21a4} [P1B CAI E16.7]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

**PLE\_Q33d**

Look after child when you need to do other things such as working, studying or attending appointments? {hpe21a5} [P1B CAI E16.8]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

I'd now like to ask some questions about PLE's household.

**PLE\_Q39**

Does the parent living elsewhere have any other children resident in his/her household? {hpe25a1a} [P1B CAI E17.1]

- 1: Yes  
 2: No ---> PLE\_Q43

**PLE\_Q40a**

How are these children related to the study child?

Are any of them his/her full siblings? {hpe25a1b}  
[P1B CAI E17.2]  1: Yes  
 2: No

**PLE\_Q40b**

Are any of them his/her step siblings? {hpe25a1c}  
[P1B CAI E17.3]  1: Yes  
 2: No

**PLE\_Q40c**

Are any of them his/her half siblings? {hpe25a1d}  
[P1B CAI E17.4]  1: Yes  
 2: No

**PLE\_Q45**

To fully understand the study child's development, it is very important to have information from both parents. We would like to contact PLE to ask him/her to ask them to do a short telephone interview. We will asks him/her similar questions to the ones we have asked you about the time he/she spends with child as well as questions about his/her health and living arrangements. The information you have provided is strictly confidential and will not be given to PLE under any circumstances.

Can you provide contact details for PLE so that we can contact him/her to conduct a short telephone interview and keep in touch by sending him/her newsletters and calendars? {hid29} [P1B CAI E18.1]  1: Yes  
 2: No

**PLE\_Q46a**

What is their mobile number?

\_\_\_\_\_

**PLE\_Q46b**

What is their work phone number?

\_\_\_\_\_

**PLE\_46c**

Enter reason why there are no contact numbers given.

\_\_\_\_\_

**PLE\_46d**

Lastly what state/territory is PLE currently living in?  1: NSW  
 2: VIC  
 3:QLD  
 4: SA  
 5: WA  
 6: TAS  
 7: NT  
 8: ACT

**INC\_Q01**

I would now like to ask you some questions about income.

**INC\_Q01b**

The first few questions ask about your income only, I will then ask you some questions about Parent 2's income.

**INC\_Q02**

Could you please tell me if you receive any income from any of these sources? {hfn02a} [P1B CAI F1.1]  1: Yes  2: No

Wages or salary {hfn02a1} [P1B CAI F1.1.1]  0: No  1: Yes

Profit or loss from own unincorporated business or share in partnership. {hfn02a2} [P1B CAI F1.1.2]  0: No  1: Yes

Any government pension, benefit or allowance. {hfn02a5} [P1B CAI F1.1.3]  0: No  1: Yes

Any other regular source {hfn02a9} [P1B CAI F1.1.4]  0: No  1: Yes

**INC\_Q02a**

What is that source? {hfn02ao} [P1B CAI F1.2]

\_\_\_\_\_

**INC\_Q03**

Before income tax is taken out, how much do you usually receive from these sources in total? If respondent unable to answer, prompt for their best estimate. {hfn09a1} [P1B CAI F1.3]  1: Amount  2: Nil ---> INC\_Q06  -99: Loss

**INC\_Q04**

Enter amount. {hfn09a2} [P1B CAI F1.4]

\_\_\_\_\_

**INC\_Q05**

What period does that cover? {hfn09a3} [P1B CAI F1.5]  1: Week ---> INC\_Q06  2: Fortnight ---> INC\_Q06  3: Four weeks ---> INC\_Q06  4: Calendar month ---> INC\_Q06  5: Year ---> INC\_Q06  6: Other

**INC\_Q05a**

Enter period. {hfn09a4} [P1B CAI F1.6]

---

**INC\_Q06**

Does this total amount include any child support payments? {hfn09a9a} [P1B CAI F2]

- 1: Yes  
 2: No

**INC\_Q06a**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from wages and salary (in ALL jobs) in total? {hfn13a2} [P1B CAI F3.1]

---

**INC\_Q06b**

What period does that cover? {hfn13a3} [P1B CAI F3.2]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q06c**

Enter period. {hfn13a4} [P1B CAI F3.3]

---

**INC\_Q08**

Do you currently receive any of these pensions, allowances or other forms of assistance? {hfn11a3} [P1B CAI F4.1]

- 1: Yes  
 2: No

Family Tax Benefit or Family Payment (FTB Part A or Part B) {hfn11a2a} [P1B CAI F4.1.1]

- 0: No  
 1: Yes

Parenting Payment - Partnered {hfn11a2b} [P1B CAI F4.1.2]

- 0: No  
 1: Yes

Parenting Payment - Single {hfn11a2c} [P1B CAI F4.1.3]

- 0: No  
 1: Yes

Newstart Allowance {hfn11a2p} [P1B CAI F4.1.4]

- 0: No  
 1: Yes

Youth Allowance {hfn11a2g} [P1B CAI F4.1.5]

- 0: No  
 1: Yes

Abstudy/ Austudy {hfn11a2q} [P1B CAI F4.1.6]

- 0: No  
 1: Yes

Disability Support Pension (Centrelink)/Disability Pension (DVA) {hfn11a2i} [P1B CAI F4.1.7]  0: No  
 1: Yes

Carer payment {hfn11a2r} [P1B CAI F4.1.8]  0: No  
 1: Yes

Carer Allowance {hfn11a2d} [P1B CAI F4.1.9]  0: No  
 1: Yes

Rent assistance {hfn11a2u} [P1B CAI F4.1.10]  0: No  
 1: Yes

Australian Age Pension/Service Pension (DVA)(exclude superannuation e.g. DFRDB) {hfn11a2s} [P1B CAI F4.1.11]  0: No  
 1: Yes

Overseas pensions/benefits {hfn11a2j} [P1B CAI F4.1.12]  0: No  
 1: Yes

No Government Payments {hfn11a2t} [P1B CAI F4.1.13]  0: No  
 1: Yes

Other {hfn11a2k} [P1B CAI F4.1.14]  0: No  
 1: Yes

#### INC\_Q08a

Other (specify) {hfn11a2o} [P1B CAI F4.2]

#### INC\_Q09

Are you currently required to look for work or do any other activity to receive your government payment? {hfn12a} [P1B CAI F4.3]  1: Yes  
 2: No

#### INC\_Q11

What is your main source of income? {hfn03a1} [P1B CAI F5]  1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in a partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' Compensation  
 9: Other

**INC\_Q16**

Could you please tell me if Parent 2 receives any income from any of these sources? {hfn02b} [P1B CAI F1.1]

1: Yes  
 2: No

Wages or salary {hfn02b1} [P1B CAI F1.1.1]

0: No  
 1: Yes

Profit or loss from own unincorporated business or share in partnership. {hfn02b2} [P1B CAI F1.1.2]

0: No  
 1: Yes

Any government pension, benefit or allowance. {hfn02b5} [P1B CAI F1.1.3]

0: No  
 1: Yes

Any other regular sources {hfn02b9} [P1B CAI F1.1.4]

0: No  
 1: Yes

**INC\_Q16a**

What is that source? {hfn02bo} [P1B CAI F1.2]

\_\_\_\_\_

**INC\_Q17**

Before income tax is taken out, how much does Parent 2 usually receive from these in total? If respondent unable to answer, prompt for their best estimate. {hfn09b1} [P1B CAI F1.3]

1: Amount  
 2: Nil ---> INC\_Q22  
 -99: Loss

**INC\_Q18**

Enter amount. {hfn09b2} [P1B CAI F1.4]

\_\_\_\_\_

**INC\_Q19**

What period does that cover? {hfn09b3} [P1B CAI F1.5]

1: Week ---> INC\_Q20a  
 2: Fortnight---> INC\_Q20  
 3: Four weeks---> INC\_Q20  
 4: Calendar month---> INC\_Q20  
 5: Year---> INC\_Q20  
 6: Other

**INC\_Q20**

Enter period. {hfn09b4} [P1B CAI F1.6]

\_\_\_\_\_

**INC\_Q20a**

Before income tax, salary sacrifice or anything else is taken out, how much does Parent 2 usually receive from wages and salary (in ALL jobs) in total? {hfn13b2} [P1B CAI F3.1]

---

**INC\_Q20b**

What period does that cover? {hfn13b3} [P1B CAI F3.2]

- 1: Week ---> INC\_Q22  
 2: Fortnight ---> INC\_Q22  
 3: Four weeks ---> INC\_Q22  
 4: Calendar month ---> INC\_Q22  
 5: Year ---> INC\_Q22  
 6: Other

**INC\_Q20c**

Enter period. {hfn13b4} [P1B CAI F3.3]

---

**INC\_Q22**

Does Parent 2 currently receive any of these pensions, allowances or other forms of assistance? {hfn11b3} [P1B CAI F4.1]

- 1: Yes  
 2: No

Family Tax Benefit or Family Payment (FTB Part A or Part B) {hfn11b2a} [P1B CAI F4.1.1 ]

- 0: No  
 1: Yes

Parenting Payment - Partnered {hfn11b2b} [P1B CAI F4.1.2 ]

- 0: No  
 1: Yes

Parenting Payment - Single {hfn11b2c} [P1B CAI F4.1.3 ]

- 0: No  
 1: Yes

Newstart Allowance {hfn11b2p} [P1B CAI F4.1.4 ]

- 0: No  
 1: Yes

Youth Allowance {hfn11b2g} [P1B CAI F4.1.5 ]

- 0: No  
 1: Yes

Abstudy/ Austudy {hfn11b2q} [P1B CAI F4.1.6 ]

- 0: No  
 1: Yes

Disability Support Pension (Centrelink)/Disability Pension (DVA) {hfn11b2i} [P1B CAI F4.1.7 ]

- 0: No  
 1: Yes

Carer payment {hfn11b2r} [P1B CAI F4.1.8 ]

- 0: No  
 1: Yes

Carer Allowance {hfn11b2d} [P1B CAI F4.1.9 ]

- 0: No  
 1: Yes

Rent assistance {hfn11b2u} [P1B CAI F4.1.10]

- 0: No  
 1: Yes

Australian Age Pension/Service Pension (DVA)(exclude superannuation e.g. DFRDB) {hfn11b2s} [P1B CAI F4.1.11]  0: No  
 1: Yes

Overseas pensions/benefits {hfn11b2j} [P1B CAI F4.1.12]  0: No  
 1: Yes

No Government Payments {hfn11b2t} [P1B CAI F4.1.13]  0: No  
 1: Yes ---> INC\_Q25

Other {hfn11b2k} [P1B CAI F4.1.14]  0: No  
 1: Yes

### INC\_Q22a

Other (specify) {hfn11b2o} [P1B CAI F4.2]

---

### INC\_Q23b

Is Parent 2 currently required to look for work or do any other activity to receive his/her government payment? {hfn12b} [P1B CAI F4.3]  1: Yes  
 2: No

### INC\_Q25

What is Parent 2's main source of income? {hfn03b1} [P1B CAI F5]  1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in a partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' Compensation  
 9: Other

### INC\_Q33

The next question is about the income of members of your household aged 15 years or over, excluding yourself and Parent 2. Before income tax, salary sacrifice or anything else is taken out, how much income in total do these people usually receive from all sources? {hfn09o1} [P1B CAI F6.1]  1: Amount  
 2: Nil ---> INC\_Q37  
 -99: Loss



**INC\_Q34**

Enter amount. {hfn09o2} [P1B CAI F6.2]

---

**INC\_Q35**

What period does that cover? {hfn09o3} [P1B CAI F6.3]

- 1: Week
- 2: Fortnight
- 3: Four weeks
- 4: Calendar month
- 5: Year
- 6: Other

**INC\_Q36**

Enter period. {hfn09o4} [P1B CAI F6.4]

---

**INC\_Q37**

Which one of the following best describes the extent to which you control your regular household/personal expenses? {hfn15a1} [P1B CAI F7.1]

- 1: I don't keep an eye on expenses at all
- 2: I keep my eye on expenses a bit ---> INC\_Q38
- 3: Without keeping written records I keep a fairly close eye on expenses ---> INC\_Q38
- 4: I use written records to keep a close eye on expenses ---> INC\_Q38

**INC\_Q37a**

Does somebody else in your household or outside of your household keep an eye on expenses? {hfn15a2} [P1B CAI F7.2]

- 1: Yes somebody in household
- 2: Yes somebody outside of household
- 3: No

**INC\_Q38**

Suppose you only had one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money? ('Emergency' is left for the respondent to interpret) {hfn10a} [P1B CAI F7.3]

- 1: I could easily raise the money
- 2: I could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)
- 3: I would have to do something drastic to raise the money (e.g. selling an important possession)
- 4: I don't think I could raise the money ---> INC\_Q46

**INC\_Q39**

Which of the following would you mainly use to raise the \$2000? {hfn10a1} [P1B CAI F7.4]

- 1: Savings/cheque account  
 2: New loan from a bank or credit union  
 3: Existing loan from a bank, building society or credit union (including re-draw on mortgage)  
 4: Loan from a finance company (high interest)  
 5: Credit card  
 6: Cash (e.g. wallet, purse, business float)  
 7: Loan/gift from family or friends  
 8: Loan/help from welfare or community organisation  
 9: Sell something  
 10: Drawing down on superannuation  
 11: Other (specify)

### INC\_Q39a

Other source {hfn10a1o} [P1B CAI F7.5]

### INC\_Q46

In the last 12 months, have any of these happened to you/any members of the household because you/any of you were short of money?

Could not pay gas, electricity or telephone bills on time {hfn07a} [P1B CAI F7.6.1]

- 0: No  
 1: Yes

Could not pay the mortgage or rent payments on time {hfn07b} [P1B CAI F7.6.2]

- 0: No  
 1: Yes

Went without meals {hfn07c} [P1B CAI F7.6.3]

- 0: No  
 1: Yes

Were unable to heat or cool your home {hfn07d} [P1B CAI F7.6.4]

- 0: No  
 1: Yes

Pawned or sold something because you needed cash {hfn07e} [P1B CAI F7.6.5]

- 0: No  
 1: Yes

Sought assistance from a welfare or community organisation {hfn07f} [P1B CAI F7.6.6]

- 0: No  
 1: Yes

Were unable to send your child to excursion/ extra-curricular activities/ tutoring as much as you would like {hfn07i} [P1B CAI F7.6.7]

- 0: No  
 1: Yes

### INC\_Q47

Given your current needs and financial responsibilities, how would you say you and your family are getting on? {hfn06a} [P1B CAI F7.7]

- 1: Prosperous  
 2: Very comfortable  
 3: Reasonably comfortable  
 4: Just getting along  
 5: Poor  
 6: Very poor

# B Cohort Casi Parent

## Questionnaire

Respondent Stream: Parent  
Mode: CASI

### CF\_Q01

Please select the response that best describes how often child's behaviour matches the behaviour described in the statement.

Reacts strongly (cries or complains loudly) to a disappointment or failure. {hse13a1} [P1B CASI A1.1.1]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

When angry, yells or snaps at others. {hse13a2} [P1B CASI A1.1.2]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

Moody when corrected for misbehaviour. {hse13a3} [P1B CASI A1.1.3]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

Responds intensely to disapproval (shouts, cries, etc.). {hse13a4} [P1B CASI A1.1.4]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

Does not complete homework unless reminders are given. {hse13b1} [P1B CASI A1.1.5]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

Remembers to do homework without being reminded. {hse13b2} [P1B CASI A1.1.6]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

Goes back to the task at hand (chore, housework, etc.) after an interruption. {hse13b3} [P1B CASI A1.1.7]

- 1: Never
- 2: Rarely
- 3: Half the time
- 4: Frequently
- 5: Always

---

Has difficulty completing assignments (homework, chores, etc.). {hse13b4} [P1B CASI A1.1.8]

1: Never  
 2: Rarely  
 3: Half the time  
 4: Frequently  
 5: Always

---

Approaches children his/her age even when he/she doesn't know them. {hse13c1} [P1B CASI A1.1.9]

1: Never  
 2: Rarely  
 3: Half the time  
 4: Frequently  
 5: Always

---

Is shy with adults he/she doesn't know. {hse13c2} [P1B CASI A1.1.10]

1: Never  
 2: Rarely  
 3: Half the time  
 4: Frequently  
 5: Always

---

When meeting new children acts bashful. {hse13c3} [P1B CASI A1.1.11]

1: Never  
 2: Rarely  
 3: Half the time  
 4: Frequently  
 5: Always

---

Seems uncomfortable when at someone else's house for the first time. {hse13c4} [P1B CASI A1.1.12]

1: Never  
 2: Rarely  
 3: Half the time  
 4: Frequently  
 5: Always

---

## CF\_Q02

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

---

Considerate of other peoples feelings. {hse03a1a} [P1B CASI A1.2.1]

1: Not true  
 2: Somewhat true  
 3: Certainly true

---

Restless, overactive, cannot stay still for long. {hse03a2a} [P1B CASI A1.2.2]

1: Not true  
 2: Somewhat true  
 3: Certainly true

---

Often complains of headaches, stomach-aches or sickness. {hse03a3a} [P1B CASI A1.2.3]

1: Not true  
 2: Somewhat true  
 3: Certainly true

---

Shares readily with other youth, for example books, games, food. {hse03a1b} [P1B CASI A1.2.4]

1: Not true  
 2: Somewhat true  
 3: Certainly true

---

Often loses temper. {hse03a4a} [P1B CASI A1.2.5]

1: Not true  
 2: Somewhat true  
 3: Certainly true

---

---

Would rather be alone than with other youth. {hse03a5a} [P1B CASI A1.2.6]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Generally well behaved, usually does what adults request. {hse03a4b} [P1B CASI A1.2.7]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Many worries or often seems worried. {hse03a3b} [P1B CASI A1.2.8]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Helpful if someone is hurt, upset or feeling ill. {hse03a1c} [P1B CASI A1.2.9]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Constantly fidgeting or squirming. {hse03a2b} [P1B CASI A1.2.10]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Has at least one good friend. {hse03a5b} [P1B CASI A1.2.11]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Often fights with other youth or bullies them. {hse03a4c} [P1B CASI A1.2.12]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Often unhappy, depressed or tearful. {hse03a3c} [P1B CASI A1.2.13]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Generally liked by other young people. {hse03a5c} [P1B CASI A1.2.14]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Easily distracted, concentration wanders. {hse03a2c} [P1B CASI A1.2.15]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Nervous in new situations, easily loses confidence. {hse03a3d} [P1B CASI A1.2.16]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Kind to younger children. {hse03a1d} [P1B CASI A1.2.17]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Often lies or cheats. {hse03a4f} [P1B CASI A1.2.18]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true
Picked on or bullied by other young people {hse03a5d} [P1B CASI A1.2.19]	<input type="checkbox"/> 1: Not true <input type="checkbox"/> 2: Somewhat true <input type="checkbox"/> 3: Certainly true

---

Often volunteers to help others (parents, teachers, other children) {hse03a1e} [P1B CASI A1.2.20]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

Thinks things out before acting {hse03a2d} [P1B CASI A1.2.21]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

Steals from home, school or elsewhere {hse03a4g} [P1B CASI A1.2.22]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

Gets along better with adults than with other young people {hse03a5e} [P1B CASI A1.2.23]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

Many fears, easily scared {hse03a3e} [P1B CASI A1.2.24]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

Good attention span, sees tasks through to the end. {hse03a2e} [P1B CASI A1.2.25]

- 1: Not true
- 2: Somewhat true
- 3: Certainly true

**CF\_Q03**

Please read each item and think about your child's behaviour during the past two months. Then, decide how often your child displays the behaviour.

SSIS Self control {hascont}

SSIS Self control {hascont}

SSIS Cooperation {hacoop}

SSIS Assertion {haassert}

## SSIS Responsibility {hresp}

### CF\_Q05

In the past month, how often would you say the study child has had a problem with

Walking more than one block {hgd04a1} [P1B CASI A2.1 ]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

Running {hgd04a2} [P1B CASI A2.2 ]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

Participating in sports activity or exercise {hgd04a3} [P1B CASI A2.3]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

Lifting something heavy {hgd04a4} [P1B CASI A2.4 ]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

Taking a bath or shower by him/herself {hgd04a5} [P1B CASI A2.5 ]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always



---

Doing chores around the house {hgd04a6} [P1B CASI A2.6 ]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Having aches or pains {hgd04a7} [P1B CASI A2.7 ]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Low energy level {hgd04a8} [P1B CASI A2.8 ]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Feeling afraid or scared {hgd04b1a} [P1B CASI A2.9 ]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Feeling sad {hgd04b1b} [P1B CASI A2.10]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Feeling angry {hgd04b1c} [P1B CASI A2.11]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Trouble sleeping {hgd04b1d} [P1B CASI A2.12]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Worrying about what will happen to him/her {hgd04b1e} [P1B CASI A2.13]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Getting along with other teenagers {hgd04b2a} [P1B CASI A2.14]

- 1: Never
  - 2: Almost never
  - 3: Sometimes
  - 4: Often
  - 5: Almost always
- 

Other teenagers not wanting to be his/her friend {hgd04b2b} [P1B CASI A2.15]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Getting teased by other teenagers {hgd04b2c} [P1B CASI A2.16]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Not being able to do things that other teenagers his/her age can do {hgd04b2d} [P1B CASI A2.17]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Keeping up with other teenagers {hgd04b2e} [P1B CASI A2.18]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Paying attention in class {hgd04b3e} [P1B CASI A2.19]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Forgetting things {hgd04b3f} [P1B CASI A2.20]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Keeping up with school work {hgd04b3g} [P1B CASI A2.21]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Missing school because of not feeling well {hgd04b3b} [P1B CASI A2.22]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

Missing school to go to the doctor or hospital {hgd04b3c} [P1B CASI A2.23]

- 1: Never
- 2: Almost never
- 3: Sometimes
- 4: Often
- 5: Almost always

---

How concerned are you about child's weight at the moment? {hhs12a} [P1B CASI A3.1]

- 1: Not at all
- 2: A little
- 3: Moderately
- 4: Very

---

Which of these best describes child? {hhs12b} [P1B CASI A3.2]

- 1: Underweight
- 2: Normal weight
- 3: Somewhat overweight
- 4: Very overweight

**PARBB\_Q01b**

The next set of questions are about your education and any current study.

**PARBB\_Q02**

What was the highest year of primary or secondary school you completed? {hfd08a1} [P1B CASI B1.1/B1.3+W1-7]

- 1: Year 12 or equivalent
- 2: Year 11 or equivalent
- 3: Year 10 or equivalent
- 4: Year 9 or equivalent
- 5: Year 8 or below
- 6: Never attended school
- 7: Still at school

**PARBB\_Q03**

Have you completed a trade certificate, diploma, degree or any other educational qualification?

- 1: Yes
- 2: No ---> PARBB\_Q05

Include overseas qualifications, even if not accredited/recognised in Australia. Exclude current studies, recreational TAFE courses, YWCA/YMCA courses and adult education courses.  
{hfd08a2a} [P1B CASI B1.2/B1.3+W1-7]

**PARBB\_Q04**

What is the level of the highest qualification that you have ever completed? {hfd08a3b} [P1B CASI B1.3+W1-7]

- 1: Postgraduate degree
- 2: Graduate diploma/Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma
- 5: Certificate III/IV (including trade certificate)
- 6: Certificate nfd
- 7: Certificate I/II
- 8: Other non-school qualifications

**PARBB\_Q05**

Are you currently studying or training at a school or educational institution (include external or correspondence courses)? {hfd09a1a} [P1B CASI B1.4]

- 1: Yes
- 2: No ---> PARRB\_Q09

**PARBB\_Q06**

Is this full-time or part-time? {hfd09a1b} [P1B CASI B1.5]

- 1: Full-time
- 2: Part-time

**PARBB\_Q09**

What was the highest year of primary or secondary school Parent 2 completed? {hfd08b1} [P1B CASI B1.1/B1.3+W1-7]

- 1: Year 12 or equivalent
- 2: Year 11 or equivalent
- 3: Year 10 or equivalent
- 4: Year 9 or equivalent
- 5: Year 8 or below
- 6: Never attended school
- 7: Still at school

**PARBB\_Q10**

Has Parent 2 completed a trade certificate, diploma, degree or any other educational qualification?

- 1: Yes  
 2: No ---> PARRB\_Q12

Include overseas qualifications, even if not accredited/recognised in Australia. Exclude current studies, recreational TAFE courses, YWCA/YMCA courses and adult education courses.

{hfd08b2a} [P1B CASI B1.2/B1.3+W1-7]

**PARBB\_Q11**

What is the level of the highest qualification that Parent 2 has ever completed? {hfd08b3b} [P1B CASI B1.3+W1-7]

- 1: Postgraduate degree  
 2: Graduate diploma/Graduate certificate  
 3: Bachelor degree (with or without honours)  
 4: Advanced diploma  
 5: Certificate III/IV (including trade certificate)  
 6: Certificate nfd  
 7: Certificate I/II  
 8: Other non-school qualifications

**PARBB\_Q12**

Is Parent 2 currently studying or training at a school or educational institution (include external or correspondence courses)? {hfd09b1a} [P1B CASI B1.4]

- 1: Yes  
 2: No ---> EDUCB\_Q13

**PARBB\_Q13**

Is this full-time or part-time? {hfd09b1b} [P1B CASI B1.5]

- 1: Full-time  
 2: Part-time

**EDUCB\_Q13**

The next set of questions are about the study child's schooling.

**EDUCB\_Q13a**

Does study child attend boarding school? {hpc37a3} [P1B CASI C1.1]

- 1: Yes  
 2: No

**EDUCB\_Q14**

Does study child attend? independent or private school includes grammar schools and also covers denominational settings other than Catholic. {hpc37a2} [P1B CAI G1.1+P1B CASI C1.2]

- 1: A government school ---> EDUCB\_Q18  
 2: A Catholic school ---> EDUCB\_Q18  
 3: An independent or private school ---> EDUCB\_Q18  
 4: Not in school

**EDUCB\_Q15**

What is the reason that study child does not currently attend school? {hpc42b} [P1B CASI C1.3]

- 1: Home schooling ---> EDUCB\_Q17a
- 2: Health problems ---> EDUCB\_Q17a
- 3: Disability ---> EDUCB\_Q17a
- 4: Waiting to start at another school ---> EDUCB\_Q17a
- 5: Distance education ---> EDUCB\_Q17a
- 6: Other

**EDUCB\_Q16**

Other (specify) {hpc42o} [P1B CASI C1.4]

---

**EDUCB\_Q17a**

What grade would study child be in if he/she was attending school? {hpc06e1} [P1B CASI C2.1]

- 25: Year 7/Grade 7
- 26: Year 8/Grade 8
- 27: Year 9/Grade 9
- 28: Year 10/Grade 10
- 29: Year 11/Grade 11

**EDUCB\_Q18**

What grade or year level is study child currently enrolled in at school? {hpc06a1} [P1B CASI C2.2]

- 25: Year 7/Grade 7
- 26: Year 8/Grade 8
- 27: Year 9/Grade 9
- 28: Year 10/Grade 10
- 29: Year 11/Grade 11

**EDUCB\_Q23**

Since we last interview you/in the last two years has study child repeated a grade level? {hpc47a6} [P1B CASI C3.1]

- 1: Yes
- 2: No ---> EDUCB\_Q26

**EDUCB\_Q25**

What was the main reason study child repeated a grade/year? {hpc47a3} [P1B CASI C3.3]

- 1: Health reasons ---> EDUCB\_Q26
- 2: Academic learning difficulties ---> EDUCB\_Q26
- 3: Social or behavioural difficulties ---> EDUCB\_Q26
- 4: Disability ---> EDUCB\_Q26
- 5: Changed schools (e.g. family residential move from another state or country) ---> EDUCB\_Q26
- 6: Returned to school after dropping out/leaving ---> EDUCB\_Q26
- 7: To improve school results ---> EDUCB\_Q26
- 8: Other

**EDUCB\_Q25a**

Please specify other reason for repeating grade/year  
{hpc47a3b} [P1B CASI C3.4]

---

**EDUCB\_Q26**

Since we last interviewed you/in the last two years  
has child changed schools? {hpc44a4} [P1B CASI C4.1]

- 1: Yes  
 2: No ---> EDUCB\_Q29d

**EDUCB\_Q27**

How many different schools has study child attended,  
since we last interviewed you/in the last two years?  
{hpc44a5} [P1B CASI C4.2]

---

**EDUCB\_Q28a**

What was the main reason for the most recent change  
in schools? {hpc44a3b} [P1B CASI C4.3]

- 1: Residential move (e.g. child and some or all family members moved to a different residential location, including as a result of marital separation) ---> EDUCB\_Q28c  
 2: Convenience for family (e.g. school is closer to family home or parental work place including if a parent changed jobs) ---> EDUCB\_Q28c  
 3: Child's learning needs better met by new school ---> EDUCB\_Q28c  
 4: Child's social problems ---> EDUCB\_Q28c  
 5: Broader educational opportunities at new school ---> EDUCB\_Q28c  
 6: Other opportunities and resources provided by school ---> EDUCB\_Q28c  
 7: Access to before/after school care ---> EDUCB\_Q28c  
 8: Financial reasons ---> EDUCB\_Q28c  
 9: Change from primary to middle (or secondary) school ---> EDUCB\_Q28c  
 10: School closure ---> EDUCB\_Q28c  
 11: Other ---> EDUCB\_Q28b

**EDUCB\_Q28b**

Other (specify) {hpc44a3o} [P1B CASI C4.4]

---

**EDUCB\_Q28c**

Did you have a choice in selecting which school the  
child would attend? {hpc44a7} [P1B CASI C4.5]

- 1: Yes  
 2: No ---> EDUCB\_Q29d

**EDUCB\_Q29a**

What was the most important reason influencing the choice of study child's current school? {hpc44a8c} [P1B CASI C4.6]

- 1: Location(e.g. close to home, convenient)
- 2: Academic and teaching record
- 3: Quality of teaching staff/principal
- 4: Aspects of curriculum
- 5: Philosophy, values and discipline
- 6: School/class structure
- 7: Specialised learning programs
- 8: Facilities and resources
- 9: Religious/cultural reasons
- 10: Family/friends attend/attended school
- 11: Wanted public school education

**EDUCB\_Q29d**

Does the child currently have an Individualised Education Plan (IEP)? {hpc52a} [P1B CASI C5.1]

- 1: Yes
- 2: No

**EDUCB\_Q30**

How satisfied are you with the school that study child currently attends? {hpc17a} [P1B CASI C5.2]

- 1: Very satisfied
- 2: Satisfied
- 3: Neither satisfied nor dissatisfied
- 4: Dissatisfied
- 5: Very dissatisfied

**EDUCB\_Q31a**

During this school year, how often did someone in this household help the study child with his/her homework?

(Someone includes any person who lives with study child eg, parents, siblings, other household members)(include assisting study child to complete set homework activities, reviewing work and listening to study child read where this is part of homework activities specified by school) {hhe11a3e} [P1B CASI C6.1]

- 1: 5 or more days a week
- 2: 3 or 4 days a week
- 3: 1 or 2 days a week
- 4: Less than once a week
- 5: Never

**EDUCB\_Q31b**

Is there a place in your home set aside for the child to do homework? {hhe26e} [P1B CASI C6.2]

- 1: Yes
- 2: No

**EDUCB\_Q32**

In the last 12 months has study child received any additional help or tutoring from anyone outside the household?

- 1: Yes
- 2: No ---> EDUCB\_Q33

(Include tutoring from private companies i.e. Kumon, Kip McGrath. Also include tutors that come to the home to tutor the SC, whether paid or not paid. Do not include tutoring from a family member in the household such as mum, dad, sister, or brother) {hhe26d} [P1B CASI C6.3]

**EDUCB\_Q32a**

How often? {hhe26d1} [P1B CASI C6.4]

- 1: More than once per week  
 2: Once per week  
 3: Less than once per week

**EDUCB\_Q33**

Looking ahead, how far do you think study child will go in his/her education? {hhe13a} [P1B CASI C7.1]

- 1: Leave school before finishing secondary school  
 2: Complete secondary school  
 3: Complete a trade or vocational training course  
 4: Go to university and complete a degree  
 5: Obtain post-graduate qualifications at a university (e.g. Master degree or Doctoral degree)

**EDUCB\_Q38**

How would you describe study child's overall achievement at school? {hlc08a3a} [P1B CASI C7.2]

- 1: Excellent  
 2: Above average  
 3: Average  
 4: Below average  
 5: Well below average

**EDUCB\_Q39**

In the last 12 months, has study child been bullied at school? ('At school' includes travel to and from school. 'Bullied' is left to the respondent to determine) {hpc46} [P1B CASI C8.1]

- 1: Yes  
 2: No

**SCIN\_Q01**

The next questions are about the study child's school.

**SCIN\_Q03**

How well does study child's teacher or school understand the needs of families from a non-English speaking or indigenous background? {hhe14f} [P1B CASI D1]

- 1: Very Well  
 2: Well  
 3: Just okay  
 4: Not done at all  
 -2 Don't know/Does not apply

**SCIN\_Q04**

In the last 12 months how many times have you contacted the school about the child's academic performance? {hpc49a1} [P1B CASI D2.1.1]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

In the last 12 months how many times have you contacted the school about the child's academic program for this year? {hpc49a2} [P1B CASI D2.1.2]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times



In the last 12 months how many times have you contacted the school about the child's behaviour at school? (including difficulties with peer relationships) {hpc49a3} [P1B CASI D2.1.3]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

In the last 12 months how many times have you contacted the school about the child's attendance or absenteeism? {hpc49a4} [P1B CASI D2.1.4]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

### SCIN\_Q05

In the last 12 months has the school contacted you because the child has behaved poorly at school? {hpc49} [P1B CASI D2.2]

- 1: Yes  
 2: No

### SCIN\_Q06

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

I know how to help study child do well in school {hhe33a4a} [P1B CASI D3.1]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

I think that I can make a difference in study child's success at school {hhe33a5a} [P1B CASI D3.2]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

I am able to help study child at home with school work that is difficult. {hhe33a6a} [P1B CASI D3.3]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

### PARN\_INTRO

The next set of questions are about your relationship with the study child.

### PARN\_Q01

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

Hug or hold this child for no particular reason {hpa03a2} [P1B CASI E1.1.1]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

Talk it over and reason with this child when he/she misbehaved {hpa09a2} [P1B CASI E1.1.2 ]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Tell this child how happy he/she makes you {hpa03a3}  
{P1B CASI E1.1.3}

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Give this child reasons why rules should be obeyed  
{hpa09a3} [P1B CASI E1.1.4]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Explain to this child why he/she was being corrected  
{hpa09a1} [P1B CASI E1.1.5]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Have warm, close times together with this child  
{hpa03a4} [P1B CASI E1.1.6]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Enjoy listening to the child and doing things with  
him/her {hpa03a5} [P1B CASI E1.1.7]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Feel close to the child both when he/she was happy  
and when he/she was upset {hpa03a6} [P1B CASI E1.1.8]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Express affection by hugging, kissing and holding  
this child {hpa03a1} [P1B CASI E1.1.9]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Explain to this child the consequences of his/her  
behaviour {hpa09a4} [P1B CASI E1.1.10]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

---

Emphasise to this child the reasons for rules  
{hpa09a5} [P1B CASI E1.1.11]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q02**

When parents spend time with their children, sometimes things go well and sometimes they dont. How often does the following happen...

Of all the times you talk to this child about his/her behaviour, how often is this praise {hpa13a2} [P1B CASI E1.2.1]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

Of all the times you talk to this child about his/her behaviour, how often is this disapproval {hpa13a3} [P1B CASI E1.2.2]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

When you give this child an instruction or request to do something, how often do you make sure that he/she does it {hpa11a1} [P1B CASI E1.2.3]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

If you tell this child he/she will get punished if he/she doesnt stop doing something, but he/she keeps doing it, how often will you punish him/her {hpa11a2} [P1B CASI E1.2.4]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often does this child get away with things that you feel should have been punished {hpa11a3} [P1B CASI E1.2.5]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often are you angry when you punish this child {hpa13a4} [P1B CASI E1.2.6]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often do you feel you are having problems managing this child in general {hpa13a5} [P1B CASI E1.2.7]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often is this child able to get out of a punishment when he/she really sets his/her mind to it {hpa11a4} [P1B CASI E1.2.8]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

When you discipline this child, how often does he/she ignore the punishment {hpa11a5} [P1B CASI E1.2.9]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often do you tell this child that he/she is bad or not as good as others {hpa13a6} [P1B CASI E1.2.10]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

How often do you think that the level of punishment you give this child depends on your mood {hpa13a7} [P1B CASI E1.2.11]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

### PARN\_Q03a

How often...

Does this child behave in a manner different from the way you want him/her to? {hpa12a1} [P1B CASI E1.3.1]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

Do you think that this child's behaviour is more than you can handle? {hpa12a2} [P1B CASI E1.3.2]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

Do you feel that you are good at getting this child to do what you want him/her to do? {hpa12a3} [P1B CASI E1.3.3]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

Do you feel that you are in control and on top of things when you are caring for this child? {hpa12a4} [P1B CASI E1.3.4]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

### PARN\_Q04

How often do you and the study child...

talk about what is going on in his/her life? {hpa27a1} [P1B CASI E1.4.1]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

talk about how things are going with his/her friends? {hpa27a2} [P1B CASI E1.4.2]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

talk about his/her plans for the future? {hpa27a3}  
[P1B CASI E1.4.3]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

talk about problems he/she is having at school and/or  
work? {hpa27a7} [P1B CASI E1.4.4]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

talk about future jobs he/she might have? {hpa27a5}  
[P1B CASI E1.4.5]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

talk about his/her plans for work and/or education in  
the future? {hpa27a8} [P1B CASI E1.4.6]

1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

#### **PARN\_Q04b**

People often disagree with each other. The following sentences describe situations.  
How often do you and the child do the following things?

We disagree and fight {hpa26a1} [P1B CASI E2.1.1]

1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

We bug each other or get on each other's nerves  
{hpa26a2} [P1B CASI E2.1.2]

1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

We yell at each other. {hpa26a3} [P1B CASI E2.1.3]

1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

When we argue we stay angry for a very long time  
{hpa26a4} [P1B CASI E2.1.4]

1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

When we disagree, I refuse to talk to him/her  
{hpa26a5} [P1B CASI E2.1.5]

1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

When we disagree, he/she stomps out of the room, or house or yard. {hpa26a6} [P1B CASI E2.1.6]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

#### PARN\_Q04m

In a previous interview we were told you were born overseas, which of the following best describes your migration category when you or your family first arrived in Australia? {hf23ha} [P1B CASI E3.1]

- 1: Skilled migrant ---> Q05  
 2: Business migrant ---> Q05  
 3: Family migrant ---> Q05  
 4: Refugee or special humanitarian migrant ---> Q05  
 5: New Zealand citizen ---> Q05  
 8: Other ---> Q04n

#### PARN\_Q04n

Enter other migration category {hf23ha1} [P1B CASI E3.2]

\_\_\_\_\_

#### PARN\_Q05

The next questions are about your own health and wellbeing.

#### PARN\_Q05a

In general, would you say your own Health is? {hhs13a} [P1B CASI E4.1]

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

#### PARN\_Q05a1

About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity. This is all the time you spent in activities that increased your heart rate and made you breathe hard. {hbb14a2} [P1B CASI E4.2]

\_\_\_\_\_

- 0 ---> PARN\_Q11

#### PARN\_Q05a2

About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity. This is all the time you spent in activities that increased your heart rate and made you breathe hard.

\_\_\_\_\_

{hbb14a2a} [P1B CASI E4.3]

**PARN\_Q11**

Do you currently smoke cigarettes? If infrequent or social smoker code as 'Yes'. Include filtered, 'light' or 'mild' or roll-your own cigarettes. Exclude electronic cigarettes, cigars, pipes, cannabis etc. {hbb15a5} [P1B CASI E5.1]

- 1: Yes  
 2: No ---> PARN\_Q15

**PARN\_Q12**

Do you smoke at least once per day? {hbb15a7} [P1B CASI E5.2]

- 1: Yes  
 2: No ---> PARN\_Q15

**PARN\_Q13**

How many cigarettes do you usually smoke in one day? {hbb15a8} [P1B CASI E5.3]

- 1: 1 to 5 per day  
 3: 6 to 10 per day  
 4: 11 to 20 per day  
 5: More than 20 per day

**PARN\_Q15**

(Including yourself,) how many people who live with you smoke inside the house? Include filtered, 'light' or 'mild' or roll-your own cigarettes. Exclude Electronic cigarettes, cigars, pipes, cannabis etc. {hbb15a4b} [P1B CASI E5.4]

\_\_\_\_\_

**PARN\_Q16**

The next few questions are about alcoholic drinks. Some people may drink more or less than others, depending on their lifestyle and individual choices.

How often do you have a drink containing alcohol? {hbb16a2} [P1B CASI E5.5]

- 0: Never ---> PARN\_Q21  
 1: Not in the last year  
 2: Monthly or less  
 3: 2 to 3 times a month  
 4: Once a week  
 5: 2 to 3 times a week  
 6: 4 to 6 times a week  
 7: Everyday

**PARN\_Q17**

How many standard drinks do you have on a typical day when you are drinking? {hbb16a3} [P1B CASI E5.6]

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

**PARN\_Q18a**

How often do you have 5 or more standard drinks on one occasion? {hbb16a7} [P1B CASI E5.7]

- 1: Everyday  
 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 ---> PARN\_Q21

**PARN\_Q18b**

How often do you have 7 or more standard drinks on one occasion? {hbb16a8} [P1B CASI E5.8]

- 1: Everyday  
 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

**PARN\_Q21**

About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at the moment, write in your usual weight when not pregnant.) (kg) {hhs23a2} [P1B CASI E6.1]

---

About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at the moment, write in your usual weight when not pregnant.) (kg)(uncleaned) {hhs23a2u} [P1B CASI E6.1]

---

About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at the moment, write in your usual weight when not pregnant.) (kg)(untopcoded) {hhs23a2o} [P1B CASI E6.1]

---

**PARN\_Q22**

About how much do you weigh? (kg part) {hhs23a2d} [P1B CASI E6.1 - 6.4]

---

About how much do you weigh? (st part) {hhs23a2e} [P1B CASI E6.1 - 6.4]

---

About how much do you weigh? (lb part) {hhs23a2f} [P1B CASI E6.1 - 6.4]

---



**PARN\_Q23**

The next questions are about learning experiences some people have. We would like to know if any of the following things have occurred in your life.

Were you slow or late to start to talk? {hfd25a1}  
[P1B CASI E7.1.1]  1: Yes  
 2: No

Did you ever have any speech difficulties? (i.e. trouble making speech sounds and saying words clearly) {hfd25a2} [P1B CASI E7.1.2]  1: Yes  
 2: No

Did you ever have language difficulties? (not related to English as a second language) {hfd25a3} [P1B CASI E7.1.3]  1: Yes  
 2: No

Did you ever have reading difficulties? {hfd25a4}  
[P1B CASI E7.1.4]  1: Yes  
 2: No

Did you ever have spelling difficulties? {hfd25a5}  
[P1B CASI E7.1.5]  1: Yes  
 2: No

Did you ever have a learning disorder? {hfd25a6} [P1B CASI E7.1.6]  1: Yes  
 2: No

Did you ever have an intellectual disability? {hfd25a7} [P1B CASI E7.1.7]  1: Yes  
 2: No

Did you ever have any hearing impairment? {hfd25a8}  
[P1B CASI E7.1.8]  1: Yes  
 2: No

**PARN\_Q24a**

Do you have these speech difficulties now? {hfd25a2a}  
[P1B CASI E7.2]  1: Yes  
 2: No

**PARN\_Q24c**

Do you have these language difficulties now? {hfd25a3a} [P1B CASI E7.3]  1: Yes  
 2: No

**PARN\_Q24e**

Do you have these reading difficulties now? {hfd25a4a} [P1B CASI E7.4]  1: Yes  
 2: No

**PARN\_Q24g**

Do you have these spelling difficulties now? {hfd25a5a} [P1B CASI E7.5]  1: Yes  
 2: No

**PARN\_Q24i**

Do you have this learning disorder now? {hfd25a6a} [P1B CASI E7.6]  1: Yes  
 2: No

**PARN\_Q24k**

Do you have this intellectual disability now? {hfd25a7a} [P1B CASI E7.7]  1: Yes  
 2: No

**PARN\_Q24m**

Did you wear a hearing aid for this hearing impairment? {hfd25a8c} [P1B CASI E7.8]  1: Yes  
 2: No

**PARN\_Q24ma**

Do you have this hearing impairment now? {hfd25a8b} [P1B CASI E7.9]  1: Yes  
 2: No

**PARN\_Q24n**

Do you wear a hearing aid for this hearing impairment now? {hfd25a8a} [P1B CASI E7.10]  1: Yes  
 2: No

**PARN\_Q24o**

What is your handedness? {hfd26a} [P1B CASI E7.11]  1: Right  
 2: Left  
 3: Both

**PARN\_Q25**

The next questions are about you and your feelings.

**PARN\_Q26**

In the last 12 months, have any of the following happened to you (or your partner)? {hhs27a} [P1B CASI E8.1]  1: Yes  
 2: No

Birth of a child/pregnancy {hhs27a16} [P1B CASI E8.1.1]  0: No  
 1: Yes

Suffered a serious illness, injury or assault {hhs27a1} [P1B CASI E8.1.2]  0: No  
 1: Yes

A serious illness, injury or assault happened to a close relative {hhs27a2} [P1B CASI E8.1.3]  0: No  
 1: Yes

A parent, partner or child died {hhs27a3} [P1B CASI E8.1.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
A close family friend or another relative (aunt, cousin, grandparent) died {hhs27a4} [P1B CASI E8.1.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Separated from a spouse or partner {hhs27a15} [P1B CASI E8.1.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Broken off a steady romantic relationship {hhs27a5} [P1B CASI E8.1.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Started living with a new partner {hhs27a18} [P1B CASI E8.1.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had someone new (other than a new baby or partner) move into the household (e.g. new step or foster child, other relative, friend or boarder) {hhs27a17} [P1B CASI E8.1.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had a serious problem with a close friend, neighbour or family member {hhs27a6} [P1B CASI E8.1.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had a major financial crisis {hhs27a11} [P1B CASI E8.1.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had a crisis or serious disappointment in your work career {hhs27a7} [P1B CASI E8.1.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Thought you would soon lose your job {hhs27a8} [P1B CASI E8.1.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Lost your job, but not from choice (e.g. sacked, redundancy or, contract ended) {hhs27a9} [P1B CASI E8.1.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Sought work unsuccessfully for more than one month {hhs27a10} [P1B CASI E8.1.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had problems with the police or a court appearance {hhs27a12} [P1B CASI E8.1.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Had something you value lost or stolen {hhs27a13} [P1B CASI E8.1.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Someone in your household had an alcohol or drug problem {hhs27a14} [P1B CASI E8.1.18]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Changed jobs or returned to work {hhs27a19} [P1B CASI E8.1.19]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Increased work hours {hhs27a20} [P1B CASI E8.1.20]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Decreased work hours {hhs27a21} [P1B CASI E8.1.21]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

---

Moved house {hhs27a22} [P1B CASI E8.1.22]  0: No  
 1: Yes

---

Been away from home a lot {hhs27a23} [P1B CASI E8.1.23]  0: No  
 1: Yes

---

Lived in a drought-affected area {hhs27a24} [P1B CASI E8.1.24]  0: No  
 1: Yes

---

Had your home or local area affected by bushfire, flooding or a severe storm {hhs27a25} [P1B CASI E8.1.25]  0: No  
 1: Yes

---

### PARN\_Q26a

How difficult do you feel your life is at present? {hhs26a1} [P1B CASI E8.2]  1: No problems or stress  
 2: Few problems or stresses  
 3: Some problems and stresses  
 4: Many problems and stresses  
 5: Very many problems and stresses

---

### PARN\_Q26b

How well do you think you are coping? {hhs26a2} [P1B CASI E8.3]  1: Not at all  
 2: A little  
 3: Fairly well  
 4: Very well  
 5: Extremely well

---

### PARN\_Q27

In the past year, have you had 2 weeks or more during which you felt so sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed? {hhs25a1} [P1B CASI E8.4]  1: Yes  
 2: No

---

### PARN\_Q28

How often do you feel rushed or pressed for time? {hhs26a3} [P1B CASI E8.5]  1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never

---

### PARN\_Q29

The next questions are about your neighbourhood.

**PARN\_Q30**

Thinking about your neighbourhood, how strongly do you agree or disagree with these statements.

This is a safe neighbourhood. {hho09a1a1} [P1B CASI E9.1.1]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

There are good parks, playgrounds and play spaces in this neighbourhood. {hho09a1c1} [P1B CASI E9.1.2]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

The state of footpaths, roads and street lighting is good in this neighbourhood. {hho09a1f1} [P1B CASI E9.1.3]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

There is access to close, affordable, regular public transport in this neighbourhood. {hho09a2a1} [P1B CASI E9.1.4]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

There is access to basic shopping facilities in this neighbourhood. {hho09a2b1} [P1B CASI E9.1.5]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

There is access to basic services such as banks, medical clinics, etc. in this neighbourhood. {hho09a2c1} [P1B CASI E9.1.6]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

There is heavy traffic on my street or road. {hho09a3a1} [P1B CASI E9.1.7]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

It is safe for children to play outside during the day. {hsc15a1a} [P1B CASI E9.1.8]

- 1: Strongly agree  
 2: Agree  
 3: Disagree  
 4: Strongly disagree

**PARN\_Q31**

Still thinking about your neighbourhood, how strongly do you agree or disagree with these statements.

This is a close-knit neighbourhood. {hsc10a5a} [P1B CASI E9.2.1]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

People in this neighbourhood generally don't get along with each other. {hsc10a6a} [P1B CASI E9.2.2]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

People in this neighbourhood do not share the same values. {hsc10a7a} [P1B CASI E9.2.3]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

People in this neighbourhood can be trusted. {hsc10a3a} [P1B CASI E9.2.4]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

People around here are willing to help their neighbours. {hsc15a2b} [P1B CASI E9.2.5]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

### PARN\_Q31a

For each of the following, please select if it is very likely, likely, unlikely or very unlikely that people in your neighbourhood would act in the following manner:

If a group of neighbourhood children were skipping school and hanging out on a street corner, how likely is it that your neighbours would do something about it? {hsc24a1} [P1B CASI E9.3.1]

- 1: Very likely  
 2: Likely  
 3: Neither likely nor unlikely  
 4: Unlikely  
 5: Very unlikely

If some children were spray-painting graffiti on a local building, how likely is it that your neighbours would do something about it? {hsc24a2} [P1B CASI E9.3.2]

- 1: Very likely  
 2: Likely  
 3: Neither likely nor unlikely  
 4: Unlikely  
 5: Very unlikely

If a child was showing disrespect to an adult, how likely is it that people in your neighbourhood would scold that child? {hsc24a3} [P1B CASI E9.3.3]

- 1: Very likely  
 2: Likely  
 3: Neither likely nor unlikely  
 4: Unlikely  
 5: Very unlikely

If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbours would break it up? {hsc24a4} [P1B CASI E9.3.4]

- 1: Very likely  
 2: Likely  
 3: Neither likely nor unlikely  
 4: Unlikely  
 5: Very unlikely

**PARN\_Q38a1**

How often does the study child get together with, see, or spend time with the following people?

Your parents. {hsc05c7a} [P1 CASI E10.1.1]

- 1: No contact  
 2: Rarely  
 3: A few times a year  
 4: At least every month  
 5: At least every week  
 6: Every day 7, -1: Don't have

Your partner/spouse's parents. {hsc05c7b} [P1 CASI E10.1.2]

- 1: No contact  
 2: Rarely  
 3: A few times a year  
 4: At least every month  
 5: At least every week  
 6: Every day 7, -1: Don't have

Other family members. {hsc05c4} [P1 CASI E10.1.3]

- 1: No contact  
 2: Rarely  
 3: A few times a year  
 4: At least every month  
 5: At least every week  
 6: Every day 7, -1: Don't have

Your friends. {hsc05c5} [P1 CASI E10.1.4]

- 1: No contact  
 2: Rarely  
 3: A few times a year  
 4: At least every month  
 5: At least every week  
 6: Every day 7, -1: Don't have

Your neighbours. {hsc05c6} [P1 CASI E10.1.5]

- 1: No contact  
 2: Rarely  
 3: A few times a year  
 4: At least every month  
 5: At least every week  
 6: Every day 7, -1: Don't have

**PARN\_Q39a1**

How often do the following people support you in raising your children?

Your parents. {hsc14a2} [P1B CASI E10.2.1]

- 1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Don't have

Your partner/spouse's parents. {hsc14a3} [P1B CASI E10.2.2]

- 1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Don't have

---

Other family members. {hsc14a4} [P1B CASI E10.2.3]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Don't have

---

Your friends. {hsc14a5} [P1B CASI E10.2.4]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Don't have

---

Your neighbours. {hsc14a6} [P1B CASI E10.2.5]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Don't have

---

#### **PARN\_Q40**

How often do you feel that you need support or help but cant get it from anyone? {hsc08a} [P1B CASI E10.3]

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

#### **PARN\_Q41**

In the past 4 weeks about how often did you feel...

---

Nervous {hhs24a1} [P1B CASI E10.4.1]

1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

---

Hopeless (that is without hope) {hhs24a2} [P1B CASI E10.4.2]

1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

---

Restless or fidgety {hhs24a3} [P1B CASI E10.4.3]

1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

---

That everything was an effort {hhs24a4} [P1B CASI E10.4.4]

1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time



So sad that nothing could cheer you up {hhs24a5}  
[P1B CASI E10.4.5]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

Worthless {hhs24a6} [P1B CASI E10.4.6]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

### PARN\_Q42

Sometimes family members may have difficulty getting along with one another. They don't 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) {hre06a} [P1B CASI E10.5]

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

### PARN\_Q43

The next set of questions are about you and Parent 2's relationship.

### PARN\_Q44

How often...

Is your partner a resource or support to you in raising your child(ren) {hre01a1} [P1B CASI E11.1.1]

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

Are you a resource or support to your partner in raising your child(ren) {hre01a2} [P1B CASI E11.1.2]

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

Do you feel your partner understands and is supportive of your needs as a parent {hre01a3} [P1B CASI E11.1.3]

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

Do you and your partner disagree about basic parenting issues {hre15a1} [P1B CASI E11.1.4]

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

Is your conversation with your partner awkward or stressful {hre15a2} [P1B CASI E11.1.5]

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

Do you and your partner argue {hre15a3} [P1B CASI E11.1.6]

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

Is there anger or hostility between you and your partner? {hre15a4} [P1B CASI E11.1.7]

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

Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving? {hre15a5} [P1B CASI E11.1.8]

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

Do you and Parent 2 back each other up if you are having difficulties with the child/your children? {hre01a4} [P1B CASI E11.1.9]

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

Do you and Parent 2 work together in supporting the child/your children with any difficulties he/she/they may be having? {hre01a5} [P1B CASI E11.1.10]

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

#### **PARN\_Q45**

Have you ever been afraid of Parent 2? {hre16a} [P1B CASI E11.2]

- 1: Yes  
 2: No

#### **PARN\_Q46**

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.

How well does your partner meet your needs? {hre04a1} [P1B CASI E11.3]

- 1: Poorly  
 2  
 3  
 4  
 5: Extremely well

#### **PARN\_Q47**

In general, how satisfied are you with your relationship? {hre04a7} [P1B CASI E11.4]

- 1: Unsatisfied  
 2  
 3  
 4  
 5: Very satisfied

**PARN\_Q48**

How good is your relationship compared to most?  
{hre04a2} [P1B CASI E11.5]

- 1: Poor
- 2
- 3
- 4
- 5: Excellent

**PARN\_Q49**

How often do you wish you hadn't married or lived together? {hre04a3} [P1B CASI E11.6]

- 1: Never
- 2
- 3
- 4
- 5: Very often

**PARN\_Q50**

To what extent has your marriage or relationship met your original expectations? {hre04a4} [P1B CASI E11.7]

- 1: Hardly at all
- 2
- 3
- 4
- 5: Completely

**PARN\_Q51**

How much do you love your partner? {hre04a5} [P1B CASI E11.8]

- 1: Not much
- 2
- 3
- 4
- 5: Very much

**PARN\_Q52**

How many problems are there in your relationship? {hre04a6} [P1B CASI E11.9]

- 1: Very few
- 2
- 3
- 4
- 5: Very many

**PARN\_Q53**

Which best describes the degree of happiness, all things considered, in your relationship? {hre05a} [P1B CASI E11.10]

- 1: Extremely unhappy
- 2: Fairly unhappy
- 3: A little unhappy
- 4: Happy
- 5: Very happy
- 6: Extremely happy
- 7 Perfectly happy

**PARN\_Q54**

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?

Someone you can count on to listen to you when you need to talk. {hsc18a1a} [P1B CASI E12.1.1]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to confide in or talk to about yourself or your problems. {hsc18a1b} [P1B CASI E12.1.2]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to share your most private worries and fears with. {hsc18a1c} [P1B CASI E12.1.3]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to turn to for suggestions about how to deal with a personal problem. {hsc18a1d} [P1B CASI E12.1.4]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to help you if you were confined to bed. {hsc18a2a} [P1B CASI E12.1.5]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to take you to the doctor if you needed it. {hsc18a2b} [P1B CASI E12.1.6]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to prepare your meals if you were unable to do it yourself. {hsc18a2c} [P1B CASI E12.1.7]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to help with daily chores if you were sick. {hsc18a2d} [P1B CASI E12.1.8]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone who shows you love and affection. {hsc18a3a} [P1B CASI E12.1.9]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to love and make you feel wanted. {hsc18a3b}  
[P1B CASI E12.1.10]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone who hugs you. {hsc18a3c} [P1B CASI E12.1.11]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to have a good time with. {hsc18a4a} [P1B  
CASI E12.1.12]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to get together with for relaxation.  
{hsc18a4b} [P1B CASI E12.1.13]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to do something enjoyable with. {hsc18a4c}  
[P1B CASI E12.1.14]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to do things with to help you get your mind  
off things. {hsc18a5} [P1B CASI E12.1.15]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

### PARN\_Q55

Overall, as a parent, do you feel that you are?  
{hpa01a} [P1B CASI E12.2]

- 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

### WFB\_Q01

The next questions are about work family balance.

**WFB\_Q01a**

Are you currently in paid work?

- 1: Yes  
 2: No ---> HOUS\_Q01

**WFB\_Q02**

If you could choose, how many hours would you prefer to work each week, taking into account how that would affect your income? {hpw18a2} [P1B CASI F2.1]

\_\_\_\_\_

**WFB\_Q03**

If you sometimes need to change the time when you start or finish your workday, is it possible? {hpw19a} [P1B CASI F2.2]

- 1: Yes, I am able to work flexible hours  
 2: Yes, with approval in special situations  
 3: No, not likely  
 4: No, definitely not

**WFB\_Q04**

Could you get a permanent increase in hours if needed? {hpw20a1} [P1B CASI F2.3]

- 1: Yes  
 2: No

**WFB\_Q05**

Could you get a permanent decrease in hours if needed? {hpw20a2} [P1B CASI F2.4]

- 1: Yes  
 2: No

**WFB\_Q06**

How secure do you feel in your present job? {hpw21a} [P1B CASI F2.5]

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

**WFB\_Q07**

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

I have a lot of freedom to decide how I do my own work. {hpw22a} [P1B CASI F3.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

My working has a positive effect on my child(ren). {hpw23a1a} [P1B CASI F3.1.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Working helps me to better appreciate the time that I spend with my child(ren). {hpw23a1b} [P1B CASI F3.1.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

---

The fact that I work makes me a better parent.  
{hpw23a1c} [P1B CASI F3.1.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

I never have enough time to get everything done in my  
job. {hpw29a} [P1B CASI F3.1.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

### WFB\_Q08

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

Having both work and family responsibilities

---

Makes me a more -rounded person {hpw23a2a} [P1B CASI  
F3.2.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

Gives my life more variety {hpw23a2b} [P1B CASI  
F3.2.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

Makes me feel competent {hpw23a2c} [P1B CASI F3.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

### WFB\_Q09

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

Because of my work responsibilities

---

I have missed out on home or family activities that I  
would like to have taken part in {hpw23a3a} [P1B  
CASI F3.3.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree
- 

My family time is less enjoyable and more pressured  
{hpw23a3b} [P1B CASI F3.3.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10**

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

Because of my family responsibilities...

I have had to turn down work activities or opportunities that I would prefer to take on {hpw23a4a} [P1B CASI F3.4.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

The time I spend working is less enjoyable and more pressured {hpw23a4b} [P1B CASI F3.4.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**HOUS\_Q01**

The next questions are about your housing.

**HOUS\_Q02**

Has study child moved home since the last interview/in the last two years? {hho03a4} [P1B CASI G1.1]

- 1: Yes  
 2: No ---> HOUS\_Q07

**HOUS\_Q04**

How many homes has study child lived in since the last interview/in the last two years? {hho03a2b} [P1B CASI G1.3]

\_\_\_\_\_

**HOUS\_Q07**

Is this (house/flat/unit) {hho04a1} [P1B CASI G1.6-1.8]

- 1: Being paid off by you (and/or your partner) ---> HOUS\_Q10  
 2: Owned outright by you (and/or your partner) ---> HOUS\_Q10  
 3: Rented by you (and/or your partner) ---> HOUS\_Q14  
 4: Being purchased under a rent/buy scheme by you (and/or your partner) ---> HOUS\_Q08  
 5: Occupied under a life tenure scheme ---> Q08  
 6: None of these ---> Q08

**HOUS\_Q08**

Do (you/you and Parent 2) pay rent or board to live here? {hho04a3e} [P1B CASI G1.7]

- 1: Yes ---> HOUS\_Q14  
 2: No ---> HOUS\_Q09



**HOUS\_Q09**

What are the arrangements? {hho04a3h} [P1B CASI G1.8]  1: Purchasing under rent buy or shared equity scheme ---> HOUS\_Q10  
 2: Occupied under life tenure scheme ---> HOUS\_Q018  
 3: Other (specify) ---> HOUS\_Q09b

Purchasing under rent buy or shared equity scheme {hho04a3c} [P1B CASI G1.8]  1: Yes  
 2: No

Occupied under a life tenure scheme {hho04a3d} [P1B CASI G1.8]  1: Yes  
 2: No

Other {hho04a3g} [P1B CASI G1.8]  1: Yes  
 2: No

**HOUS\_Q09b**

Other (specify) {hho04a3o} [P1B CASI G1.9] \_\_\_\_\_

**HOUS\_Q10**

Are (you/you and partner) currently making payments on any mortgages or secured loans on this (house/flat/unit etc)? {hho06a} [P1B CASI G1.10]  1: Yes  
 2: No ---> HOUS\_Q18

**HOUS\_Q11**

What is the usual repayment on this/these loans? {hho06a2d} [P1B CASI G1.11]  1: Amount  
 2: Don't Know ---> HOUS\_Q18

**HOUS\_Q11a**

What is the usual repayment on this/these loans? Enter dollar amount {hho06b1} [P1B CASI G1.12] \_\_\_\_\_

**HOUS\_Q12**

What period does this cover? {hho06b2} [P1B CASI G1.13]  1: Weeks  
 2: Months

**HOUS\_Q13**

What period does this cover? Enter number of full week/s or month/s covered {hho06b3} [P1B CASI G1.14] \_\_\_\_\_

**HOUS\_Q14**

Who do (you/you and partner) pay (rent or board) to?  
{hho05b} [P1B CASI G1.15]

- 1: Real estate agent  
 2: State/Territory Housing Authority  
 3: Person not in the same household - Parent/Other relative  
 4: Person not in the same household - Other person  
 5: Person in the same household - Parent/Other relative  
 6: Person in the same household - Other person  
 7: Owner/Manager of caravan park  
 8: Employer - Defence Housing Authority  
 9: Employer - Government  
 10: Employer - Other  
 11: Housing co-operative/Community/Church group  
 12: Other

**HOUS\_Q15**

What was (your/your and partners) last rent payment for this dwelling? (Include any government rent assistance or rebate.) {hho06a3d} [P1B CASI G1.16]

- 1: Amount  
 2: Don't Know ---> HOUS\_Q18

**HOUS\_Q15a**

What was (your/your and partners) last rent payment for this dwelling? (Include any government rent assistance or rebate.) Enter dollar amount {hho06c1} [P1B CASI G1.17]

\_\_\_\_\_

**HOUS\_Q16**

What period does this cover? {hho06c2} [P1B CASI G1.18]

- 1: Weeks  
 2: Months

**HOUS\_Q17**

What period does this cover? Enter number {hho06c3} [P1B CASI G1.19]

\_\_\_\_\_

**HOUS\_Q18**

In the last two years, have you experienced any of these things because you did not have a permanent place to live? {hho11a1} [P1B CASI G2.1]

- 1:  
 2: No

No, always had a permanent place to live {hho11a1a} [P1B CASI G2.1.1]

- 0: No  
 1: Yes ---> HOUS\_Q21

Stayed with relatives {hho11a1b} [P1B CASI G2.1.2]

- 0: No  
 1: Yes ---> HOUS\_Q19

Stayed at a friend's house {hho11a1c} [P1B CASI G2.1.3]

- 0: No  
 1: Yes ---> HOUS\_Q19

Stayed in a caravan {hho11a1d} [P1B CASI G2.1.4]

- 0: No  
 1: Yes ---> HOUS\_Q19

Stayed at a boarding house/hostel {hho11a1e} [P1B CASI G2.1.5]  0: No  
 1: Yes ---> HOUS\_Q19

Stayed in a refuge/shelter (e.g. night shelter, shelter for homeless, womens shelter) {hho11a1f} [P1B CASI G2.1.6]  0: No  
 1: Yes ---> HOUS\_Q19

Slept rough (including squatted in an abandoned building, sleeping in cars, tents) {hho11a1g} [P1B CASI G2.1.7]  0: No  
 1: Yes ---> HOUS\_Q19

Other {hho11a1h} [P1B CASI G2.1.8]  0: No  
 1: Yes ---> HOUS\_Q18a

### HOUS\_Q18a

Other (specify) {hho11a1i} [P1B CASI G2.2]

---

### HOUS\_19

Are you currently without a permanent place to live? {hho11a2} [P1B CASI G2.3]  1: Yes  
 2: No ---> HOUS\_Q21

### HOUS\_Q20

What led to you being without a permanent place to live?

Travelling / on holiday {hho11a3a} [P1B CASI G2.4.1]  0: No  
 1: Yes ---> HOUS\_Q21

Work related reason {hho11a3b} [P1B CASI G2.4.2]  0: No  
 1: Yes ---> HOUS\_Q21

House-sitting {hho11a3c} [P1B CASI G2.4.3]  0: No  
 1: Yes ---> HOUS\_Q21

Saving money {hho11a3d} [P1B CASI G2.4.4]  0: No  
 1: Yes ---> HOUS\_Q21

Just moved back into town or city {hho11a3e} [P1B CASI G2.4.5]  0: No  
 1: Yes ---> HOUS\_Q21

Building or renovating home {hho11a3f} [P1B CASI G2.4.6]  0: No  
 1: Yes ---> HOUS\_Q21

Tight housing/rental market {hho11a3g} [P1B CASI G2.4.7]  0: No  
 1: Yes ---> HOUS\_Q21

Violence/Abuse/Neglect {hho11a3h} [P1B CASI G2.4.8]  0: No  
 1: Yes ---> HOUS\_Q21

Alcohol or drug use {hho11a3i} [P1B CASI G2.4.9]  0: No  
 1: Yes ---> HOUS\_Q21

---

Family/Friend/Relationship problems (e.g. separated or divorced partner) {hho11a3j} [P1B CASI G2.4.10]  0: No  
 1: Yes ---> HOUS\_Q21

---

Financial problems (e.g. not being able to pay mortgage or rent) {hho11a3k} [P1B CASI G2.4.11]  0: No  
 1: Yes ---> HOUS\_Q21

---

Mental illness {hho11a3l} [P1B CASI G2.4.12]  0: No  
 1: Yes ---> HOUS\_Q21

---

Lost job {hho11a3m} [P1B CASI G2.4.13]  0: No  
 1: Yes ---> HOUS\_Q21

---

Gambling {hho11a3n} [P1B CASI G2.4.14]  0: No  
 1: Yes ---> HOUS\_Q21

---

Eviction {hho11a3o} [P1B CASI G2.4.15]  0: No  
 1: Yes ---> HOUS\_Q21

---

Natural disaster {hho11a3p} [P1B CASI G2.4.16]  0: No  
 1: Yes ---> HOUS\_Q21

---

Other {hho11a3q} [P1B CASI G2.4.17]  0: No  
 1: Yes ---> HOUS\_Q20a

---

Other (specify) {hho11a3r} [P1B CASI G2.5] \_\_\_\_\_

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## HOUS\_Q21

Thank you for answering these questions about yourself. Please let the Interviewer know you are finished.

# B Cohort Cati Parent

## Questionnaire

Respondent Stream: Parent  
Mode: CATI

### PLEC\_Q02

The next questions are about current arrangement you have for the study child and how much time they spend with you.

#### PLEC\_Q02a

Do you have a shared or joint parenting arrangement with child's other parent or do you have main care of child? {hpe18p1} [BPLE 1.1]

- 1: I have main care of child ---> Q03
- 2: Shared or joint parenting ---> Q02c
- 3: Other parent has main care of child ---> Q03
- 4: Other (specify) ---> Q02b

#### PLEC\_Q02b

Other specify {hpe18p1o} [BPLE 1.2]

#### PLEC\_Q02c

Under your shared parenting arrangement, how do you split the care for the child? {hpe18p2} [BPLE 1.3]

- 1: Roughly 50/50 split
- 2: I have more than 50%
- 3: I have less than 50%

#### PLEC\_Q03

When did you last see this child? {hpe06p} [BPLE 2.1]

- 2: More than 1 month ago
- 3: 1-4 weeks ago
- 4: 1-6 days ago
- 5: Today

#### PLEC\_Q04

How often do you usually see this child? {hpe08p1d} [BPLE 2.2]

- 1: Every day
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months ---> Q08

**PLEC\_Q05**

How often does the study child stay overnight with you? {hpe08p3c} [BPLE 2.3]

- 1: Several times a week
- 2: At least once a week
- 3: At least once a fortnight
- 4: At least once a month
- 5: At least once every 3 months
- 6: At least once every 6-12 months
- 7: Less than once a year or not at all

**PLEC\_Q06**

How many nights every period does this child usually stay overnight with you? {hpe08p4a} [BPLE 2.4]

\_\_\_\_\_

**PLEC\_Q07**

When your child stays overnight with you, does he/she? {hpe27p} [BPLE 2.5]

- 1: Have his/her own room
- 2: Share with another brother or sister
- 3: Share with other children in your household
- 4: Share a room with you
- 5: Sleep on temporary bedding elsewhere (such as a living room)
- 6: None of the above

**PLEC\_Q08**

Does the current arrangement for contact between you and this child have a set pattern? {hpe11p} [BPLE 2.6]

- 1: Yes
- 2: No

**PLEC\_Q08a**

During holiday time, does the study child usually spend less, more or about the same amount of time with you as during other times? ('Holiday time' generally means school holidays) {hpe08p5} [BPLE 2.7]

- 1: Child spends more time with other parent ---> Q09
- 2: Spends the same time ---> Q08b
- 3: Child spends less time with other parent ---> Q09
- 4: Varies ---> Q09

**PLEC\_Q08b**

Is the time that the child spends with you mainly restricted to holiday time? {hpe08p7} [BPLE 2.8]

- 1: Yes
- 2: No

**PLEC\_Q09**

Over the past 12 months, how often have you had contact with study child by phone, SMS, email or other electronic means? {hpe13p2a} [BPLE 3.1]

- 1: Every day
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months
- 8: Less than once a year or not at all

**PLEC\_Q10**

Does the study child have contact with your parents?  
{hpe24p1b} [BPLE 3.2]

- 1: Yes, both  
 2: Yes, one only, other no contact  
 3: Yes, one only, other deceased  
 4: No, no contact --- > Q13b  
 5: No, parents deceased ---> Q13b

**PLEC\_Q11**

How often does the study child have contact with your  
parents? {hpe24p3b} [BPLE 3.3]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: At least once in the last year or not at all

**PLEC\_Q13b**

Some children have trouble adjusting when they move from one parent to another. How strongly do you agree or disagree with the following statements?

When child first returns to your home he/she has  
difficulty settling back into household/family  
routines. {hpe28p3} [BPLE 4.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q13c**

When child first returns to your home he/she is  
unpleasant or critical towards yourself or other  
family members. {hpe28p4} [BPLE 4.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q13d**

When child first returns from to your home he/she is  
withdrawn and unhappy {hpe28p5} [BPLE 4.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q13e**

When child first returns to your home he/she seems  
just the same as usual. {hpe28p6} [BPLE 4.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_14b**

The next few questions are about the study child returning to the other parent's place. How strongly do you agree or disagree with the following statements?

Study child looks forward to his/her time at other parent's place. {hpe24p7} [BPLE 4.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q14c**

Study child is good at organising clothes, school work and other things that need to be taken to other parent's place? {hpe24p8} [BPLE 4.6]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree or disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q15**

Thinking about the role that you have in study child's life, how involved would you like to be? {hpe17p1} [BPLE 5.1]

- 1: A lot more involved  
 2: A little more involved  
 3: My level of involvement is about right ---> Q17  
 4: A little less involved ---> Q17  
 5: Much less involved ---> Q17

**PLEC\_Q16**

What makes it difficult for you to be more involved? {hpe17p3} [BPLE 5.2]

- 1: Current care arrangements  
 2: Distance/cost  
 3: Work commitments/demands  
 4: Family commitments/demands  
 5: Other PLE or child commitments  
 6: Child doesn't want to  
 7: Parent 1 related  
 8: Step family/current partner related

**PLEC\_Q17**

Now there are some questions about your relationship with the other parent.

**PLEC\_Q18**

How well do you get along with other parent? {hpe14p} [BPLE 6.1]

- 1: Very well  
 2: Well  
 3: Neither well nor poorly  
 4: Poorly  
 5: Very poorly/badly  
 6: No contact with other parent  
 -1: Not applicable



**PLEC\_Q19**

Over the last 12 months, how often have you had contact with other parent, either in person or by phone, SMS, email or other means? {hpe13p1c} [BPLE 6.2]

- 1: Every day
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months
- 8: Less than once a year or not at all ---> Q23

**PLEC\_Q20**

How often do you disagree with other parent about basic child-rearing issues? {hpe15p1} [BPLE 6.3]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always
- 1: Don't discuss child-rearing

**PLEC\_Q21**

How often is there anger or hostility between you and other parent? {hpe15p4} [BPLE 6.4]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always
- 1: Don't discuss child-rearing

**PLEC\_Q22**

How often is your conversation with Parent 1 awkward or stressful? {hpe15p2} [BPLE 6.5]

- 1: Never/Almost never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always/Almost always
- 1: Don't discuss child-rearing

**PLEC\_Q23**

The next questions are about activities you might do when you are with the study child.

**PLEC\_Q23f**

How often do you help the study child with his/her homework? {hhe11p3c} [BPLE 7.1]

- 1: Often
- 2: Sometimes
- 3: Rarely
- 4: Not at all
- 5: Child not at school
- 6: Child doesn't stay on school nights

**PLEC\_Q23g**

How often do you talk to the study child about their school activities? {hhe11p1c} [BPLE 7.2]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all  
 5: Child not at school  
 6: Child doesn't stay on school nights

**PLEC\_Q23h**

How often do you eat an evening meal with the study child? {hpa10p5b} [BPLE 7.3]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all  
 5: Child not at school  
 6: Child doesn't stay on school nights

**PLE\_Q24**

Now I have some questions about the study child's behaviour.

For each item, please select from Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young persons behaviour over the last six months or this school year.

**PLEC\_Q26a**

Considerate of other people's feelings {hse03p1a} [BPLE 8.1 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26b**

Restless, overactive, cannot stay still for long. {hse03p2a} [BPLE 8.2 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26c**

Often complains of headaches, stomach-aches or sickness {hse03p3a} [BPLE 8.3 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26d**

Shares readily with other youth, for example books, games, food {hse03p1b} [BPLE 8.4 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26e**

Often loses temper {hse03p4a} [BPLE 8.5 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26f**Would rather be alone than with other youth  
{hse03p5a} [BPLE 8.6 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26g**Generally well behaved, usually does what adults  
request {hse03p4b} [BPLE 8.7 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26h**Many worries or often seems worried {hse03p3b} [BPLE  
8.8 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26i**Helpful if someone is hurt, upset or feeling ill  
{hse03p1c} [BPLE 8.9 ]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26j**Constantly fidgeting or squirming {hse03p2b} [BPLE  
8.10]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26k**

Has at least one good friend {hse03p5b} [BPLE 8.11]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26l**Often fights with other youth or bullies them  
{hse03p4c} [BPLE 8.12]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26m**

Often unhappy, depressed or tearful {hse03p3c} [BPLE 8.13]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26n**

Generally liked by other young people {hse03p5c} [BPLE 8.14]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26o**

Easily distracted, concentration wanders {hse03p2c} [BPLE 8.15]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26p**

Nervous in new situations, easily loses confidence {hse03p3d} [BPLE 8.16]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26q**

Kind to younger children {hse03p1d} [BPLE 8.17]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26q1**

Often lies or cheats {hse03p4f} [BPLE 8.18]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26q2**

Picked on or bullied by other young people {hse03p5d} [BPLE 8.19]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26r**

Often volunteers to help others (parents, teachers, children) {hse03p1e} [BPLE 8.20]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26s**

Thinks things out before acting {hse03p2d} [BPLE 8.21]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26t**

Steals from home, school or elsewhere {hse03p4g} [BPLE 8.22]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26u**

Gets along better with adults than with other young people {hse03p5e} [BPLE 8.23]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26v**

Many fears, easily scared {hse03p3e} [BPLE 8.24]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q26w**

Good attention span, sees tasks through to the end {hse03p2e} [BPLE 8.25]

- 1: Not true  
 2: Somewhat true  
 3: Certainly true

**PLEC\_Q27**

The next questions are about your relationship with the study child.

**PLEC\_Q27a**

When the study child is with you how often do you hug or hold this child for no particular reason {hpa03p2} [BPLE 9.1]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27b**

When the study child is with you how often do you talk it over and reason with this child when he/she misbehaves {hpa09p2} [BPLE 9.2]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27c**

When the study child is with you how often do you tell this child how happy he/she makes you {hpa03p3} [BPLE 9.3]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27d**

When the study child is with you how often do you give this child reasons why rules should be obeyed {hpa09p3} [BPLE 9.4]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27e**

When the study child is with you how often do you explain to this child why he/she is being corrected {hpa09p1} [BPLE 9.5]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27f**

When the study child is with you how often do you have warm, close times together with this child {hpa03p4} [BPLE 9.6]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27g**

When the study child is with you how often do you enjoy listening to this child and doing things with him/her {hpa03p5} [BPLE 9.7]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27h**

When the study child is with you how often do you feel close to this child both when he/she is happy and when he/she is upset {hpa03p6} [BPLE 9.8]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27i**

When the study child is with you how often do you express affection by hugging, kissing and holding this child {hpa03p1} [BPLE 9.9]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27j**

When the study child is with you how often do you explain to the child the consequences of his/her behaviour? {hpa09p4} [BPLE 9.10]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q27k**

When the study child is with you how often do you emphasise the reasons for rules? {hpa09p5} [BPLE 9.11]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PLEC\_Q28a**

When parents spend time with their children, sometimes things go well and sometimes they dont. How often do the following happen?

**PLEC\_Q28b**

Of all the times you talk to this child about his/her behaviour, how often is this praise {hpa13p2} [BPLE 10.1]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

**PLEC\_Q28c**

Of all the times you talk to this child about his/her behaviour, how often is this disapproval {hpa13p3} [BPLE 10.2]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

**PLEC\_Q28d**

When you give this child an instruction or request to do something, how often do you make sure that he/she does it {hpa11p1} [BPLE 10.3]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

**PLEC\_Q28e**

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 {hpa11p2} [BPLE 10.4]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time

**PLEC\_Q28f**

How often does this child get away with things that you feel should have been punished {hpa11p3} [BPLE 10.5]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time

**PLEC\_Q28g**

How often are you angry when you punish this child {hpa13p4} [BPLE 10.6]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time

**PLEC\_Q28h**

How often do you feel you are having problems managing this child in general {hpa13p5} [BPLE 10.7]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time

**PLEC\_Q28i**

How often is this child able to get out of a punishment when he/she really sets his/her mind to it {hpa11p4} [BPLE 10.8]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time

**PLEC\_Q28j**

When you discipline this child, how often does he/she ignore the punishment {hpa11p5} [BPLE 10.9]

- 1: Never/Almost never
- 2: Less than half the time
- 3: About half the time
- 4: More than half the time
- 5: All the time



**PLEC\_Q28k**

How often do you tell this child that he/she is bad or not as good as others {hpa13p6} [BPLE 10.10]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

**PLEC\_Q28l**

How often do you think that the level of punishment you give the child depends on your mood? {hpa13p7} [BPLE 10.11]

- 1: Never/Almost never  
 2: Less than half the time  
 3: About half the time  
 4: More than half the time  
 5: All the time

**PLEC\_Q28m**

People often disagree with each other. The following sentences describe situations. How often do you and child do the following things?

You disagree and fight. {hpa26p1} [BPLE 11.1]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q28n**

You bug each other or get on each other's nerves. {hpa26p2} [BPLE 11.2]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q28o**

You yell at each other. {hpa26p3} [BPLE 11.3]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q28p**

When you argue you stay angry for a very long time. {hpa26p4} [BPLE 11.4]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q28q**

When you disagree, you refuse to talk to child.  
{hpa26p5} [BPLE 11.5]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q28r**

When you disagree, child stomps out of the room, or house or yard. {hpa26p6} [BPLE 11.6]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PLEC\_Q30**

Overall, as a parent, do you feel that you are  
{hpa01p} [BPLE 12.1]

- 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

**PLEC\_Q30a**

In the last 12 months how many times have you contacted the study child's school about his/her academic performance? {hpc49p1} [BPLE 13.1]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

**PLEC\_Q30b**

In the last 12 months how many times have you contacted the study child's school about his/her academic program for this year? {hpc49p2} [BPLE 13.2]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

**PLEC\_Q30c**

In the last 12 months how many times have you contacted the study child's school about his/her behaviour at school (including difficulties with peer relationships)? {hpc49p3} [BPLE 13.3]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

**PLEC\_Q30d**

In the last 12 months how many times have you contacted the study child's school about his/her attendance or absenteeism? {hpc49p4} [BPLE 13.4]

- 0: Not at all  
 1: Once or twice  
 2: Three or four times  
 3: More than four times

**PLEC\_Q31a**

The next questions are about any child support payments for the study child. This includes payments made directly, or through the government's Child Support Program (previously the Child Support Agency).

**PLEC\_Q31b**

Do you have an arrangement in relation to child support payments for this child?  1: Yes  
 2: No ---> Q31e

(Include any formal or informal arrangement about the amount or frequency of child support payments)  
{hpe19p1b} [BPLE 14.1]

**PLEC\_Q31c**

Does this child support arrangement say that you are to: {hpe19p9} [BPLE 14.2]  1: Receive payments  
 2: Make payments  
 3: No money to be exchanged

**PLEC\_Q31d**

Are you currently reviewing the arrangement? {hpe19p6} [BPLE 14.3]  1: Yes  
 2: No

**PLEC\_Q31e**

Are you currently in discussion about a child support arrangement? {hpe19p7} [BPLE 14.4]  1: Yes  
 2: No ---> Q31w3

**PLEC\_Q31f**

What services did you use to assist in reaching a child support arrangement? {hpe19p5} [BPLE 14.5]  1: Yes  
 2: No

Child Support Program (previously the Child Support Agency) {hpe19p5a} [BPLE 14.5.1]  0: No  
 1: Yes

Family Relationship Centre or other dispute resolution service {hpe19p5b} [BPLE 14.5.2]  0: No  
 1: Yes

Family Court {hpe19p5c} [BPLE 14.5.3]  0: No  
 1: Yes

Other services {hpe19p5d} [BPLE 14.5.4]  0: No  
 1: Yes

**PLEC\_Q31h**

Was this arrangement decided by the government's Child Support Program (Previously the Child Support Agency), a Court or neither? {hpe19p2} [BPLE 14.6]

- 1: Child Support Program (previously the Child Support Agency)  
 2: Family Court  
 3: Neither - agreed with other parent  
 4: Neither - other

**PLEC\_Q31i**

What is the amount to be paid in cash under this arrangement? {hpe20p1a} [BPLE 15.1]

- 1: Amount  
 0: Nothing ---> Q31w3  
 -99: No set amount ---> Q31

**PLEC\_Q31j**

Enter amount {hpe20p1c} [BPLE 15.2]

\_\_\_\_\_

**PLEC\_Q31k**

How often is this amount to be paid? {hpe20p1n} [BPLE 15.3]

- 1: Weekly ---> Q31  
 2: Fortnightly ---> Q31  
 3: Monthly ---> Q31  
 4: Yearly ---> Q31  
 5: Other

**PLEC\_Q31koth**

Other {hpe20p1g} [BPLE 15.4]

\_\_\_\_\_

**PLEC\_Q31l**

How many children are these payments made for? {hpe20p1e} [BPLE 16.1]

\_\_\_\_\_

**PLEC\_Q31m**

How should these payments be made? {hpe19p3} [BPLE 16.2]

- 1: Through the governments Child Support Program (previously the Child Support Agency)  
 2: Directly between the parents  
 3: Other

**PLEC\_Q31n**

Are you up-to-date with your payments? {hpe20p2i} [BPLE 16.3]

- 1: Yes  
 2: Nom ---> Q31n3

**PLEC\_Q31n2**

Was the last payment for the usual amount? {hpe20p2j}  
[BPLE 16.4]

- 1: Yes ---> Q31w3  
 2: No ---> Q31o

**PLEC\_Q31n3**

About how much do you owe? {hpe20p2k} [BPLE 16.5]

\_\_\_\_\_

**PLEC\_Q31n4**

Have you ever made a payment? (If respondent unsure,  
ask for best estimate) {hpe20p2c} [BPLE 16.6]

- 1: Yes  
 2: No ---> Q31w3

**PLEC\_Q31o**

How much was the last payment you made (If respondent  
unsure, ask for best estimate) Missing {hpe20p2d}  
[BPLE 17.1]

- 1: Amount  
 0: Nothing ---> Q31w3

**PLEC\_Q31p**

Enter amount. {hpe20p2e} [BPLE 17.2]

\_\_\_\_\_

**PLEC\_Q31r**

What period did this payment cover? {hpe20p2n} [BPLE  
17.3]

- 1: Week ---> Q31t  
 2: Fortnight ---> Q31t  
 3: Month ---> Q31t  
 4: Year ---> Q31t  
 5: Other

**PLEC\_Q31s**

Other (specify) {hpe20p2h} [BPLE 17.4]

\_\_\_\_\_

**PLEC\_Q31t**

How long ago was this last payment paid? {hpe20p2l}  
[BPLE 18.1]

- 1: Within the last week ---> Q31u  
 2: Within the last fortnight ---> Q31u  
 3: Within the last month ---> Q31u  
 4: Longer (specify)

**PLEC\_Q31ta**

Specify (enter whole months) {hpe20p2m} [BPLE 18.2]

---

**PLEC\_Q31u**

Was this difference in payment agreed between you and your child's other parent? {hpe20p3} [BPLE 18.3]

- 1: Yes  
 2: No

**PLEC\_Q31v**

Is this difference due to payments or purchases made by you for the child's benefit through any of the following? {hpe20p5c} [BPLE 18.4]

- 1: Yes  
 2: No

**PLEC\_Q31w**

Is this difference due to any other payments or purchases made by you for agreed services and/or goods such as gifts, lawn-mowing, babysitting, non-uniform clothing, travel expenses etc? {hpe20p5d} [BPLE 18.5]

- 1: Yes  
 2: No

**PLEC\_Q31w2**

How often do you find it financially difficult to make these child support payments? {hpe20p6} [BPLE 19.1]

- 1: Never  
 2: Hardly ever  
 3: Sometimes  
 4: Almost always  
 5: Always

**PLEC\_Q31w3**

Do you regularly make any of these payments or purchases for the child's benefit, as an alternative to child support payments? {hpe21p} [BPLE 19.2/3]

- 1: Yes  
 2: No

**PLEC\_Q31x**

How often do you do any of these additional things:

Buy clothes, toys or presents for child? {hpe21p1} [BPLE 19.4]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Never  
 -1: Not needed

**PLEC\_Q31xa**

Pay for child's medical or dental bills, health insurance or medicines? {hpe21p2} [BPLE 19.5]

- 1: Often
- 2: Sometimes
- 3: Rarely
- 4: Never
- 1: Not needed

**PLEC\_Q31xb**

Give extra money for child's school or childcare expenses? {hpe21p3} [BPLE 19.6]

- 1: Often
- 2: Sometimes
- 3: Rarely
- 4: Never
- 1: Not needed

**PLEC\_Q31xc**

Give child's other parent extra money to help out, like pay the rent, household bills or car repairs? {hpe21p4} [BPLE 19.7]

- 1: Often
- 2: Sometimes
- 3: Rarely
- 4: Never
- 1: Not needed

**PLEC\_Q31xd**

Look after child when other parent needs to do other things such as working, studying or attending appointments? {hpe21p5} [BPLE 19.8]

- 1: Often
- 2: Sometimes
- 3: Rarely
- 4: Never
- 1: Not needed

**PLEC\_Q32**

The next questions are about your own health and wellbeing.

**PLEC\_Q37**

In general, would you say your own health is...? {hhs13p} [BPLE 20.1]

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

**PLEC\_Q53**

The next few questions are about cigarettes.

**PLEC\_Q54**

Do you currently smoke cigarettes? {hhb15p5} [BP  
21.1]

- 1: Yes  
 2: No ---> Q56

**PLEC\_Q54a**

Do you smoke at least once a day? {hhb15p7} [BP  
21.2]

- 1: Yes  
 2: No ---> Q56

**PLEC\_Q55**

How many cigarettes do you usually smoke in one day?  
{hhb15p8} [BP 21.3]

- 2: 1 to 5 per day  
 3: 6 to 10 per day  
 4: 11 to 20 per day  
 5: More than 20 per day

**PLEC\_Q56**

The next few questions are about alcoholic drinks.

Some people may drink more or less than others, depending on their lifestyle and individual choices.

How often do you have a drink containing alcohol?  
{hhb16p2} [BP 22.1]

- 0: Nevern ---> Q60  
 1: Not in the last year  
 2: Monthly or less  
 3: 2 to 3 times a month  
 4: Once a week  
 5: 2 to 3 times a week  
 6: 4 to 6 times a week  
 7: Everyday

**PLEC\_Q57**

How many standard drinks do you have on a typical day  
when you are drinking? {hhb16p3} [BP 22.2]

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

**PLEC\_Q58**

How often do you have 5 or more standard drinks on  
one occasion? {hhb16p7} [BP 22.3]

- 1: Everyday  
 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 ---> Q60



**PLEC\_Q59**

How often do you have 7 or more standard drinks on one occasion? {hbb16p8} [BPLE 22.4]

- 1: Everyday  
 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

**PLEC\_Q60**

The next questions are about learning experiences some people have. We would like to know if any of the following things have occurred in your life.

**PLEC\_Q61**

Were you slow or late to start to talk? {hfd25p1} [BPLE 23.1]

- 1: Yes  
 2: No

**PLEC\_Q61a**

Did you ever have any speech difficulties? (i.e. trouble making speech sounds and saying words clearly) {hfd25p2} [BPLE 23.2]

- 1: Yes  
 2: No ---> Q61c

**PLEC\_Q61b**

Do you have these speech difficulties now? {hfd25p2a} [BPLE 23.3]

- 1: Yes  
 2: No

**PLEC\_Q61c**

Did you ever have language difficulties? (not related to English as a second language) {hfd25p3} [BPLE 23.4]

- 1: Yes  
 2: No ---> Q61e

**PLEC\_Q61d**

Do you have these language difficulties now? {hfd25p3a} [BPLE 23.5]

- 1: Yes  
 2: No

**PLEC\_Q61e**

Did you ever have reading difficulties? {hfd25p4} [BPLE 23.6]

- 1: Yes  
 2: No ---> Q61g

**PLEC\_Q61f**

Do you have these reading difficulties now?  
{hfd25p4a} [BPLE 23.7]

- 1: Yes  
 2: No

**PLEC\_Q61g**

Did you ever have spelling difficulties? {hfd25p5}  
[BPLE 23.8]

- 1: Yes  
 2: No ---> Q61i

**PLEC\_Q61h**

Do you have these spelling difficulties now?  
{hfd25p5a} [BPLE 23.9]

- 1: Yes  
 2: No

**PLEC\_Q61i**

Did you ever have a learning disorder? {hfd25p6}  
[BPLE 23.10]

- 1: Yes  
 2: No ---> Q61k

**PLEC\_Q61j**

Do you have this learning disorder now? {hfd25p6a}  
[BPLE 23.11]

- 1: Yes  
 2: No

**PLEC\_Q61k**

Did you ever have an intellectual disability?  
{hfd25p7} [BPLE 23.12]

- 1: Yes  
 2: No ---> Q61m

**PLEC\_Q61l**

Do you have this intellectual disability now?  
{hfd25p7a} [BPLE 23.13]

- 1: Yes  
 2: No

**PLEC\_Q61m**

Did you ever have any hearing impairment? {hfd25p8}  
[BPLE 23.14]

- 1: Yes  
 2: No ---> Q61q

**PLEC\_Q61n**

Did you wear a hearing aid for this hearing  
impairment? {hfd25p8c} [BPLE 23.15]

- 1: Yes  
 2: No

**PLEC\_Q61o**

Do you have this hearing impairment now? {hfd25p8b}  
[BPLE 23.16]

- 1: Yes  
 2: No ---> Q61q

**PLEC\_Q61p**

Do you wear a hearing aid for this hearing impairment  
now? {hfd25p8a} [BPLE 23.17]

- 1: Yes  
 2: No

**PLEC\_Q61q**

What is your handedness, right or left? {hfd26p}  
[BPLE 23.18]

- 1: Right  
 2: Left  
 3: Both

**PLEC\_Q62**

The next questions are about you and your feelings.

**PLEC\_Q62k**

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? {hhs25p1} [BPLE 24.1]

- 1: Yes  
 2: No

**PLEC\_Q63**

In the past 4 weeks, how often did you feel

nervous? {hhs24p1} [BPLE 24.2]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q63a**

hopeless (that is, without hope)? {hhs24p2} [BPLE  
24.3]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q63b**

restless or fidgety? {hhs24p3} [BPLE 24.4]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q63c**

that everything was an effort? {hhs24p4} [BPLE 24.5]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q63d**

so sad that nothing would cheer you up? {hhs24p5}  
[BPLE 24.6]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q63e**

worthless? {hhs24p6} [BPLE 24.7]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PLEC\_Q64**

In a previous interview we asked you about how much interest your mother showed towards your learning and education. We would now like to ask about your father.

**PLEC\_Q64a**

When you were growing up, how much interest did your father show towards your learning and education?

This could include helping you with homework or otherwise encouraging your learning. {hhe38p2a}  
[BPLE 25.1]

- 1: A lot of interest  
 2: Some interest  
 3: Not much interest  
 4: No interest at all  
 5: Didn't have a father

**PLEC\_Q71**

Have your parents permanently divorced or separated? {hpa14p2} [BPLE 26.1+W3-7]

- 1: Yes  
 2: No ---> Q78  
 3: Never lived together ---> Q78

**PLEC\_Q72**

How old were you when this happened? (If your parents separated before divorce, enter your age when they separated. If less than one year of age at the time, record as 01.) {hpa14p3} [BPLE 26.2+W3-7]

\_\_\_\_\_

**PLEC\_Q78**

Previously you told us that your mother/father was the main breadwinner when you were 14 years old. We now want to know about your father/mother.

**PLEC\_Q79**

Thinking back to when you were 14 years old, did your mother work in a job, business or farm? {hpa24a2b}  
[P1B CAI A 9.1.2+W4-6]

- 1: Yes  
 2: No  
 3: Your mother/father was deceased when you were 14 years old

Thinking back to when you were 14 years old, did your father work in a job, business or farm? {hpa24a2a}  
[P1B CAI A 9.2.2+W4-6]

- 1: Yes  
 2: No  
 3: Your mother/father was deceased when you were 14 years old

**PLEC\_Q81**

What was your mothers occupation? {hpa24a5b} [P1B CAI A 9.1.3/9.1.4+W4-6]

\_\_\_\_\_

What was your fathers occupation? {hpa24a5a} [P1B CAI A 9.2.3/9.2.4+W4-6]

\_\_\_\_\_

**PLEC\_Q82**

Was your mother unemployed for a total of 6 months or more while you were growing up? {hpa24a4b} [P1B CAI A 9.1.5+W4-6]

- 1: Yes  
 2: No

Was your father unemployed for a total of 6 months or more while you were growing up? {hpa24a4a} [P1B CAI A 9.2.5+W4-6]

- 1: Yes  
 2: No

**PLEC\_Q85**

The following is about your relationship with your partner.

Which best describes the degree of happiness, all things considered, in your relationship? {hre05p}  
[BPLE 28]

- 1: Extremely unhappy  
 2: Fairly unhappy  
 3: A little unhappy  
 4: Happy  
 5: Very happy  
 6: Extremely happy  
 7: Perfectly happy

**PLEC\_Q86**

The following questions are about your education and any current study.

**PLEC\_Q87**

What was the highest year of primary or secondary school that you completed? {hfd08p1} [BPLE 29.1+W3-7]

- 1: Year 12 or equivalent
- 2: Year 11 or equivalent
- 3: Year 10 or equivalent
- 4: Year 9 or equivalent
- 5: Year 8 or below
- 6: Never attended school
- 7: Still at school

**PLEC\_Q88**

Have you completed a trade certificate, diploma, degree or any other educational qualifications? {hfd08p2a} [BPLE 29.2+W3-7]

- 1: Yes
- 2: No ---> Q90

**PLEC\_Q89**

What is the highest educational qualification you have completed? {hfd08p3b} [BPLE 29.3+W3-7]

- 1: Postgraduate degree
- 2: Graduate diploma/Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma
- 5: Certificate III/IV (including trade certificate)
- 6: Certificate I/II
- 7: Other non-school qualifications

**PLEC\_Q90**

How would you describe your current employment status? Are you? {hpw30p1} [BPLE 30.1]

- 1: In full-time work ---> Q91
- 2: In part-time work ---> Q91
- 3: In casual work ---> Q91
- 4: Unemployed and seeking work ---> Q92
- 5: Unemployed and not seeking work ---> Q92
- 6: A full-time student ---> Q92
- 7: Full-time home duties ---> Q92
- 8: Permanently retired ---> q92
- 9: Other ---> Q90a

**PLEC\_Q90a**

Other employment status (specify) {hpw30p1o} [BPLE 30.2]

\_\_\_\_\_

**PLEC\_Q91**

In your main job held last week, what was your occupation? {hpw08p5} [BPLE 30.3]

\_\_\_\_\_

**PLEC\_91b**

How many hours do you usually work each week?  
{hpw09p} [BPLE 30.5]

---

**PLEC\_Q92**

Which of the following best describes your partner's  
current employment status? {hpw30p2} [BPLE 30.6]

- 1: In full-time work ---> Q93  
 2: In part-time work ---> Q93  
 3: In casual work ---> Q93  
 4: Unemployed and seeking work ---> Q93  
 5: Unemployed and not seeking work ---> Q93  
 6: A full-time student ---> Q93  
 7: Full-time home duties ---> Q93  
 8: Permanently retired ---> Q93  
 9: Other ---> Q92a

**PLEC\_Q92a**

Other current employment status {hpw30p2o} [BPLE  
30.7]

---

**PLEC\_Q93**

I would now like to ask you some questions about your income.

Could you please tell me if you receive any income  
from any of these sources? {hfn02p} [BPLE 31.1]

- 1: Yes  
 2: No

Wages or salary {hfn02p1} [BPLE 31.1.1]

- 0: No  
 1: Yes

Profit or loss from own unincorporated business or  
share in partnership. {hfn02p2} [BPLE 31.1.2]

- 0: No  
 1: Yes

Any government pension, benefit or allowance.  
{hfn02p5} [BPLE 31.1.3]

- 0: No  
 1: Yes

Any other regular source {hfn02p9} [BPLE 31.1.4]

- 0: No  
 1: Yes

**PLEC\_Q94**

Before income tax is taken out, how much do you  
usually receive from these sources in total? If  
respondent unable to answer, prompt for their best  
estimate. {hfn09p1} [BPLE 31.1]

- 1: Amount ---> Q94a  
 2: Nil ---> Q95  
 -99: Loss ---> Q94a

**PLEC\_Q94a**

Enter amount - wages and salary before tax {hfn09p2}  
[BPLE 31.3]

---

**PLEC\_Q94b**

What period does that cover? {hfn09p3} [BPLE 31.4]

- 1: Week ---> Q94e  
 2: Fortnight ---> Q94e  
 3: Four weeks ---> Q94e  
 4: Calendar month ---> Q94e  
 5: Year ---> Q94e  
 6: Other ---> Q94c

**PLEC\_Q94c**

Enter period. {hfn09p4} [BPLE 31.5]

---

**PLEC\_Q94e**

Does this total amount include any child support payments? {hfn09p9a} [BPLE 32]

- 1: Yes  
 2: No

**PLEC\_Q95**

Before income tax is taken out, how much do you usually receive from wages and salary? {hfn13p2}  
[BPLE 31.2]

---

**PLEC\_Q96**

What period does that cover? {hfn13p3} [BPLE 31.3]

- 1: Week ---> Q97  
 2: Fortnight ---> Q97  
 3: Four weeks ---> Q97  
 4: Calendar month ---> Q97  
 5: Year ---> Q97  
 6: Other ---> Q96a

**PLEC\_Q96a**

Enter period. {hfn13p4} [BPLE 31.5]

---

**PLEC\_Q97**

Suppose you only had one week to raise \$2,000 for an emergency. Which of the following best describes how hard it would be for you to get that money? {hfn10p}  
[BPLE 34.1]

- 1: I could easily raise the money  
 2: I could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)  
 3: I would have to do something drastic to raise the money (e.g. selling an important possession)  
 4: I don't think I could raise the money



**PLEC\_Q98**

Given your current needs and financial responsibilities, how would you say you are getting on? {hfn06p} [BPLE 34.2]

- 1: Prosperous  
 2: Very comfortable  
 3: Reasonably comfortable  
 4: Just getting along  
 5: Poor  
 6: Very poor

**PLEC\_Q99**

What type of house or home are you living in? {hho01p2} [BPLE 35.1]

- 1: A separate house  
 2: A semi-detached house/row or terrace house/townhouse  
 3: A flat/unit apartment  
 4: A caravan/cabin  
 5: A house/flat attached to a shop, office, etc.  
 6: A farm  
 7: None of the above

**PLEC\_Q100**

Is this dwelling? {hho04p6} [BPLE 35.2]

- 1: Owned or partly owned by you ---> Q102  
 2: Rented by you ---> Q102  
 3: Occupied rent free ---> Q102  
 4: None of the above ---> Q101

**PLEC\_Q101**

What are your arrangements? {hho04p7} [BPLE 35.3]

- 1: Living with someone in their home ---> Q102  
 2: Boarding house etc ---> Q102  
 3: Other (specify) ---> Q101a

**PLEC\_Q101a**

Enter other arrangement. {hho04p7o} [BPLE 35.4]

\_\_\_\_\_

**PLEC\_Q102**

In the last year, how many times have you moved home? {hho03p2c} [BPLE 35.5]

\_\_\_\_\_

**PLEC\_Q103**

In the last two years, have you experienced any of these things because you did not have a permanent place to live? {hho11p1} [BPLE 35.6]

- 1: Yes  
 2: No

No, always had a permanent place to live {hho11p1a} [BPLE 35.6.1]

- 0: No  
 1: Yes ---> Q106

Stayed with relatives {hho11p1b} [BPLE 35.6.2]

- 0: No  
 1: Yes ---> Q104

Stayed at a friend's house {hho11p1c} [BPLE 35.6.3]

- 0: No  
 1: Yes ---> Q104

Stayed in a caravan {hho11p1d} [BPLe 35.6.4]  0: No  
 1: Yes ---> Q104

Stayed at a boarding house/hostel {hho11p1e} [BPLe 35.6.5]  0: No  
 1: Yes ---> Q104

Stayed in a refuge/shelter (e.g. night shelter, shelter for homeless, womens shelter) {hho11p1f} [BPLe 35.6.6]  0: No  
 1: Yes ---> Q104

Slept rough (including squatted in an abandoned building, sleeping in cars, tents) {hho11p1g} [BPLe 35.6.7]  0: No  
 1: Yes ---> Q104

Other {hho11p1h} [BPLe 35.6.8]  0: No  
 1: Yes ---> Q103a

### PLEC\_Q103a

Other (specify) {hho11p1i} [BPLe 35.7]

---

### PLEC\_Q104

Are you currently without a permanent place to live? {hho11p2} [BPLe 35.8]  1: Yes  
 2: No ---> Q106

### PLEC\_Q105

What led to you being without a permanent place to live? {hho11p3} [BPLe 35.9]  1: Yes  
 2: No

Travelling / on holiday {hho11p3a} [BPLe 35.9.1]  0: No  
 1: Yes ---> Q106

Work related reason {hho11p3b} [BPLe 35.9.2]  0: No  
 1: Yes ---> Q106

House-sitting {hho11p3c} [BPLe 35.9.3]  0: No  
 1: Yes ---> Q106

Saving money {hho11p3d} [BPLe 35.9.4]  0: No  
 1: Yes ---> Q106

Just moved back into town or city {hho11p3e} [BPLe 35.9.5]  0: No  
 1: Yes ---> Q106

Building or renovating home {hho11p3f} [BPLe 35.9.6]  0: No  
 1: Yes ---> Q106

Tight housing/rental market {hho11p3g} [BPLe 35.9.7]  0: No  
 1: Yes ---> Q106

Violence/Abuse/Neglect {hho11p3h} [BPLe 35.9.8]  0: No  
 1: Yes ---> Q106

Alcohol or drug use {hho11p3i} [BPLE 35.9.9]  0: No  
 1: Yes ---> Q106

Family/Friend/Relationship problems (e.g. separated or divorced partner) {hho11p3j} [BPLE 35.9.10]  0: No  
 1: Yes ---> Q106

Financial problems (e.g. not being able to pay mortgage or rent) {hho11p3k} [BPLE 35.9.11]  0: No  
 1: Yes ---> Q106

Mental illness {hho11p3l} [BPLE 35.9.12]  0: No  
 1: Yes ---> Q106

Lost job {hho11p3m} [BPLE 35.9.13]  0: No  
 1: Yes ---> Q106

Gambling {hho11p3n} [BPLE 35.9.14]  0: No  
 1: Yes ---> Q106

Eviction {hho11p3o} [BPLE 35.9.15]  0: No  
 1: Yes ---> Q106

Natural disaster {hho11p3p} [BPLE 35.9.16]  0: No  
 1: Yes ---> Q106

Other {hho11p3q} [BPLE 35.9.17]  0: No  
 1: Yes ---> Q105a

### PLEC\_Q105a

Other (specify) {hho11p3r} [BPLE 35.10]

### PLEC\_Q106

That is the end of the interview.

Thank you for your time and cooperation. The information you've provided will be useful in developing a picture of the study child's life and development.



The Longitudinal Study of Australian Children

IN CONFIDENCE



Wave 8  
2018

Parent's/Guardian's name:

Study child's name:

You are being invited to take part in *Growing Up in Australia*: The Longitudinal Study of Australian Children. Thank you for your involvement in the Study. The perspective of both parents/guardians is very important to the Study. The Study is being conducted as a partnership between the Department of Social Services, the Australian Institute of Family Studies, and the Australian Bureau of Statistics (ABS), with advice provided by a consortium of leading researchers.

The information reported on this form, including personal and sensitive information is collected on a voluntary basis and will be used for statistical purposes by the *Growing Up in Australia* study. To ensure your privacy is maintained, only de-identified information will be released to researchers and policy makers, and only combined results will be published.

By signing this form you will consent to the information you have provided on this form being released to researchers and policy makers. If you return this form unsigned *Growing Up in Australia* will not release the information. However, an electronic copy of this completed form will be retained by the ABS for our records.

Further information on privacy in relation to the *Growing Up in Australia* study and the *Growing Up in Australia* Privacy Statement can be found at: <https://aifs.gov.au/growingupnow/privacy-statement> or by calling 1800 005 508 (free call excluding mobile phones).

Parent/  
Guardian:

First name	Surname
------------	---------

Parent/  
Guardian's  
Signature:

Date:

We really appreciate you finding the time to complete, sign and return this form.

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



### Instructions

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

or

- Where appropriate, you can record '0' in the response box. Do not use 'nil', 'n/a' or crosses

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

Yes  1 No  2

5 4 2

- Leave answer boxes blank where you have no response or information to enter
- When you have completed this form, return it in the reply paid envelope  
(Reply Paid 91263, DANDENONG SOUTH VIC 3175)

## Child's personality and behaviour

- 1** For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

	Not true	Somewhat true	Certainly true
(a) Considerate of other people's feelings {hse03b1a} [P2LB 1.1]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long {hse03b2a} [P2LB 1.2]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach-aches or sickness {hse03b3a} [P2LB 1.3]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other youth, for example books, games, food {hse03b1b} [P2LB 1.4]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper {hse03b4a} [P2LB 1.5]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Would rather be alone than with other youth {hse03b5a} [P2LB 1.6]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request {hse03b4b} [P2LB 1.7]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries or often seems worried {hse03b3b} [P2LB 1.8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill {hse03b1c} [P2LB 1.9]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming {hse03b2b} [P2LB 1.10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend {hse03b5b} [P2LB 1.11]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other youth or bullies them {hse03b4c} [P2LB 1.12]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful {hse03b3c} [P2LB 1.13]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other young people {hse03b5c} [P2LB 1.14]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders {hse03b2c} [P2LB 1.15]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous in new situations, easily loses confidence {hse03b3d} [P2LB 1.16]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children {hse03b1d} [P2LB 1.17]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats {hse03b4f} [P2LB 1.18]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other young people {hse03b5d} [P2LB 1.19]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (parents, teachers, children) {hse03b1e} [P2LB 1.20]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting {hse03b2d} [P2LB 1.21]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere {hse03b4g} [P2LB 1.22]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets along better with adults than with other young people {hse03b5e} [P2LB 1.23]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared {hse03b3e} [P2LB 1.24]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees tasks through to the end {hse03b2e} [P2LB 1.25]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## Parenting

### 2 Thinking about the study child over the past 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? <span style="color: red;">{hpa03b2} [P2LB 2.1]</span>	<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? <span style="color: red;">{hpa09b2} [P2LB 2.2]</span>	<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? <span style="color: red;">{hpa03b3} [P2LB 2.3]</span>	<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? <span style="color: red;">{hpa09b3} [P2LB 2.4]</span>	<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? <span style="color: red;">{hpa09b1} [P2LB 2.5]</span>	<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? <span style="color: red;">{hpa03b4} [P2LB 2.6]</span>	<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? <span style="color: red;">{hpa03b5} [P2LB 2.7]</span>	<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? <span style="color: red;">{hpa03b6} [P2LB 2.8]</span>	<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? <span style="color: red;">{hpa03b1} [P2LB 2.9]</span>	<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? <span style="color: red;">{hpa09b4} [P2LB 2.10]</span>	<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? <span style="color: red;">{hpa09b5} [P2LB 2.11]</span>	<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 do 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? <b>{hpa13b2} [P2LB 3.1]</b>	<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? <b>{hpa13b3} [P2LB 3.2]</b>	<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? <b>{hpa11b1} [P2LB 3.3]</b>	<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? <b>{hpa11b2} [P2LB 3.4]</b>	<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? <b>{hpa11b3} [P2LB 3.5]</b>	<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? <b>{hpa13b4} [P2LB 3.6]</b>	<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? <b>{hpa13b5} [P2LB 3.7]</b>	<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? <b>{hpa11b4} [P2LB 3.8]</b>	<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? <b>{hpa11b5} [P2LB 3.9]</b>	<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? <b>{hpa13b6} [P2LB 3.10]</b>	<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? <b>{hpa13b7} [P2LB 3.11]</b>	<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? <span style="color: red;">{hpa10b5a} [P2LB 4.1]</span>	<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? <span style="color: red;">{hhe11b1b} [P2LB 4.2]</span>	<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? <span style="color: red;">{hhe11b3b} [P2LB 4.3]</span>	<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? <span style="color: red;">{hpa12b1} [P2LB 5.1]</span>	<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? <span style="color: red;">{hpa12b2} [P2LB 5.2]</span>	<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? <span style="color: red;">{hpa12b3} [P2LB 5.3]</span>	<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? <span style="color: red;">{hpa12b4} [P2LB 5.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

#### 6 People often disagree with each other. The following sentences describe situations. How often do you and this child do the following things?

	Not at all	A little	Sometimes	Pretty often	Almost all or all of the time
(a) We disagree and fight <span style="color: red;">{hpa26b1} [P2LB 6.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) We bug each other or get on each other's nerves <span style="color: red;">{hpa26b2} [P2LB 6.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) We yell at each other <span style="color: red;">{hpa26b3} [P2LB 6.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) When we argue we stay angry for a very long time <span style="color: red;">{hpa26b4} [P2LB 6.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) When we disagree, I refuse to talk to this child <span style="color: red;">{hpa26b5} [P2LB 6.5]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) When we disagree, this child stomps out of the room, house or yard <span style="color: red;">{hpa26b6} [P2LB 6.6]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

#### 7 How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
(a) I know how to help this child do well at school <span style="color: red;">{hhe33b4a} [P2LB 7.1]</span>	<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 <span style="color: red;">{hhe33b5a} [P2LB 7.2]</span>	<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 <span style="color: red;">{hhe33b6a} [P2LB 7.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**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 <u>and</u> first and last name? <span style="color: red;">{hpa19b1} [P2LB 8.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Close friends' <u>parents</u> do you know by sight <u>and</u> by first and last name? <span style="color: red;">{hpa19b2} [P2LB 8.2]</span>	<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 statements?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) It is important that parents know where their child is and what he/she is doing all the time <span style="color: red;">{hpa08b1} [P2LB 9.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) It is difficult to know where this child is and what he/she is doing now that he/she is getting older <span style="color: red;">{hpa08b2} [P2LB 9.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**10 How often...**

	Always	Almost always	About half the time	Almost never	Never
(a) In the course of a day, do you know where this child is? <span style="color: red;">{hpa18b1} [P2LB 10.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Do you know who this child is with when he/she is away from home? <span style="color: red;">{hpa18b2} [P2LB 10.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you talk to this child about what is going on in his/her life? <span style="color: red;">{hpa18b3} [P2LB 10.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Does this child go out without telling you where he/she will be? <span style="color: red;">{hpa18b4} [P2LB 10.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**11 Overall, as a parent, do you feel that you are...**

Not very good at being a parent... ..  1

A person who has some trouble being a parent ...  2 {hpa01b} [P2LB 11]

An average parent ... ..  3

A better than average parent... ..  4

A very good parent ... ..  5

**12 Are you the child's biological parent?**

Yes ... ..  1 {hfd19bi} [P2LB 12]

No ... ..  2

The next questions are about learning experiences some people have. Knowing if any of the following things have occurred in your life will help us to understand this child's experiences as they are growing up.

**13 Were you slow or late to start to talk?**

- Yes .....  <sub>1</sub> {hfd25b1} [P2LB 13]  
 No.....  <sub>2</sub>  
 Don't know .....  <sub>3</sub>

**14 Did you ever have any speech difficulties - that is to say, trouble making speech sounds and saying words clearly?**

- {hfd25b2} [P2LB 14]  
 Yes .....  <sub>1</sub>  
 No.....  <sub>2</sub> ▶ Go to Question 16  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 16

**15 Do you have these speech difficulties now?**

- Yes .....  <sub>1</sub> {hfd25b2a} [P2LB 15]  
 No.....  <sub>2</sub>

**16 Did you ever have language difficulties (not related to English as a second language)?**

- {hfd25b3} [P2LB 16]  
 Yes .....  <sub>1</sub>  
 No.....  <sub>2</sub> ▶ Go to Question 18  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 18

**17 Do you have these language difficulties now?**

- Yes .....  <sub>1</sub> {hfd25b3a} [P2LB 17]  
 No.....  <sub>2</sub>

**18 Did you ever have reading difficulties?**

- {hfd25b4} [P2LB 18]  
 Yes .....  <sub>1</sub>  
 No.....  <sub>2</sub> ▶ Go to Question 20  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 20

**19 Do you have these reading difficulties now?**

- Yes .....  <sub>1</sub> {hfd25b4a} [P2LB 19]  
 No.....  <sub>2</sub>

**20 Did you ever have spelling difficulties?**

- Yes .....  <sub>1</sub> {hfd25b5} [P2LB 20]  
 No.....  <sub>2</sub> ▶ Go to Question 22  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 22

**21 Do you have these spelling difficulties now?**

- Yes .....  <sub>1</sub> {hfd25b5a} [P2LB 21]  
 No.....  <sub>2</sub>

**22 Did you ever have a learning disorder?**

- {hfd25b6} [P2LB 22]  
 Yes .....  <sub>1</sub>  
 No.....  <sub>2</sub> ▶ Go to Question 24  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 24

**23 Do you have this learning disorder now?**

- Yes .....  <sub>1</sub> {hfd25b6a} [P2LB 23]  
 No.....  <sub>2</sub>

**24 Did you ever have an intellectual disability?**

- Yes .....  <sub>1</sub> {hfd25b7} [P2LB 24]  
 No.....  <sub>2</sub> ▶ Go to Question 26  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 26

**25 Do you have this intellectual disability now?**

- Yes .....  <sub>1</sub> {hfd25b7a} [P2LB 25]  
 No.....  <sub>2</sub>

**26 Did you ever have any hearing impairment?**

- Yes .....  <sub>1</sub> {hfd25b8} [P2LB 26]  
 No.....  <sub>2</sub> ▶ Go to Question 30  
 Don't know ... ..  <sub>3</sub> ▶ Go to Question 30

**27 Did you wear a hearing aid for this hearing impairment?**

- Yes ... ..  1 {hfd25b8c} [P2LB 27]
- No... ..  2
- Don't know ... ..  3

**28 Do you have this hearing impairment now?**

- Yes ... ..  1 {hfd25b8b} [P2LB 28]
- No... ..  2 ▶ Go to Question 30
- Don't know ... ..  3 ▶ Go to Question 30

**29 Do you wear a hearing aid for this hearing impairment now?**

- Yes ... ..  1 {hfd25b8a} [P2LB 29]
- No... ..  2

**30 What is your handedness?**

- Right ... ..  1 {hfd26b} [P2LB 30]
- Left ... ..  2

**Health and wellbeing**

**31 In general, would you say your own health is...**

- Excellent ... ..  1 {hhs13b} [P2LB 31]
- Very good ... ..  2
- Good... ..  3
- Fair ... ..  4
- Poor ... ..  5

**32 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 {hnb14b2} [P2LB 32]

**33 About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity?**

*(e.g. walking briskly, riding a bike, gardening, tennis, swimming, running etc.)*

days {hnb14b2a} [P2LB 33]

**34 About how much do you weigh?**

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

kg or  stones  pounds  
 {hhs23b2e} [P2LB 34] {hhs23b2f} [P2LB 34]  
 {hhs23b2d} [P2LB 34]

**35 Do you currently smoke cigarettes?**

- Yes  1 {hnb15b5} [P2LB 35]
- No  2 ▶ Go to Question 38

**36 Do you smoke at least once per day?**

- Yes  1 {hnb15b7} [P2LB 36]
- No  2 ▶ Go to Question 38

**37 How many cigarettes do you usually smoke in one day?**

- 1 to 5 per day ... ..  1 {hnb15b8} [P2LB 36/37]
- 6 to 10 per day ... ..  2
- 11 to 20 per day ... ..  3
- More than 20 per day  4

**38 How often do you have a drink containing alcohol?**

- Never ... ..  1 ▶ Go to Question 42
- Not in the last year ...  2
- Monthly or less ... ..  3 {hnb16b2} [P2LB 38]
- 2 or 3 times a month  4
- Once a week ... ..  5
- 2 or 3 times a week ...  6
- 4 to 6 times a week ...  7
- Every day ... ..  8

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

- 1 or 2.....  1 {hhb16b3}
- 3 or 4.....  2 [P2LB 39]
- 5 or 6.....  3
- 7 to 10 .....  4
- 11 or more .....  5

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

- Every day .....  1 {hhb16b7}
- 4 to 6 times a week ...  2 [P2LB 40]
- 2 or 3 times a week ...  3
- Once a week .....  4
- 2 or 3 times a month  5
- Monthly or less .....  6
- Never .....  7 ▶ Go to Question 42

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

- Every day .....  1 {hhb16b8}
- 4 to 6 times a week .....  2 [P2LB 41]
- 2 or 3 times a week .....  3
- Once a week .....  4
- 2 or 3 times a month .....  5
- Monthly or less .....  6
- Never .....  7

**42 Sometimes family members 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)*
- Excellent .....  1 {hre06b} [P2LB 42]
  - Very good .....  2
  - Good.....  3
  - Fair .....  4
  - Poor .....  5

**43 How much time per week do you personally spend on...**

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

{hre02b2c} [P2LB 43.1.1] hours   mins {hre02b2d} [P2LB 43.1.2]

(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)?

{hre02b1c} [P2LB 43.2.1] hours   mins {hre02b1d} [P2LB 43.2.2]

**44 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)? {hre02b2a} [P2LB 44.1]

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

(b) Child-rearing tasks (both physical and emotional care)? {hre02b1a} [P2LB 44.2]

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

**45 How difficult do you feel your life is at present?** {hhs26b1} [P2LB 45]

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

**46 How well do you think you are coping?**

{hhs26b2} [P2LB 46]

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

**47 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?**

- Yes  1 {hhs25b1} [P2LB 47]
- No  2

**48 How often do you feel rushed or pressed for time?**

{hhs26b3} [P2LB 48]

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

{hsc08b} [P2LB 49]

Very often	Often	Sometimes	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**50 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? {hhs24b1} [P2LB 50.1]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hopeless (that is, without hope)? {hhs24b2} [P2LB 50.2]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety? {hhs24b3} [P2LB 50.3]	<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? {hhs24b4} [P2LB 50.4]	<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? {hhs24b5} [P2LB 50.5]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless? {hhs24b6} [P2LB 50.6]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**51 How often...**

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)? <a href="#">{hre01b1}</a> [P2LB 51.1]	<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)? <a href="#">{hre01b2}</a> [P2LB 51.2]	<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? <a href="#">{hre01b3}</a> [P2LB 51.3]	<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 parenting issues? <a href="#">{hre15b1}</a> [P2LB 51.4]	<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? <a href="#">{hre15b2}</a> [P2LB 51.5]	<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? <a href="#">{hre15b3}</a> [P2LB 51.6]	<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? <a href="#">{hre15b4}</a> [P2LB 51.7]	<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? <a href="#">{hre15b5}</a> [P2LB 51.8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Do you and your partner back each other up if you are having difficulties with this child? <a href="#">{hre01b4}</a> [P2LB 51.9]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Do you and your partner work together in supporting this child with any difficulties he/she may be having? <a href="#">{hre01b5}</a> [P2LB 51.10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**52 Have you ever been afraid of your spouse/partner?**Yes  1 [{hre16b}](#) [P2LB 52]No  2

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.

**53** How well does your spouse/partner meet your needs?

{hre04b1} [P2LB 53]

1 = Poorly  Extremly well = 5

1  2  3  4  5

**54** In general, how satisfied are you with your relationship?

{hre04b7} [P2LB 54]

1 = Unsatisfied  Very satisfied = 5

1  2  3  4  5

**55** How good is your relationship compared to most?

{hre04b2} [P2LB 55]

1 = Poor  Excellent = 5

1  2  3  4  5

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


{hre04b3} [P2LB 56]

1 = Never  Very often = 5

1  2  3  4  5

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

{hre04b4} [P2LB 57]

1 = Hardly at all  Completely = 5

1  2  3  4  5

**58** How much do you love your spouse/partner?

{hre04b5} [P2LB 58]

1 = Not much  Very much = 5

1  2  3  4  5

**59** How many problems are there in your relationship?

{hre04b6} [P2LB 59]

1 = Very few  Very many = 5

1  2  3  4  5

**60** 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

{hre05b} [P2LB 60]



## Community

**61 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?**  
 ('Someone' could include your spouse/partner)

	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 <b>{hsc18b1a} [P2LB 61.1]</b>	<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 <b>{hsc18b1b} [P2LB 61.2]</b>	<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 <b>{hsc18b1c} [P2LB 61.3]</b>	<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 <b>{hsc18b1d} [P2LB 61.4]</b>	<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 <b>{hsc18b2a} [P2LB 61.5]</b>	<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 <b>{hsc18b2b} [P2LB 61.6]</b>	<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 <b>{hsc18b2c} [P2LB 61.7]</b>	<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 <b>{hsc18b2d} [P2LB 61.8]</b>	<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 <b>{hsc18b3a} [P2LB 61.9]</b>	<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 <b>{hsc18b3b} [P2LB 61.10]</b>	<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 <b>{hsc18b3c} [P2LB 61.11]</b>	<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 <b>{hsc18b4a} [P2LB 61.12]</b>	<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 <b>{hsc18b4b} [P2LB 61.13]</b>	<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 <b>{hsc18b4c} [P2LB 61.14]</b>	<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 <b>{hsc18b5} [P2LB 61.15]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your parents {hsc14b2} [P2LB 62.1]	<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 {hsc14b3} [P2LB 62.2]	<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 {hsc14b4} [P2LB 62.3]	<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 {hsc14b5} [P2LB 62.4]	<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 {hsc14b6} [P2LB 62.5]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## 63 Thinking about your neighbourhood, how strongly do you agree or disagree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(a) This is a close-knit neighbourhood {hsc10b5a} [P2LB 63.1]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) People in this neighbourhood generally don't get along with each other {hsc10b6a} [P2LB 63.2]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) People in this neighbourhood do not share the same values {hsc10b7a} [P2LB 63.3]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) People in this neighbourhood can be trusted {hsc10b3a} [P2LB 63.4]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) People around here are willing to help their neighbours {hsc15b2b} [P2LB 63.5]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

{hsc17b} [P2LB 64]

Never	Rarely	Occasionally	Sometimes	Often	Very often
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

Yes  1

No  2 {hsc20b} [P2LB 65]

The next few questions are about unpaid voluntary work, that is, help willingly given in the form of time, service or skills for an organisation.

**66** In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations? (Please include all regular and irregular volunteering)

(Tick all that apply)


- Sport/recreation (e.g. coaching, refereeing) ..... {hsc11b2b} [P2LB 66.1.1]  1
- School and children's groups (e.g. canteen, teachers aide, play group, childcare) ..... {hsc11b2o} [P2LB 66.1.2]  2
- Community/welfare (e.g. Clean Up Australia, The Smith Family) ..... {hsc11b2a} [P2LB 66.1.3]  3
- Church or religious groups ..... {hsc11b2j} [P2LB 66.1.4]  4
- Emergency services (e.g. firefighting, search and rescue) ..... {hsc11b2g} [P2LB 66.1.5]  5
- Youth/student service/mentoring/leadership/adventure (e.g. Scouts) ..... {hsc11b2p} [P2LB 66.1.6]  6
- Arts/heritage/cultural/music activities (e.g. museum) ..... {hsc11b2e} [P2LB 66.1.7]  7
- Health/health care (e.g. volunteering in a hospital or clinic) ..... {hsc11b2d} [P2LB 66.1.8]  8
- Teaching or training (e.g. TAFE, Community College, Adult Education classes) ..... {hsc11b2q} [P2LB 66.1.9]  9
- Animal welfare (e.g. RSPCA) ..... {hsc11b2r} [P2LB 66.1.10]  10
- Environment (e.g. conservation) ..... {hsc11b2s} [P2LB 66.1.11]  11
- Immigrant/refugee assistance ..... {hsc11b2t} [P2LB 66.1.12]  12
- International aid/development (e.g. Oxfam) ..... {hsc11b2u} [P2LB 66.1.13]  13
- Law/justice/political/human rights (e.g. Amnesty International) ..... {hsc11b2v} [P2LB 66.1.14]  14
- Business/professional associations or unions ..... {hsc11b2f} [P2LB 66.1.15]  15
- Ethnic and Ethnic-Australian societies ..... {hsc11b2w} [P2LB 66.1.16]  16
- Other ..... {hsc11b2x} [P2LB 66.1.17]  17
- None ..... {hsc11b4} [P2LB 66.1]  18

{hsc11b3a} [P2LB 67]

**67** In the last 12 months, how often did you work for this/these organisation(s) on a voluntary basis? (If timeframe for work was done over a block of time (e.g. a 3 month period) select '4. At least once a year')

- At least once a week .....  1
- At least once a fortnight .....  2
- At least once a month .....  3
- At least once a year.....  4

**68** In total, how many hours did you do volunteer activities for this/these organisation(s)?

 {hsc11b3b1} [P2LB 68.1.1] hrs  per week

{hsc11b3b2} [P2LB 68.1.2]  per fortnight

{hsc11b3b3} [P2LB 68.1.3]  per month

{hsc11b3b4} [P2LB 68.1.4]  per year

{hsc11b3b} [P2LB 68.1]

## Work and family

- If you are not in paid work, please go to Question 75.
- For the next questions, please think about the job in which you work the most hours.

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

hours {hpw18b2} [P2LB 69]

**70** If you sometimes need to change the time when you start or finish your work day, is it possible? {hpw19b} [P2LB 70]

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

**71** Could you get a permanent increase in hours if needed? {hpw20b1} [P2LB 71]

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

**72** Could you get a permanent decrease in hours if needed? {hpw20b2} [P2LB 72]

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

**73** How secure do you feel in your present job? {hpw21b} [P2LB 73]

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

**74 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 {hpw22b} [P2LB 74.1]	<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) {hpw23b1a} [P2LB 74.2]	<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) {hpw23b1b} [P2LB 74.3]	<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 {hpw23b1c} [P2LB 74.4]	<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 {hpw29b} [P2LB 74.5]	<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 {hpw23b2a} [P2LB 74.6]	<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 {hpw23b2b} [P2LB 74.7]	<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 {hpw23b2c} [P2LB 74.8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Because of my <u>work</u> responsibilities I have missed out on home or family activities that I would like to have taken part in {hpw23b3a} [P2LB 74.9]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Because of my <u>work</u> responsibilities my family time is less enjoyable and more pressured {hpw23b3b} [P2LB 74.10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Because of my <u>family</u> responsibilities I have had to turn down work activities or opportunities that I would prefer to take on {hpw23b4a} [P2LB 74.11]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Because of my <u>family</u> responsibilities the time I spend working is less enjoyable and more pressured {hpw23b4b} [P2LB 74.12]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Contact details**

**75 What is your relationship to the study child?**

{hfd23b1} [P2LB 75.1]

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

{hfd23b2} [P2LB 75.2]

**Thank you for taking the time to fill in this form.  
Please return in reply paid envelope supplied  
(or send to: Reply Paid 91263, DANDENONG SOUTH VIC 3175).**







The Longitudinal Study of Australian Children

IN CONFIDENCE



Wave 8  
2018

English  
Teacher

Teacher's name:

Study child's name:

You are being asked to take part in *Growing Up in Australia: The Longitudinal Study of Australian Children*. The Study is being conducted as a partnership between the Department of Social Services, the Australian Institute of Family Studies, and the Australian Bureau of Statistics (ABS), with advice provided by a consortium of leading researchers.

The perspective of teachers provides valuable information about children's educational progress and behaviour for the Study.

The information reported on this form is collected on a voluntary basis and will be used for statistical purposes by the *Growing Up in Australia* study. To ensure your privacy is maintained, only de-identified information will be released to researchers and policy makers, and only combined results will be published.

By signing this form you will consent to the information you have provided on this form being released to researchers and policy makers. If you return this form unsigned *Growing Up in Australia* will not release the information. However, an electronic copy of this completed form will be retained by the ABS for our records.

In order to respect the privacy of those involved, participation in the Study should not be mentioned to others without the consent of the family. Further information on privacy in relation to the *Growing Up in Australia* study and the *Growing Up in Australia* Privacy Statement can be found at: [www.growingupinaustralia.gov.au/participants/privacy.html](http://www.growingupinaustralia.gov.au/participants/privacy.html) or by calling 1800 005 508 (free call excluding mobile phones).

Instructions

- Please complete this form with regard to yourself and the study child named above
- **Please answer all the questions as best you can. You can leave the question blank if you feel you do not know the student well enough**
- Use **black** pen
- Where appropriate, you can record '0' in the response box. Do not use 'nil', 'n/a' or crosses.
- Keep each number or tick within the response box provided, for example
- If a mistake is made, please correct it this way
- Leave answer boxes blank where you have no response or information to enter.
- When you have completed this form, return it in the reply paid envelope (Reply Paid 91263, DANDENONG SOUTH VIC 3175)

Yes  1 No  2

or

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





## Student characteristics

**1 Do you teach this student for any subjects other than English?**

Yes  1

{hid48a1}  
[Teach 1]

No  2

**2 In what year/grade is the student enrolled?**

Year 11 / Grade 11 .....  1

{hpc06t1}  
[Teach 2]

Year 10 / Grade 10 .....  2

Year 9 / Grade 9 .....  3

Year 8 / Grade 8 .....  4

Year 7 / Grade 7 .....  5

Not assigned to a grade (e.g. special education program or ungraded program)  6

**3 How well do you know this student?**

Very well .....  1

{hid48b1}  
[Teach 3]

Well .....  2

Not well .....  3

**4 How many parent-teacher meetings have been held for this student's year level this year?**

{htp09c} [Teach 4]

**5 How many of these did a parent of this student attend?**



Don't know

{htp09d} [Teach 5]

**6 How often do you estimate that this student has been absent from your English class?**

Very often .....  1

{hpc48t1d} [Teach 6]

Often .....  2

Sometimes .....  3

Rarely .....  4

Never .....  5

**7 What is the most frequent reason for their absences?**

{hpc48t2b1} [Teach 7]

Illness of student .....  1

Medical, dental or other specialist appointment .....  2

Caring for another family member .....  3

Illness of family member .....  4

Lack of transportation .....  5

Outside of school activities (e.g. representative sport, music performance)  6

Student did not want to attend .....  7

Family events (e.g. holidays, religious/cultural events) .....  8

Other .....  9

Don't know .....  10

**8 In the last fortnight, how often has this student been absent from your English class?**

Very often ... {hpc48t1e} [Teach 8]...  1

Often .....  2

Sometimes .....  3

Rarely .....  4

Never .....  5

**9 Does this student receive any additional assistance or specialised services provided within the school because of a diagnosed disability or additional need?**

(e.g. giftedness or English as a Second Language (ESL))

{hpc56a}  
[Teach 9]

Yes .....  1

No... .....  2 ► Go to Question 12

Don't know  3 ► Go to Question 12

**10 What additional assistance or specialised services does this student receive?**

(Tick all that apply) {hpc30} [Teach 10]

Speech therapy {hpc30a} [Teach 10.1]  1

Psychological assessment {hpc30b} [Teach 10.2]  2

Learning support {hpc30c} [Teach 10.3]  3

Occupational therapy {hpc30k} [Teach 10.4]  4

Behavioural management programs {hpc30d} [Teach 10.5]  5

Other... {hpc30e} [Teach 10.6]  6

Don't know .....  7

**11 What is the main reason that this student requires additional assistance or specialised services to enable them to succeed in the regular school program?** (If the student has more than one special need, tick the option for the major need for which the student receives additional help)

- Intellectual disability .....  1  
 {hpc56b2a} [Teach 11]
- Hearing impairment .....  2
- Vision impairment .....  3
- Physical disability .....  4
- Speech or language impairment .....  5
- Learning disability/learning problems in literacy .....  6
- Learning disability/learning problems in numeracy .....  7
- Emotional or behavioural problems .....  8
- Poor understanding of Standard Australian English or ESL .....  9
- Autism Spectrum Disorder .....  10
- Giftedness .....  11
- Other.....  12
- Don't know .....  13

**12 Does this student currently have an Individual Education or Learning Plan (i.e. IEP, ILP)?**

- Yes .....  1 {hpc52t} [Teach 12]
- No.....  2
- Don't know  3

**13 Has this student fallen behind in school work in this class?**

- Yes  1 {hpc52t3} [Teach 13]
- No  2 ► Go to Question 15

**14 If yes, what is the main reason this student has fallen behind in school work?**

- Health problem ..... {hpc52t4} [Teach 14]  1
- Limited proficiency in English .....  2
- Behavioural problem .....  3
- Lack of effort .....  4
- Disorganised .....  5
- Lacks prerequisite skills .....  6
- Extracurricular activities .....  7
- Other .....  8

**15 Have you formally spoken to a staff member or support person (such as a school counsellor) this school year about the following?**

(a) Student's poor school performance

- Yes  1 {hpc52t5} [Teach 15.1]
- No  2

(b) Student's disruptive behaviour in school

- Yes  1 {hpc52t6} [Teach 15.2]
- No  2

**16 To the best of your knowledge, have you or school administration communicated (outside the normal reporting system) with this student's parents this year about the following?**

(a) Student's poor academic performance

- Yes .....  1
- No.....  2 {hpc76a} [Teach 16.1]
- Don't know  3

(b) Student's disruptive behaviour in school

- Yes .....  1
- No.....  2 {hpc76b} [Teach 16.2]
- Don't know  3

(c) Student's failure to complete homework

- Yes .....  1
- No.....  2 {hpc76c} [Teach 16.3]
- Don't know  3

(d) Student's absenteeism

- Yes .....  1
- No.....  2 {hpc76d} [Teach 16.4]
- Don't know  3

(e) Student's accomplishments

- Yes .....  1
- No.....  2 {hpc76e} [Teach 16.5]
- Don't know  3

(f) Student's outstanding academic performance

- Yes .....  1
- No.....  2 {hpc76g} [Teach 16.6]
- Don't know  3

The following sets of questions on **English Language and Literacy** ask you to rate this student's skills, knowledge and behaviours as evidenced in the student's current achievement and motivation, compared to other students of the same year level. This is **not** a test and should not be administered directly to this student. A five-point scale is used to reflect the degree to which the student has acquired the competencies:

- Not yet – This student has **not yet demonstrated** skill, knowledge or behaviour.
- Beginning – This student is **just beginning** to demonstrate skill, knowledge or behaviour.
- In progress – This student demonstrates skill, knowledge or behaviour with **some regularity**.
- Intermediate – This student demonstrates skill, knowledge or behaviour with **average competence**.
- Proficient – This student demonstrates skill, knowledge or behaviour **competently and consistently**.
- Not applicable – Not applicable (*skill, knowledge or behaviour has not been introduced in the classroom setting*).

**17 The student...**

Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
---------	-----------	-------------	--------------	------------	----------------

- (a) **Conveys ideas clearly when speaking**  
(e.g. presents an oral report from an outline that is logically organised, supports ideas with specific details, and presents a simple argument) {hlc09a11} [Teach 17.1]  

<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) **Understands and interprets a story or other text read aloud**  
(e.g. identifies an author's purpose, identifies persuasive techniques through information presented and language choices) {hlc09a20} [Teach 17.2]  

<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) **Uses various strategies to gain information**  
(e.g. uses multiple genres of text, such as books, interviews, magazines to access information, evaluates information sources) {hlc09a12} [Teach 17.3]  

<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) **Reads fluently**  
(e.g. reads imaginative texts to infer characters' qualities, motives and actions, reads argument texts and understands how points of view, persons or events are represented) {hlc09a13} [Teach 17.4]  

<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) **Reads and comprehends expository text**  
(e.g. takes relevant notes from encyclopaedias or magazine articles and can organise information from several sources into a summary report) {hlc09a21} [Teach 17.5]  

<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) **Composes multi-paragraph stories/reports with an understandable beginning, middle and end**  
(e.g. writes a well-organised report that offers insights about the topic, or writes stories with elaborate plots, descriptive language, and varied sentence structure) {hlc09a16} [Teach 17.6]  

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- (g) **Rereads and reflects on writing, making changes to clarify or elaborate**  
(e.g. reorganises sentences or paragraphs for increased clarity, adds character description, or adds figurative language such as metaphors) {hlc09a17} [Teach 17.7]  

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- (h) **Makes some mechanical corrections when reviewing a rough draft**  
(e.g. corrects spelling and punctuation errors, adds commas and quotation marks appropriately) {hlc09a18} [Teach 17.8]  

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------
- (i) **Uses the computer for a variety of purposes**  
(e.g. formats reports or stories, or uses databases to store or retrieve information, or does web searches) {hlc09a19} [Teach 17.9]  

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**18 Overall, how would you rate this student's language and literacy skills compared to other students of the same year level?**

Far below average	Below average	Average	Above average	Far above average
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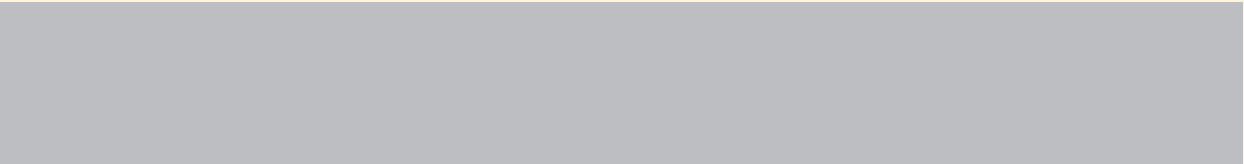
1     2     3     4     5  
{hlc08t1b} [Teach 18]

## Student's personality and behaviour

**19** For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

	Not true	Somewhat true	Certainly true
(a) Considerate of other people's feelings {hse03t1a} [Teach 19.1 ]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long {hse03t2a} [Teach 19.2]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach-aches or sickness {hse03t3a} [Teach 19.3]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other youth, for example books, games, food {hse03t1b} [Teach 19.4]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper {hse03t4a} [Teach 19.5]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Would rather be alone than with other youth {hse03t5a} [Teach 19.6]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request {hse03t4b} [Teach 19.7]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries or often seems worried {hse03t3b} [Teach 19.8]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill {hse03t1c} [Teach 19.9]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming {hse03t2b} [Teach 19.10]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend {hse03t5b} [Teach 19.11]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other youth or bullies them {hse03t4c} [Teach 19.12]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful {hse03t3c} [Teach 19.13]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other young people {hse03t5c} [Teach 19.14]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders {hse03t2c} [Teach 19.15]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous in new situations, easily loses confidence {hse03t3d} [Teach 19.16]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children {hse03t1d} [Teach 19.17]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats {hse03t4f} [Teach 19.18]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other young people {hse03t5d} [Teach 19.19]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (parents, teachers, children) {hse03t1e} [Teach 19.20]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting {hse03t2d} [Teach 19.21]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere {hse03t4g} [Teach 19.22]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets along better with adults than with other young people {hse03t5e} [Teach 19.23]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared {hse03t3e} [Teach 19.24]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees tasks through to the end {hse03t2e} [Teach 19.25]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

20



SSIS Self Control {htscont}

21



SSIS Cooperation {htcoop}

22



SSIS Responsibility {htresp}

**23 How often does this student demonstrate the following behaviours in your English class?**

	Never	Rarely	Some of the time	Most of the time	All of the time
(a) Usually works hard for good results/grades <span style="color: red;">{hlc15a1} [Teach 23.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Seems to relate well to other students <span style="color: red;">{hlc15a2} [Teach 23.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Exceptionally passive or withdrawn <span style="color: red;">{hlc15a3} [Teach 23.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Attentive <span style="color: red;">{hlc15a4} [Teach 23.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Disruptive <span style="color: red;">{hlc15a5} [Teach 23.5]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Late <span style="color: red;">{hlc15a6} [Teach 23.6]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Absent <span style="color: red;">{hlc15a7} [Teach 23.7]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Completes homework assigned <span style="color: red;">{hlc15a8} [Teach 23.8]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Student's class characteristics**

**Note**

- Remember, in answering the questions please refer to the class in which you teach this student English.

**24 Which of the following best describes how students in the year level of this student are grouped for English classes?** {hpc77a1} [Teach 24]

- Not applicable as there is only one English class at this year level ...  1
- All English classes are structured so that they contain students with a wide range of abilities ...  2
- Some English classes are designed to contain students with a wide range of abilities but others are structured so that they contain students of similar ability...  3
- All English classes are structured so that students of similar ability are grouped together in any one English class ...  4

**25 Which of the following best describes the composition of this student's English class...** {hpc77a2} [Teach 25]

- Structured so that it is a mixed ability class containing a wide range of abilities...  1
- Structured so that it is a selective class containing relatively high achieving students...  2
- Structured so that it is a selective class containing relatively low achieving students...  3

**26 How many teachers teach this student across different subjects?**

(If you are not quite sure, your best guess is fine)

- 1 {hpc14t2b} [Teach 26]
- Don't know

**27 How many students are present in this student's English class?**

- {hpc14t1f} [Teach 27]
- Don't know

**28 How many students in the class in which you teach this student English...** {hpc31a2} [Teach 28.1]

- (a) Are from a non-English speaking family background? ...   [Teach 28.1]
- (b) Are from an Aboriginal or Torres Strait Islander background? ...   {hpc31b2} [Teach 28.2]
- (c) Have a diagnosed disability (e.g. intellectual, sensory, physical, Autism Spectrum Disorder, developmental delay)? {hpc31c2} [Teach 28.3]

**29 In a typical week, how many total hours do paid aides spend in your English class?** (e.g. regular aides, ESL and special education aides)

- {hpc54} [Teach 29]

**Still thinking about the class in which you teach the student English...**

**30 How many computers or computer-like devices are available for students in your English class to use** (including laptops brought in by students and desktops)?

- {hpc07c} [Teach 30]

**31 Of these, how many have access to the Internet?**

- {hpc07d} [Teach 31]

**32 Does your school lend or supply computers or computer-like devices to use at home and/or school?**

- Yes  1 {hpc07e} [Teach 32]
- No  2

**33 How frequently do you or your students use computers during instructional time in the following locations...**

	No computer facilities available	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
(a) In your classroom? <b>{htp07f1} [Teach 33.1]</b>	<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) In another location in your school (e.g. library)? <b>{htp07f2} [Teach 33.2]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**34 In the class in which you teach this student English, how frequently do your students perform the following activities using educational technology?**

	No computer facilities available	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
(a) Prepare written text (e.g. word processing, desktop publishing) <b>{htp07g1} [Teach 34.1]</b>	<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) Create or use graphics or visual displays (e.g. graphs, diagrams, pictures, maps) <b>{htp07g2} [Teach 34.2]</b>	<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) Learn or practice basic skills (e.g. reading or math skills) <b>{htp07g3} [Teach 34.3]</b>	<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) Conduct research (e.g. Internet searching, using reference materials on CD-ROM) <b>{htp07g4} [Teach 34.4]</b>	<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) Correspond with others (e.g. students, teachers, experts) via email, network, or Internet <b>{htp07g5} [Teach 34.5]</b>	<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) Contribute to blogs or wikis <b>{htp07g6} [Teach 34.6]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Use social networking websites <b>{htp07g7} [Teach 34.7]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Develop and present multimedia presentations <b>{htp07g8} [Teach 34.8]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Create art, music, movies or webcasts <b>{htp07g9} [Teach 34.9]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Other (please specify) <b>{htp07g10} [Teach 34.10]</b>	<input type="text"/>					
<b>{htp07g11} [Teach 34.11]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**35 How much time per week do you expect a student to spend completing English homework?**

	Less than 1 hour	1 hour to less than 2 hours	2 hours to less than 3 hours	3 hours to less than 4 hours	4 hours or more
<b>{hhe26g} [Teach 35]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**36 Have you already filled out a form in 2018 for another student(s) who is also part of the Study?**

Yes  1 **▶ Go to Question 51**

No  2

**{hid36a} [Teach 36]**

## Your background

### 37 Are you... {hpc24} [Teach 37]

Male .....  1

Female .....  2

### 38 Do you currently work...

Full-time... {hpc25b} [Teach 38]  1

Part-time .....  2

### 39 What is the highest educational qualification you have completed?

Doctoral degree {hpc26b2} [Teach 39]  1

Masters degree .....  2

Graduate diploma or graduate certificate  3

Bachelor degree (with or without honours)  4

Advanced diploma, diploma or associate diploma .....  5

Certificate .....  6

Other... .....  7

### 40 What is the major field of study in your teaching qualification?

(If you have more than one area of specialisation, please indicate the most recent) {hpc26c2} [Teach 40]

Early childhood education... .....  1

Primary education .....  2

Secondary education .....  3

Special education .....  4

Other... .....  5

## School and teacher characteristics

### 41 As part of your teaching qualifications, was English one of your areas of specialisation?

Yes  1 {hpc26d1} [Teach 41]

No  2

### 42 How many years teaching experience do you have...

years months

(a) altogether as a teacher {hpc32a2a} {hpc32a2b} [Teach 42.1] [Teach 42.1]

(b) as an English teacher at this year level {hpc32c1} {hpc32c2} [Teach 42.2] [Teach 42.2]

(c) as a teacher in this school {hpc32b2a} {hpc32b2b} [Teach 42.3] [Teach 42.3]

### 43 Which of the following categories best describes the structure of your school?

Primary and secondary (including schools with a middle school program) .....  1

Secondary school only .....  2

Pre-school, primary and secondary .....  3

Ungraded school program .....  4

Special school .....  5

{hpc37t4} [Teach 43]



**44 Please indicate how strongly you agree or disagree with the following statements:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a strong effect on the academic achievement of the students I teach <b>{htp12a} [Teach 44.1]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) I feel competent in dealing with students' behavioural problems <b>{htp12b} [Teach 44.2]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) I feel competent in dealing with students' learning problems <b>{htp12c} [Teach 44.3]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) I have high expectations for the academic success of my students <b>{htp12d} [Teach 44.4]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**45 Please indicate the extent to which you agree or disagree with the following statements regarding your school's disciplinary policies:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Teachers in this school have reached a consensus about how to discipline students who break the rules <b>{htp16a} [Teach 45.1]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) All students who break the rules in this school face the same consequences <b>{htp16b} [Teach 45.2]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Teachers in this school overlook physical aggression among students <b>{htp16c2} [Teach 45.3]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Teachers in this school overlook verbal aggression among students <b>{htp16d2} [Teach 45.4]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Teachers in this school overlook cyberbullying among students <b>{htp16f} [Teach 45.5]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Teachers feel there is insufficient support within the school for managing disciplinary problems <b>{htp16e} [Teach 45.6]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**46 Please indicate how strongly you agree or disagree with these statements as they apply to your school:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Staff can rely on colleagues for support and assistance when needed <b>{hpc36a2} [Teach 46.1]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Staff have a clear understanding of their roles and responsibilities <b>{hpc36b2} [Teach 46.2]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Staff are able to contribute to decision-making about policies and practices in the school <b>{hpc36c2} [Teach 46.3]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Staff go about their work with enthusiasm <b>{hpc36d2} [Teach 46.4]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) My personal philosophy and goals are in agreement with those of the school <b>{hpc36e2} [Teach 46.5]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) The school environment provides a positive working environment for staff <b>{hpc36f1} [Teach 46.6]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**47 Please indicate the extent to which you agree or disagree with each of the following statements as they relate to using educational technology in the teaching program at your school:**

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
(a) Teachers are sufficiently trained in technology usage <span style="float: right;">{htp07h1} [Teach 47.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Teachers are sufficiently trained to integrate technology into classroom instruction <span style="float: right;">{htp07h2} [Teach 47.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Teachers are interested in using technology in classroom instruction <span style="float: right;">{htp07h3} [Teach 47.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Teachers conduct lessons in which students use a range of educational technologies <span style="float: right;">{htp07h4} [Teach 47.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Technology is a priority of the school administration <span style="float: right;">{htp07h5} [Teach 47.5]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Technology infrastructure is adequate (e.g. adequate Internet speeds) <span style="float: right;">{htp07h6} [Teach 47.6]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(g) Technical support for educational technology is adequate <span style="float: right;">{htp07h7} [Teach 47.7]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(h) Funding for educational technology is being spent in the most appropriate ways <span style="float: right;">{htp07h8} [Teach 47.8]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**48 Please indicate how strongly you agree or disagree with the following statements as they apply to your school:**

	Strongly agree	Agree	Disagree	Strongly disagree
(a) Most students are helpful and cooperative <span style="float: right;">{hpc74a} [Teach 48.1]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) There are many disruptive students in the school <span style="float: right;">{hpc74b} [Teach 48.2]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Students get along well with teachers <span style="float: right;">{hpc74c} [Teach 48.3]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Very strong discipline is needed to control many of the students <span style="float: right;">{hpc74d} [Teach 48.4]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Most students are pleasant and friendly to teachers <span style="float: right;">{hpc74e} [Teach 48.5]</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**49 Which specialist staff do students in your school have access to?**

- Teacher librarian ... ..  1 {hpc55a} [Teach 49.1]
- Music specialist ... ..  2 {hpc55b} [Teach 49.2]
- Physical education teacher ... ..  3 {hpc55c} [Teach 49.3]
- Specialised computing support teacher ... ..  4 {hpc55d} [Teach 49.4]
- LOTE (Language other than English) teacher ... ..  5 {hpc55e} [Teach 49.5]
- Specialist learning support teacher... ..  6 {hpc55f} [Teach 49.6]
- ESL (English as a Second Language) teacher ... ..  7 {hpc55g} [Teach 49.7]
- School counsellor/psychologist ... ..  8 {hpc55h} [Teach 49.8]

**50 To the best of your knowledge, how would you rate the following school facilities/resources for meeting the needs of the students in your school?**

	Don't have	Very poor	Poor	Fair	Good	Very good	Don't know
(a) Canteen/tuckshop <span style="color:red">{hpc75a} [Teach 50.1]</span>	<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) Computer labs <span style="color:red">{hpc75b} [Teach 50.2]</span>	<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) Library/media centre <span style="color:red">{hpc75c} [Teach 50.3]</span>	<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) Visual/performing arts room(s) <span style="color:red">{hpc75d} [Teach 50.4]</span>	<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) Gym <span style="color:red">{hpc75e} [Teach 50.5]</span>	<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
(f) Music room <span style="color:red">{hpc75f} [Teach 50.6]</span>	<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
(g) Playground/school yard <span style="color:red">{hpc75g} [Teach 50.7]</span>	<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
(h) Swimming pool <span style="color:red">{hpc75h} [Teach 50.8]</span>	<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
(i) Classrooms <span style="color:red">{hpc75i} [Teach 50.9]</span>	<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
(j) Hall/auditorium <span style="color:red">{hpc75j} [Teach 50.10]</span>	<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
(k) Multi-purpose room <span style="color:red">{hpc75k} [Teach 50.11]</span>	<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
(l) Extra classes/support for gifted students <span style="color:red">{hpc75l} [Teach 50.12]</span>	<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
(m) Extra classes/support for students with learning difficulties <span style="color:red">{hpc75m} [Teach 50.13]</span>	<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
(n) Rooms where students can do their homework with staff help <span style="color:red">{hpc75n} [Teach 50.14]</span>	<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 Who completed this form?**

- Student's English teacher ... ..  1
- Student's relief English teacher ... ..  2
- Principal... ..  3
- Other (please specify) ... ..  4

{hid48d} [Teach 51.1]

{hid48do} [Teach 51.2]

**English teacher:**  First name  Surname

**Signature:**

**Date:**  /  /

{hdatetch} [Teach 51]

**Thank you for taking the time to fill in this form.  
Please return in reply paid envelope supplied  
(or send to: Reply Paid 91263, DANDENONG SOUTH VIC 3175).**

# K Cohort Capi Young Person

## Questionnaire

Respondent Stream: Young Person  
Mode: CAPI

## SCEDUC\_Q01c

The next questions are about your schooling and plans for the future.

## SCEDUC\_Q16

Last week, how many hours did you spend on homework?  
{jhe26c6a} [SC CAI A1.1]

- 1: Less than 1 hour
- 2: Between 1 and 3 hours
- 3: More than 3 but less than 5 hours
- 4: Between 5 and 10 hours
- 5: More than 10 hours but less than 15 hours
- 6: Between 15 and 20 hours
- 7: More than 20 hours

## SCEDUC\_Q26

In the last 12 months have you received any additional help or tutoring from anyone outside your household? {jhe26c4} [SC CAI A1.2]

- 1: Yes
- 2: No ---> SCEDUC\_Q28

## SCEDUC\_Q27

How often? {jhe26c4a} [SC CAI A1.3]

- 1: More than once per week
- 2: Once per week
- 3: Less than once per week
- 4: Don't know

## SCEDUC\_Q28

Since we last interviewed you, have you repeated a year level? {jpc47c6} [SC CAI A2.1]

- 1: Yes
- 2: No ---> SCEDUC\_Q32

## SCEDUC\_Q29

What grade/year level did you repeat? {jpc47a2} [SC CAI A2.2]

- 7: Year 7/Grade 7
- 8: Year 8/Grade 8
- 9: Year 9/Grade 9
- 10: Year 10/Grade 10
- 11: Year 11/Grade 11
- 12: Year 12/Grade 12
- 13: Year 13/Grade 13

**SCEDUC\_Q30**

What was the main reason you repeated a grade/year?  
{jpc47c3a} [SC CAI A2.3]

- 1: Health reasons
- 2: Academic learning difficulties
- 3: Social or behavioural difficulties
- 4: Disability
- 5: Changed schools (e.g. residential move from another state or country)
- 6: Returned to school after dropping out/leaving
- 7: To improve school results
- 8: Other (Specify)

**SCEDUC\_Q31a**

Other reason for repeating a grade/year {jpc47c3a1}  
[SC CAI A2.4]

\_\_\_\_\_

**SCEDUC\_Q32**

What is the main reason for the most recent change of education institution? {jpc44c3b1a} [SC CAI A3.1]

- 1: You moved (e.g. you and some or all family members moved to a different residential location, including as a result of marital separation)
- 2: Convenience for family (e.g. education institution is closer to family home or parental work place, including if a parent changed jobs)
- 3: Learning needs better met by new education institution
- 4: Social problems (e.g. bullying)
- 5: Behavioural problems (e.g. disciplinary issues such as expulsion)
- 6: Broader educational opportunities at new education institution
- 7: Other opportunities and resources provided by the education institution
- 8: Financial reasons
- 9: Change from secondary school to college
- 10: Education institution closure
- 11: Other (Specify)

**SCEDUC\_Q32a**

Other reason for the most recent change of education institution {jpc44c3o} [SC CAI A3.2]

\_\_\_\_\_

**SCCASI\_Q07**

In the past 2 years, did you ever leave or drop out of school with the intention of not returning?  
{jpc79c1} [SC CAI A4.1]

- 1: Yes
- 2: No ---> SCEDUC\_Q34a

**SCCASI\_Q07a**

What were the reasons you left or dropped out of school?

10: Home-schooled/distance education {jpc79c1a} [SC CAI A4.2.1]  0: No  
 1: Yes

11: Physical health problem {jpc79c1b} [SC CAI A4.2.2]  0: No  
 1: Yes

12: Mental health problem {jpc79c1c} [SC CAI A4.2.3]  0: No  
 1: Yes

13: Not interested in learning {jpc79c1d} [SC CAI A4.2.4]  0: No  
 1: Yes

14: Problems with teachers {jpc79c1e} [SC CAI A4.2.5]  0: No  
 1: Yes

15: Problems with other students/being bullied {jpc79c1f} [SC CAI A4.2.6]  0: No  
 1: Yes

16: Was getting poor results {jpc79c1g} [SC CAI A4.2.7]  0: No  
 1: Yes

17: No friends at school {jpc79c1h} [SC CAI A4.2.8]  0: No  
 1: Yes

18: Did not see future benefits {jpc79c1i} [SC CAI A4.2.9]  0: No  
 1: Yes

19: Pregnancy/caring for own children {jpc79c1j} [SC CAI A4.2.10]  0: No  
 1: Yes

20: Other caring responsibilities {Caring for ill / disabled / elderly persons} {jpc79c1k} [SC CAI A4.2.11]  0: No  
 1: Yes

21: Childcare too expensive / unsuitable / unavailable {jpc79c1l} [SC CAI A4.2.12]  0: No  
 1: Yes

22: Financially couldn't afford to continue {jpc79c1m} [SC CAI A4.2.13]  0: No  
 1: Yes

23: Had, or wanted, to get a job or apprenticeship {jpc79c1o} [SC CAI A4.2.15]  0: No  
 1: Yes

24: Wanted to do study or training that isnt available at school {jpc79c1o} [SC CAI A4.2.15]  0: No  
 1: Yes

25: Expelled {jpc79c1p} [SC CAI A4.2.16]  0: No  
 1: Yes

26: Problems juggling study and work commitments {jpc79c1q} [SC CAI A4.2.17]  0: No  
 1: Yes

---

27: Bored/Not interested {jpc79c1r} [SC CAI A4.2.18]  0: No  
 1: Yes

---

28: Other {jpc79c1s} [SC CAI A4.2.19]  0: No  
 1: Yes

---

### SCCASI\_Q07a

Other reason stopped study {jpc79c1t} [SC CAI A4.3]

---

### SCCASI\_Q08

What were the reasons you returned to study?

---

10: Health improved {jpc79c2a} [SC CAI A4.4.1]  0: No  
 1: Yes

---

11: Family situation improved {jpc79c2b} [SC CAI A4.4.2]  0: No  
 1: Yes

---

12: Financial situation improved {jpc79c2c} [SC CAI A4.4.3]  0: No  
 1: Yes

---

13: Realised it was important to have an education {jpc79c2d} [SC CAI A4.4.4]  0: No  
 1: Yes

---

14: Found a better or different place of study {jpc79c2e} [SC CAI A4.4.5]  0: No  
 1: Yes

---

15: Found a job that allowed me to continue my studies {jpc79c2f} [SC CAI A4.4.6]  0: No  
 1: Yes

---

16: Education needed for a job that I want {jpc79c2g} [SC CAI A4.4.7]  0: No  
 1: Yes

---

17: Bored/missed studying {jpc79c2h} [SC CAI A4.4.8]  0: No  
 1: Yes

---

18: Other (specify) {jpc79c2i} [SC CAI A4.4.9]  0: No  
 1: Yes

---

### SCCASI\_Q08

Other reasons you returned to study {jpc79c2j} [SC CAI A4.5]

---

**SCEDUC\_Q34a**

Now I would like to ask about any Year 11 and 12 subjects you might be doing at school.

**SCEDUC\_Q34b**

Are you currently doing any Year 11 or Year 12 subjects at school? {jpc79c3} [SC CAI A5.1]

- 1: Yes  
 2: No ---> SCEDUC\_Q40

**SCEDUC\_Q34**

Now I would like to ask about the Year 12 subjects you are currently or previously studied.

**SCEDUC\_Q35**

What is the first subject? {jpc79c3a} [SC CAI A5.2.1-5.3.1]

\_\_\_\_\_

What is the second subject? {jpc79c3b} [SC CAI A5.2.2-5.3.2]

\_\_\_\_\_

What is the third subject? {jpc79c3c} [SC CAI A5.2.3-5.3.3]

\_\_\_\_\_

What is the fourth subject? {jpc79c3d} [SC CAI A5.2.4-5.3.4]

\_\_\_\_\_

What is the fifth subject? {jpc79c3e} [SC CAI A5.2.5-5.3.5]

\_\_\_\_\_

What is the sixth subject? {jpc79c3f} [SC CAI A5.2.6-5.3.6]

\_\_\_\_\_

What is the seventh subject? {jpc79c3g} [SC CAI A5.2.7-5.3.7]

\_\_\_\_\_

What is the eighth subject? {jpc79c3h} [SC CAI A5.2.8-5.3.8]

\_\_\_\_\_

What is the ninth subject? {jpc79c3i} [SC CAI A5.2.9-5.3.9]

\_\_\_\_\_

What is the tenth subject? {jpc79c3j} [SC CAI A5.2.10-5.3.10]

\_\_\_\_\_

What is the first subject ID? {jpc79c3k} [SC CAI A5.2.1-5.3.1]

\_\_\_\_\_

What is the second subject ID? {jpc79c3l} [SC CAI A5.2.2-5.3.2]

\_\_\_\_\_

What is the third subject ID? {jpc79c3m} [SC CAI A5.2.3-5.3.3]

\_\_\_\_\_



What is the fourth subject ID? {jpc79c3n} [SC CAI  
A5.2.4-5.3.4]

\_\_\_\_\_

What is the fifth subject ID? {jpc79c3o} [SC CAI  
A5.2.5-5.3.5]

\_\_\_\_\_

What is the sixth subject ID? {jpc79c3p} [SC CAI  
A5.2.6-5.3.6]

\_\_\_\_\_

What is the seventh subject ID? {jpc79c3q} [SC CAI  
A5.2.7-5.3.7]

\_\_\_\_\_

What is the eighth subject ID? {jpc79c3r} [SC CAI  
A5.2.8-5.3.8]

\_\_\_\_\_

What is the ninth subject ID? {jpc79c3s} [SC CAI  
A5.2.9-5.3.9]

\_\_\_\_\_

What is the tenth subject ID? {jpc79c3t} [SC CAI  
A5.2.10-5.3.10]

\_\_\_\_\_

### SCEDUC\_Q36a

Is the first subject part of a VET course?

- 1: Yes  
 2: No

Is the second subject part of a VET course?

- 1: Yes  
 2: No

Is the third subject part of a VET course?

- 1: Yes  
 2: No

Is the fourth subject part of a VET course?

- 1: Yes  
 2: No

Is the fifth subject part of a VET course?

- 1: Yes  
 2: No

Is the sixth subject part of a VET course?

- 1: Yes  
 2: No

Is the seventh subject part of a VET course?

- 1: Yes  
 2: No

Is the eighth subject part of a VET course?

- 1: Yes  
 2: No

Is the ninth subject part of a VET course?

- 1: Yes  
 2: No

Is the tenth subject part of a VET course?

- 1: Yes  
 2: No

**SCEDUC\_Q37**

Is this VET subject part of an apprenticeship or a traineeship? First subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Second subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Third subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Fourth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Fifth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Sixth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Seventh subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Eighth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Ninth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

Is this VET subject part of an apprenticeship or a traineeship? Tenth subject

- 1: Apprenticeship  
 2: Traineeship  
 3: Neither

**SCEDUC\_Q38**

What type of VET course are you doing? First subject  
 {jpc78c2a1} [SC CAI A5.6.1]

- 1: Certificate I  
 2: Certificate II  
 3: Certificate III  
 4: Certificate IV  
 5: Certificate - don't know level  
 6: VET/TAFE Diploma  
 7: VET/TAFE advanced diploma/associate degree  
 8: University diploma  
 9: University advanced diploma/associate degree  
 10: Other (specify)

---

What type of VET course are you doing? Second subject  
{jpc78c2a2} [SC CAI A5.6.2]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: VET/TAFE Diploma
- 7: VET/TAFE advanced diploma/associate degree
- 8: University diploma
- 9: University advanced diploma/associate degree
- 10: Other (specify)

---

What type of VET course are you doing? Third subject  
{jpc78c2a3} [SC CAI A5.6.3]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: VET/TAFE Diploma
- 7: VET/TAFE advanced diploma/associate degree
- 8: University diploma
- 9: University advanced diploma/associate degree
- 10: Other (specify)

---

What type of VET course are you doing? Fourth subject  
{jpc78c2a4} [SC CAI A5.6.4]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: VET/TAFE Diploma
- 7: VET/TAFE advanced diploma/associate degree
- 8: University diploma
- 9: University advanced diploma/associate degree
- 10: Other (specify)

---

What type of VET course are you doing? Fifth subject  
{jpc78c2a5} [SC CAI A5.6.5]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: VET/TAFE Diploma
- 7: VET/TAFE advanced diploma/associate degree
- 8: University diploma
- 9: University advanced diploma/associate degree
- 10: Other (specify)

---

What type of VET course are you doing? Sixth subject  
{jpc78c2a6} [SC CAI A5.6.6]

- 1: Certificate I
- 2: Certificate II
- 3: Certificate III
- 4: Certificate IV
- 5: Certificate - don't know level
- 6: VET/TAFE Diploma
- 7: VET/TAFE advanced diploma/associate degree
- 8: University diploma
- 9: University advanced diploma/associate degree
- 10: Other (specify)

What type of VET course are you doing? Seventh subject {jpc78c2a7} [SC CAI A5.6.7]

- 1: Certificate I  
 2: Certificate II  
 3: Certificate III  
 4: Certificate IV  
 5: Certificate - don't know level  
 6: VET/TAFE Diploma  
 7: VET/TAFE advanced diploma/associate degree  
 8: University diploma  
 9: University advanced diploma/associate degree  
 10: Other (specify)

What type of VET course are you doing? Eighth subject {jpc78c2a8} [SC CAI A5.6.8]

- 1: Certificate I  
 2: Certificate II  
 3: Certificate III  
 4: Certificate IV  
 5: Certificate - don't know level  
 6: VET/TAFE Diploma  
 7: VET/TAFE advanced diploma/associate degree  
 8: University diploma  
 9: University advanced diploma/associate degree  
 10: Other (specify)

What type of VET course are you doing? Ninth subject {jpc78c2a9} [SC CAI A5.6.9]

- 1: Certificate I  
 2: Certificate II  
 3: Certificate III  
 4: Certificate IV  
 5: Certificate - don't know level  
 6: VET/TAFE Diploma  
 7: VET/TAFE advanced diploma/associate degree  
 8: University diploma  
 9: University advanced diploma/associate degree  
 10: Other (specify)

What type of VET course are you doing? Tenth subject {jpc78c2a10} [SC CAI A5.6.10]

- 1: Certificate I  
 2: Certificate II  
 3: Certificate III  
 4: Certificate IV  
 5: Certificate - don't know level  
 6: VET/TAFE Diploma  
 7: VET/TAFE advanced diploma/associate degree  
 8: University diploma  
 9: University advanced diploma/associate degree  
 10: Other (specify)

### SCEDUC\_Q39

What other type of VET course are you doing? First subject {jpc78c2b1} [SC CAI A5.7.1]

\_\_\_\_\_

What other type of VET course are you doing? Second subject {jpc78c2b2} [SC CAI A5.7.2]

\_\_\_\_\_

What other type of VET course are you doing? Third subject {jpc78c2b3} [SC CAI A5.7.3]

\_\_\_\_\_

What other type of VET course are you doing? Fourth subject {jpc78c2b4} [SC CAI A5.7.4]

\_\_\_\_\_

What other type of VET course are you doing? Fifth subject {jpc78c2b5} [SC CAI A5.7.5]

\_\_\_\_\_

What other type of VET course are you doing? Sixth subject {jpc78c2b6} [SC CAI A5.7.6]

\_\_\_\_\_

What other type of VET course are you doing? Seventh subject {jpc78c2b7} [SC CAI A5.7.7]

\_\_\_\_\_

What other type of VET course are you doing? Eighth subject {jpc78c2b8} [SC CAI A5.7.8]

\_\_\_\_\_

What other type of VET course are you doing? Ninth subject {jpc78c2b9} [SC CAI A5.7.9]

\_\_\_\_\_

What other type of VET course are you doing? Tenth subject {jpc78c2b10} [SC CAI A5.7.10]

\_\_\_\_\_

### SCEDUC\_Q40

Are you currently enrolled in any of the following specialised academic or school programs? {jpc44c10} [SC CAI A6.1]

- 1: Yes  
 2: No

Are you currently enrolled in any of the following specialised academic or school programs? Program for special educational needs {jpc44c10a} [SC CAI A6.1.1]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Program for gifted students {jpc44c10b} [SC CAI A6.1.2]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Creative arts program {jpc44c10c} [SC CAI A6.1.3]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Sports program {jpc44c10d} [SC CAI A6.1.4]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Alternative education program {jpc44c10e} [SC CAI A6.1.5]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Community Service Program {jpc44c10f} [SC CAI A6.1.6]

- 0: No  
 1: Yes

Are you currently enrolled in any of the following specialised academic or school programs? Other (specify) {jpc44c10g} [SC CAI A6.1.7]

- 0: No  
 1: Yes

**SCEDUC\_Q41**

Other specialised academic or school program  
{jpc44c9} [SC CAI A6.2]

---

**SCEDUC\_Q20**

Looking ahead, how far do you think you will go with  
your education? {jfp01c} [SC CAI A7.1]

- 1: Leave school before finishing secondary school  
(Year 12) and not complete any further  
qualification
- 2: Complete secondary school (Year 12)
- 3: Complete a trade or vocational training course  
(e.g. TAFE, polytechnics, apprenticeship)
- 4: Complete an undergraduate university degree
- 5: Complete a postgraduate qualification or degree

**SCEDUC\_Q21**

When you talk about your plans for the future study and work plans, who do you talk to?

---

Parents {jhs60c1a} [SC CAI A7.2.1]

- 0: No  
 1: Yes
- 

Brother/sister {jhs60c1b} [SC CAI A7.2.2]

- 0: No  
 1: Yes
- 

Other relative/family member {jhs60c1c} [SC CAI  
A7.2.3]

- 0: No  
 1: Yes
- 

School Career Guidance Counsellor {jhs60c1d} [SC CAI  
A7.2.4]

- 0: No  
 1: Yes
- 

Psychologist/therapist {jhs60c1e} [SC CAI A7.2.5]

- 0: No  
 1: Yes
- 

Coaches/instructors {jhs60c1f} [SC CAI A7.2.6]

- 0: No  
 1: Yes
- 

Teachers {jhs60c1g} [SC CAI A7.2.7]

- 0: No  
 1: Yes
- 

People from work {jhs60c1h} [SC CAI A7.2.8]

- 0: No  
 1: Yes
- 

Boyfriend/Girlfriend/Partner {jhs60c1i} [SC CAI  
A7.2.9]

- 0: No  
 1: Yes
- 

Friends {jhs60c1j} [SC CAI A7.2.10]

- 0: No  
 1: Yes
- 

Other unrelated adults {jhs60c1k} [SC CAI A7.2.11]

- 0: No  
 1: Yes
- 

Do not talk to anyone {jhs60c1l} [SC CAI A7.2.12]

- 0: No  
 1: Yes

Nobody to talk to {jhs60c1m} [SC CAI A7.2.13]  0: No  
 1: Yes

Other {jhs60c1n} [SC CAI A7.2.14]  0: No  
 1: Yes

### SCEDUC\_Q49

Do you have any future plans to return to study? {jfp02c3} [SC CAI A8.1]  1: Yes ---> SCEDUC\_Q45  
 2: No ---> CoursPay

### SCEDUC\_Plans

The next set of questions ask about your plans after leaving secondary school.

### SCEDUC\_Q42

Thinking about the year immediately after you leave school, what do you plan on doing? {jfp01c1k} [SC CAI A8.2.1]  1: Yes  
 2: No

10. Go to University {jfp01c1a} [SC CAI A8.2.2]  0: No  
 1: Yes

11. Go to TAFE {jfp01c1b} [SC CAI A8.2.3]  0: No  
 1: Yes

12. Get an apprenticeship {jfp01c1c} [SC CAI A8.2.3]  0: No  
 1: Yes

13. Get a traineeship elsewhere {jfp01c1d} [SC CAI A8.2.4]  0: No  
 1: Yes

14. Do some other course or training elsewhere {jfp01c1e} [SC CAI A8.2.5]  0: No  
 1: Yes

15. Look for work/get a job {jfp01c1f} [SC CAI A8.2.6]  0: No  
 1: Yes

16. Work in the family business or on the family farm {jfp01c1g} [SC CAI A8.2.7]  0: No  
 1: Yes

17. Take a break {jfp01c1h} [SC CAI A8.2.8]  0: No  
 1: Yes

18. Travelling {jfp01c1i} [SC CAI A8.2.9]  0: No  
 1: Yes

20. Other {jfp01c1j} [SC CAI A8.2.10]  0: No  
 1: Yes

**SCEDUC\_Q43**

Enter other plan: {jfp02} [SC CAI A8.3]

---

**SCEDUC\_Q44**

Do you plan to do any study or training at any time after leaving school? {jfp02c1} [SC CAI A8.4]

- 1: Yes  
 2: No ---> SCEDUC\_Q47

How long after leaving school do you plan to start this study? {jfp02c2} [SC CAI A8.5]

- 1: 6 months or less ---> CoursPay  
 2: More than 6 months to less than 12 months ---> CoursPay  
 3: 1 to 2 years ---> CoursPay  
 4: More than 2 years

**SCEDUC\_Q46**

Enter the number of years {jfp02c2a} [SC CAI A8.6]

---

- > CoursPay

**SCEDUC\_Q47**

What are the reasons you don't plan to do further training or education?

10. Physical health problem {jfp03c1} [SC CAI A8.7.1]

- 0: No  
 1: Yes

11. Mental health problem {jfp03c2} [SC CAI A8.7.2]

- 0: No  
 1: Yes

12. Not interested in learning {jfp03c3} [SC CAI A8.7.3]

- 0: No  
 1: Yes

13. My friends don't study {jfp03c4} [SC CAI A8.7.4]

- 0: No  
 1: Yes

14. Do not see future benefits {jfp03c5} [SC CAI A8.7.5]

- 0: No  
 1: Yes

15. Pregnancy/caring for own children {jfp03c6} [SC CAI A8.7.6]

- 0: No  
 1: Yes

16. Other caring responsibilities {jfp03c7} [SC CAI A8.7.7]

- 0: No  
 1: Yes

17. Childcare too expensive/unsuitable/unavailable {jfp03c8} [SC CAI A8.7.8]

- 0: No  
 1: Yes

18. Financially couldn't afford to {jfp03c9} [SC CAI A8.7.9]

- 0: No  
 1: Yes

19. Problems with access or transport {jfp03c10} [SC CAI A8.7.10]

- 0: No  
 1: Yes



20. Problems juggling study and work commitments {jfp03c11} [SC CAI A8.7.11]  0: No  
 1: Yes

21. Just haven't thought about it yet {jfp03c12} [SC CAI A8.7.12]  0: No  
 1: Yes

22. Other (specify) {jfp03c13} [SC CAI A8.7.13]  0: No  
 1: Yes

### SCEDUC\_Q48

Enter other reason {jfp03c14} [SC CAI A8.8]

\_\_\_\_\_

### CoursPay

Thinking about your current study at university/TAFE, how are you paying for the course?

HECS-HELP or FEE-HELP loan that you will start to pay back when you earn a certain amount {jpc80c1a} [SC CAI A9.1.1]  0: No  
 1: Yes

Up-front payment {jpc80c1B} [SC CAI A9.1.2]  0: No  
 1: Yes

Payment scheme offered by the provider {jpc80c1C} [SC CAI A9.1.3]  0: No  
 1: Yes

Payment or contribution from your employer {jpc80c1D} [SC CAI A9.1.4]  0: No  
 1: Yes

Scholarship {jpc80c1E} [SC CAI A9.1.5]  0: No  
 1: Yes

Other (specify) {jpc80c1F} [SC CAI A9.1.6]  0: No  
 1: Yes

### CPayOth

Enter other payment type {jpc80c1g} [SC CAI A9.2]

\_\_\_\_\_

### SCWORK\_Q21

How many days do you usually work in a four week period? {jpw34c} [SC CAI B2.2]

\_\_\_\_\_

**WRKTIME\_Standby**

Are you usually required to be on call or standby in your job/main job? {jpw10c7} [SC CAI B2.3]

- 1: Yes  
 2: No

**WRKTIME\_ShiftYN**

Do you usually work any shift work? {jpw10c8} [SC CAI B2.4]

- 1: Yes  
 2: No ---> WRKTIME\_HrsUsual

**WRKTIME\_ShiftTyp**

What type of shift do you usually work? {jpw10c6a} [SC CAI B2.5]

- 1: Rotating shift which periodically changes  
 2: Regular evening shift or graveyard shift  
 3: Regular morning shift  
 4: Regular afternoon shift  
 5: Irregular shift  
 6: Split shift (consisting of two distinct periods each day)  
 7: On call  
 8: Other

**WRKTIME\_HrsUsual**

Do you usually work the same number of hours each week in your main job? {jpw10c9} [SC CAI B3.1]

- 1: Yes  
 2: No

**WRKTIME\_Schedule**

How far ahead of time do you know your work schedule/roster? {jpw10c10} [SC CAI B3.2]

- 1: Less than one day  
 2: 1 day to less than 1 week  
 3: 1 week to less than 2 weeks  
 4: 2 weeks to less than 4 weeks  
 5: 4 weeks of more

**WRKTIME\_HrsFlexi**

If you sometimes need to change the time when you start or finish your workday, is it possible? {jpw19c} [SC CAI B3.3]

- 1: Yes, I am able to work flexible hours  
 2: Yes, with approval in special situations  
 3: No, not likely  
 4: No, definitely not

**WRKTIME\_HrsMore**

Could you get a permanent increase in hours if needed? {jpw20c1} [SC CAI B3.4]

- 1: Yes  
 2: No

**WRKTIME\_HrsLess**

Could you get a permanent decrease in hours if needed? {jpw20c2} [SC CAI B3.5]  1: Yes  
 2: No

**WRKTIME\_HrsAmt**

If you could choose, how many hours would you prefer to work each week, taking into account how that would affect your income? {jpw18c2} [SC CAI B3.6] \_\_\_\_\_

**WRKTIME\_WrkDays**

Which days of the week do you usually work?

Monday-Friday {jpw10c5h} [SC CAI B4.1.1]  0: No  
 1: Yes

Monday {jpw10c5a} [SC CAI B4.1.2]  0: No  
 1: Yes

Tuesday {jpw10c5b} [SC CAI B4.1.3]  0: No  
 1: Yes

Wednesday {jpw10c5c} [SC CAI B4.1.4]  0: No  
 1: Yes

Thursday {jpw10c5d} [SC CAI B4.1.5]  0: No  
 1: Yes

Friday {jpw10c5e} [SC CAI B4.1.6]  0: No  
 1: Yes

Saturday {jpw10c5f} [SC CAI B4.1.7]  0: No  
 1: Yes

Sunday {jpw10c5g} [SC CAI B4.1.8]  0: No  
 1: Yes

Days vary {jpw10c5i} [SC CAI B4.1.9]  0: No ---> WRKTIME\_Q23  
 1: Yes

**WRKTIME\_DaysAmt**

How many days of the week do you usually work? {jpw34c1} [SC CAI B4.2] \_\_\_\_\_

**WRKTIME\_Weekend**

Do you usually work on weekdays, weekends or both?  
{jpw10c3c} [SC CAI B4.3]

- 1: Weekdays only  
 2: Weekends only  
 3: Both weekdays and weekends

**SCWORK\_Q23**

How did you get this job/main job ? {jpw36c12b1} [SC CAI B5.1]

- 1: Centrelink/jobactive (formerly Job Services Australia)  
 2: Through another employment agency  
 3: Job was advertised (incl. newspaper / radio / TV / Internet)  
 4: Got it through a friend or relative  
 5: Employer approached me  
 6: Approached employer to ask if any jobs available  
 7: Checked workplace notices  
 8: Through school / college / university  
 9: Through social media contacts (Facebook, Twitter, LinkedIn, etc.)  
 10: Other (specify)

**SCWORK\_Q24**

Other way respondent found job {jpw36c12a} [SC CAI B5.2]

\_\_\_\_\_

**SCWORK\_Q25**

I now have some questions about your experience in searching for work. At any time in the last 4 weeks have you

Used any Job Search facility {jpw36c12k} [SC CAI B9.1]

- 1: Yes  
 2: No

Used Job Search facilities at Centrelink {jpw36c12b} [SC CAI B9.1.1]

- 0: No  
 1: Yes

Registered with jobactive (formerly Job Services Australia) (either through Centrelink or directly) {jpw36c12c} [SC CAI B9.1.2]

- 0: No  
 1: Yes

Checked or registered with another employment agency {jpw36c12d} [SC CAI B9.1.3]

- 0: No  
 1: Yes

Checked or answered job vacancy advertisements (e.g. newspaper, radio, TV, Internet) {jpw36c12e} [SC CAI B9.1.4]

- 0: No  
 1: Yes

Contacted friends or relatives about a job {jpw36c12f} [SC CAI B9.1.5]

- 0: No  
 1: Yes

Approached an employer about a job (incl. face-to-face, email, telephone) {jpw36c12g} [SC CAI B9.1.6]

- 0: No  
 1: Yes

Advertised or tendered for work (incl. newspaper, Internet) {jpw36c12h} [SC CAI B9.1.7]

- 0: No  
 1: Yes

Checked workplace noticeboards {jpw36c12i} [SC CAI B9.1.8]  0: No  
 1: Yes

Asked school / college / university for advice {jpw36c12j} [SC CAI B9.1.9]  0: No  
 1: Yes

### SCWORK\_Q53

At any time during the last 4 weeks have you been actively looking for full-time or part-time work? {jpw11c4} [SC CAI B9.2]  1: Yes, full-time work  
 2: Yes, part-time work  
 3: No

### SCWORK\_Q54

If you had found a job could you have started work last week? {jpw12c} [SC CAI B9.3]  1: Yes  
 2: No

### SCWORK\_Q55

When did you begin looking for work? {jpw41c3} [SC CAI B9.4]  1: Less than 1 year ago  
 2: 1 year ago to less than 2 years ago  
 3: 2 years ago to less than 3 years ago  
 4: 3 years ago to less than 4 years ago  
 5: 4 years ago to less than 5 years ago  
 6: 5 or more years ago

### SCWORK\_Q59

What are the reasons you are not currently in paid work?

Physical health problem {jpw25c19} [SC CAI B9.5.1 ]  0: No  
 1: Yes

Mental health problem {jpw25c20} [SC CAI B9.5.2]  0: No  
 1: Yes

Not interested in working {jpw25c21} [SC CAI B9.5.3]  0: No  
 1: Yes

Problems with others/ being bullied {jpw25c22} [SC CAI B9.5.4]  0: No  
 1: Yes

Because of discrimination (e.g. age, sex, ethnic background) {jpw25c23} [SC CAI B9.5.5]  0: No  
 1: Yes

Do not need the money {jpw25c24} [SC CAI B9.5.6]  0: No  
 1: Yes

Would lose government benefits if worked {jpw25c25} [SC CAI B9.5.7]  0: No  
 1: Yes

Pregnancy/caring for own children {jpw25c26} [SC CAI B9.5.8]  0: No  
 1: Yes

Child care unavailable/too expensive {jpw25c34} [SC CAI B9.5.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other caring responsibilities (Caring for ill / disabled / elderly person) {jpw25c17a} [SC CAI B9.5.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Problems with access or transport {jpw25c27} [SC CAI B9.5.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Study commitments {jpw25c28} [SC CAI B9.5.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Sporting commitments {jpw25c32} [SC CAI B9.5.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
No jobs available {jpw25c6} [SC CAI B9.5.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Cant find a job that suits me {jpw25c29} [SC CAI B9.5.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Cant find a job at all {jpw25c30} [SC CAI B9.5.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Dont have required qualification or training/ work experiences {jpw25c31} [SC CAI B9.5.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Don't have good interview skills / Lack of skills writing job applications {jpw25c35} [SC CAI B9.5.18]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Lack of confidence {jpw25c36} [SC CAI B9.5.19]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jpw25c12} [SC CAI B9.5.20]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

### SCWORK\_Q59o

Enter other reasons {jpw25c13} [SC CAI B9.6]

### SCWORK\_JobProb

The following are problems that people can have when looking for work.

The following are problems that people can have when looking for work. Please tell me whether you personally had trouble finding a job because of any of these reasons.	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
A health problem or some disability {jpw47c1a} [SC CAI B9.7.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

A lack of suitable transport {jpw47c1b} [SC CAI B9.7.2]  0: No  
 1: Yes

Not having enough or the right kind of education or training {jpw47c1c} [SC CAI B9.7.3]  0: No  
 1: Yes

A lack of work experience {jpw47c1d} [SC CAI B9.7.4]  0: No  
 1: Yes

A lack of available jobs {jpw47c1e} [SC CAI B9.7.5]  0: No  
 1: Yes

Not having good interview skills {jpw47c1f} [SC CAI B9.7.6]  0: No  
 1: Yes

A lack of skills in writing job applications {jpw47c1g} [SC CAI B9.7.7]  0: No  
 1: Yes

A lack of confidence {jpw47c1h} [SC CAI B9.7.8]  0: No  
 1: Yes

Employers thinking you are too young (or too old) {jpw47c1i} [SC CAI B9.7.9]  0: No  
 1: Yes

Difficulties in finding child care {jpw47c1j} [SC CAI B9.7.10]  0: No  
 1: Yes

A lack of jobs with suitable hours {jpw47c1k} [SC CAI B9.7.11]  0: No  
 1: Yes

### **PARTWORK\_Intro**

I now have some questions about current paid work your partner may be doing.

### **PARTWORK\_WorkJBF**

Last week, did partner do any work at all in a job, business or farm? {jpw02w1a} [SC CAI B12.1]  1: Yes  
 2: No  
 3: Permanently unable to work

### **PARTWORK\_WorkCFW**

Last week, did partner do any work without pay in a family business? {jpw02w2a} [SC CAI B12.2]  1: Yes  
 2: No

**PARTWORK\_Absent**

Did partner have a job, business or farm that he/she was away from because of holidays, sickness or any other reason? {jpw02w3a} [SC CAI B12.3]

- 1: Yes  
 2: No

**PARTWORK\_Multjob**

Did partner have more than one job or business last week? {jpw04w1} [SC CAI B12.4]

- 1: Yes  
 2: No

**PARTWORK\_NumJobs**

How many jobs or businesses did partner have? {jpw04w2} [SC CAI B12.5]

\_\_\_\_\_

**PARTWORK\_OccJob**

In partner's main job held last week, what was his/her occupation?

\_\_\_\_\_

**PARTWORK\_TasksJob**

What are your partner's main tasks and duties?

\_\_\_\_\_

**PARTWORK\_UsualHrs**

How many hours does partner usually work each week in that job/those jobs? {jpw09w} [SC CAI B13.1]

\_\_\_\_\_

**PARTWORK\_NumDays**

How many days does partner usually work in a 4 week period? {jpw34w} [SC CAI B13.2]

\_\_\_\_\_

**PARTWORK\_WrkDays**

Which days of the week does partner usually work?

1. Monday-Friday {jpw10w5h} [SC CAI B13.3.1]

- 0: No  
 1: Yes

2. Monday {jpw10w5a} [SC CAI B13.3.2]

- 0: No  
 1: Yes

3. Tuesday {jpw10w5b} [SC CAI B13.3.3]

- 0: No  
 1: Yes

4. Wednesday {jpw10w5c} [SC CAI B13.3.4]

- 0: No  
 1: Yes

5. Thursday {jpw10w5d} [SC CAI B13.3.5]

- 0: No  
 1: Yes



6. Friday {jpw10w5e} [SC CAI B13.3.6]  0: No  
 1: Yes

7. Saturday {jpw10w5f} [SC CAI B13.3.7]  0: No  
 1: Yes

8. Sunday {jpw10w5g} [SC CAI B13.3.8]  0: No  
 1: Yes

9. Days vary {jpw10w5i} [SC CAI B13.3.9]  0: No  
 1: Yes

### PARTWORK\_DaysAmt

How many days of the week does partner usually work?  
{jpw34w1} [SC CAI B13.4] \_\_\_\_\_

### PARTWORK\_Weekend

Does partner usually work on weekdays, weekends or both? {jpw10w3c} [SC CAI B13.5]  1: Weekdays only  
 2: Weekends only  
 3: Both weekdays and weekends

### PARTWORK\_JobSrch

At any time during the last 4 weeks has partner been actively looking for full-time or part-time work? {jpw11a1} [SC CAI B14.1]  1: Yes, full-time work  
 2: Yes, part-time work  
 3: No

### PARTWORK\_LastWk

If partner had found a job could partner have started work last week? {jpw12w} [SC CAI B14.2]  1: Yes  
 2: No

### PARTWORK\_DurSrch

When did partner begin looking for work? {jpw13w1} [SC CAI B14.3]  1: Less than 1 year ago  
 2: 1 year ago to less than 2 years ago  
 3: 2 years ago to less than 3 years ago  
 4: 3 years ago to less than 4 years ago  
 5: 4 years ago to less than 5 years ago  
 6: 5 or more years ago

### PARTWORK\_NoWork

What are the reasons partner is not currently in paid work?

10. Physical health problem {jpw25w19} [SC CAI B14.4.1]  0: No  
 1: Yes

11. Mental health problem {jpw25w20} [SC CAI B14.4.2]  0: No  
 1: Yes

12. Not interested in working/No reason {jpw25w21} [SC CAI B14.4.3]  0: No  
 1: Yes

- 
13. Problems with others/being bullied {jpw25w22} [SC CAI B14.4.4]  0: No  
 1: Yes
- 
14. Because of discrimination (e.g. age, sex, ethnic background) {jpw25w23} [SC CAI B14.4.5]  0: No  
 1: Yes
- 
15. Does not need the money {jpw25w24} [SC CAI B14.4.6]  0: No  
 1: Yes
- 
16. Would lose government benefits if worked {jpw25w25} [SC CAI B14.4.7]  0: No  
 1: Yes
- 
17. Pregnancy/caring for own children {jpw25w26} [SC CAI B14.4.8]  0: No  
 1: Yes
- 
18. Childcare unavailable / too expensive {jpw25w34} [SC CAI B14.4.9]  0: No  
 1: Yes
- 
19. Other caring responsibilities (Caring for ill / disabled / elderly person) {jpw25w17a} [SC CAI B14.4.10]  0: No  
 1: Yes
- 
20. Problems with access or transport {jpw25w27} [SC CAI B14.4.11]  0: No  
 1: Yes
- 
21. Study commitments {jpw25w28} [SC CAI B14.4.12]  0: No  
 1: Yes
- 
22. Sporting commitments {jpw25w32} [SC CAI B14.4.13]  0: No  
 1: Yes
- 
23. No jobs available {jpw25w6} [SC CAI B14.4.14]  0: No  
 1: Yes
- 
24. Cant find a job that suits them {jpw25w29} [SC CAI B14.4.15]  0: No  
 1: Yes
- 
25. Cant find a job at all {jpw25w30} [SC CAI B14.4.16]  0: No  
 1: Yes
- 
26. Doesnt have required qualification or training/ work experiences {jpw25w31} [SC CAI B14.4.17]  0: No  
 1: Yes
- 
27. Doesnt have good interview skills/ Lack of skills in writing job applications {jpw25w35} [SC CAI B14.4.18]  0: No  
 1: Yes
- 
28. Lack of confidence {jpw25w36} [SC CAI B14.4.19]  0: No  
 1: Yes
- 
29. Other {jpw25w12} [SC CAI B14.4.20]  0: No  
 1: Yes

**PARTWORK\_NoWorkO**

Enter other reason partner is not currently in paid work {jpw25w13} [SC CAI B14.5]

---

**ATTJOB\_Expect**

How long do you expect to be in your current main job for? {jpw45c1} [SC CAI B6.1 ]

- 1: Less than 1 year ---> SCWORK\_Q44  
 2: 1 to 2 years  
 3: More than 2 years

**SCWORK\_Q26**

The following statements are about your current (main) job. For each statement, choose the number that best describes how strongly you agree or disagree - You have a secure future in your job. {jpw36c13} [SC CAI B6.2]

You have a secure future in your job. {jpw36c13} [SC CAI B6.2]

- 1: Strongly disagree  
 2  
 3  
 4  
 5  
 6  
 7: Strongly agree

**SCWORK\_Q27**

The company you work for will still be in business 5 years from now {jpw36c13a} [SC CAI B6.3]

- 1: Strongly disagree  
 2  
 3  
 4  
 5  
 6  
 7: Strongly agree

**SCWORK\_Q28**

You worry about the future of your job {jpw36c13b} [SC CAI B6.4]

- 1: Strongly disagree  
 2  
 3  
 4  
 5  
 6  
 7: Strongly agree

**SCWORK\_Q29**

Your job is complex and difficult {jpw36c13c} [SC CAI B6.5]

- 1: Strongly disagree  
 2  
 3  
 4  
 5  
 6  
 7: Strongly agree

**SCWORK\_Q30**

Your job often requires you to learn new skills  
{jpw36c13d} [SC CAI B6.6]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q31**

You use many of your skills and abilities in your  
current job {jpw36c13e} [SC CAI B6.7]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q32**

You have a lot of freedom to decide how you do your  
own work {jpw36c13f} [SC CAI B6.8]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q33**

You have a lot of say about what happens in your job  
{jpw36c13g} [SC CAI B6.9]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q34**

You have a lot of freedom to decide when you do your  
work {jpw36c13h} [SC CAI B6.10]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q35**

You have a lot of choice in deciding what you do at work {jpw36c13i} [SC CAI B6.11]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q36**

Your working times can be flexible {jpw36c13j} [SC CAI B6.12]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q37**

You can decide when to take a break {jpw36c13k} [SC CAI B6.13]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q38**

Your job requires you to do the same things over and over again {jpw36c13l} [SC CAI B6.14]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q39**

Your job provides you with a variety of interesting things to do {jpw36c13m} [SC CAI B6.15]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q40**

Your job requires you to take initiative {jpw36c13n}  
[SC CAI B6.16]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q41**

You have to work fast in your job {jpw36c13o} [SC CAI  
B6.17]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q42**

You have to work very intensely in your job  
{jpw36c13p} [SC CAI B6.18]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q43**

You dont have enough time to do everything in your  
job {jpw36c13q} [SC CAI B6.19]

- 1: Strongly disagree
- 2
- 3
- 4
- 5
- 6
- 7: Strongly agree

**SCWORK\_Q44**

People who study sometimes find that their work and study interfere with each other. How strongly do you disagree or agree with the following statements?

Because of your job, you go to school/TAFE/university  
tired {jpw40c} [SC CAI B7.1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**SCWORK\_Q45**

Your job demands and responsibilities interfere with your study {jpw40c1} [SC CAI B7.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCWORK\_Q46**

Your job demands and responsibilities interfere with your social activities {jpw36c13r} [SC CAI B7.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCWORK\_Q47**

Your job demands and responsibilities affect your health {jpw36c13s} [SC CAI B7.4]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCWORK\_Q48**

Your job demands interfere with your ability to take part in organised activities (e.g. sports) {jpw36c13t} [SC CAI B7.5]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCWORK\_FormTrain**

Have you ever taken part in any formal education or training schemes or courses as part of your employment? {jpw46c1} [SC CAI B8.1]

- 1: Yes  
 2: No ---> JOBSRCH\_SrcIntro

**SCWORK\_TrainAim**

What were the aims of this training?

1. To help you get started in your job {jpw46c2a} [SC CAI B8.2.1]

- 0: No  
 1: Yes

2. To improve your skills in your job {jpw46c2b} [SC CAI B8.2.2]

- 0: No  
 1: Yes

3. To maintain professional status and/or meet occupational standards {jpw46c2c} [SC CAI B8.2.3]

- 0: No  
 1: Yes

4. To prepare you for a job you might do in the future or to facilitate promotion {jpw46c2d} [SC CAI B8.2.4]

- 0: No  
 1: Yes

5. To develop your skills generally {jpw46c2e} [SC CAI B8.2.5]

- 0: No  
 1: Yes

6. To improve knowledge of workplace health and safety procedures {jpw46c2f} [SC CAI B8.2.6]  0: No  
 1: Yes

7. To gain skills needed for taking on additional job responsibilities (e.g. first aid officer, fire warden) {jpw46c2g} [SC CAI B8.2.7]  0: No  
 1: Yes

8. Other aims (specify) {jpw46c2h} [SC CAI B8.2.8]  0: No  
 1: Yes

### SCWORK\_OtherAim

Enter other aim: {jpw46c2ha} [SC CAI B8.3]

\_\_\_\_\_

### SCWORK\_TrainTime

Approximately how many hours have you spent at this training? {jpw46c3} [SC CAI B8.4]

\_\_\_\_\_

### SCWORK\_TrainCost

Have you contributed towards the cost of any of this training in any of these ways? {jpw46c4} [SC CAI B8.5]  1: Yes  
 2: No

1. Paid course fees {jpw46c4a} [SC CAI B8.5.1]  0: No  
 1: Yes

2. Purchased materials, books, etc {jpw46c4b} [SC CAI B8.5.2]  0: No  
 1: Yes

3. Paid for travel, accommodation while attending course {jpw46c4c} [SC CAI B8.5.3]  0: No  
 1: Yes

4. Took unpaid time off to attend training course {jpw46c4d} [SC CAI B8.5.4]  0: No  
 1: Yes

5. Took paid leave to attend training course (e.g. annual leave or personal leave) {jpw46c4e} [SC CAI B8.5.5]  0: No  
 1: Yes

### SCWORK\_Q61

The next few questions are about unpaid voluntary work, that is, help willingly given in the form of time, service or skills for an organisation.

In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations? {jsc11c4} [SC CAI B10.1]  1: Yes  
 2: No ---> SCWORK\_Q65

10. Sport/recreation (e.g. coaching, refereeing) {jsc11c2b} [SC CAI B10.1.1]  0: No  
 1: Yes



11. School and children's groups (e.g. canteen, teacher's aide, playgroup, childcare) {jsc11c2o} [SC CAI B10.1.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
12. Community/welfare (e.g. Clean up Australia, The Smith Family) {jsc11c2a} [SC CAI B10.1.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
13. Church or religious groups {jsc11c2j} [SC CAI B10.1.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
14. Emergency services (e.g. firefighting, search and rescue) {jsc11c2g} [SC CAI B10.1.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
15. Youth/student service/mentoring/leadership/adventure (e.g. Scouts) {jsc11c2p} [SC CAI B10.1.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
16. Arts/heritage/cultural/music activities (e.g. Museum) {jsc11c2e} [SC CAI B10.1.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
17. Health/health care (e.g. volunteering in a hospital or clinic) {jsc11c2d} [SC CAI B10.1.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
18. Teaching or training (e.g. TAFE, Community college, Adult education classes) {jsc11c2q} [SC CAI B10.1.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
19. Animal welfare (e.g. RSPCA) {jsc11c2r} [SC CAI B10.1.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
20. Environment (e.g. conservation) {jsc11c2s} [SC CAI B10.1.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
21. Immigrant/refugee assistance {jsc11c2t} [SC CAI B10.1.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
22. International aid /development (e.g. Oxfam) {jsc11c2u} [SC CAI B10.1.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
23. Law/Justice/Political/Human rights (e.g. Amnesty International) {jsc11c2v} [SC CAI B10.1.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
24. Business/professional associations or unions {jsc11c2f} [SC CAI B10.1.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
25. Ethnic and Ethnic-Australian societies {jsc11c2w} [SC CAI B10.1.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
26. Other {jsc11c2x} [SC CAI B10.1.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
27. None	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

**SCHWORK\_Q63**

In the last 12 months, how often did you work for these organisations on a voluntary basis? {jsc11c3a} [SC CAI B10.2]

- 1: At least once a week  
 2: At least once a fortnight  
 3: At least once a month  
 4: At least once a year

**SCHWORK\_Q64**

In total, how many hours did you do volunteer activities for these organisations per week/fortnight/month/year? {jsc11c3b} [SC CAI B10.3]

\_\_\_\_\_

Total hours unpaid voluntary work in last 12 months {jsc11c3c} [SC CAI 10.2 - 10.3]

\_\_\_\_\_

**SCHWORK\_Q65**

Since leaving school have you been mainly studying full time, working, looking for work or doing something else? {jfp04c} [SC CAI B11]

- 1: Studying  
 2: Working  
 3: Looking for work  
 4: Something else

**SCHEAL\_PainIntr**

The next questions are about any pain you may have experienced.

**SCHEAL\_Q04**

Thinking back over the past month, have you had any pain or pains, which have lasted for a whole day or longer? {jhs56c} [SC CAI C1.1]

- 1: Yes  
 2: No ---> SCHEAL\_Conditions

**SCHEAL\_Q05**

When did the pain start? {jhs56c1} [SC CAI C1.2]

- 1: Less than 3 months ago  
 2: More than 3 months ago

**SCHEAL\_Q06**

Which numbers on the diagram correspond to where exactly you felt the pain?

Right Shoulder {jhs56c2a} [SC CAI C1.3.1]

- 1: Yes  
 2: No

Right Elbow {jhs56c2b} [SC CAI C1.3.2]

- 1: Yes  
 2: No

Right Forearm {jhs56c2c} [SC CAI C1.3.3]

- 1: Yes  
 2: No

Right Hand {jhs56c2d} [SC CAI C1.3.4]

- 1: Yes  
 2: No

Left Shoulder {jhs56c2e} [SC CAI C1.3.5]

- 1: Yes  
 2: No

---

Left Elbow {jhs56c2f} [SC CAI C1.3.6]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Forearm {jhs56c2g} [SC CAI C1.3.7]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Hand {jhs56c2h} [SC CAI C1.3.8]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Thigh {jhs56c2i} [SC CAI C1.3.9]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Knee {jhs56c2j} [SC CAI C1.3.10]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Shin {jhs56c2k} [SC CAI C1.3.11]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Foot {jhs56c2l} [SC CAI C1.3.12]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Thigh {jhs56c2m} [SC CAI C1.3.13]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Knee {jhs56c2n} [SC CAI C1.3.14]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Shin {jhs56c2o} [SC CAI C1.3.15]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Foot {jhs56c2p} [SC CAI C1.3.16]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Head {jhs56c2q} [SC CAI C1.3.17]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Neck {jhs56c2r} [SC CAI C1.3.18]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Sternum {jhs56c2s} [SC CAI C1.3.19]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Breast {jhs56c2t} [SC CAI C1.3.20]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Breast {jhs56c2u} [SC CAI C1.3.21]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Right Abdominal {jhs56c2v} [SC CAI C1.3.22]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Left Abdominal {jhs56c2w} [SC CAI C1.3.23]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No

Right Groin {jhs56c2x} [SC CAI C1.3.24]

1: Yes

2: No

Left Groin {jhs56c2y} [SC CAI C1.3.25]

1: Yes

2: No

Left Upper Back {jhs56c2z} [SC CAI C1.3.26]

1: Yes

2: No

Right upper Back {jhs56c2za} [SC CAI C1.3.27]

1: Yes

2: No

Left Lower Back {jhs56c2zb} [SC CAI C1.3.28]

1: Yes

2: No

Right Lower Back {jhs56c2zc} [SC CAI C1.3.29]

1: Yes

2: No

Left Buttock {jhs56c2zd} [SC CAI C1.3.30]

1: Yes

2: No

Right Buttock {jhs56c2ze} [SC CAI C1.3.31]

1: Yes

2: No

Spine, Thoracic {jhs56c2zf} [SC CAI C1.3.32]

1: Yes

2: No

Spine, Lumbar {jhs56c2zg} [SC CAI C1.3.33]

1: Yes

2: No

### SCHEAL\_Q07

In the past month, how often did the pain get in the way of the normal things you do (like going to your place of study, seeing your friends, playing sports or work)? {jhs56c3} [SC CAI C1.4]

0: Not got in the way all at

1

2

3

4

5

6

7

8

9

10: Unable to carry out any activities

### SCHEAL\_Conditions

Do you have any of these ongoing conditions? {jhs17c} [SC CAI C2.1]

1: Yes

2: No ---> SCHEAL\_Wheez12M

10. Eczema {jhs17c4} [SC CAI C2.1.1]

0: No

1: Yes

11. Asthma {jhs17c27} [SC CAI C2.1.2]

0: No

1: Yes

- 
12. Hayfever {jhs17c28} [SC CAI C2.1.3]  0: No  
 1: Yes
- 
13. Food allergies {jhs17c32} [SC CAI C2.1.4]  0: No  
 1: Yes
- 
14. Problems with eyes or seeing properly {including wearing glasses} {jhs17c2} [SC CAI C2.1.5]  0: No  
 1: Yes
- 
15. Constipation {jhs17c15} [SC CAI C2.1.6]  0: No  
 1: Yes
- 
16. Bedwetting {jhs17c33} [SC CAI C2.1.7]  0: No  
 1: Yes
- 
17. Wetting self during the day {jhs17c19} [SC CAI C2.1.8]  0: No  
 1: Yes
- 
18. Recurrent abdominal pain {jhs17c14} [SC CAI C2.1.9]  0: No  
 1: Yes
- 
19. Recurrent headaches {jhs17c13} [SC CAI C2.1.10]  0: No  
 1: Yes
- 
20. Recurrent chest pain {jhs17c34} [SC CAI C2.1.11]  0: No  
 1: Yes
- 
21. Recurrent back pain {jhs17c35} [SC CAI C2.1.12]  0: No  
 1: Yes
- 
22. Recurrent pain in other parts of the body {jhs17c20} [SC CAI C2.1.13]  0: No  
 1: Yes
- 
23. Bone, joint or muscle problem {jhs17c21} [SC CAI C2.1.14]  0: No  
 1: Yes
- 
24. Acne {jhs17c36} [SC CAI C2.1.15]  0: No  
 1: Yes
- 
25. ADD/ADHD {jhs17c12} [SC CAI C2.1.16]  0: No  
 1: Yes
- 
26. Anxiety disorder {jhs17c22a} [SC CAI C2.1.17]  0: No  
 1: Yes
- 
27. Depression {jhs17c22b} [SC CAI C2.1.18]  0: No  
 1: Yes
- 
28. Autism, Asperger's, or other autism spectrum {jhs17c23} [SC CAI C2.1.19]  0: No  
 1: Yes
- 
29. Diabetes {jhs17c24} [SC CAI C2.1.20]  0: No  
 1: Yes

30. Palpitations {jhs17c31} [SC CAI C2.1.21]  0: No  
 1: Yes

31. Epilepsy or seizure disorder {jhs17c25} [SC CAI C2.1.22]  0: No  
 1: Yes

32. Chronic fatigue {jhs17c26} [SC CAI C2.1.23]  0: No  
 1: Yes

33. Other illnesses (specify) (jhs17c10) [SC CAI C2.1.24]  0: No  
 1: Yes

### SCHEAL\_OthCond

Specify other illness(es) {jhs17c10o} [SC CAI C2.2]

\_\_\_\_\_

### SCHEAL\_Missed12M

About how many days in the last 12 months have you been unable to be at your place of study or work because of these conditions?

10. Eczema {jhs52c4} [SC CAI C2.3.1]

\_\_\_\_\_

11. Asthma {jhs52c27} [SC CAI C2.3.2]

\_\_\_\_\_

12. Hayfever {jhs52c28} [SC CAI C2.3.3]

\_\_\_\_\_

13. Food allergies {jhs52c32} [SC CAI C2.3.4]

\_\_\_\_\_

14. Problems with eyes or seeing properly {including wearing glasses} {jhs52c2} [SC CAI C2.3.5]

\_\_\_\_\_

15. Constipation {jhs52c15} [SC CAI C2.3.6]

\_\_\_\_\_

16. Bedwetting {jhs52c33} [SC CAI C2.3.7]

\_\_\_\_\_

17. Wetting self during the day {jhs52c19} [SC CAI C2.3.8]

\_\_\_\_\_

18. Recurrent abdominal pain {jhs52c14} [SC CAI C2.3.9]

\_\_\_\_\_

19. Recurrent headaches {jhs52c13} [SC CAI C2.3.10]

\_\_\_\_\_

20. Recurrent chest pain {jhs52c34} [SC CAI C2.3.11]

\_\_\_\_\_

21. Recurrent back pain {jhs52c35} [SC CAI C2.3.12]

\_\_\_\_\_

22. Recurrent pain in other parts of the body  
{jhs52c20} [SC CAI C2.3.13]

\_\_\_\_\_

23. Bone, joint or muscle problem {jhs52c21} [SC CAI  
C2.3.14]

\_\_\_\_\_

24. Acne {jhs52c36} [SC CAI C2.3.15]

\_\_\_\_\_

25. ADD/ADHD {jhs52c12} [SC CAI C2.3.16]

\_\_\_\_\_

26. Anxiety disorder {jhs52c22a} [SC CAI C2.3.17]

\_\_\_\_\_

27. Depression {jhs52c22} [SC CAI C2.3.18]

\_\_\_\_\_

28. Autism, Asperger's, or other autism spectrum  
{jhs52c23} [SC CAI C2.3.19]

\_\_\_\_\_

29. Diabetes {jhs52c24} [SC CAI C2.3.20]

\_\_\_\_\_

30. Palpitations {jhs52c31} [SC CAI C2.3.21]

\_\_\_\_\_

31. Epilepsy or seizure disorder {jhs52c25} [SC CAI  
C2.3.22]

\_\_\_\_\_

32. Chronic fatigue {jhs52c26} [SC CAI C2.3.23]

\_\_\_\_\_

33. Other illnesses {jhs52c10} [SC CAI C2.3.24]

\_\_\_\_\_

### SCHEAL\_CondDesc

Would you describe your eczema as mild, moderate or  
severe? {jhs37c4} [SC CAI 2.4.1]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your asthma as mild, moderate or  
severe? {jhs37c27} [SC CAI 2.4.2]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your hayfever as mild, moderate or  
severe? {jhs37c28} [SC CAI 2.4.3]

- 1: Mild  
 2: Moderate  
 3: Severe

---

Would you describe your food allergies as mild, moderate or severe? {jhs37c32} [SC CAI 2.4.4]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your problems with eyes or seeing properly {including wearing glasses} as mild, moderate or severe? {jhs37c2} [SC CAI 2.4.5]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your constipation as mild, moderate or severe? {jhs37c15} [SC CAI 2.4.6]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your bedwetting as mild, moderate or severe? {jhs37c33} [SC CAI 2.4.7]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your wetting self during the day as mild, moderate or severe? {jhs37c19} [SC CAI 2.4.8]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your recurrent abdominal pain as mild, moderate or severe? {jhs37c14} [SC CAI 2.4.9]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your recurrent headaches as mild, moderate or severe? {jhs37c13} [SC CAI 2.4.10]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your recurrent chest pain as mild, moderate or severe? {jhs37c34} [SC CAI 2.4.11]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your recurrent back pain as mild, moderate or severe? {jhs37c35} [SC CAI 2.4.12]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your recurrent pain in other parts of the body as mild, moderate or severe? {jhs37c20} [SC CAI 2.4.13]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your bone, joint or muscle problem as mild, moderate or severe? {jhs37c21} [SC CAI 2.4.14]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your acne as mild, moderate or severe? {jhs37c36} [SC CAI 2.4.15]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your ADD/ADHD as mild, moderate or severe? {jhs37c12} [SC CAI 2.4.16]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe
Would you describe your anxiety disorder as mild, moderate or severe? {jhs37c22b} [SC CAI 2.4.17]	<input type="checkbox"/> 1: Mild <input type="checkbox"/> 2: Moderate <input type="checkbox"/> 3: Severe

---



Would you describe your depression as mild, moderate or severe? {jhs37c22c} [SC CAI 2.4.18]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your Autism, Asperger's, or other autism spectrum as mild, moderate or severe? {jhs37c23} [SC CAI 2.4.19]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your diabetes as mild, moderate or severe? {jhs37c24} [SC CAI 2.4.20]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your palpitations as mild, moderate or severe? {jhs37c31} [SC CAI 2.4.21]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your epilepsy or seizure disorder as mild, moderate or severe? {jhs37c25} [SC CAI 2.4.22]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your chronic fatigue as mild, moderate or severe? {jhs37c26} [SC CAI 2.4.23]

- 1: Mild  
 2: Moderate  
 3: Severe

Would you describe your other illnesses as mild, moderate or severe? {jhs37c10} [SC CAI 2.4.24]

- 1: Mild  
 2: Moderate  
 3: Severe

### SCHEAL\_Wheez12M

In the last 12 months, have you had an illness with wheezing in the chest which lasted for a week or more? {jhs15c2} [SC CAI C3.1]

- 1: Yes  
 2: No ---> SCHEAL\_AsthDR

### SCHEAL\_WheezWKS

In the last 12 months, about how many times did you have wheezing that lasted for a week or more? {jhs15c3} [SC CAI C3.2]

\_\_\_\_\_

### SCHEAL\_AsthDR

Have you ever been told by a doctor or nurse that you have asthma? {jhs29c1} [SC CAI C3.3]

- 1: Yes  
 2: No

### SCHEAL\_AsthMed

In the last 12 months have you taken any medication for asthma? {jhs29c2} [SC CAI C3.4]

- 1: Yes  
 2: No

**INJURY\_InjIntro**

The next set of question is about any type of injury you may have experienced in the last 12 months.

**INJURY\_TtINum**

In the last 12 months, how many times did you need medical attention from a doctor or hospital because you were hurt or injured? {jhs18c} [SC CAI C4.1]

0: None ---> SCCASI\_Q41a

**INJURY\_InjTyp**

What types of injuries did you have that needed medical attention (in the last 12 months)?

10. Broken or fractured bone {jhs18c1} [SC CAI C4.2.1]  0: No  
 1: Yes

11. Burn or scald {jhs18c2} [SC CAI C4.2.2]  0: No  
 1: Yes

12. Dislocation {jhs18c3} [SC CAI C4.2.3]  0: No  
 1: Yes

13. Sprain or strain {jhs18c4} [SC CAI C4.2.4]  0: No  
 1: Yes

14. Cut or scrape {jhs18c5} [SC CAI C4.2.5]  0: No  
 1: Yes

15. Bruises or swelling {jhs19c11} [SC CAI C4.2.6]  0: No  
 1: Yes

16. Animal bites or bee stings {jhs18c12} [SC CAI C4.2.7]  0: No  
 1: Yes

17. Concussion or internal head injury {jhs18c6} [SC CAI C4.2.8]  0: No  
 1: Yes

18. Internal injury (not head) {jhs18c7} [SC CAI C4.2.9]  0: No  
 1: Yes

19. Dental injury {jhs18c8} [SC CAI C4.2.10]  0: No  
 1: Yes

20. Accidental poisoning {jhs18c9} [SC CAI C4.2.11]  0: No  
 1: Yes

21. Other (please specify) {jhs18c10} [SC CAI C4.2.12]  0: No  
 1: Yes

**INJURY\_InjTypeO**

Other injury {jhs18c10b} [SC CAI C4.3]

\_\_\_\_\_

**INJURY\_TypAmt**

How many times did you have each injury?

10. Broken or fractured bone {jhs18c1a} [SC CAI C4.4.1]

\_\_\_\_\_

11. Burn or scald {jhs18c2a} [SC CAI C4.4.2]

\_\_\_\_\_

12. Dislocation {jhs18c3a} [SC CAI C4.4.3]

\_\_\_\_\_

13. Sprain or strain {jhs18c4a} [SC CAI C4.4.4]

\_\_\_\_\_

14. Cut or scrape {jhs18c5a} [SC CAI C4.4.5]

\_\_\_\_\_

15. Bruises or swelling {jhs19c11a} [SC CAI C4.4.6]

\_\_\_\_\_

16. Animal bites or bee stings {jhs18c12a} [SC CAI C4.4.7]

\_\_\_\_\_

17. Concussion or internal head injury {jhs18c6a} [SC CAI C4.4.8]

\_\_\_\_\_

18. Internal injury (not head) {jhs18c7a} [SC CAI C4.4.9]

\_\_\_\_\_

19. Dental injury {jhs18c8a} [SC CAI C4.4.10]

\_\_\_\_\_

20. Accidental poisoning {jhs18c9a} [SC CAI C4.4.11]

\_\_\_\_\_

21. Other {jhs18c10a} [SC CAI C4.4.12]

\_\_\_\_\_

**INJURY\_Hosp12M**

In the last 12 months, did you stay in hospital for at least one night because of this injury/these injuries? {jhs18c13} [SC CAI C4.5]

 1: Yes 2: No ---> INJURY\_InjPlc

**INJURY\_HospAmt**

How many times? {jhs18c13a} [SC CAI C4.6]

---

**INJURY\_InjPlc**

Thinking about the most serious injury in the last 12 months, where did this occur? {jhs18c15a2} [SC CAI C4.7]

- 10: Home
- 11: Place of study
- 12: Work
- 13: Someone else's place (e.g.: family member/friends/neighbours)
- 14: Outside public place other than a road (e.g.: beach, playground, sports ground)
- 15: Inside public place (e.g.: shopping centre, gym, indoor sports centre)
- 16: Public road
- 17: Other (please specify)

**INJURY\_InjPlcO**

Other place {jhs18c15b} [SC CAI C4.8]

---

**INJURY\_Vehicle**

Did this injury involve a motor vehicle (e.g. car, motorbike, bus, etc) or bicycle? {jhs18c16} [SC CAI C5.1]

- 1: Yes
- 2: No ---> INJURY\_InjHow

**INJURY\_VehicleT**

Was this a: {jhs18c16a} [SC CAI C5.2]

- 1: Car accident
- 2: Motorbike accident
- 3: Quad bike accident
- 4: Bicycle accident
- 5: Pedestrian accident
- 6: None of the above

**INJURY\_InjHow**

How did this injury occur? {jhs18c17} [SC CAI C5.3]

- 1: It was an accident (unintentional)
- 2: Someone else did it to me deliberately (intentional)
- 3: I did it to myself deliberately (self-inflicted)
- 4: Don't know

**INJURY\_InjDisb**

Do you currently suffer from any physical or mental disability as a result of being injured? {jhs18c18} [SC CAI C6.1]

- 1: Yes
- 2: No

**INJURY\_DisbAct**

Does this disability prevent you from performing your usual activities (e.g. going to your place of study or work, playing sports, etc) ? {jhs18c19} [SC CAI C6.2]

- 1: Yes fully  
 2: Yes, but only partially  
 3: No

**SCCASI\_Q41a**

The next questions are about the help you provide to people who have a long-term health condition, disability or are elderly. This may be someone in your family or someone else.

**SCCASI\_Q41b**

Do you help someone who has a long-term health condition, has a disability or is elderly, with activities that they would have trouble doing on their own? {jsc28a} [SC CAI D1.1]

- 1: Yes  
 2: No ---> SCFINSUP\_Q01

We are interested in help you have given or are likely to give for at least 6 months. Do not include if the help given is part of a paid job, unpaid volunteer work or community service.

**SCCASI\_Q42**

Who do you help?

\_\_\_\_\_

**SCCASI\_Q43**

Thinking about this 1st person, what is their relationship to you? {jsc28b1a} [SC CAI D1.2.1]

1. Boyfriend/girlfriend/partner  
 2. Biological child  
 3. Brother/sister  
 4. Parent/step-parent  
 5. Grandparent  
 6. Aunt/uncle  
 7. Niece/nephew  
 8. Cousin  
 9. Other relative  
 10. Boarder/housemate ---> SCCASI\_Q46  
 11. Unrelated child (under 18 years)  
 12. Unrelated adult (18 years or older)

**SCCASI\_Q44**

Do they live with you? {jsc28c1} [SC CAI D1.3.1]

- 1: Yes  
 2: No

**SCCASI\_Q46**

What sort of help do you provide them with?

10. Personal care (e.g. washing, dressing, eating, toileting) {jsc28e1} [SC CAI D1.4.1.1 ]  1: Yes  
 2: No

11. Moving around (e.g. getting in/out of bed or chair) {jsc28f1} [SC CAI D1.4.1.2]  1: Yes  
 2: No

12. Transport (e.g. driving them to or from places, catching buses, trains, etc) {jsc28g1} [SC CAI D1.4.1.3]  1: Yes  
 2: No

13. Communicating (including being understood and understanding family, friends or others) {jsc28h1} [SC CAI D1.4.1.4]  1: Yes  
 2: No

14. Preparation of meals {jsc28i1} [SC CAI D1.4.1.5]  1: Yes  
 2: No

15. Household tasks (e.g. cleaning, walking/feeding pets, shopping, errands) {jsc28j1} [SC CAI D1.4.1.6]  1: Yes  
 2: No

16. House repairs or garden care (e.g. mowing, changing light bulbs) {jsc28k1} [SC CAI D1.4.1.7]  1: Yes  
 2: No

17. Health care (e.g. giving medication, medical appointments) {jsc28l1} [SC CAI D1.4.1.8]  1: Yes  
 2: No

18. Paperwork (e.g. filling in forms, paying bills, dealing with government or other agencies) {jsc28m1} [SC CAI D1.4.1.9]  1: Yes  
 2: No

19. Keeping them company (being their friend) {jsc28n1} [SC CAI D1.4.1.10]  1: Yes  
 2: No

20. Emotional support - providing love, comfort or protection {jsc28s1} [SC CAI D1.4.1.11]  1: Yes  
 2: No

21. Provide help for technology use {jsc28t1} [SC CAI D1.4.1.12]  1: Yes  
 2: No

22. Other (specify) {jsc28o1} [SC CAI D1.4.1.13]  1: Yes  
 2: No

**SCCASI\_Q46Other**

Other type of help {jsc28p1} [SC CAI D1.5.1]

**SCCASI\_Q42**

Do you help anyone else?

- 1: Yes  
 2: No

**SCCASI\_Q43**

Thinking about this 2nd person, what is their relationship to you? {jsc28b2a} [SC CAI D1.2.2]

- 1: Boyfriend/girlfriend/partner  
 2: Biological child  
 3: Brother/sister  
 4: Parent/step-parent  
 5: Grandparent  
 6: Aunt/uncle  
 7: Niece/nephew  
 8: Cousin  
 9: Other relative  
 10: Boarder/housemate  
 11: Unrelated child (under 18 years)  
 12: Unrelated adult (18 years or older)

**SCCASI\_Q44**

Do they live with you? {jsc28c2} [SC CAI D1.3.2]

- 1: Yes  
 2: No

**SCCASI\_Q46**

What sort of help do you provide them with?

10. Personal care (e.g. washing, dressing, eating, toileting) {jsc28e2} [SC CAI D1.4.2.1 ]

- 1: Yes  
 2: No

11. Moving around (e.g. getting in/out of bed or chair) {jsc28f2} [SC CAI D1.4.2.2]

- 1: Yes  
 2: No

12. Transport (e.g. driving them to or from places, catching buses, trains, etc) {jsc28g2} [SC CAI D1.4.2.3]

- 1: Yes  
 2: No

13. Communicating (including being understood and understanding family, friends or others) {jsc28h2} [SC CAI D1.4.2.4]

- 1: Yes  
 2: No

14. Preparation of meals {jsc28i2} [SC CAI D1.4.2.5]

- 1: Yes  
 2: No

15. Household tasks (e.g. cleaning, walking/feeding pets, shopping, errands) {jsc28j2} [SC CAI D1.4.2.6]

- 1: Yes  
 2: No

16. House repairs or garden care (e.g. mowing, changing light bulbs) {jsc28k2} [SC CAI D1.4.2.7]

- 1: Yes  
 2: No

17. Health care (e.g. giving medication, medical appointments) {jsc28l2} [SC CAI D1.4.2.8]  1: Yes  
 2: No

18. Paperwork (e.g. filling in forms, paying bills, dealing with government or other agencies) {jsc28m2} [SC CAI D1.4.2.9]  1: Yes  
 2: No

19. Keeping them company (being their friend) {jsc28n2} [SC CAI D1.4.2.10]  1: Yes  
 2: No

20. Emotional support - providing love, comfort or protection {jsc28s2} [SC CAI D1.4.2.11]  1: Yes  
 2: No

21. Provide help for technology use {jsc28t2} [SC CAI D1.4.2.12]  1: Yes  
 2: No

22. Other (specify) {jsc28o2} [SC CAI D1.4.2.13]  1: Yes  
 2: No

### SCCASI\_Q46Other

Other type of help {jsc28p2} [SC CAI D1.5.2]

### SCCASI\_Q42

Do you help anyone else?  1: Yes  
 2: No

### SCCASI\_Q43

Thinking about this 3rd person, what is their relationship to you? {jsc28b3a} [SC CAI D1.2.3]

- 1: Boyfriend/girlfriend/partner
- 2: Biological child
- 3: Brother/sister
- 4: Parent/step-parent
- 5: Grandparent
- 6: Aunt/uncle
- 7: Niece/nephew
- 8: Cousin
- 9: Other relative
- 10: Boarder/housemate
- 11: Unrelated child (under 18 years)
- 12: Unrelated adult (18 years or older)

### SCCASI\_Q44

Do they live with you? {jsc28c3} [SC CAI D1.3.3]  1: Yes  
 2: No



**SCCASI\_Q46**

What sort of help do you provide them with?

10. Personal care (e.g. washing, dressing, eating, toileting) {jsc28e3} [SC CAI D1.4.3.1 ]  1: Yes  
 2: No

11. Moving around (e.g. getting in/out of bed or chair) {jsc28f3} [SC CAI D1.4.3.2]  1: Yes  
 2: No

12. Transport (e.g. driving them to or from places, catching buses, trains, etc) {jsc28g3} [SC CAI D1.4.3.3]  1: Yes  
 2: No

13. Communicating (including being understood and understanding family, friends or others) {jsc28h3} [SC CAI D1.4.3.4]  1: Yes  
 2: No

14. Preparation of meals {jsc28i3} [SC CAI D1.4.3.5]  1: Yes  
 2: No

15. Household tasks (e.g. cleaning, walking/feeding pets, shopping, errands) {jsc28j3} [SC CAI D1.4.3.6]  1: Yes  
 2: No

16. House repairs or garden care (e.g. mowing, changing light bulbs) {jsc28k3} [SC CAI D1.4.3.7]  1: Yes  
 2: No

17. Health care (e.g. giving medication, medical appointments) {jsc28l3} [SC CAI D1.4.3.8]  1: Yes  
 2: No

18. Paperwork (e.g. filling in forms, paying bills, dealing with government or other agencies) {jsc28m3} [SC CAI D1.4.3.9]  1: Yes  
 2: No

19. Keeping them company (being their friend) {jsc28n3} [SC CAI D1.4.3.10]  1: Yes  
 2: No

20. Emotional support - providing love, comfort or protection {jsc28s3} [SC CAI D1.4.3.11]  1: Yes  
 2: No

21. Provide help for technology use {jsc28t3} [SC CAI D1.4.3.12]  1: Yes  
 2: No

22. Other (specify) {jsc28o3} [SC CAI D1.4.3.13]  1: Yes  
 2: No

**SCCASI\_Q46Other**

Other type of help {jsc28p3} [SC CAI D1.5.3]

---

**SCCASI\_Q47**

How often do you do these caring activities? {jsc28q}  
[SC CAI D1.6]

- 1: Every day  
 2: At least once a week  
 3: At least once a fortnight  
 4: At least once a month  
 5: Less than once a month ---> SCFINSUP\_Q01

**SCCASI\_Q48**

On average, what is the total number of hours you  
spend each day/week/fortnight/month providing care?  
{jsc28r} [SC CAI D1.7]

- 1: Less than 2 hours  
 2: 2 to less than 5 hours  
 3: 5 to less than 10 hours  
 4: 10 to less than 15 hours  
 5: 15 to less than 20 hours  
 6: 20 hours or more

**SCFINSUP\_Q01**

The next questions are about any financial support you have received from your parent(s) or other family members.

---

In the last 12 months have your parent(s) or other family members provided you with any of these types of financial support?

**SCFINSUP\_Q02a**

Household expenses (for example, gas and electricity)  
(exclude rent, board/mortgage payments) {jpa28c1c1}  
[SC CAI E1.1]

- 1: Yes  
 2: No

**SCFINSUP\_Q02b**

Purchasing a car or similar (for example, car loans  
or outright purchase) {jpa28c1d1} [SC CAI E1.2]

- 1: Yes  
 2: No

**SCFINSUP\_Q02c**

Other motor vehicle costs (for example, car  
insurance, motor vehicle running costs,  
registration, petrol) {jpa28c1e1} [SC CAI E1.3]

- 1: Yes  
 2: No

**SCFINSUP\_Q02d**

Education costs (for example, university or TAFE fees or other study related costs)(exclude accommodation) {jpa28c1f1} [SC CAI E1.4]

- 1: Yes  
 2: No

**SCFINSUP\_Q02e**

Organised activity costs (for example, sports and sports gear, singing or music lessons, music instruments) {jpa28c1g1} [SC CAI E1.5]

- 1: Yes  
 2: No

**SCFINSUP\_Q02f**

Personal bills or expenses (for example, phone, credit card bills) {jpa28c1h1} [SC CAI E1.6]

- 1: Yes  
 2: No

**SCFINSUP\_Q02g**

Paying fines {jpa28c1i1} [SC CAI E1.7]

- 1: Yes  
 2: No

**SCFINSUP\_Q02h**

Medical costs (for example, individual health insurance, dental expenses) {jpa28c1j1} [SC CAI E1.8]

- 1: Yes  
 2: No

**SCFINSUP\_Q02i**

A general living allowance (for example, pocket money) {jpa28c1k1} [SC CAI E1.9]

- 1: Yes  
 2: No

**SCFINSUP\_Q02j**

Other expenses (specify) {jpa28c1n1} [SC CAI E1.10]

- 1: Yes  
 2: No

**SCFINSUP\_Q02Other**

Enter other expenses provided {jpa28c1o1} [SC CAI E1.11]

\_\_\_\_\_

**SCFINSUP\_FinSupPr**

Still thinking about the last 12 months, how much did you parent(s) or another family member contribute towards ?

Household expenses (for example, gas and electricity) (exclude rent, board/mortgage payments) {jpa28c7c} [SC CAI E2.1]

- 1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Purchasing a car or similar (for example, car loans or outright purchase) {jpa28c7d} [SC CAI E2.2]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Other motor vehicle costs (for example, car insurance, motor vehicle running costs, registration, petrol) {jpa28c7e} [SC CAI E2.3]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Education costs (for example, university or TAFE fees or other study related costs) (exclude accommodation) {jpa28c7f} [SC CAI E2.4]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Organised activity costs (for example, sports and sports gear, singing or music lessons, music instruments) {jpa28c7g} [SC CAI E2.5]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Personal bills or expenses (for example, phone, credit card bills) {jpa28c7h} [SC CAI E2.6]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Paying fines {jpa28c7i} [SC CAI E2.7]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Medical costs (for example, individual health insurance, dental expenses) {jpa28c7j} [SC CAI E2.8]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

A general living allowance (for example, pocket money) {jpa28c7k} [SC CAI E2.9]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

---

Other expenses (specify) {jpa28c7n} [SC CAI E2.10]

1: The full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

**SCINC\_Q01**

I would now like to ask you some questions about income.

The first few questions ask about your income only. I will then ask you some questions about your partner's income.

**SCINC\_Q02**

Could you please tell me if you receive income from any of these sources? {jfn02c} [SC CAI F1.1]

1. Wages or salary {jfn02c1} [SC CAI F1.1.1]  0: No  
 1: Yes

2. Profit or loss from own unincorporated business or share in partnership {jfn02c2} [SC CAI F1.1.2]  0: No  
 1: Yes

3. Any government pension, benefit or allowance {jfn02c5} [SC CAI F1.1.3]  0: No  
 1: Yes

4. Any other regular source {jfn02c9} [SC CAI F1.1.4]  0: No  
 1: Yes

5. None of the above ---> SCINC\_Q16P

**SCINC\_Q02a**

What is that source? {jfn02co} [SC CAI F1.2]

\_\_\_\_\_

**SINC\_Q03**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from these sources? {jfn09c1} [SC CAI F1.3]

- 1: Amount  
 2: Nil ---> SCINC\_Q08  
 3: Loss  
 4: Don't know ---> SCINC\_Q0

**SCINC\_Q04**

Enter amount: {jfn09c2} [SC CAI F1.4]

\_\_\_\_\_

**SCINC\_Q05**

What period does that cover? {jfn09c3a} [SC CAI F1.5]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other (specify)

**SCINC\_Q05a**

If other, please enter period: {jfn09c4} [SC CAI F1.6] \_\_\_\_\_

**SCINC\_SG06a**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from wages and salary in total? {jfn13c10c} [SC CAI F2.1] \_\_\_\_\_

**SCINC\_Q06b**

What period does that cover? {jfn13c10d2} [SC CAI F2.2]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other (specify)

**SCINC\_Q06c**

If other, please enter period: {jfn13c10e} [SC CAI F2.3] \_\_\_\_\_

**SCINC\_Q08**

Do you currently receive any of these pensions, allowances or other forms of assistance? {jfn11c3} [SC CAI F3.1]

10. Family Tax Benefit (FTB Part A or FTB Part B) {jfn11c2a} [SC CAI F3.1.1 ]

- 0: No  
 1: Yes

11. Parenting payment - Partnered {jfn11c2b} [SC CAI F3.1.2]

- 0: No  
 1: Yes

12. Parenting payment - Single {jfn11c2c} [SC CAI F3.1.3]

- 0: No  
 1: Yes

13. Newstart Allowance {jfn11c2p} [SC CAI F3.1.4]

- 0: No  
 1: Yes

14. Youth Allowance {jfn11c2g} [SC CAI F3.1.5]

- 0: No  
 1: Yes

15. Abstudy / Austudy {jfn11c2q} [SC CAI F3.1.6]

- 0: No  
 1: Yes

16. Disability Support Pension (Centrelink) / Disability Pension (DVA) {jfn11c2i} [SC CAI F3.1.7]

- 0: No  
 1: Yes

17. Carer Payment {jfn11c2r} [SC CAI F3.1.8]

- 0: No  
 1: Yes

18. Carer Allowance {jfn11c2d} [SC CAI F3.1.9]

- 0: No  
 1: Yes

19. Rent Assistance {jfn11c2u} [SC CAI F3.1.10]  0: No  
 1: Yes

20. Australian Age Pension/Service Pension (DVA) (exclude superannuation e.g DFRDB) {jfn11c2s} [SC CAI F3.1.11]  0: No  
 1: Yes

21. No government payments {jfn11c2t} [SC CAI F3.1.12]  0: No  
 1: Yes ---> SCINC\_Q11

22. Any other government payments (specify) {jfn11c2k} [SC CAI F3.1.13]  0: No  
 1: Yes

23. Don't know  0: No  
 1: Yes

### SCINC\_Q08a

Enter other pension, allowance or assistance {jfn11c2o} [SC CAI F3.2] \_\_\_\_\_

### SCINC\_Q09

Are you currently required to look for work or do any other activity to receive your Government payment? {jfn12c} [SC CAI F3.3]  1: Yes  
 2: No

### SCINC\_Q11

What is your main source of income? {jfn03c1} [SC CAI F4]  1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' compensation  
 9: Any other regular source

### SCINC\_Q16P

Could you please tell me if your partner receives income from any of these sources?

1. Wages or salary {jfn02w1} [SC CAI F5.1.1]  0: No  
 1: Yes

2. Profit or loss from own unincorporated business or share in partnership {jfn02w2} [SC CAI F5.1.2]  0: No  
 1: Yes

3. Any government pension, benefit or allowance {jfn02w5} [SC CAI F5.1.3]  0: No  
 1: Yes

4. Any other regular source {jfn02w9} [SC CAI F5.1.4]  0: No  
 1: Yes

5. None of the above {jfn02w} [SC CAI F5.1]

1. Yes ---> SCINC\_Q14  
 2. No

### SCINC\_Q16Pa

What is that source? {jfn02wo} [SC CAI F5.2]

\_\_\_\_\_

### SCINC\_Q17P

Before income tax, salary sacrifice or anything else is taken out, how much does your partner usually receive from these sources?

1. Amount  
 2. Nil ---> SCINC\_Q22  
 3. Loss  
 4. Don't know ---> SCINC\_Q22

### SCINC\_Q18

Enter amount: {jfn09w2} [SC CAI F5.4]

\_\_\_\_\_

### SCINC\_Q19

What period does that cover? {jfn09w3a} [SC CAI F5.5]

1. Week  
 2. Fortnight  
 3. Four weeks  
 4. Calendar month  
 5. Year  
 6. Other (specify)

### SCINC\_Q20

If other, please enter period: {jfn09w4} [SC CAI F5.6]

\_\_\_\_\_

### SCINC\_Q20a

Before income tax, salary sacrifice or anything else is taken out, how much does your partner usually receive from wages and salary in total? {jfn13w10c} [SC CAI F6.1 ]

\_\_\_\_\_

### SCINC\_Q20b

What period does that cover? {jfn13w10d2} [SC CAI F6.2]

1. Week  
 2. Fortnight  
 3. Four weeks  
 4. Calendar month  
 5. Year  
 6. Other (specify)



**SCINC\_Q20c**

If other, please enter period: {jfn13w10e} [SC CAI F6.3]

---

**SCINC\_Q22**

Do your partner currently receive any of these pensions, allowances or other forms of assistance? {jfn11w3} [SC CAI F7.1]

10. Family Tax Benefit (FTB Part A or FTB Part B) {jfn11w2a} [SC CAI F7.1.1]  0. No  
 1. Yes

11. Parenting payment - Partnered {jfn11w2b} [SC CAI F7.1.2]  0. No  
 1. Yes

12. Parenting payment - Single {jfn11w2c} [SC CAI F7.1.3]  0. No  
 1. Yes

13. Newstart Allowance {jfn11w2p} [SC CAI F7.1.4]  0. No  
 1. Yes

14. Youth Allowance {jfn11w2g} [SC CAI F7.1.5]  0. No  
 1. Yes

15. Abstudy / Austudy {jfn11w2q} [SC CAI F7.1.6]  0. No  
 1. Yes

16. Disability Support Pension (Centrelink) / Disability Pension (DVA) {jfn11w2i} [SC CAI F7.1.7]  0. No  
 1. Yes

17. Carer Payment {jfn11w2r} [SC CAI F7.1.8]  0. No  
 1. Yes

18. Carer Allowance {jfn11w2d} [SC CAI F7.1.9]  0. No  
 1. Yes

19. Rent Assistance {jfn11w2u} [SC CAI F7.1.10]  0. No  
 1. Yes

20. Australian Age Pension/Service Pension (DVA) (exclude superannuation e.g DFRDB) {jfn11w2s} [SC CAI F7.1.11]  0. No  
 1. Yes

21. Overseas pensions/benefits {jfn11w2j} [SC CAI F7.1.12]  0. No  
 1. Yes

22. No government payments  0. No  
 1. Yes ---> SCINC\_Q25

23. Any other government payments (specify) {jfn11w2k} [SC CAI F7.1.13]  0. No  
 1. Yes

24. Don't know  0. No  
 1. Yes

**SCINC\_Q22a**

Enter other pension, allowance or assistance:  
{jfn11w2o} [SC CAI F7.2]

---

**SCINC\_Q09part**

Is your partner currently required to look for work  
or do any other activity to receive the Government  
payment? {jfn12w} [SC CAI F7.3]

1. Yes  
 2. No

**SCINC\_Q25**

What is your partner's main source of income?  
{jfn03w1} [SC CAI F8]

1. Wages or salary (including from own  
incorporated business)  
 2. Profit or loss from own unincorporated business  
or share in partnership  
 3. Profit or loss from rental property  
 4. Dividends or interest  
 5. Any Government pension or allowance  
 6. Child Support or maintenance  
 7. Superannuation or Annuity  
 8. Workers' compensation  
 9. Any other regular source

**SCINC\_Q14**

Do you have any of the following?

---

A bank account with a debit/ATM/EFTPOS card in your  
own name {jfn14c9a1} [SC CAI F8.1]

0: No  
 1: Yes

---

Use of a bank account with a debit/ATM/EFTPOS card in  
someone else's name {jfn14c9a2} [SC CAI F8.2]

0: No  
 1: Yes

---

A bank account without a debit/ATM/EFTPOS card in  
your own name {jfn14c9a3} [SC CAI F8.3]

0: No  
 1: Yes

---

A credit card in your own name {jfn14c9b1} [SC CAI  
F8.4]

0: No  
 1: Yes

---

Use of a credit card in someone else's name  
{jfn14c9b2} [SC CAI F8.5]

0: No  
 1: Yes

---

None of the above {jfn14c9d} [SC CAI F8.6]

0: No  
 1: Yes

**SCINC\_Q15**

How do you use the money you receive from all sources?

For savings or investments {jfn14c8a} [SC CAI F9.1]  0: No  
 1: Yes

For household expenses (e.g. food, gas, electracy) {jfn14c8b} [SC CAI F9.2]  0: No  
 1: Yes

For accommodation costs (e.g. rent, board, mortgage) {jfn14c8g} [SC CAI F9.3]  0: No  
 1: Yes

For mobile phone/Internet usage {jfn14c8c} [SC CAI F9.4]  0: No  
 1: Yes

For car expenses {jfn14c8h} [SC CAI F9.5]  0: No  
 1: Yes

For other personal expenses {jfn14c8d} [SC CAI F9.6]  0: No  
 1: Yes

Other {jfn14c8e} [SC CAI F9.7]  0: No  
 1: Yes

Do not receive money from any source {jfn14c8f} [SC CAI F9.8]  0: No  
 1: Yes

**INCINTRO**

The next questions are about how you manage your money

**BankD2D**

How well do you know how much is in the bank account you use for day to day activities? {jfn19c1} [SC CAI F10.1]  1: I know how much there is to within \$10  
 2: I know how much there is to within \$50  
 3: I know how much there is to within \$100  
 4: I know how much there is to within \$500  
 5: I have a rough idea but it varies because I have payments being made from it  
 6: I don't know how much is there

**WeekBud**

Do you have a weekly/fortnightly/monthly budget? {jfn19c2} [SC CAI F10.2]  1: Yes  
 2: No ---> SaveHab

**KeepBud**

Do you usually manage to keep to your budget? {jfn19c3} [SC CAI F10.3]  1: Yes  
 2: No

**SaveHab**

Which of the following statements comes closest to describing you savings habits? {jfn19c4} [SC CAI F10.4]  1: Don't save - spend more than income  
 2: Don't save - spend all income  
 3: Save - no regular plan  
 4: Save - regular plan

**SCINC\_Q16**

Have any of the following happened to you over the past year, because of a shortage of money? {jfn18c} [SC CAI F11]  1: Yes  
 2: No

You sold something because you needed money {jfn18c1} [SC CAI F11.1]  0: No  
 1: Yes

You went without meals {jfn18c2} [SC CAI F11.2]  0: No  
 1: Yes

You had to ask family or friends for money {jfn18c3} [SC CAI F11.3]  0: No  
 1: Yes

You had to borrow money just to live on {jfn18c4} [SC CAI F11.4]  0: No  
 1: Yes

You didn't get medicines or go to the doctor when you needed to {jfn18c5} [SC CAI F11.5]  0: No  
 1: Yes

You couldn't buy textbooks or other study materials {jfn18c6} [SC CAI F11.6]  0: No  
 1: Yes

You couldn't buy other things you needed {jfn18c7} [SC CAI F11.7]  0: No  
 1: Yes

You couldn't pay electricity, gas or telephone bills on time {jfn18c8} [SC CAI F18]  0: No  
 1: Yes

You couldn't pay mortgage/rent on time {jfn18c9} [SC CAI F11.9]  0: No  
 1: Yes

You couldn't afford to heat you home {jfn18c10} [SC CAI F11.10]  0: No  
 1: Yes

**Credit**

Have you used any of these forms of credit over the past 12 months? {jfn20c1} [SC CAI F12.1]  1: Yes  
 2: No

Credit card {jfn20c1a} [SC CAI F12.1.1]  0: No  
 1: Yes

Bank loan (incl credit unions and co-ops) {jfn20c1b} [SC CAI F12.1.2]  0: No  
 1: Yes

Payday lending service (e.g. small loans from Nimble, MoneyMe, Cash Converters or Finder.com.au) {jfn20c1c} [SC CAI F12.1.3]  0: No  
 1: Yes

Centrelink Advance Payment {jfn20c1d} [SC CAI F12.1.4]  0: No  
 1: Yes

Pawnbroker (e.g. selling something at Cash Converters) {jfn20c1e} [SC CAI F12.1.5]  0: No  
 1: Yes

No or low interest loan from Microfinance organisation (e.g. the No Interest Loans Scheme or Good Shepard Microfinance) {jfn20c1f} [SC CAI F12.1.6]  0: No  
 1: Yes

Peer to peer online loans (e.g. RateSetter, SocietyOne loans) {jfn20c1g} [SC CAI F12.1.7]  0: No  
 1: Yes

Loan from family or friends {jfn20c1h} [SC CAI F12.1.8]  0: No  
 1: Yes

Other (specify) {jfn20c1i} [SC CAI F12.1.9]  0: No  
 1: Yes

Have not used any form of credit {jfn20c1j} [SC CAI F12.1.10]  0: No  
 1: Yes

**CrediOth**

Enter other form of credit {jfn20c1k} [SC CAI F12.2]

---

**SCHOUS\_Q01a**

The next questions are about your housing.

**SCHOUS\_Q02**

Do you pay rent or board to live here? {jho04c3e} [SC CAI G1.1]

- 1: Yes  
 2: No ---> SCHOUS\_RealEst

**SCHOUS\_Q03**

How much do you pay in rent or board? {jho06c5a} [SC CAI G1.2]

\_\_\_\_\_

**SCHOUS\_Q03a**

What period does that cover? {jho06c5b} [SC CAI G1.3]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other (specify)

**SCHOUS\_Q03aOther**

Enter period: {jho06c5o1} [SC CAI G1.4]

\_\_\_\_\_

**SCHOUS\_Q04**

Who do you pay rent or board to? {jho05c2a} [SC CAI G1.5]

- 1: Private landlord or real estate agent  
 2: Employer (e.g. Defence Housing Authority)  
 3: Educational institution (e.g. University or college)  
 4: Owner/Manager of caravan park  
 5: Parent or other relative not in the same household  
 6: Someone else not in the same household  
 7: Parent or other relative in the same household  
 8: Someone else in the same household  
 9: State/Territory Housing Authority  
 10: Housing Co-operative / Community / Church group  
 11: Other  
 12: Don't know

**SCHOUS\_RealEst**

In the last 12 months, have you parent(s) or other family members provided you with any of these following types of housing related financial support?

Purchasing real estate (including mortgage repayments, outright purchases and purchasing investments properties) {jpa28c1a} [SC CAI G2.1]

- 1: Yes  
 2: No

**SCHOUS\_Accom**

Paying for accommodation (that is, rent or board payments, including university accommodation) {jpa28c1b} [SC CAI G2.2]  1: Yes  
 2: No

**SCHOUS\_Rentfree**

Allowing you to live in their or other family member's investment property rent free or for low rent {jpa28c1m} [SC CAI G2.3]  1: Yes  
 2: No

**SCHOUS\_FinSupPr**

Still thinking about the last 12 months, how much did you parent(s) or another family member contribute towards purchasing real estate? {jpa28c7a} [SC CAI G3.1.1]  1: the full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

Still thinking about the last 12 months, how much did you parent(s) or another family member contribute towards paying accommodation? {jpa28c7b} [SC CAI G3.1.2]  1: the full amount  
 2: More than half  
 3: About half  
 4: Less than half  
 5: Don't know

**SCHOUS\_Q07**

In the last month did you spend some of your time living elsewhere? {jho12c1} [SC CAI G4.1]  1: Yes  
 2: No ---> SCHOUS\_Q09

**SCHOUS\_Q08**

Where else were you living?

At P1's home {jho12c1a} [SC CAI G5.1.1]  0: No  
 1: Yes

At P2's home {jho12c1e} [SC CAI G5.1.2]  0: No  
 1: Yes

At PLE's home {jho12c1f} [SC CAI G5.1.3]  0: No  
 1: Yes

At a friend's home {jho12c1b} [SC CAI G5.1.4]  0: No  
 1: Yes

At boyfriend/girlfriend/partner's home {jho12c1c} [SC CAI G5.1.5]  0: No  
 1: Yes

Other {jho12c1d} [SC CAI G5.1.6]  0: No  
 1: Yes

**SCHOUS\_Q09**

In the last two years, have you experienced any of these things because you did not have a permanent place to live? {jho11c1} [SC CAI G6.1]  1: Yes  
 2: No

No, always had a permanent place to live {jho11c1a} [SC CAI G6.1.1]  0: No  
 1: Yes

Stayed with relatives {jho11c1b} [SC CAI G6.1.2]  0: No  
 1: Yes

Stayed at a friend's house {jho11c1c} [SC CAI G6.1.3]  0: No  
 1: Yes

Stayed in a caravan {jho11c1d} [SC CAI G6.1.4]  0: No  
 1: Yes

Stayed at a boarding house/hostel {jho11c1e} [SC CAI G6.1.5]  0: No  
 1: Yes

Stayed in a refuge/shelter (e.g. night shelter, shelter for homeless, women's shelter) {jho11c1f} [SC CAI G6.1.6]  0: No  
 1: Yes

Slept rough (including squatted in an abandoned building, sleeping in cars, tents) {jho11c1g} [SC CAI G6.1.7]  0: No  
 1: Yes

Other (specify) {jho11c1h} [SC CAI G6.1.8]  0: No  
 1: Yes

**SCHOUS\_Q09a**

Enter other place lived: {jho11c1i} [SC CAI G7.1]

---

**SCHOUS\_Q10**

Are you currently without a permanent place to live? {jho11c2} [SC CAI G8.1]  1: Yes  
 2: No ---> SCACT\_Q57

**SCHOUS\_Q11**

What led to you being without a permanent place to live? {jho11c3} [SC CAI G8.2]  1: Yes  
 2: No

Travelling / on holiday {jho11c3a} [SC CAI G8.2.1]  0: No  
 1: Yes

Work related reason {jho11c3b} [SC CAI G8.2.2]  0: No  
 1: Yes

House-sitting {jho11c3c} [SC CAI G8.2.3]  0: No  
 1: Yes



---

Saving money {jho11c3d} [SC CAI G8.2.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Just moved back into town or city {jho11c3e} [SC CAI G8.2.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Building or renovating home {jho11c3f} [SC CAI G8.2.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Tight housing/rental market {jho11c3g} [SC CAI G8.2.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Violence/Abuse/Neglect {jho11c3h} [SC CAI G8.2.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Alcohol or drug use {jho11c3i} [SC CAI G8.2.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Relationship problems with parents {jho11c3s} [SC CAI G8.2.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Family/Friend/Relationship problems (e.g. separated or divorced partner) {jho11c3j} [SC CAI G8.2.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Financial problems (e.g. not being able to pay mortgage or rent) {jho11c3k} [SC CAI G8.2.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Mental illness {jho11c3l} [SC CAI G8.2.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Lost job {jho11c3m} [SC CAI G8.2.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Gambling {jho11c3n} [SC CAI G8.2.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Eviction {jho11c3o} [SC CAI G8.2.16]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Natural disaster {jho11c3p} [SC CAI G8.2.17]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jho11c3q} [SC CAI G8.2.18]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

---

**SCHOUS\_Q11a**

Enter other reason: {jho11c3r} [SC CAI G9.1]

\_\_\_\_\_

**SCACT\_Q57**

The next question is about what is important to you in the type of work you would like to do.

What do you consider when thinking about the job or career you would like to have in the future?

\_\_\_\_\_

# K Cohort Casi Young Person

## Questionnaire

Respondent Stream: Young Person  
Mode: CASI

## SCCASI\_Q05

The next questions are about your current education.

## SCCASI\_SchIntro

The next questions are about school.

## SCCASI\_Q05a

For each of the following sentences please pick the answer that best matches your experience. There are no right or wrong answers.

People here notice when I'm good at something  
{jpc58h1} [SC CASI A1.1.1 ]

- 1: Not at all true
- 2: Not very true
- 3: Neither not at all true nor completely true
- 4: Somewhat true
- 5: Completely true

It is hard for people like me to be accepted here  
{jpc58h2} [SC CASI A1.1.2 ]

- 1: Not at all true
- 2: Not very true
- 3: Neither not at all true nor completely true
- 4: Somewhat true
- 5: Completely true

Other students in this school take my opinions seriously. {jpc58h3} [SC CASI A1.1.3]

- 1: Not at all true
- 2: Not very true
- 3: Neither not at all true nor completely true
- 4: Somewhat true
- 5: Completely true

Most teachers at this school are interested in me.  
{jpc58h4} [SC CASI A1.1.4]

- 1: Not at all true
- 2: Not very true
- 3: Neither not at all true nor completely true
- 4: Somewhat true
- 5: Completely true

Sometimes I don't feel as if I belong here {jpc58h5}  
[SC CASI A1.1.5]

- 1: Not at all true
- 2: Not very true
- 3: Neither not at all true nor completely true
- 4: Somewhat true
- 5: Completely true

There's at least one teacher or other adult in this school I can talk to if I have a problem. {jpc58h6} [SC CASI A1.1.6]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Teachers here are not interested in people like me. {jpc58h7} [SC CASI A1.1.7]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I am included in lots of activities at this school. {jpc58h8} [SC CASI A1.1.8]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I can really be myself at this school. {jpc58h9} [SC CASI A1.1.9]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

The teachers here respect me. {jpc58h10} [SC CASI A1.1.10]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

I wish I were in a different school. {jpc58h11} [SC CASI A1.1.11]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

Other students here like me the way I am. {jpc58h12} [SC CASI A1.1.12]

- 1: Not at all true  
 2: Not very true  
 3: Neither not at all true nor completely true  
 4: Somewhat true  
 5: Completely true

### SCCASI\_Q05b

The following statements concern your attitudes towards learning and performance in your classes this year.

My goal this year is to get better grades than most of the other students {jpc58g1} [SC CASI A1.2.1 ]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me

---

It is important for me to do well compared to other students this year {jpc58g2} [SC CASI A1.2.2]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

I want to do better than other students this year {jpc58g3} [SC CASI A1.2.3]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

I just want to avoid doing poorly compared to other students this year {jpc58g4} [SC CASI A1.2.4]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

The fear of performing poorly is what motivates me {jpc58g5} [SC CASI A1.2.5]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

My goal this year is to avoid performing poorly compared to other students {jpc58g6} [SC CASI A1.2.6]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

I am afraid that I may not understand the content of my courses as thoroughly as I'd like {jpc58g7} [SC CASI A1.2.7]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me
- 

I worry that I may not learn all that I possibly could this year {jpc58g8} [SC CASI A1.2.8]

- 1: Not at all true of me  
 2  
 3  
 4  
 5  
 6  
 7: Very true of me

---

I am definitely concerned that I may not learn all that I can this year {jpc58g9} [SC CASI A1.2.9]

- 1: Not at all true of me
- 2
- 3
- 4
- 5
- 6
- 7: Very true of me

---

Completely mastering the material in my courses is important to me this year {jpc58g10} [SC CASI A1.2.10]

- 1: Not at all true of me
- 2
- 3
- 4
- 5
- 6
- 7: Very true of me

---

I want to learn as much as possible this year {jpc58g11} [SC CASI A1.2.11]

- 1: Not at all true of me
- 2
- 3
- 4
- 5
- 6
- 7: Very true of me

---

The most important thing for me this year is to understand the content in my courses as thoroughly as possible {jpc58g12} [SC CASI A1.2.12]

- 1: Not at all true of me
- 2
- 3
- 4
- 5
- 6
- 7: Very true of me

---

### SCCASI\_Q06

How often do you and your parents talk about your studies? {jpa29c} [SC CASI A2.1]

- 1: Daily
- 2: A few times a week
- 3: Once a week
- 4: A few times a month
- 5: Once a month
- 6: Less than once a month
- 7: Rarely
- 8: Never

---

### SCCASI\_Q06a

How often do your parents encourage you to do well in your studies? {jpa29c1} [SC CASI A2.2]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: Rarely
- 5: Never

**SCCASI\_Q06b**

In the past 2 years, how often did you feel that your parents expected too much from you with regards to your performance in your studies? {jpa29c2} [SC CASI A2.3]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: Rarely  
 5: Never

**SCCASI\_Q10**

How many times did the following things happen to you in the last 6 months?

I was late for school {jpc58i1} [SC CASI A3.1.1]

- 1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I cut or skipped classes {jpc58i2} [SC CASI A3.1.2]

- 1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I was absent from school without parental permission {jpc58i3a} [SC CASI A3.1.3]

- 1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I was absent from school with parental permission {jpc58i3b} [SC CASI A3.1.4]

- 1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

I got into trouble for not following school rules {jpc58i4} [SC CASI A3.1.5]

- 1: Never  
 2: 1-2 times  
 3: 3-6 times  
 4: 7-9 times  
 5: 10 or more times

**SCCASI\_Q11**

What was the main reason for your most recent absence from school without parental permission? {jpc58i5a} [SC CASI A3.2]

- 1: Pressure from friends to do other things  
 2: Stress, anxiety or depression  
 3: Tiredness  
 4: Other illness or medical condition  
 5: Bullying  
 6: Problems with friend(s)  
 7: Problems with teacher(s)  
 8: To avoid school work  
 9: To complete school work  
 10: No specific reason - just dont want to go to school  
 11: Other reason

**SCCASI\_Q12**

During the last two weeks, how many days were you absent from school/ absent without parental permission? {jpc58i6} [SC CASI A3.3]

---

**SCCASI\_Q14**

What was the main reason for your most recent absence from school with parental permission/most recent absence from school? {jpc58i7a} [SC CASI A3.4]

- 0: Pressure from friends to do other things
- 1: Stress, anxiety or depression
- 2: Tiredness
- 3: Other illness or medical condition
- 4: Medical, dental or other specialist appointment
- 5: Bullying
- 6: Problems with friend(s)
- 7: Problems with teacher(s)
- 8: To avoid school work
- 9: To complete school work
- 10: Caring for another family member
- 11: Illness of family member
- 12: Outside of school activities (e.g. representative sport, music performance etc.)
- 13: Family events (e.g. holidays, religious/cultural events)
- 14: Other reason

**SCCASI\_QHighEdSup**

How strongly do you disagree or agree with the following statement? My family are supportive of me going to university/TAFE {jsc31c1} [SC CASI A4.1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither disagree nor agree
- 4: Agree
- 5: Strongly agree

**SCCASI\_Qachieve**

How would you rate your overall academic achievement in your current course of study? {jlc08c4} [SC CASI A4.2]

- 1: Very high
- 2: High
- 3: Average
- 4: Low
- 5: Very low

**SchCert**

Have you been awarded any of these certificates? {jpc81c1} [SC CASI A5.1]

- 1: ACT Senior Secondary Certificate (ACT SSC)
- 2: NSW High School Certificate (HSC)
- 3: Victorian Certificate of Education (VCE) / Victorian Certificate of Applied Learning (VCAL)
- 4: Queensland Year 12 Certificate (QCE)
- 5: South Australian Certificate of Education (SACE)
- 6: Western Australian Certificate of Education (WACE)
- 7: Tasmanian Certificate of Education (TCE)
- 8: Northern Territory Certificate of Education (NTCE)
- 9: None of the above



**OthCert**

As a result of your Year 12 studies did you receive any other certificates or diplomas? {jpc81c2a} [SC CASI A5.2]

- 1: Yes  
 2: No

International Baccalaureate diploma {jpc81c2b} [SC CASI A5.2.1]

- 0: No  
 1: Yes ---> SCHCERT\_IBCert

Certificate 1 {jpc81c2c} [SC CASI A5.2.2]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

Certificate 2 {jpc81c2d} [SC CASI A5.2.3]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

Certificate 3 {jpc81c2e} [SC CASI A5.2.4]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

Certificate 4 {jpc81c2f} [SC CASI A5.2.5]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

Certificate (don't know level) {jpc81c2g} [SC CASI A5.2.6]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

VET/TAFE diploma {jpc81c2h} [SC CASI A5.2.7]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

VET/TAFE advanced diploma / associate degree {jpc81c2i} [SC CASI A5.2.8]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

University diploma {jpc81c2j} [SC CASI A5.2.9]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

University advanced diploma / associate degree {jpc81c2k} [SC CASI A5.2.10]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

Other (specify) {jpc81c2l} [SC CASI A5.2.11]

- 0: No  
 1: Yes ---> SCHCERT\_ATAROP

**OthCertSpec**

Enter other type of certificate {jpc81c2m} [SC CASI A5.3]

\_\_\_\_\_

**SCHCERT\_IBCert**

Did you obtain an International Baccalaureate score? {jpc81c4} [SC CASI A6.1]

- 1: Yes  
 2: No

**SCHCERT\_IBRes**

What was your IB result? {jpc81c4a} [SC CASI A6.2]

---

**ATAROP**

Did you obtain an Australian Tertiary Admission Rank (ATAR)/Overall Position (OP)? {jpc81c3} [SC CASI A6.3]

- 1: Yes  
 2: No ---> SCACT\_Q49

**ResOP**

What was your OP result? {jpc81c3a} [SC CASI A6.4]

---

**ResATAR**

What was your ATAR result? {jpc81c3b} [SC CASI A6.5]

---

**SCACT\_Q49**

The next questions are about your interest in politics and international affairs.

**SCACT\_Q50**

How often do you get involved in political activity (e.g. go to meetings or rallies, write to newspapers or members of parliament, join online groups/campaigns)? {jsc29c1a} [SC CASI B1.1]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Very often

**SCACT\_Q51**

How often do you follow the news about politics in Australia? {jsc29c1b} [SC CASI B1.2]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Very often

**SCACT\_Q52**

How often do you follow the news about international affairs (e.g. conflicts in other countries)? {jsc29c1c} [SC CASI B1.3]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Very often

**SCACT\_Q53**

How strongly do you agree or disagree that you have strong feelings about politics? {jsc29c1} [SC CASI B1.4]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree nor disagree  
 4: Disagree  
 5: Strongly disagree

**SCACT\_Q54**

The next questions are about some environmental concerns you may or may not have.

How concerned are you about climate change? {jsc29c2} [SC CASI B2.1]

- 1: Not at all  
 2: A little bit  
 3: Somewhat  
 4: Quite a bit  
 5: Very much

**SCACT\_Q55**

How concerned are you about drought and running out of water? {jsc29c2a} [SC CASI B2.2]

- 1: Not at all  
 2: A little bit  
 3: Somewhat  
 4: Quite a bit  
 5: Very much

**SCACT\_Q56**

How concerned are you about other environmental issues (e.g. species extinction, pollution)? {jsc29c2b} [SC CASI B2.3]

- 1: Not at all  
 2: A little bit  
 3: Somewhat  
 4: Quite a bit  
 5: Very much

**SCCASI\_Q127**

The next question is about your household. Think about all the people you currently live with.

Sometimes household members 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 ability to get along with one another? {jre06c1} [SC CASI C1.1]

- 1: Excellent  
 2: Very good  
 3: Good  
 4: Fair  
 5: Poor  
 6: Do not currently live with other people

**SCCASI\_Q125**

The next questions are about you and your family.

**SCCASI\_Q126**

For each of these statements, choose the best answer for you.

My parents accept me as I am. {jre09a} [SC CASI C1.2.1]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

My parents understand me. {jre09b} [SC CASI C1.2.2]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I trust my parents. {jre09c} [SC CASI C1.2.3]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I can count on my parents to help me when I have a problem. {jre09d} [SC CASI C1.2.4]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

My parents pay attention to me. {jre09e} [SC CASI C1.2.5]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I talk with my parents when I have a problem. {jre09f} [SC CASI C1.2.6]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

If my parents know that something is bothering me, they ask me about it. {jre09g} [SC CASI C1.2.7]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

I share my thoughts and feelings with my parents. {jre09h} [SC CASI C1.2.8]

1: Almost never or never true  
 2: Sometimes true  
 3: Often true  
 4: Almost always or always true

**SCCASI\_Q128**

How often do people in your family yell at each other? {jre08c} [SC CASI C1.3]

1: Never  
 2: Hardly ever  
 3: Sometimes  
 4: Often  
 5: Always

**SCCASI\_Q152**

The next question is about you relationship with your parent.

**SCINT\_Q09**

How far away does parent live from you? Parent 1  
{jpe05c1} [SC CASI C2.1.1]

- 1: Less than 5km  
 2: 5-19km  
 3: 20-49km  
 4: 50-99km  
 5: 100-499km  
 6: 500km or more  
 7: Overseas

How far away does parent live from you? Parent 2  
{jpe05c2} [SC CASI C2.1.2]

- 1: Less than 5km  
 2: 5-19km  
 3: 20-49km  
 4: 50-99km  
 5: 100-499km  
 6: 500km or more  
 7: Overseas

How far away does parent live from you? PLE {jpe05c}  
[SC CASI C2.1.3]

- 1: Less than 5km  
 2: 5-19km  
 3: 20-49km  
 4: 50-99km  
 5: 100-499km  
 6: 500km or more  
 7: Overseas

**SCINT\_Q10**

When did you last see Parent 1? {jpe06c3} [SC CASI  
C2.2.1]

- 1: More than 1 month ago  
 2: 1-4 weeks ago ---> SCCASI\_Q153  
 3: 1-6 days ago ---> SCCASI\_Q153  
 4: Today ---> SCCASI\_Q153

When did you last see Parent 2? {jpe06c4} [SC CASI  
C2.2.2]

- 1: More than 1 month ago  
 2: 1-4 weeks ago ---> SCCASI\_Q153  
 3: 1-6 days ago ---> SCCASI\_Q153  
 4: Today ---> SCCASI\_Q153

When did you last see PLE? {jpe06c5} [SC CASI C2.2.3]

- 1: More than 1 month ago  
 2: 1-4 weeks ago ---> SCCASI\_Q153  
 3: 1-6 days ago ---> SCCASI\_Q153  
 4: Today ---> SCCASI\_Q153

**SCINT\_Q11**

What is the main reason you have not seen parent in  
more than a month? P1 {jpe07c3} [SC CASI C2.3.1]

- 1: Study Child do not want to see parent  
 2: Study Child do not have time to see parent  
 3: Parent lives too far away  
 4: Parent is overseas  
 5: Parent does not have enough time to see Study  
child  
 6: Travel is too expensive  
 7: Other reason

What is the main reason you have not seen parent in more than a month? P2 {jpe07c4} [SC CASI C2.3.2]

- 1: Study Child do not want to see parent  
 2: Study Child do not have time to see parent  
 3: Parent lives too far away  
 4: Parent is overseas  
 5: Parent does not have enough time to see Study child  
 6: Travel is too expensive  
 7: Other reason

What is the main reason you have not seen parent in more than a month? PLE {jpe07c2c} [SC CASI C2.3.3]

- 1: Study Child do not want to see parent  
 2: Study Child do not have time to see parent  
 3: Parent lives too far away  
 4: Parent is overseas  
 5: Parent does not have enough time to see Study child  
 6: Travel is too expensive  
 7: Other reason

### SCINT\_Q11a

Other reason why you have not seen P1 {jpe07c3o} [SC CASI C2.4.1]

\_\_\_\_\_

Other reason why you have not seen P2 {jpe07c4o} [SC CASI C2.4.2]

\_\_\_\_\_

Other reason why you have not seen PLE {jpe07c2co} [SC CASI C2.4.3]

\_\_\_\_\_

### SCCASI\_Q153

How often do you usually see P1 {jpa30c1c} [SC CASI C2.5.1]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

How often do you usually see P2 {jpa30c1d} [SC CASI C2.5.2]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

How often do you usually see PLE {jpa30c1e} [SC CASI C2.5.3]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

**SCCASI\_Q154**

Over the last 12 months, how often have you had contact with parent by phone, SMS, email, Skype or other electronic means? P1 {jpa30c2c} [SC CASI C2.6.1]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

Over the last 12 months, how often have you had contact with parent by phone, SMS, email, Skype or other electronic means? P2 {jpa30c2d} [SC CASI C2.6.2]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

Over the last 12 months, how often have you had contact with parent by phone, SMS, email, Skype or other electronic means? PLE {jpa30c2e} [SC CASI C2.6.3]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all

**SCCASI\_Q157**

How close do you feel to Parent? P1 {jpa21c3d} [SC CASI C2.7.1]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all

How close do you feel to Parent? P2 {jpa21c3e} [SC CASI C2.7.2]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all

How close do you feel to Parent? PLE {jpa21p4} [SC CASI C2.7.3]

- 1: Very close  
 2: Quite close  
 3: Not very close  
 4: Not close at all

**FAMILY\_ParentConfirm**

Are both P1 and PLE your parents? {jfd30c1} [SC CASI C3.1]

- 1: Yes  
 2: No ---> SCREL\_Q01

**SCCASI\_Q150**

I have a few statements here about how you might feel about your parent's separation. Do you agree or disagree with the following statements?

I find it hard to be fair to both parents {jpe38f1a}  
[SC CASI C3.2.1]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel relieved they separated {jpe38f1b} [SC CASI  
C3.2.2]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I wish they would get back together {jpe38f1c} [SC  
CASI C3.2.3]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel split or torn between my parents {jpe38f1e}  
[SC CASI C3.2.4]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel that I can't talk about one parent to the  
other {jpe38f1f} [SC CASI C3.2.5]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel that I can only invite one of them to  
something (like my sports game or a dinner), I cant  
have them both there {jpe38f1g} [SC CASI C3.2.6]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I worry about how to manage special one-off events  
that I would like both of them to come to (like my  
school graduation, a special birthday or an  
engagement party) {jpe38f1k} [SC CASI C3.2.7]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I often have to carry messages from one parent to the  
other {jpe38f1h} [SC CASI C3.2.8]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

I feel like I get caught in the middle of my parents  
arguments with each other {jpe38f1i} [SC CASI C3.2.9]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree



My parents frequently fight with each other in front of me {jpe38f1} [SC CASI C3.2.10]

- 1: Strongly agree  
 2: Agree  
 3: Neither agree or disagree  
 4: Disagree  
 5: Strongly disagree

### SCREL\_Q01

The next questions are about gender identity, sexuality and sexual experiences, including pregnancy and birth.

### SCREL\_Identity

What is your current gender identity?

Male {jid51c1a} [SC CASI D1.1.1]

- 0: No  
 1: Yes

Female {jid51c1b} [SC CASI D1.1.2]

- 0: No  
 1: Yes

Transgender, male to female {jid51c1c} [SC CASI D1.1.3]

- 0: No  
 1: Yes

Transgender, female to male {jid51c1d} [SC CASI D1.1.4]

- 0: No  
 1: Yes

Genderqueer / Gender non-conforming {jid51c1e} [SC CASI D1.1.5]

- 0: No  
 1: Yes

Other identity {jid51c1f} [SC CASI D1.1.6]

- 0: No  
 1: Yes

### SCREL\_OtherId

Other type of gender identity {jid51c1f1} [SC CASI D1.2]

\_\_\_\_\_

### SCREL\_Orient

Which of the following categories best describes how you think of yourself? {jre35c1} [SC CASI D1.3]

- 1: Heterosexual or straight  
 2: Gay or lesbian  
 3: Bisexual  
 4: Other

### SCREL\_Attract

Which of these statements best describes your sexual feelings at this time in your life? {jre23a1} [SC CASI D1.4]

- 1: Only attracted to females  
 2: Mostly attracted to females  
 3: I'm equally attracted to females and males  
 4: Mostly attracted to males  
 5: Only attracted to males  
 6: Never felt attracted to anybody at all  
 7: Unsure

**SCREL\_Q02**

Have you ever had sex? {jre23b} [SC CASI D2.1 ]

- 1: Yes  
 2: No ---> SCPART\_Q01aa

**SCREL\_Q03**How old were you the first time you had sex? {jre23c}  
[SC CASI D2.2 ]

- \_\_\_\_\_
- 0: None ---> SCREL\_Q04

**Sex12M**How many people have you had sex with in the last 12  
months? {jre23c4} [SC CASI D2.3]

\_\_\_\_\_

**SCREL\_12MWho**Which of the following options best describes who you  
have had sex with during the last 12 months?  
{jre23c5} [SC CASI D2.4]

- 1: Only with males  
 2: Only with females  
 3: With both males and females

**SCREL\_Q04**

The last time you had sex, what method (if any) was used to prevent pregnancy?

None {jhb29a1} [SC CASI D2.5.1]

- 0: No  
 1: Yes

Birth control pills {jhb29a2} [SC CASI D2.5.2]

- 0: No  
 1: Yes ---> SCREL\_Q06

Condoms {jhb29a3} [SC CASI D2.5.3]

- 0: No  
 1: Yes ---> SCREL\_Q06

Morning after pill {jhb29a7} [SC CASI D2.5.4]

- 0: No  
 1: Yes ---> SCREL\_Q06

Contraceptive implant (rod) {jhb29a8} [SC CASI  
D2.5.5]

- 0: No  
 1: Yes ---> SCREL\_Q06

Contraceptive injection {jhb29a9} [SC CASI D2.5.6]

- 0: No  
 1: Yes ---> SCREL\_Q06

Intrauterine device (IUD) {jhb29a10} [SC CASI D2.5.7]

- 0: No  
 1: Yes ---> SCREL\_Q06

Diaphragm {jhb29a11} [SC CASI D2.5.8]

- 0: No  
 1: Yes ---> SCREL\_Q06

Vaginal ring {jhb29a12} [SC CASI D2.5.9]

- 0: No  
 1: Yes ---> SCREL\_Q06

Female condom {jhb29a13} [SC CASI D2.5.10]  0: No  
 1: Yes ---> SCREL\_Q06

Rhythm method / Fertility awareness {jhb29a14} [SC CASI D2.5.11]  0: No  
 1: Yes ---> SCREL\_Q06

Withdrawal {jhb29a15} [SC CASI D2.5.12]  0: No  
 1: Yes ---> SCREL\_Q06

Engaged in other sexual behaviours {jhb29a16} [SC CASI D2.5.13]  0: No  
 1: Yes ---> SCREL\_Q06

Not applicable (e.g. same-sex partner) {jhb29a17} [SC CASI D2.5.14]  0: No  
 1: Yes ---> SCREL\_Q06

Other {jhb29a4} [SC CASI D2.5.15]  0: No  
 1: Yes ---> SCREL\_Q06

Not sure {jhb29a5} [SC CASI D2.5.16]  0: No  
 1: Yes

### ActPreg

Were you actively trying to become pregnant? {jhs58c1} [SC CASI D2.6]  1: Yes, actively trying to become pregnant  
 2: Not trying to become pregnant but not trying to avoid it either  
 3: No, not trying to become pregnant

### SCREL\_Q06

The last time you had sex, what method (if any) was used to prevent getting a sexually transmitted infection (STI)?

None {jhb29b1} [SC CASI D2.7.1]  0: No  
 1: Yes

Condom {jhb29b2} [SC CASI D2.7.2]  0: No  
 1: Yes

Other {jhb29b3} [SC CASI D2.7.3]  0: No  
 1: Yes

Not sure {jhb29b4} [SC CASI D2.7.4]  0: No  
 1: Yes

### SCREL\_Q07

What other method did you use? {jhb29b6} [SC CASI D2.8] \_\_\_\_\_

**SCREL\_Q08**

Have you ever had a sexually transmitted infection (STI)? {jhb29c} [SC CASI D2.9 ]

- 1: Yes  
 2: No

**SCREL\_Q14**

The next questions are about pregnancy and birth.

**SCREL\_Q15**

Since your last interview, have you been pregnant/have you had sex that resulted in a pregnancy? {jhs53a2} [SC CASI D3.1 ]

- 1: Yes, currently pregnant/a girl is currently pregnant  
 2: Yes, but not currently pregnant/a girl was pregnant  
 3: No ---> SCREL\_Q84

Have you ever been pregnant/have you ever had sex that resulted in a pregnancy? (not interviewed in Wave 7) {jhs53a} [SC CASI D3.1 ]

- 1: Yes, currently pregnant/a girl is currently pregnant  
 2: Yes, but not currently pregnant/a girl was pregnant  
 3: No ---> SCREL\_Q84

**SCREL\_Q16**

How many times have you been pregnant/How many pregnancies? (between wave 7 and wave 8) {jhs53a1} [SC CASI D3.2 ]

\_\_\_\_\_

How many times have you been pregnant/How many pregnancies? (up to wave 8) {jhs53a1a} [SC CASI D3.2 ]

\_\_\_\_\_

**SCREL\_Q17**

What was the outcome of first pregnancy? {jhs53b1a} [SC CASI D3.3.1 ]

- 1: Live birth ---> SCREL\_Q22a  
 2: Live birth, child no longer living  
 3: Still birth  
 4: A miscarriage  
 5: An abortion or termination for personal reasons  
 6: An abortion or termination for medical reasons  
 7: Ectopic pregnancy (tubal pregnancy)  
 8: Currently pregnant

What was the outcome of second pregnancy? {jhs53b2a} [SC CASI D3.3.2 ]

- 1: Live birth ---> SCREL\_Q22a  
 2: Live birth, child no longer living  
 3: Still birth  
 4: A miscarriage  
 5: An abortion or termination for personal reasons  
 6: An abortion or termination for medical reasons  
 7: Ectopic pregnancy (tubal pregnancy)  
 8: Currently pregnant

What was the outcome of third pregnancy? {jhs53b3a}  
[SC CASI D3.3.3]

- 1: Live birth ---> SCREL\_Q22a  
 2: Live birth, child no longer living  
 3: Still birth  
 4: A miscarriage  
 5: An abortion or termination for personal reasons  
 6: An abortion or termination for medical reasons  
 7: Ectopic pregnancy (tubal pregnancy)  
 8: Currently pregnant

What was the outcome of fourth pregnancy? {jhs53b4a}  
[SC CASI D3.3.4]

- 1: Live birth ---> SCREL\_Q22a  
 2: Live birth, child no longer living  
 3: Still birth  
 4: A miscarriage  
 5: An abortion or termination for personal reasons  
 6: An abortion or termination for medical reasons  
 7: Ectopic pregnancy (tubal pregnancy)  
 8: Currently pregnant

### SCREL\_Q18

Thinking about first pregnancy that ended in an abortion/termination, was this for any of the following reasons?

Was not the right time to become a parent {jhs53c1a}  
[SC CASI D4.1.1.1 ]

- 0: No  
 1: Yes

Did not want to become a parent {jhs53c1b} [SC CASI  
D4.1.1.2]

- 0: No  
 1: Yes

Financial reasons {jhs53c1c} [SC CASI D4.1.1.3]

- 0: No  
 1: Yes

Was not emotionally or mentally prepared {jhs53c1d}  
[SC CASI D4.1.1.4]

- 0: No  
 1: Yes

Partner involved with the pregnancy didn't want me to  
continue with the pregnancy {jhs53c1e} [SC CASI  
D4.1.1.5]

- 0: No  
 1: Yes

Was a victim of violence, coercion, sexual assault  
{jhs53c1f} [SC CASI D4.1.1.6]

- 0: No  
 1: Yes

I/my partner did not want any more children  
{jhs53c1g} [SC CASI D4.1.1.7]

- 0: No  
 1: Yes

I/my partner was too young {jhs53c1h} [SC CASI  
D4.1.1.8]

- 0: No  
 1: Yes

I/my partner was too old {jhs53c1i} [SC CASI  
D4.1.1.9]

- 0: No  
 1: Yes

My relationship was unstable {jhs53c1j} [SC CASI  
D4.1.1.10]

- 0: No  
 1: Yes

Pressure from family {jhs53c1k} [SC CASI D4.1.1.11]

- 0: No  
 1: Yes

Maternal health issues {jhs53c1l} [SC CASI D4.1.1.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Foetal abnormalities {jhs53c1m} [SC CASI D4.1.1.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other (specify) {jhs53c1n} [SC CASI D4.1.1.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Dont know {jhs53c1o} [SC CASI D4.1.1.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Thinking about second pregnancy that ended in an abortion/termination, was this for any of the following reasons?	
Was not the right time to become a parent {jhs53c2a} [SC CASI D4.1.2.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Did not want to become a parent {jhs53c2b} [SC CASI D4.1.2.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Financial reasons {jhs53c2c} [SC CASI D4.1.2.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Was not emotionally or mentally prepared {jhs53c2d} [SC CASI D4.1.2.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Partner involved with the pregnancy didn't want me to continue with the pregnancy {jhs53c2e} [SC CASI D4.1.2.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Was a victim of violence, coercion, sexual assault {jhs53c2f} [SC CASI D4.1.2.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner did not want any more children {jhs53c2g} [SC CASI D4.1.2.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner was too young {jhs53c2h} [SC CASI D4.1.2.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner I was too old {jhs53c2i} [SC CASI D4.1.2.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
My relationship was unstable {jhs53c2j} [SC CASI D4.1.2.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Pressure from family {jhs53c2k} [SC CASI D4.1.2.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal health issues {jhs53c2l} [SC CASI D4.1.2.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Foetal abnormalities {jhs53c2m} [SC CASI D4.1.2.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

---

Other (specify) {jhs53c2n} [SC CASI D4.1.2.14]  0: No  
 1: Yes

---

Dont know {jhs53c2o} [SC CASI D4.1.2.15]  0: No  
 1: Yes

---

Thinking about third pregnancy that ended in an abortion/termination, was this for any of the following reasons?

---

Was not the right time to become a parent {jhs53c3a} [SC CASI D4.1.3.1 ]  0: No  
 1: Yes

---

Did not want to become a parent {jhs53c3b} [SC CASI D4.1.3.2]  0: No  
 1: Yes

---

Financial reasons {jhs53c3c} [SC CASI D4.1.3.3]  0: No  
 1: Yes

---

Was not emotionally or mentally prepared {jhs53c3d} [SC CASI D4.1.3.4]  0: No  
 1: Yes

---

Partner involved with the pregnancy didn't want me to continue with the pregnancy {jhs53c3e} [SC CASI D4.1.3.5]  0: No  
 1: Yes

---

Was a victim of violence, coercion, sexual assault {jhs53c3f} [SC CASI D4.1.3.6]  0: No  
 1: Yes

---

I/my partner did not want any more children {jhs53c3g} [SC CASI D4.1.3.7]  0: No  
 1: Yes

---

I/my partner was too young {jhs53c3h} [SC CASI D4.1.3.8]  0: No  
 1: Yes

---

I/my partner was too old {jhs53c3i} [SC CASI D4.1.3.9]  0: No  
 1: Yes

---

My relationship was unstable {jhs53c3j} [SC CASI D4.1.3.10]  0: No  
 1: Yes

---

Pressure from family {jhs53c3k} [SC CASI D4.1.3.11]  0: No  
 1: Yes

---

Maternal health issues {jhs53c3l} [SC CASI D4.1.3.12]  0: No  
 1: Yes

---

Foetal abnormalities {jhs53c3m} [SC CASI D4.1.3.13]  0: No  
 1: Yes

---

Other (specify) {jhs53c3n} [SC CASI D4.1.3.14]  0: No  
 1: Yes

---

Dont know {jhs53c3o} [SC CASI D4.1.3.15]  0: No  
 1: Yes

---

Thinking about fourth pregnancy that ended in an abortion/termination, was this for any of the following reasons

---

Was not the right time to become a parent {jhs53c4a} [SC CASI D4.1.4.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Did not want to become a parent {jhs53c4b} [SC CASI D4.1.4.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Financial reasons {jhs53c4c} [SC CASI D4.1.4.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Was not emotionally or mentally prepared {jhs53c4d} [SC CASI D4.1.4.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Partner involved with the pregnancy didn't want me to continue with the pregnancy {jhs53c4e} [SC CASI D4.1.4.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Was a victim of violence, coercion, sexual assault {jhs53c4f} [SC CASI D4.1.4.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner did not want any more children {jhs53c4g} [SC CASI D4.1.4.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner was too young {jhs53c4h} [SC CASI D4.1.4.8]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
I/my partner was too old {jhs53c4i} [SC CASI D4.1.4.9]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
My relationship was unstable {jhs53c4j} [SC CASI D4.1.4.10]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Pressure from family {jhs53c4k} [SC CASI D4.1.4.11]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal health issues {jhs53c4l} [SC CASI D4.1.4.12]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Foetal abnormalities {jhs53c4m} [SC CASI D4.1.4.13]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other (specify) {jhs53c4n} [SC CASI D4.1.4.14]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Dont know {jhs53c4o} [SC CASI D4.1.4.15]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

---



**SCREL\_Q20**

Was your partner aware of your abortion/termination of 1st pregnancy? {jhs53d1a} [SC CASI D4.2.1.1 ]  1: Yes  
 2: No

Were your parents aware of your abortion/termination of 1st pregnancy? {jhs53d1b} [SC CASI D4.2.1.2]  1: Yes  
 2: No

Were your partner's parents aware of your abortion/termination of 1st pregnancy? {jhs53d1c} [SC CASI D4.2.1.3]  1: Yes  
 2: No

Were other family members aware of your abortion/termination of 1st pregnancy? {jhs53d1d} [SC CASI D4.2.1.4]  1: Yes  
 2: No

Were close friend aware of your abortion/termination of 1st pregnancy? {jhs53d1e} [SC CASI D4.2.1.5]  1: Yes  
 2: No

Was any other aware of your abortion/termination of 1st pregnancy? {jhs53d1f} [SC CASI D4.2.1.6]  1: Yes  
 2: No

Were your partner aware of your abortion/termination of 2nd pregnancy? {jhs53d2a} [SC CASI D4.2.2.1 ]  1: Yes  
 2: No

Were your parents aware of your abortion/termination of 2nd pregnancy? {jhs53d2b} [SC CASI D4.2.2.2]  1: Yes  
 2: No

Were your partner's parents aware of your abortion/termination of 2nd pregnancy? {jhs53d2c} [SC CASI D4.2.2.3]  1: Yes  
 2: No

Were other family members aware of your abortion/termination of 2nd pregnancy? {jhs53d2d} [SC CASI D4.2.2.4]  1: Yes  
 2: No

Were close friend aware of your abortion/termination of 2nd pregnancy? {jhs53d2e} [SC CASI D4.2.2.5]  1: Yes  
 2: No

Was any other aware of your abortion/termination of 2nd pregnancy? {jhs53d2f} [SC CASI D4.2.2.6]  1: Yes  
 2: No

Was your partner aware of your abortion/termination of 3rd pregnancy? {jhs53d3a} [SC CASI D4.2.3.1 ]  1: Yes  
 2: No

Were your parents aware of your abortion/termination of 3rd pregnancy? {jhs53d3b} [SC CASI D4.2.3.2]  1: Yes  
 2: No

Were your partner's parents aware of your abortion/termination of 3rd pregnancy? {jhs53d3c} [SC CASI D4.2.3.3]  1: Yes  
 2: No

Were other family members aware of your abortion/termination of 3rd pregnancy? {jhs53d3d} [SC CASI D4.2.3.4]  1: Yes  
 2: No

---

Were close friend aware of your abortion/termination of 3rd pregnancy? {jhs53d3e} [SC CASI D4.2.3.5]  1: Yes  
 2: No

---

Was any other aware of your abortion/termination of 3rd pregnancy? {jhs53d3f} [SC CASI D4.2.3.6]  1: Yes  
 2: No

---

Was your partner aware of your abortion/termination of 4th pregnancy? {jhs53d4a} [SC CASI D4.2.4.1]  1: Yes  
 2: No

---

Were your parents aware of your abortion/termination of 4th pregnancy? {jhs53d4b} [SC CASI D4.2.4.2]  1: Yes  
 2: No

---

Were your partner's parents aware of your abortion/termination of 4th pregnancy? {jhs53d4c} [SC CASI D4.2.4.3]  1: Yes  
 2: No

---

Were other family members aware of your abortion/termination of 4th pregnancy? {jhs53d4d} [SC CASI D4.2.4.4]  1: Yes  
 2: No

---

Were close friend aware of your abortion/termination of 4th pregnancy? {jhs53d4e} [SC CASI D4.2.4.5]  1: Yes  
 2: No

---

Was any other aware of your abortion/termination of 4th pregnancy? {jhs53d4f} [SC CASI D4.2.4.6]  1: Yes  
 2: No

---

### SCREL\_Q22a

The next questions are about that baby/babies.

Some of the questions may be similar to ones you have already answered. It is important to ensure that we are collecting accurate information about you and your family.

### SCREL\_Q24

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Is first baby male or female? {zf02jya} [SC CASI D5.3.1]  1: Male  
 2: Female

---

Is second baby male or female? {zf02jyb} [SC CASI D5.3.2]  1: Male  
 2: Female

---

Is third baby male or female? {zf02jyc} [SC CASI D5.3.3]  1: Male  
 2: Female

---

Is fourth baby male or female? {zf02jyd} [SC CASI D5.3.4]  1: Male  
 2: Female

---

**SCREL\_Q25**

What is the first baby's date of birth {zf04jya} [SC CASI D5.4.1 ]

\_\_\_\_\_

What is the second baby's date of birth {zf04jyb} [SC CASI D5.4.2 ]

\_\_\_\_\_

What is the third baby's date of birth {zf04jyc} [SC CASI D5.4.3 ]

\_\_\_\_\_

What is the fourth baby's date of birth {zf04jyd} [SC CASI D5.4.4]

\_\_\_\_\_

**SCREL\_Q27**

The next questions are about the pregnancy.

The next questions are about your 1st pregnancy. At that time would you say, you were. {jhs58xa} [SC CASI D6.1.1 ]

- 1: Actively trying to become pregnant  
 2: Not trying to become pregnant but not trying to avoid it either  
 3: Actively trying to avoid becoming pregnant  
 4: Not sure

The next questions are about your 2nd pregnancy. At that time would you say, you were. {jhs58xb} [SC CASI D6.1.2]

- 1: Actively trying to become pregnant  
 2: Not trying to become pregnant but not trying to avoid it either  
 3: Actively trying to avoid becoming pregnant  
 4: Not sure

The next questions are about your 3rd pregnancy. At that time would you say, you were. {jhs58xc} [SC CASI D6.1.3]

- 1: Actively trying to become pregnant  
 2: Not trying to become pregnant but not trying to avoid it either  
 3: Actively trying to avoid becoming pregnant  
 4: Not sure

The next questions are about your 4th pregnancy. At that time would you say, you were. {jhs58xd} [SC CASI D6.1.4]

- 1: Actively trying to become pregnant  
 2: Not trying to become pregnant but not trying to avoid it either  
 3: Actively trying to avoid becoming pregnant  
 4: Not sure

**SCREL\_Q28**

Thinking about your pregnancy with 1st baby did you have any of the following conditions during this pregnancy

- 1: Yes  
 2: No

Diabetes {jhb19ya1a} [SC CASI D6.2.1.1 ]

- 0: No  
 1: Yes

High blood pressure needing treatment {jhb19ya2a} [SC CASI D6.2.1.2]

- 0: No  
 1: Yes ---> SCREL\_Q31

Anxiety {jhb19ya4d} [SC CASI D6.2.1.3]

- 0: No  
 1: Yes ---> SCREL\_Q31

Depression {jhb19ya4c} [SC CASI D6.2.1.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Other physical health condition {jhb19ya3a} [SC CASI D6.2.1.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Thinking about your pregnancy with 2nd baby did you have any of the following conditions during this pregnancy	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Diabetes {jhb19yb1a} [SC CASI D6.2.2.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
High blood pressure needing treatment {jhb19yb2a} [SC CASI D6.2.2.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Anxiety {jhb19yb4d} [SC CASI D6.2.2.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Depression {jhb19yb4c} [SC CASI D6.2.2.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Other physical health condition {jhb19yb3a} [SC CASI D6.2.2.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Thinking about your pregnancy with 3rd baby did you have any of the following conditions during this pregnancy	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Diabetes {jhb19yc1a} [SC CASI D6.2.3.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
High blood pressure needing treatment {jhb19yc2a} [SC CASI D6.2.3.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Anxiety {jhb19yc4d} [SC CASI D6.2.3.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Depression {jhb19yc4c} [SC CASI D6.2.3.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Other physical health condition {jhb19yc3a} [SC CASI D6.2.3.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Thinking about your pregnancy with 4th baby did you have any of the following conditions during this pregnancy	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Diabetes {jhb19yd1a} [SC CASI D6.2.4.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
High blood pressure needing treatment {jhb19yd2a} [SC CASI D6.2.4.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31
Anxiety {jhb19yd4d} [SC CASI D6.2.4.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes ---> SCREL_Q31

Depression {jhb19yd4c} [SC CASI D6.2.4.4]  0: No  
 1: Yes ---> SCREL\_Q31

Other physical health condition {jhb19yd3a} [SC CASI D6.2.4.5]  0: No  
 1: Yes ---> SCREL\_Q31

### SCREL\_Q29

Was your diabetes treated with insulin? First pregnancy {jhb01ya3a} [SC CASI D6.3.1 ]  1: Yes  
 2: No ---> SCREL\_Q31

Was your diabetes treated with insulin? Second pregnancy {jhb01yb3a} [SC CASI D6.3.2]  1: Yes  
 2: No ---> SCREL\_Q31

Was your diabetes treated with insulin? Third pregnancy {jhb01yc3a} [SC CASI D6.3.3]  1: Yes  
 2: No ---> SCREL\_Q31

Was your diabetes treated with insulin? Fourth pregnancy {jhb01yd3a} [SC CASI D6.3.4]  1: Yes  
 2: No ---> SCREL\_Q31

### SCREL\_Q30

Did you only use insulin when you were pregnant? First pregnancy {jhb01ya3a1} [SC CASI D6.4.1 ]  1: Yes  
 2: No

Did you only use insulin when you were pregnant? Second pregnancy {jhb01yb3a1} [SC CASI D6.4.2]  1: Yes  
 2: No

Did you only use insulin when you were pregnant? Third pregnancy {jhb01yc3a1} [SC CASI D6.4.3]  1: Yes  
 2: No

Did you only use insulin when you were pregnant? Fourth pregnancy {jhb01yd3a1} [SC CASI D6.4.4]  1: Yes  
 2: No

### SCREL\_Q31

During the pregnancy with first baby, did you take any medicines or tablets on a doctor's prescription? {jhb01ya11} [SC CASI D6.5.1 ]  1: Yes  
 2: No

During the pregnancy with second baby, did you take any medicines or tablets on a doctor's prescription? {jhb01yb11} [SC CASI D6.5.2]  1: Yes  
 2: No

During the pregnancy with third baby, did you take any medicines or tablets on a doctor's prescription? {jhb01yc11} [SC CASI D6.5.3]  1: Yes  
 2: No

During the pregnancy with fourth baby, did you take any medicines or tablets on a doctor's prescription? {jhb01yd11} [SC CASI D6.5.4]  1: Yes  
 2: No

**SCREL\_Q40**

During first pregnancy, how much weight did you gain?  
{jhb34ya} [SC CASI D7.1.1 ] \_\_\_\_\_

During second pregnancy, how much weight did you gain?  
{jhb34yb} [SC CASI D7.1.2] \_\_\_\_\_

During third pregnancy, how much weight did you gain?  
{jhb34yc} [SC CASI D7.1.3] \_\_\_\_\_

During fourth pregnancy, how much weight did you gain?  
{jhb34yd} [SC CASI D7.1.4] \_\_\_\_\_

**SCREL\_Q41a**

After how many weeks of pregnancy was first baby born?  
{jhs04ya1} [SC CASI D7.2.1] \_\_\_\_\_

After how many weeks of pregnancy was second baby born?  
{jhs04yb1} [SC CASI D7.2.2] \_\_\_\_\_

After how many weeks of pregnancy was third baby born?  
{jhs04yc1} [SC CASI D7.2.3] \_\_\_\_\_

After how many weeks of pregnancy was fourth baby born?  
{jhs04yd1} [SC CASI D7.2.4] \_\_\_\_\_

**SCREL\_Q41**

Was first child born late, on time or early?  
{jhs04ya2} [SC CASI D7.3.1]

- 1: Late birth (42 weeks or more)  
 2: On time (37-41 weeks)  
 3: Somewhat early (33-36 weeks)  
 4: Very early (32 weeks or less)

Was second child born late, on time or early?  
{jhs04yb2} [SC CASI D7.3.2]

- 1: Late birth (42 weeks or more)  
 2: On time (37-41 weeks)  
 3: Somewhat early (33-36 weeks)  
 4: Very early (32 weeks or less)

Was third child born late, on time or early?  
{jhs04yc2} [SC CASI D7.3.3]

- 1: Late birth (42 weeks or more)  
 2: On time (37-41 weeks)  
 3: Somewhat early (33-36 weeks)  
 4: Very early (32 weeks or less)

Was fourth child born late, on time or early?  
{jhs04yd2} [SC CASI D7.3.4]

- 1: Late birth (42 weeks or more)  
 2: On time (37-41 weeks)  
 3: Somewhat early (33-36 weeks)  
 4: Very early (32 weeks or less)

**SCREL\_Q42**

How much did first child weigh at birth? {jhs03ya1}  
[SC CASI D7.4.1 ] \_\_\_\_\_

How much did second child weigh at birth? {jhs03yb1}  
[SC CASI D7.4.2] \_\_\_\_\_

How much did third child weigh at birth? {jhs03yc1}  
[SC CASI D7.4.3] \_\_\_\_\_

How much did fourth child weigh at birth? {jhs03yd1}  
[SC CASI D7.4.4] \_\_\_\_\_

**SCREL\_Q43**

Was first offspring ever breastfed (including in first few days after birth)? {jhb05ya1} [SC CASI D7.5.1 ]  1: Yes  
 2: No

Was second offspring ever breastfed (including in first few days after birth)? {jhb05yb1} [SC CASI D7.5.2]  1: Yes  
 2: No

Was third offspring ever breastfed (including in first few days after birth)? {jhb05yc1} [SC CASI D7.5.3]  1: Yes  
 2: No

Was fourth offspring ever breastfed (including in first few days after birth)? {jhb05yd1} [SC CASI D7.5.4]  1: Yes  
 2: No

Is first offspring still being breastfed? {jhb05ya2} [SC CASI B8.4.1 ]  1: Yes  
 2: No

Is second offspring still being breastfed? {jhb05yb2} [SC CASI B8.4.2 ]  1: Yes  
 2: No

Is third offspring still being breastfed? {jhb05yc2} [SC CASI B8.4.3 ]  1: Yes  
 2: No

Is fourth offspring still being breastfed? {jhb05yd2} [SC CASI B8.4.4]  1: Yes  
 2: No

**SCREL\_Q44**

How old was first offspring when you stopped breastfeeding (i.e. no breastmilk, from the breast or expressed)- Days? {jhb05ya3} [SC CASI D7.6.1 ] \_\_\_\_\_

**SCREL\_Q44**

How old was second offspring when you stopped breastfeeding (i.e. no breastmilk, from the breast or expressed)- Days? {jhb05yb3} [SC CASI D7.6.2]

\_\_\_\_\_

**SCREL\_Q44**

How old was third offspring when you stopped breastfeeding (i.e. no breastmilk, from the breast or expressed)- Days? {jhb05yc3} [SC CASI D7.6.3]

\_\_\_\_\_

**SCREL\_Q44**

How old was fourth offspring when you stopped breastfeeding (i.e. no breastmilk, from the breast or expressed)- Days? {jhb05yd3} [SC CASI D7.6.4]

\_\_\_\_\_

**SCREL\_Q46**

Does first child live with you? {jfd29ya1} [SC CASI D8.1.1 ]

- 1: Yes, always  
 2: Yes, some of the time  
 3: No

Does second child live with you? {jfd29yb1} [SC CASI D8.1.2]

- 1: Yes, always  
 2: Yes, some of the time  
 3: No

Does third child live with you? {jfd29yc1} [SC CASI D8.1.3]

- 1: Yes, always  
 2: Yes, some of the time  
 3: No

Does fourth child live with you? {jfd29yd1} [SC CASI D8.1.4]

- 1: Yes, always  
 2: Yes, some of the time  
 3: No

**SCREL\_Q47a**

Is partner first baby's other biological parent? {jfd31xa1} [SC CASI D8.2.1]

- 1: Yes ---> SCREL\_Q53  
 2: No

Is partner second baby's other biological parent? {jfd31xb1} [SC CASI D8.2.2]

- 1: Yes ---> SCREL\_Q53  
 2: No

Is partner third baby's other biological parent? {jfd31xc1} [SC CASI D8.2.3]

- 1: Yes ---> SCREL\_Q53  
 2: No

Is partner fourth baby's other biological parent? {jfd31xd1} [SC CASI D8.2.4]

- 1: Yes ---> SCREL\_Q53  
 2: No



**SCREL\_Q47**

Does first child's other parent live with you?  
{jfd29ya2} [SC CASI D8.3.1 ]  1: Yes  
 2: No

Does second child's other parent live with you?  
{jfd29yb2} [SC CASI D8.3.2]  1: Yes  
 2: No

Does third child's other parent live with you?  
{jfd29yc2} [SC CASI D8.3.3]  1: Yes  
 2: No

Does fourth child's other parent live with you?  
{jfd29yd2} [SC CASI D8.3.4]  1: Yes  
 2: No

**SCREL\_Q51**

Is first child's other parent of Aboriginal origin,  
Torres Strait Islander origin or both? {zf12jxa1}  
[SC CASI D8.6.1 - 8.7.1]  1: No  
 2: Yes Aboriginal  
 3: Yes Torres Strait Islander;  
 4: Yes both

Is second child's other parent of Aboriginal origin,  
Torres Strait Islander origin or both? {zf12jxb1}  
[SC CASI D8.6.2 - 8.7.2 ]  1: No  
 2: Yes Aboriginal  
 3: Yes Torres Strait Islander;  
 4: Yes both

Is third child's other parent of Aboriginal origin,  
Torres Strait Islander origin or both? {zf12jxc1}  
[SC CASI D8.6.3 - 8.7.3]  1: No  
 2: Yes Aboriginal  
 3: Yes Torres Strait Islander;  
 4: Yes both

Is fourth child's other parent of Aboriginal origin,  
Torres Strait Islander origin or both? {zf12jxd1}  
[SC CASI D8.6.4 - 8.7.4]  1: No  
 2: Yes Aboriginal  
 3: Yes Torres Strait Islander;  
 4: Yes both

**SCREL\_Q52**

What was the highest year of primary or secondary  
school other parent of first child completed?  
{jfd08xa1} [SC CASI D8.8.1]  1: Year 12 or equivalent  
 2: Year 11 or equivalent  
 3: Year 10 or equivalent  
 4: Year 9 or equivalent  
 5: Year 8 or below  
 6: Never attended school  
 7: Still at school

What was the highest year of primary or secondary  
school other parent of second child completed?  
{jfd08xb1} [SC CASI D8.8.2]  1: Year 12 or equivalent  
 2: Year 11 or equivalent  
 3: Year 10 or equivalent  
 4: Year 9 or equivalent  
 5: Year 8 or below  
 6: Never attended school  
 7: Still at school

What was the highest year of primary or secondary school other parent of third child completed? {jfd08xc1} [SC CASI D8.8.3]

- 1: Year 12 or equivalent  
 2: Year 11 or equivalent  
 3: Year 10 or equivalent  
 4: Year 9 or equivalent  
 5: Year 8 or below  
 6: Never attended school  
 7: Still at school

What was the highest year of primary or secondary school other parent of fourth child completed? {jfd08xd1} [SC CASI D8.8.4]

- 1: Year 12 or equivalent  
 2: Year 11 or equivalent  
 3: Year 10 or equivalent  
 4: Year 9 or equivalent  
 5: Year 8 or below  
 6: Never attended school  
 7: Still at school

### SCREL\_Q52a

Has other parent of first child completed a trade certificate, diploma, degree or other educational qualification? {jfd08xa2a} [SC CASI D8.9.1]

- 1: Yes  
 2: No ---> SCREL\_Q53

Has other parent of second child completed a trade certificate, diploma, degree or other educational qualification? {jfd08xb2a} [SC CASI D8.9.2]

- 1: Yes  
 2: No ---> SCREL\_Q53

Has other parent of third child completed a trade certificate, diploma, degree or other educational qualification? {jfd08xc2a} [SC CASI D8.9.3]

- 1: Yes  
 2: No ---> SCREL\_Q53

Has other parent of fourth child completed a trade certificate, diploma, degree or other educational qualification? {jfd08xd2a} [SC CASI D8.9.4]

- 1: Yes  
 2: No ---> SCREL\_Q53

### SCREL\_Q52b

What is the level of the highest qualification that other parent of first child has ever completed? {jfd08xa3b1a} [SC CASI D8.10.1]

- 1: Postgraduate degree  
 2: Graduate diploma / Graduate certificate  
 3: Bachelor degree (with or without honours)  
 4: Advanced diploma / diploma  
 5: Certificate III/IV (including trade certificate)  
 6: Certificate I/II  
 7: Other non-school qualification

What is the level of the highest qualification that other parent of second child has ever completed? {jfd08xb3b1a} [SC CASI D8.10.2]

- 1: Postgraduate degree  
 2: Graduate diploma / Graduate certificate  
 3: Bachelor degree (with or without honours)  
 4: Advanced diploma / diploma  
 5: Certificate III/IV (including trade certificate)  
 6: Certificate I/II  
 7: Other non-school qualification

What is the level of the highest qualification that other parent of third child has ever completed? {jfd08xc3b1a} [SC CASI D8.10.3]

- 1: Postgraduate degree
- 2: Graduate diploma / Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma / diploma
- 5: Certificate III/IV (including trade certificate)
- 6: Certificate I/II
- 7: Other non-school qualification

What is the level of the highest qualification that other parent of fourth child has ever completed? {jfd08xd3b1a} [SC CASI D8.10.4]

- 1: Postgraduate degree
- 2: Graduate diploma / Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma / diploma
- 5: Certificate III/IV (including trade certificate)
- 6: Certificate I/II
- 7: Other non-school qualification

### SCREL\_Q53

Who else does first child live with when he/she is not with you? {jfd19ya11} [SC CASI D9.1.1 ]

- 1: Child's Other parent
- 2: Your parents
- 3: Child's Other parents parents
- 4: Other relatives
- 5: Adoptive parents
- 6: Foster parents
- 7: Child is away at school
- 8: Other

Who else does second child live with when he/she is not with you? {jfd19yb11} [SC CASI D9.1.2]

- 1: Child's Other parent
- 2: Your parents
- 3: Child's Other parents parents
- 4: Other relatives
- 5: Adoptive parents
- 6: Foster parents
- 7: Child is away at school
- 8: Other

Who else does third child live with when he/she is not with you? {jfd19yc11} [SC CASI D9.1.3]

- 1: Child's Other parent
- 2: Your parents
- 3: Child's Other parents parents
- 4: Other relatives
- 5: Adoptive parents
- 6: Foster parents
- 7: Child is away at school
- 8: Other

Who else does fourth child live with when he/she is not with you? {jfd19yd11} [SC CASI D9.1.4]

- 1: Child's Other parent
- 2: Your parents
- 3: Child's Other parents parents
- 4: Other relatives
- 5: Adoptive parents
- 6: Foster parents
- 7: Child is away at school
- 8: Other

**SCREL\_Q55**

Have you and first child ever lived in the same household? {jfd19ya10a} [SC CASI D9.2.1 ]  1: Yes  
 2: No ---> SCREL\_Q57

Have you and second child ever lived in the same household? {jfd19yb10a} [SC CASI D9.2.2]  1: Yes  
 2: No ---> SCREL\_Q57

Have you and third child ever lived in the same household? {jfd19yc10a} [SC CASI D9.2.3]  1: Yes  
 2: No ---> SCREL\_Q57

Have you and fourth child ever lived in the same household? {jfd19yd10a} [SC CASI D9.2.4]  1: Yes  
 2: No ---> SCREL\_Q57

**SCREL\_Q56**

When did first child last live with you? Months {jfd19ya12} [SC CASI D9.3.1 ] \_\_\_\_\_

When did second child last live with you? Months {jfd19yb12} [SC CASI D9.3.2] \_\_\_\_\_

When did third child last live with you? Months {jfd19yc12} [SC CASI D9.3.3] \_\_\_\_\_

When did fourth child last live with you? Months {jfd19yd12} [SC CASI D9.3.4] \_\_\_\_\_

**SCREL\_Q57**

How often do you usually see first child? {jpa31ya} [SC CASI D9.4.1 ]  1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all ---> SCREL\_Q58  
 9: Never had contact (since birth) ---> SCREL\_Q58

How often do you usually see second child? {jpa31yb} [SC CASI D9.4.2]  1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all ---> SCREL\_Q58  
 9: Never had contact (since birth) ---> SCREL\_Q58

How often do you usually see third child? {jpa31yc}  
[SC CASI D9.4.3]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all --->  
 SCREL\_Q58  
 9: Never had contact (since birth) ---> SCREL\_Q58

How often do you usually see fourth child? {jpa31yd}  
[SC CASI D9.4.4]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all --->  
 SCREL\_Q58  
 9: Never had contact (since birth) ---> SCREL\_Q58

### SCREL\_Q45

In general, how would you say first child's current  
health is? {jhs13ya1} [SC CASI D9.5.1 ]

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

In general, how would you say second child's current  
health is? {jhs13yb1} [SC CASI D9.5.2]

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

In general, how would you say third child's current  
health is? {jhs13yc1} [SC CASI D9.5.3]

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

In general, how would you say fourth child's current  
health is? {jhs13yd1} [SC CASI D9.5.4]

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

### SCREL\_Q58

Have first child's other parent and first child ever  
lived in the same household? {jfd19xa10b} [SC CASI  
D10.1.1 ]

- 1: Yes  
 2: No

Have second child's other parent and second child  
ever lived in the same household? {jfd19xb10b} [SC  
CASI D10.1.2]

- 1: Yes  
 2: No

Have third child's other parent and third child ever lived in the same household? {jfd19xc10b} [SC CASI D10.1.3]

- 1: Yes  
 2: No

Have fourth child's other parent and fourth child ever lived in the same household? {jfd19xd10b} [SC CASI D10.1.4]

- 1: Yes  
 2: No

### SCREL\_Q58b

Do you have a shared or joint parenting arrangement with child's other parent or do you have main care of first child? {jpe18ya1} [SC CASI D10.2.1 ]

- 1: I have main care of child  
 2: Shared or joint parenting  
 3: Other parent has main care of child  
 4: Other

Do you have a shared or joint parenting arrangement with child's other parent or do you have main care of second child? {jpe18yb1} [SC CASI D10.2.2]

- 1: I have main care of child  
 2: Shared or joint parenting  
 3: Other parent has main care of child  
 4: Other

Do you have a shared or joint parenting arrangement with child's other parent or do you have main care of third child? {jpe18yc1} [SC CASI D10.2.3]

- 1: I have main care of child  
 2: Shared or joint parenting  
 3: Other parent has main care of child  
 4: Other

Do you have a shared or joint parenting arrangement with child's other parent or do you have main care of fourth child? {jpe18yd1} [SC CASI D10.2.4]

- 1: I have main care of child  
 2: Shared or joint parenting  
 3: Other parent has main care of child  
 4: Other

### SCREL\_Q60

How often does other parent usually see first child? {jpa31xa} [SC CASI D10.3.1 ]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all  
 9: Never had contact (since birth)

How often does other parent usually see second child? {jpa31xb} [SC CASI D10.3.2]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all  
 9: Never had contact (since birth)

How often does other parent usually see third child?  
{jpa31xc} [SC CASI D10.3.3]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all  
 9: Never had contact (since birth)

How often does other parent usually see fourth child?  
{jpa31xd} [SC CASI D10.3.4]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year or not at all  
 9: Never had contact (since birth)

### SCREL\_Q63

What is your relationship to first child's other parent? {jfd10ya1} [SC CASI D11.1.1 ]

- 1: Married but not currently living together  
 2: Separated (previously living together in a marriage or defacto relationship)  
 3: Divorced  
 4: Currently dating/in a relationship  
 5: Previously dating/in a relationship  
 6: Never in a relationship  
 7: Other

What is your relationship to second child's other parent? {jfd10yb1} [SC CASI D11.1.2]

- 1: Married but not currently living together  
 2: Separated (previously living together in a marriage or defacto relationship)  
 3: Divorced  
 4: Currently dating/in a relationship  
 5: Previously dating/in a relationship  
 6: Never in a relationship  
 7: Other

What is your relationship to third child's other parent? {jfd10yc1} [SC CASI D11.1.3]

- 1: Married but not currently living together  
 2: Separated (previously living together in a marriage or defacto relationship)  
 3: Divorced  
 4: Currently dating/in a relationship  
 5: Previously dating/in a relationship  
 6: Never in a relationship  
 7: Other

What is your relationship to fourth child's other parent? {jfd10yd1} [SC CASI D11.1.4]

- 1: Married but not currently living together  
 2: Separated (previously living together in a marriage or defacto relationship)  
 3: Divorced  
 4: Currently dating/in a relationship  
 5: Previously dating/in a relationship  
 6: Never in a relationship  
 7: Other

**SCREL\_Q65**

What is first child's other parent's date of birth?

{zf04jxa} [SC CASI D11.2.1 ] \_\_\_\_\_

What is second child's other parent's date of birth?

{zf04jxb} [SC CASI D11.2.2] \_\_\_\_\_

What is third child's other parent's date of birth?

{zf04jxc} [SC CASI D11.2.3] \_\_\_\_\_

What is fourth child's other parent's date of birth?

{zf04jxd} [SC CASI D11.2.4] \_\_\_\_\_

**SCREL\_Q65a**

How old was child's other parent when first child was

born? {zhs57c1} [SC CASI D11.3.1 ] \_\_\_\_\_

How old was child's other parent when second child

was born? {zhs57c2} [SC CASI D11.3.2] \_\_\_\_\_

How old was child's other parent when third child was

born? {zhs57c3} [SC CASI D11.3.3] \_\_\_\_\_

How old was child's other parent when fourth child

was born? {zhs57c4} [SC CASI D11.3.4] \_\_\_\_\_

**SCREL\_Q66**

At the time of first child's birth, was other parent

working {jpw41xa} [SC CASI D11.4.1 ]

- 1: Full-time  
 2: Part-time  
 3: Not working

At the time of second child's birth, was other parent

working {jpw41xb} [SC CASI D11.4.2]

- 1: Full-time  
 2: Part-time  
 3: Not working

At the time of third child's birth, was other parent

working {jpw41xc} [SC CASI D11.4.3]

- 1: Full-time  
 2: Part-time  
 3: Not working

At the time of fourth child's birth, was other parent

working {jpw41xd} [SC CASI D11.4.4]

- 1: Full-time  
 2: Part-time  
 3: Not working



**SCREL\_Q67**

At the time of first child's birth, was other parent studying {jfd09xa5} [SC CASI D11.5.1 ]  1: Full-time  
 2: Part-time  
 3: Not studying

At the time of second child's birth, was other parent studying {jfd09xb5} [SC CASI D11.5.2]  1: Full-time  
 2: Part-time  
 3: Not studying

At the time of third child's birth, was other parent studying {jfd09xc5} [SC CASI D11.5.3]  1: Full-time  
 2: Part-time  
 3: Not studying

At the time of fourth child's birth, was other parent studying {jfd09xd5} [SC CASI D11.5.4]  1: Full-time  
 2: Part-time  
 3: Not studying

**SCREL\_67a**

Did father/you attend medical/hospital visits during first pregnancy? {jsc33xa1} [SC CASI D11.6.1.1]  1: Yes  
 2: No

Did father/you attend medical/hospital visits during second pregnancy? {jsc33xb1} [SC CASI D11.6.1.2]  1: Yes  
 2: No

Did father/you attend medical/hospital visits during third pregnancy? {jsc33xc1} [SC CASI D11.6.1.3]  1: Yes  
 2: No

Did father/you attend medical/hospital visits during fourth pregnancy? {jsc33xd1} [SC CASI D11.6.1.4]  1: Yes  
 2: No

Did father/you attend antenatal/birth preparation classes during first pregnancy? {jsc33xa2} [SC CASI D11.6.2.1]  1: Yes  
 2: No

Did father/you attend antenatal/birth preparation classes during second pregnancy? {jsc33xb2} [SC CASI D11.6.2.2]  1: Yes  
 2: No

Did father/you attend antenatal/birth preparation classes during third pregnancy? {jsc33xc2} [SC CASI D11.6.2.3]  1: Yes  
 2: No

Did father/you attend antenatal/birth preparation classes during fourth pregnancy? {jsc33xd2} [SC CASI D11.6.2.4]  1: Yes  
 2: No

Did father/you attend birth of first child? {jsc33xa3} [SC CASI D11.6.3.1]  1: Yes  
 2: No

Did father/you attend birth of second child? {jsc33xb3} [SC CASI D11.6.3.2]  1: Yes  
 2: No

Did father/you attend birth of third child? {jsc33xc3} [SC CASI D11.6.3.3]  1: Yes  
 2: No

Did father/you attend birth of fourth child?  
{jsc33xd3} [SC CASI D11.6.3.4]  1: Yes  
 2: No

Did father/you buy things for first baby before  
he/she was born? {jsc33xa4} [SC CASI D11.6.4.1]  1: Yes  
 2: No

Did father/you buy things for second baby before  
he/she was born? {jsc33xb4} [SC CASI D11.6.4.2]  1: Yes  
 2: No

Did father/you buy things for third baby before  
he/she was born? {jsc33xc4} [SC CASI D11.6.4.3]  1: Yes  
 2: No

Did father/you buy things for fourth baby before  
he/she was born? {jsc33xd4} [SC CASI D11.6.4.4]  1: Yes  
 2: No

### SCREL\_Q68

The next questions are about any childcare arrangements for your child/children.

### SCREL\_Q69

Over the past 1 month has first child been looked  
after at regular times during the week by anyone  
other than you? {jop01ya1} [SC CASI D12.1.1 ]  1: Yes  
 2: No

Over the past 1 month has second child been looked  
after at regular times during the week by anyone  
other than you? {jop01yb1} [SC CASI D12.1.2]  1: Yes  
 2: No

Over the past 1 month has third child been looked  
after at regular times during the week by anyone  
other than you? {jop01yc1} [SC CASI D12.1.3]  1: Yes  
 2: No

Over the past 1 month has fourth child been looked  
after at regular times during the week by anyone  
other than you? {jop01yd1} [SC CASI D12.1.4]  1: Yes  
 2: No

### SCREL\_Q70

Who provided this care for first child?

Your parents {jop02ya1a } [SC CASI D12.2.1.1 ]  0: No  
 1: Yes

Childs other parents parents {jop02ya1b } [SC CASI  
D12.2.2.1 ]  0: No  
 1: Yes

Maternal grandparents {jop02ya1c1} [SC CASI  
D12.2.1.1-2.1 ]  1: Yes  
 2: No

Paternal grandparents {jop02ya1c2} [SC CASI  
D12.2.1.1-2.1 ]  1: Yes  
 2: No

Grandparent {jop02ya1 } [SC CASI D12.2.1.1-2.1 ]  1: Yes  
 2: No

Childs other parent {jop02ya2} [SC CASI D12.2.3.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Boyfriend/girlfriend/partner living with you {jop02ya3} [SC CASI D12.2.4.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged 18 years and over) {jop02ya4} [SC CASI D12.2.5.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged under 18 years) {jop02ya5} [SC CASI D12.2.6.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other Childcare centre {jop02ya6} [SC CASI D12.2.7.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Family day care {jop02ya7} [SC CASI D12.2.8.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Subsidised in home care {jop02ya8} [SC CASI D12.2.9.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other home-based care {jop02ya9} [SC CASI D12.2.10.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child cares for self {jop02ya10} [SC CASI D12.2.11.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Childs school {jop02ya11} [SC CASI D12.2.12.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Another school {jop02ya12} [SC CASI D12.2.13.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jop02ya13} [SC CASI D12.2.14.1 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Who provided this care for second child?	
Your parents {jop02yb1a } [SC CASI D12.2.1.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Childs other parents parents {jop02yb1b } [SC CASI D12.2.2.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal grandparent {jop02yb1c1} [SC CASI D12.2.1.2 -2.2 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Paternal grandparent {jop02yb1c2} [SC CASI D12.2.1.2 -2.2 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Grandparent {jop02yb1 } [SC CASI D12.2.1.2 -2.2 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Childs other parent {jop02yb2} [SC CASI D12.2.3.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Boyfriend/girlfriend/partner living with you {jop02yb3} [SC CASI D12.2.4.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged 18 years and over) {jop02yb4} [SC CASI D12.2.5.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged under 18 years) {jop02yb5} [SC CASI D12.2.6.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other childcare centre {jop02yb6} [SC CASI D12.2.7.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Family day care {jop02yb7} [SC CASI D12.2.8.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Subsidised in home care {jop02yb8} [SC CASI D12.2.9.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other home-based care {jop02yb9} [SC CASI D12.2.10.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child cares for self {jop02yb10} [SC CASI D12.2.11.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Childs school {jop02yb11} [SC CASI D12.2.12.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Another school {jop02yb12} [SC CASI D12.2.13.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jop02yb13} [SC CASI D12.2.14.2 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Who provided this care for third child?	
Your parents {jop02yc1a } [SC CASI D12.2.1.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Childs other parents parents {jop02yc1b } [SC CASI D12.2.2.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal grandparents {jop02yc1c1} [SC CASI D12.2.1.3 - 2.3 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Paternal grandparents {jop02yc1c2} [SC CASI D12.2.1.3 - 2.3 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Grandparent {jop02yc1 } [SC CASI D12.2.1.3 - 2.3 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Childs other parent {jop02yc2} [SC CASI D12.2.3.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Boyfriend/girlfriend/partner living with you {jop02yc3} [SC CASI D12.2.4.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Other relative (aged 18 years and over) {jop02yc4} [SC CASI D12.2.5.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged under 18 years) {jop02yc5} [SC CASI D12.2.6.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other childcare centre {jop02yc6} [SC CASI D12.2.7.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Family day care {jop02yc7} [SC CASI D12.2.8.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Subsidised in home care {jop02yc8} [SC CASI D12.2.9.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other home-based care {jop02yc9} [SC CASI D12.2.10.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Child cares for self {jop02yc10} [SC CASI D12.2.11.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Childs school {jop02yc11} [SC CASI D12.2.12.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Outside School Hours Care at Another school {jop02yc12} [SC CASI D12.2.13.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jop02yc13} [SC CASI D12.2.14.3 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Who provided this care for fourth child?	
Your parents {jop02yd1a } [SC CASI D12.2.1.4 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Childs other parents parents {jop02yd1b } [SC CASI D12.2.2.4 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Maternal grandparents {jop02yd1c1} [SC CASI D12.2.1.4 - 2.4 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Paternal grandparents {jop02yd1c2} [SC CASI D12.2.1.4 - 2.4 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Grandparent {jop02yd1 } [SC CASI D12.2.1.4 - 2.4 ]	<input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No
Childs other parent {jop02yd2} [SC CASI D12.2.3.4 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Boyfriend/girlfriend/partner living with you {jop02yd3} [SC CASI D12.2.4.4 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other relative (aged 18 years and over) {jop02yd4} [SC CASI D12.2.5.4 ]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

Other relative (aged under 18 years) {jop02yd5} [SC CASI D12.2.6.4 ]  0: No  
 1: Yes

Other childcare centre {jop02yd6} [SC CASI D12.2.7.4]  0: No  
 1: Yes

Family day care {jop02yd7} [SC CASI D12.2.8.4]  0: No  
 1: Yes

Subsidised in home care {jop02yd8} [SC CASI D12.2.9.4]  0: No  
 1: Yes

Other home-based care {jop02yd9} [SC CASI D12.2.10.4]  0: No  
 1: Yes

Child cares for self {jop02yd10} [SC CASI D12.2.11.4]  0: No  
 1: Yes

Outside School Hours Care at Childs school {jop02yd11} [SC CASI D12.2.12.4]  0: No  
 1: Yes

Outside School Hours Care at Another school {jop02yd12} [SC CASI D12.2.13.4]  0: No  
 1: Yes

Other {jop02yd13} [SC CASI D12.2.14.4 ]  0: No  
 1: Yes

### SCREL\_Q71

On average, how many hours in total did first child spend being looked after by someone other than you each week? {jop03ya} [SC CASI D12.3.1 ] \_\_\_\_\_

On average, how many hours in total did second child spend being looked after by someone other than you each week? {jop03yb} [SC CASI D12.3.2] \_\_\_\_\_

On average, how many hours in total did third child spend being looked after by someone other than you each week? {jop03yc} [SC CASI D12.3.3] \_\_\_\_\_

On average, how many hours in total did fourth child spend being looked after by someone other than you each week? {jop03yd} [SC CASI D12.3.4] \_\_\_\_\_

### SCREL\_Q74

Generally, how satisfied are you with first child's overall care arrangements? {jop05ya} [SC CASI D12.4.1 ]

- 1: Very satisfied  
 2: Satisfied  
 3: Neither satisfied nor dissatisfied  
 4: Dissatisfied  
 5: Very dissatisfied

Generally, how satisfied are you with second child's overall care arrangements? {jop05yb} [SC CASI D12.4.2]

- 1: Very satisfied  
 2: Satisfied  
 3: Neither satisfied nor dissatisfied  
 4: Dissatisfied  
 5: Very dissatisfied

Generally, how satisfied are you with third child's overall care arrangements? {jop05yc} [SC CASI D12.4.3]

- 1: Very satisfied  
 2: Satisfied  
 3: Neither satisfied nor dissatisfied  
 4: Dissatisfied  
 5: Very dissatisfied

Generally, how satisfied are you with fourth child's overall care arrangements? {jop05yd} [SC CASI D12.4.4]

- 1: Very satisfied  
 2: Satisfied  
 3: Neither satisfied nor dissatisfied  
 4: Dissatisfied  
 5: Very dissatisfied

### SCREL\_Q76

In the last 12 months, how many times did you change childcare arrangements for first child? {jop07ya} [SC CASI D12.5.1 ] \_\_\_\_\_

In the last 12 months, how many times did you change childcare arrangements for second child? {jop07yb} [SC CASI D12.5.2] \_\_\_\_\_

In the last 12 months, how many times did you change childcare arrangements for third child? {jop07yc} [SC CASI D12.5.3] \_\_\_\_\_

In the last 12 months, how many times did you change childcare arrangements for fourth child? {jop07yd} [SC CASI D12.5.4] \_\_\_\_\_

### SCREL\_Q77

In the last 12 months, how many times did you increase or decrease childcare hours for first child? {jop07ya1} [SC CASI D12.6.1 ] \_\_\_\_\_

In the last 12 months, how many times did you increase or decrease childcare hours for second child? {jop07yb1} [SC CASI D12.6.2] \_\_\_\_\_

In the last 12 months, how many times did you increase or decrease childcare hours for third child? {jop07yc1} [SC CASI D12.6.3] \_\_\_\_\_

In the last 12 months, how many times did you increase or decrease childcare hours for fourth child? {jop07yd1} [SC CASI D12.6.4] \_\_\_\_\_

**SCREL\_Q78**

In the last 12 months, have you experienced any problem in trying to find suitable childcare for the first child?

Couldn't afford to pay for the number of hours of care I needed {jop08ya1} [SC CASI D12.7.1.1 ]  1: Yes  
 2: No

Hours of care didn't match the hours that I needed? {jop08ya2} [SC CASI D12.7.2.1 ]  1: Yes  
 2: No

Lack of care providers near my place of work/study or my home? {jop08ya3} [SC CASI D12.7.3.1 ]  1: Yes  
 2: No

Available care providers were poor quality (e.g. poor environments, programs or staff) {jop08ya4} [SC CASI D12.7.4.1 ]  1: Yes  
 2: No

Not able to get siblings into the same care provider? {jop08ya5} [SC CASI D12.7.5.1 ]  1: Yes  
 2: No

I have had to combine a variety of sources of care to get the cover that I have needed? {jop08ya6} [SC CASI D12.7.6.1 ]  1: Yes  
 2: No

I have used some short term arrangements while waiting for more appropriate care to become available? {jop08ya7} [SC CASI D12.7.7.1 ]  1: Yes  
 2: No

Problems with getting childcare places? {jop08ya8} [SC CASI D12.7.8.1 ]  1: Yes  
 2: No

Transport problems for parent or child? {jop08ya9} [SC CASI D12.7.9.1 ]  1: Yes  
 2: No

Child has disability or special needs? {jop08ya10} [SC CASI D12.7.10.1 ]  1: Yes  
 2: No

Did not suit culture or ethnic beliefs? {jop08ya11} [SC CASI D12.7.11.1 ]  1: Yes  
 2: No

Other problem? {jop08ya12} [SC CASI D12.7.12.1 ]  1: Yes  
 2: No

In the last 12 months, have you experienced any problem in trying to find suitable childcare for the second child?

Couldn't afford to pay for the number of hours of care I needed? {jop08yb1} [SC CASI D12.7.1.2 ]  1: Yes  
 2: No

Hours of care didn't match the hours that I needed? {jop08yb2} [SC CASI D12.7.2.2 ]  1: Yes  
 2: No

Lack of care providers near my place of work/study or my home? {jop08yb3} [SC CASI D12.7.3.2 ]  1: Yes  
 2: No



---

Available care providers were poor quality (e.g. poor environments, programs or staff) {jop08yb4} [SC CASI D12.7.4.2]  1: Yes  
 2: No

---

Not able to get siblings into the same care provider? {jop08yb5} [SC CASI D12.7.5.2]  1: Yes  
 2: No

---

I have had to combine a variety of sources of care to get the cover that I have needed? {jop08yb6} [SC CASI D12.7.6.2]  1: Yes  
 2: No

---

I have used some short term arrangements while waiting for more appropriate care to become available? {jop08yb7} [SC CASI D12.7.7.2]  1: Yes  
 2: No

---

Problems with getting childcare places? {jop08yb8} [SC CASI D12.7.8.2]  1: Yes  
 2: No

---

Transport problems for parent or child? {jop08yb9} [SC CASI D12.7.9.2]  1: Yes  
 2: No

---

Child has disability or special needs? {jop08yb10} [SC CASI D12.7.10.2]  1: Yes  
 2: No

---

Did not suit culture or ethnic beliefs? {jop08yb11} [SC CASI D12.7.11.2]  1: Yes  
 2: No

---

Other problem? {jop08yb12} [SC CASI D12.7.12.2]  1: Yes  
 2: No

---

In the last 12 months, have you experienced any problem in trying to find suitable childcare for the third child?

---

Couldn't afford to pay for the number of hours of care I needed? {jop08yc1} [SC CASI D12.7.1.3]  1: Yes  
 2: No

---

Hours of care didn't match the hours that I needed? {jop08yc2} [SC CASI D12.7.2.3]  1: Yes  
 2: No

---

Lack of care providers near my place of work/study or my home? {jop08yc3} [SC CASI D12.7.3.3]  1: Yes  
 2: No

---

Available care providers were poor quality (e.g. poor environments, programs or staff) {jop08yc4} [SC CASI D12.7.4.3]  1: Yes  
 2: No

---

Not able to get siblings into the same care provider? {jop08yc5} [SC CASI D12.7.5.3]  1: Yes  
 2: No

---

I have had to combine a variety of sources of care to get the cover that I have needed? {jop08yc6} [SC CASI D12.7.6.3]  1: Yes  
 2: No

---

I have used some short term arrangements while waiting for more appropriate care to become available? {jop08yc7} [SC CASI D12.7.7.3]  1: Yes  
 2: No

---

---

Problems with getting childcare places? {jop08yc8}  
[SC CASI D12.7.8.3]  1: Yes  
 2: No

---

Transport problems for parent or child? {jop08yc9}  
[SC CASI D12.7.9.3]  1: Yes  
 2: No

---

Child has disability or special needs? {jop08yc10}  
[SC CASI D12.7.10.3]  1: Yes  
 2: No

---

Did not suit culture or ethnic beliefs? {jop08yc11}  
[SC CASI D12.7.11.3]  1: Yes  
 2: No

---

Other problem? {jop08yc12} [SC CASI D12.7.12.3]  1: Yes  
 2: No

---

In the last 12 months, have you experienced any problem in trying to find suitable childcare for the fourth child?

---

Couldn't afford to pay for the number of hours of  
care I needed? {jop08yd1} [SC CASI D12.7.1.4]  1: Yes  
 2: No

---

Hours of care didn't match the hours that I needed?  
{jop08yd2} [SC CASI D12.7.2.4]  1: Yes  
 2: No

---

Lack of care providers near my place of work/study or  
my home? {jop08yd3} [SC CASI D12.7.3.4]  1: Yes  
 2: No

---

Available care providers were poor quality (e.g. poor  
environments, programs or staff) {jop08yd4} [SC CASI  
D12.7.4.4]  1: Yes  
 2: No

---

Not able to get siblings into the same care provider?  
{jop08yd5} [SC CASI D12.7.5.4]  1: Yes  
 2: No

---

I have had to combine a variety of sources of care to  
get the cover that I have needed? {jop08yd6} [SC  
CASI D12.7.6.4]  1: Yes  
 2: No

---

I have used some short term arrangements while  
waiting for more appropriate care to become  
available? {jop08yd7} [SC CASI D12.7.7.4]  1: Yes  
 2: No

---

Problems with getting childcare places? {jop08yd8}  
[SC CASI D12.7.8.4]  1: Yes  
 2: No

---

Transport problems for parent or child? {jop08yd9}  
[SC CASI D12.7.9.4]  1: Yes  
 2: No

---

Child has disability or special needs? {jop08yd10}  
[SC CASI D12.7.10.4]  1: Yes  
 2: No

---

Did not suit culture or ethnic beliefs? {jop08yd11}  
[SC CASI D12.7.11.4]  1: Yes  
 2: No

---

Other problem? {jop08yd12} [SC CASI D12.7.12.4]  1: Yes  
 2: No

---

**SCREL\_Q84**

The next set of questions are about family-life balance.

**SCREL\_Q85a**

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

Having both work and family responsibilities makes me a more rounded person. {jpw23c2a} [SC CASI D13.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Having both work and family responsibilities gives my life more variety. {jpw23c2b} [SC CASI D13.1.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Having both work and family responsibilities makes me feel competent. {jpw23c2c} [SC CASI D13.1.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCREL\_Q85b**

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

My working has a positive effect on my child(ren) {jpw23y1a} [SC CASI D13.2.1 ]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Working helps me to better appreciate the time that I spend with my child(ren) {jpw23y1b} [SC CASI D13.2.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

The fact that I work makes me a better parent {jpw23y1c} [SC CASI D13.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCREL\_Q85c**

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

My study has a positive effect on my child(ren)  
{jed01c1} [SC CASI D13.3.1 ]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

Study helps me to better appreciate the time that I  
spend with my child(ren) {jed01c2} [SC CASI D13.3.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

The fact that I study makes me a better parent  
{jed01c3} [SC CASI D13.3.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**SCREL\_Q86**

Do you think that you do your fair share of the  
child-rearing tasks (both physical and emotional  
care)? {jre02c2a} [SC CASI D14.1 ]

- 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

**SCREL\_Q87**

How often do the following people support you in raising child/children?

**SCRE**

Childs biological parent {jsc14c7} [SC CASI D14.2.1]

- 1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Your boyfriend/girlfriend/partner (not childs  
biological parent) {jsc14c1a } [SC CASI D14.2.2]

- 1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Your parents {jsc14c2 } [SC CASI D14.2.3]

- 1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Childs other grandparents {jsc14c8 } [SC CASI D14.2.4]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Your boyfriend/girlfriend/partners parents {jsc14c3 } [SC CASI D14.2.5]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Other family members {jsc14c4 } [SC CASI D14.2.6]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Your friends {jsc14c5 } [SC CASI D14.2.7]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

Your neighbours {jsc14c6} [SC CASI D14.2.8]

1: Always  
 2: Often  
 3: Sometimes  
 4: Rarely  
 5: Never  
 -1: Dont have

### SCREL\_Q88

Overall, as a parent, do you feel that you are {jpa01c} [SC CASI D14.3 ]

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

### SCPART\_StilDate

The name that you provided in your wave 7 interview has been included to help remember that period of your life. This name will not be released to data users.

When we last interviewed you, you told us you were going out with W7 partner. Are you still going out with them? {jre36c1} [SC CASI E1.1]

1: Yes ---> SCPART\_Split  
 2: No

**SCPART\_PartEnd**

When did your relationship with W7 partner end? Year  
{jre36c2a} [SC CASI E1.2.1]

\_\_\_\_\_

When did your relationship with W7 partner end? Month  
{jre36c2b} [SC CASI E1.2.2]

\_\_\_\_\_

**SCPART\_WPNumofMth**

How long did you go out with W7 partner for? Months  
{jre36c3} [SC CASI E1.3]

\_\_\_\_\_

**SCPART\_Split**

Have you and W7 partner had any periods where you were broken up for more than 2 weeks? {jre36c4} [SC CASI E1.6]

- 1: Yes  
 2: No ---> SCPART\_SplitY

**SCPART\_SplitHM**

How many times did you and W7 partner break up for more than 2 weeks? {jre36c5} [SC CASI E1.7]

\_\_\_\_\_

**SCPART\_SplitY**

What was the main reason why this relationship ended? {jre36c6} [SC CASI E1.8]

- 1: You grew apart  
 2: One of you moved away  
 3: You or your partner started seeing someone else  
 4: Your partner had problems with drugs or alcohol  
 5: Your partner was mean or abusive towards you  
 6: Your friends or family did not approve  
 7: Other

**SCPART\_SplitO**

Enter main reason why this relationship ended {jre36c6a} [SC CASI E1.9]

\_\_\_\_\_

**SCPART\_Q01ac**

Have you gone out with anyone since we last interviewed you/two years since month/date? {jre19c1b1} [SC CASI E2.1]

- 1: Yes  
 2: No ---> SCPART\_Q01ag

**SCPART\_Gender**

What is first boy/girl friend's sex? {jre19c4a1} [SC CASI E2.4.1]

- 1: Male  
 2: Female  
 3: Other ---> SCPART\_GenderOther

What is second boy/girl friend's sex? {jre19c4a2} [SC CASI E2.4.2]

- 1: Male  
 2: Female  
 3: Other ---> SCPART\_GenderOther

What is third boy/girl friend's sex? {jre19c4a3} [SC CASI E2.4.3]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is fourth boy/girl friend's sex? {jre19c4a4} [SC CASI E2.4.4]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is fifth boy/girl friend's sex? {jre19c4a5} [SC CASI E2.4.5]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is sixth boy/girl friend's sex? {jre19c4a6} [SC CASI E2.4.6]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is seventh boy/girl friend's sex? {jre19c4a7} [SC CASI E2.4.7]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is eighth boy/girl friend's sex? {jre19c4a8} [SC CASI E2.4.8]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is ninth boy/girl friend's sex? {jre19c4a9} [SC CASI E2.4.9]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

What is tenth boy/girl friend's sex? {jre19c4a10} [SC CASI E2.4.10]

- 1: Male
- 2: Female
- 3: Other ---> SCPART\_GenderOther

**SCPART\_GenderOther**

Please enter first boy/girl friend's gender in the box below {jre19c4b1} [SC CASI E2.5.1]

---

Please enter second boy/girl friend's gender in the box below {jre19c4b2} [SC CASI E2.5.2]

---

Please enter third boy/girl friend's gender in the box below {jre19c4b3} [SC CASI E2.5.3]

---

Please enter fourth boy/girl friend's gender in the box below {jre19c4b4} [SC CASI E2.5.4]

---

Please enter fifth boy/girl friend's gender in the box below {jre19c4b5} [SC CASI E2.5.5]

---

Please enter sixth boy/girl friend's gender in the box below {jre19c4b6} [SC CASI E2.5.6]

---

Please enter seventh boy/girl friend's gender in the box below {jre19c4b7} [SC CASI E2.5.7]

---

Please enter eighth boy/girl friend's gender in the box below {jre19c4b8} [SC CASI E2.5.8]

---

Please enter ninth boy/girl friend's gender in the box below {jre19c4b9} [SC CASI E2.5.9]

---

Please enter tenth boy/girl friend's gender in the box below {jre19c4b10} [SC CASI E2.5.10]

---

### SCPART\_Q01afStart

When did you start going out with first boy/girl friend? Year {jre19c2a} [SC CASI E2.6.1]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with second boy/girl friend? Year {jre19c2b} [SC CASI E2.6.2]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with third boy/girl friend? Year {jre19c2c} [SC CASI E2.6.3]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with fourth boy/girl friend? Year {jre19c2d} [SC CASI E2.6.4]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with fifth boy/girl friend? Year {jre19c2e} [SC CASI E2.6.5]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with sixth boy/girl friend? Year {jre19c2f} [SC CASI E2.6.6]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you start going out with seventh boy/girl friend? Year {jre19c2g} [SC CASI E2.6.7]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019



---

When did you start going out with eighth boy/girl friend? Year {jre19c2h} [SC CASI E2.6.8]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you start going out with ninth boy/girl friend? Year {jre19c2i} [SC CASI E2.6.9]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you start going out with tenth boy/girl friend? Year {jre19c2j} [SC CASI E2.6.10]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you start going out with first boy/girl friend? Month {jre19c2a1} [SC CASI E2.6.11]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with second boy/girl friend? Month {jre19c2b1} [SC CASI E2.6.12]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with third boy/girl friend? Month {jre19c2c1} [SC CASI E2.6.13]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with fourth boy/girl friend? Month {jre19c2d1} [SC CASI E2.6.14]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with fifth boy/girl friend? Month {jre19c2e1} [SC CASI E2.6.15]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with sixth boy/girl friend? Month {jre19c2f1} [SC CASI E2.6.16]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you start going out with seventh boy/girl friend? Month {jre19c2g1} [SC CASI E2.6.17]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

When did you start going out with eighth boy/girl friend? Month {jre19c2h1} [SC CASI E2.6.18]

- 1: Jan  
 2: Feb  
 3: Mar  
 4: Apr  
 5: May  
 6: Jun  
 7: Jul  
 8: Aug  
 9: Sep  
 10: Oct  
 11: Nov  
 12: Dec

When did you start going out with ninth boy/girl friend? Month {jre19c2i1} [SC CASI E2.6.19]

- 1: Jan  
 2: Feb  
 3: Mar  
 4: Apr  
 5: May  
 6: Jun  
 7: Jul  
 8: Aug  
 9: Sep  
 10: Oct  
 11: Nov  
 12: Dec

When did you start going out with tenth boy/girl friend? Month {jre19c2j1} [SC CASI E2.6.20]

- 1: Jan  
 2: Feb  
 3: Mar  
 4: Apr  
 5: May  
 6: Jun  
 7: Jul  
 8: Aug  
 9: Sep  
 10: Oct  
 11: Nov  
 12: Dec

### SCPART\_MthCurrent

Is SC currently in the relationship with first boy/girl friend? {jre19c9a} [SC CASI E2.7.1 ]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with second boy/girl friend? {jre19c9b} [SC CASI E2.7.2]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with third boy/girl friend? {jre19c9c} [SC CASI E2.7.3]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with fourth boy/girl friend? {jre19c9d} [SC CASI E2.7.4]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with fifth boy/girl friend? {jre19c9e} [SC CASI E2.7.5]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with sixth boy/girl friend? {jre19c9f} [SC CASI E2.7.6]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with seventh boy/girl friend? {jre19c9g} [SC CASI E2.7.7]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with eighth boy/girl friend? {jre19c9h} [SC CASI E2.7.8]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with ninth boy/girl friend? {jre19c9i} [SC CASI E2.7.9]

- 1: Yes ---> PART\_BrokeUp  
 2: No

Is SC currently in the relationship with tenth boy/girl friend? {jre19c9j} [SC CASI E2.7.10]

- 1: Yes ---> PART\_BrokeUp  
 2: No

### SCPART\_Q01afStop

When did you stop going out with first boy/girl friend? Year {jre19c3a} [SC CASI E2.8.1]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you stop going out with second boy/girl friend? Year {jre19c3b} [SC CASI E2.8.2]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you stop going out with third boy/girl friend? Year {jre19c3c} [SC CASI E2.8.3]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you stop going out with fourth boy/girl friend? Year {jre19c3d} [SC CASI E2.8.4]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you stop going out with fifth boy/girl friend? Year {jre19c3e} [SC CASI E2.8.5]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

When did you stop going out with sixth boy/girl friend? Year {jre19c3f} [SC CASI E2.8.6]

- 1: Current year  
 2015: 2015 or earlier  
 2016: 2016  
 2017: 2017  
 2018: 2018  
 2019: 2019

---

When did you stop going out with seventh boy/girl friend? Year {jre19c3g} [SC CASI E2.8.7]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you stop going out with eighth boy/girl friend? Year {jre19c3h} [SC CASI E2.8.8]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you stop going out with ninth boy/girl friend? Year {jre19c3i} [SC CASI E2.8.9]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you stop going out with tenth boy/girl friend? Year {jre19c3j} [SC CASI E2.8.10]

- 1: Current year
- 2015: 2015 or earlier
- 2016: 2016
- 2017: 2017
- 2018: 2018
- 2019: 2019

---

When did you stop going out with first boy/girl friend? Month {jre19c3a1} [SC CASI E2.8.11]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with second boy/girl friend? Month {jre19c3b1} [SC CASI E2.8.12]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with third boy/girl friend? Month {jre19c3c1} [SC CASI E2.8.13]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with fourth boy/girl friend? Month {jre19c3d1} [SC CASI E2.8.14]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with fifth boy/girl friend? Month {jre19c3e1} [SC CASI E2.8.15]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with sixth boy/girl friend? Month {jre19c3f1} [SC CASI E2.8.16]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with seventh boy/girl friend? Month {jre19c3g1} [SC CASI E2.8.17]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with eighth boy/girl friend? Month {jre19c3h1} [SC CASI E2.8.18]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with ninth boy/girl friend? Month {jre19c3i1} [SC CASI E2.8.19]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

---

When did you stop going out with tenth boy/girl friend? Month {jre19c3j1} [SC CASI E2.8.20]

- 1: Jan
- 2: Feb
- 3: Mar
- 4: Apr
- 5: May
- 6: Jun
- 7: Jul
- 8: Aug
- 9: Sep
- 10: Oct
- 11: Nov
- 12: Dec

**SCPART\_NumofMth**

How long did you go out with first boy/girl friend for? (months) {jre19c10a} [SC CASI E2.9.1]

\_\_\_\_\_

How long did you go out with second boy/girl friend for? (months) {jre19c10b} [SC CASI E2.9.2]

\_\_\_\_\_

How long did you go out with third boy/girl friend for? (months) {jre19c10c} [SC CASI E2.9.3]

\_\_\_\_\_

How long did you go out with fourth boy/girl friend for? (months) {jre19c10d} [SC CASI E2.9.4]

\_\_\_\_\_

How long did you go out with fifth boy/girl friend for? (months) {jre19c10e} [SC CASI E2.9.5]

\_\_\_\_\_

How long did you go out with sixth boy/girl friend for? (months) {jre19c10f} [SC CASI E2.9.6]

\_\_\_\_\_

How long did you go out with seventh boy/girl friend for? (months) {jre19c10g} [SC CASI E2.9.7]

\_\_\_\_\_

How long did you go out with eighth boy/girl friend for? (months) {jre19c10h} [SC CASI E2.9.8]

\_\_\_\_\_

How long did you go out with ninth boy/girl friend for? (months) {jre19c10i} [SC CASI E2.9.9]

\_\_\_\_\_

How long did you go out with tenth boy/girl friend for? (months) {jre19c10j} [SC CASI E2.9.10]

\_\_\_\_\_

**PART\_BrokeUp**

Have you and first boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11a} [SC CASI E2.10.1]

- 1: Yes  
 2: No ---> SCPART\_Q01ag

Have you and second boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11b} [SC CASI E2.10.2]

- 1: Yes  
 2: No ---> SCPART\_Q01ag

Have you and third boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11c} [SC CASI E2.10.3]

- 1: Yes  
 2: No ---> SCPART\_Q01ag

Have you and fourth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11d} [SC CASI E2.10.4]

- 1: Yes  
 2: No ---> SCPART\_Q01ag

Have you and fifth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11e} [SC CASI E2.10.5]

- 1: Yes  
 2: No ---> SCPART\_Q01ag



Have you and sixth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11f} [SC CASI E2.10.6]  1: Yes  2: No ---> SCPART\_Q01ag

Have you and seventh boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11g} [SC CASI E2.10.7]  1: Yes  2: No ---> SCPART\_Q01ag

Have you and eighth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11h} [SC CASI E2.10.8]  1: Yes  2: No ---> SCPART\_Q01ag

Have you and ninth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11i} [SC CASI E2.10.9]  1: Yes  2: No ---> SCPART\_Q01ag

Have you and tenth boy/girl friend had any periods where you were broken up for more than 2 weeks? {jre19c11j} [SC CASI E2.10.10]  1: Yes  2: No ---> SCPART\_Q01ag

**Part\_BrokeUpH**

How many times did you and first boy/girl friend break up for more than 2 weeks? {jre19c12a} [SC CASI E2.11.1] \_\_\_\_\_

How many times did you and second boy/girl friend break up for more than 2 weeks? {jre19c12b} [SC CASI E2.11.2] \_\_\_\_\_

How many times did you and third boy/girl friend break up for more than 2 weeks? {jre19c12c} [SC CASI E2.11.3] \_\_\_\_\_

How many times did you and fourth boy/girl friend break up for more than 2 weeks? {jre19c12e} [SC CASI E2.11.4] \_\_\_\_\_

How many times did you and fifth boy/girl friend break up for more than 2 weeks? {jre19c12f} [SC CASI E2.11.5] \_\_\_\_\_

How many times did you and sixth boy/girl friend break up for more than 2 weeks? {jre19c12g} [SC CASI E2.11.6] \_\_\_\_\_

How many times did you and seventh boy/girl friend break up for more than 2 weeks? {jre19c12h} [SC CASI E2.11.7] \_\_\_\_\_

How many times did you and eighth boy/girl friend break up for more than 2 weeks? {jre19c12i} [SC CASI E2.11.8] \_\_\_\_\_

How many times did you and ninth boy/girl friend break up for more than 2 weeks? {jre19c12j} [SC CASI E2.11.9] \_\_\_\_\_

How many times did you and tenth boy/girl friend break up for more than 2 weeks? {jre19c12k} [SC CASI E2.11.10] \_\_\_\_\_

### SCPART\_Q01ag

Are you going/have you gone out with anybody else?  
1st {jre19c1b2a} [SC CASI E2.12.1]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
2nd {jre19c1b2b} [SC CASI E2.12.2]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
3rd {jre19c1b2c} [SC CASI E2.12.3]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
4th {jre19c1b2d} [SC CASI E2.12.4]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
5th {jre19c1b2e} [SC CASI E2.12.5]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
6th {jre19c1b2f} [SC CASI E2.12.6]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
7th {jre19c1b2g} [SC CASI E2.12.7]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
8th {jre19c1b2h} [SC CASI E2.12.8]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
9th {jre19c1b2i} [SC CASI E2.12.9]  1: Yes  
 2: No

Are you going/have you gone out with anybody else?  
10th {jre19c1b2j} [SC CASI E2.12.10]  1: Yes  
 2: No

### SCPART\_Q01b

The next questions are about who you are currently going out with.

### SCPART\_Q02

Please choose the boyfriend/girlfriend that you feel most serious about or have been going out the longest. {jre19c8} [SC CASI E3.1] \_\_\_\_\_

**SCPART\_Q02RF**

For the next questions, please focus on one of your current relationships.

**SCPART\_Q07**

Do you and boyfriend/girlfriend that you feel more serious about or have been going out with the longest live together in the same household?  
{jre19c5} [SC CASI E3.2]

- 1: Yes ---> SCPART\_Q10  
 2: No

**SCPART\_Q08**

Do you and boyfriend/girlfriend that you feel more serious about or have been going out with the longest regularly stay over at each other's place?  
{jre19c6} [SC CASI E3.3]

- 1: Yes  
 2: No ---> SCPART\_Q10

**SCPART\_Q09**

How often do you and boyfriend/girlfriend that you feel more serious about or have been going out with the longest stay over at each other's place?  
{jre19c6a} [SC CASI E3.4]

- 1: Every day;  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: Less than once a month

**SCPART\_Q10**

How do you regard your relationship? {jre19c7} [SC CASI E3.5]

- 1: Casual  
 2: Exclusive/committed  
 3: Engaged to be married  
 4: Married

**SCREL\_Q52**

We'd also like to find out about your partner's education.

What was the highest year of primary or secondary school partner living with you has completed?  
{jfd08w1} [SC CASI E4.1]

- 1: Year 12 or equivalent  
 2: Year 11 or equivalent  
 3: Year 10 or equivalent  
 4: Year 9 or equivalent  
 5: Year 8 or below  
 6: Never attended school  
 7: Still at school

**SCREL\_Qtrade**

Has partner living with you completed a trade certificate, diploma, degree or any other educational qualification? {jfd08w2a} [SC CASI E4.2]

- 1: Yes  
 2: No ---> SCPART\_PartStudFull

**SCPART\_PartStud**

What is the level of the highest qualification that partner living with you has ever completed? {jfd08w3b} [SC CASI E4.3]

- 1: Postgraduate degree
- 2: Graduate diploma / Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma / diploma
- 5: Certificate 3/4 (including trade certificate)
- 6: Certificate 1/2
- 7: Other non-school qualification

**SCPART\_PartStudFull**

Is partner living with you currently studying or training at a school or educational institution? {jfd09w1} [SC CASI E4.4]

- 1: No ---> SCPART\_Q11
- 2: Yes, full-time
- 3: Yes, part-time

**SCPART\_PartYrLvl**

What is the level of the qualification that partner living with you is currently studying? {jfd09w6} [SC CASI E4.5]

- 1: Postgraduate degree
- 2: Graduate diploma / Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma / diploma
- 5: Certificate 3/4 (including trade certificate)
- 6: Certificate 1/2
- 7: Other non-school qualification
- 8: Year 12 or equivalent
- 9: Year 11 or equivalent
- 10: Year 10 or equivalent
- 11: Year 9 or below

**SCPART\_Q11**

How well does boyfriend/girlfriend that you feel more serious about or have been going out with the longest meet your needs? {jre04c1} [SC CASI E5.1]

- 1: Poorly
- 2
- 3
- 4
- 5: Extremely well

**SCPART\_Q12**

In general, how satisfied are you with your relationship? {jre04c7} [SC CASI E5.2]

- 1: Unsatisfied
- 2
- 3
- 4
- 5: Very satisfied

**SCPART\_Q13**

How good is your relationship compared to most? {jre04c2} [SC CASI E5.3]

- 1: Poor
- 2
- 3
- 4
- 5: Excellent

**SCPART\_Q14**

How often do you wish you hadnt married or lived together? {jre04c3} [SC CASI E5.4]

- 1: Never  
 2  
 3  
 4  
 5: Very often

**SCPART\_Q15**

To what extent has your marriage or relationship met your original expectations? {jre04c4} [SC CASI E5.5]

- 1: Hardly at all  
 2  
 3  
 4  
 5: Completely

**SCPART\_Q16**

How much do you love boyfriend/girlfriend that you feel more serious about or have been going out with the longest? {jre04c5} [SC CASI E5.6]

- 1: Not much  
 2  
 3  
 4  
 5: Very much

**SCPART\_Q17**

How many problems are there in your relationship? {jre04c6} [SC CASI E5.7]

- 1: Very few  
 2  
 3  
 4  
 5: Very many

**SCPART\_Q18**

Which best describes the degree of happiness, all things considered, in your relationship? {jre04c8} [SC CASI E5.8]

- 1: Extremely unhappy  
 2: Fairly unhappy;  
 3: A little unhappy  
 4: Happy  
 5: Very happy  
 6: Extremely happy  
 7: Perfectly happy

**RespectR**

We'd like to get your opinion on how you might feel in hypothetical situations.

If I need to, I am confident I could tell my partner what I want from the relationship {jre28c1a} [SC CASI E6.1]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

If I need to, I am confident I could solve conflicts peacefully {jre28c1b} [SC CASI E6.2]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

If I need to, I am confident I could talk about my feelings with a boyfriend or girlfriend {jre28c1c} [SC CASI E6.3]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

If I need to, I am confident I could recognise when a relationship is unhealthy or abusive {jre28c1d} [SC CASI E6.4]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

If I need to, I am confident I could say no to things I don't want to do (like sex) {jre28c1e} [SC CASI E6.5]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

If I need to, I am confident I could challenge someone who is being abusive towards their girlfriend or boyfriend {jre28c1f} [SC CASI E6.6]

- 1: Strongly disagree  
 2: Somewhat disagree  
 3: Somewhat agree  
 4: Strongly agree  
 -1: Not applicable

### SCPART\_Q19

These questions ask about your experiences in relationships. By relationship we mean a relationship with a current or former boyfriend/girlfriend/partner.

### SCPART\_Q20

Have you ever been afraid of any boyfriend/girlfriend/partner? {jre16c} [SC CASI E7.1]

- 1: Yes  
 2: No;  
 3: Has never had a boyfriend/girlfriend/partner

### IPV\_CurAfrai

Are you currently afraid of your boyfriend/girlfriend/partner? {jre16c1} [SC CASI E7.2]

- 1: Yes  
 2: No

### IPV\_ExpofIPV

We would like to know if you experienced any of these actions from any currently or former partner(s) in the past 12 months.

Blamed me for causing their violent behaviour {jre29c1a} [SC CASI E8.1]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

---

Shook, pushed, grabbed or threw me {jre29c1b} [SC CASI E8.2]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Tried to convince my family, children or friends that I am crazy or turn them against me {jre29c1c} [SC CASI E8.3]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Used or threatened to use a knife or gun or other weapon to harm me {jre29c1d} [SC CASI E8.4]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Made me perform sex acts that I did not want to perform {jre29c1e} [SC CASI E8.5]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Followed me or hung around outside my home {jre29c1f} [SC CASI E8.6]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Threatened to harm or kill me or someone close to me {jre29c1g} [SC CASI E8.7]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Choked me {jre29c1h} [SC CASI E8.8]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

---

Forced or tried to force me to have sex {jre29c1i} [SC CASI E8.9]

- 1: Not in the past 12 months
- 2: Once
- 3: A few times
- 4: Monthly
- 5: Weekly
- 6: Daily/almost daily

Harassed me over the phone, by text, email or using social media {jre29c1j} [SC CASI E8.10]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

Told me I was crazy, stupid or not good enough {jre29c1k} [SC CASI E8.11]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

Hit or tried to hit me with a fist or object, kicked or bit me {jre29c1l} [SC CASI E8.12]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

Tried to keep me from seeing or talking to my family or friends {jre29c1m} [SC CASI E8.13]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

Confined or locked me in a room or other space {jre29c1n} [SC CASI E8.14]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

Kept me from having access to a job, money or financial resources {jre29c1o} [SC CASI E8.15]

- 1: Not in the past 12 months  
 2: Once  
 3: A few times  
 4: Monthly  
 5: Weekly  
 6: Daily/almost daily

## WORKASP\_Intro

The next questions are about your future work goals.

## WORKASP\_Q58

As things stand now, do you know what career or occupation you would like to have in the future? {jpw39ca} [SC CASI F1.1]

- 1: Yes  
 2: No ---> WORKASP\_JobImpt



**WORKASP\_Q58a**

What is your desired occupation? {jpw39ca1} [SC CASI F1.2]

---

**WORKASP\_JobImp1**

When you are an adult, how important will it be to you that your job provides you with the opportunity to have a high income? {jhe37b1} [SC CASI F2.1]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**WORKASP\_JobPower**

When you are an adult, how important will it be to you that your job allows you to be in a position of power? {jhe37b2} [SC CASI F2.2]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**WORKASP\_JobHelp**

When you are an adult, how important will it be to you that your job allows you to help others? {jhe37b3} [SC CASI F2.3]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**WORKASP\_JobFami**

When you are an adult, how important will it be to you that your job gives you plenty of time to spend with your family? {jhe37b4} [SC CASI F2.4]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**WORKASP\_JobInter**

When you are an adult, how important will it be to you that your job is a job that you find interesting? {jhe37b5} [SC CASI F2.5]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

**WORKASP\_MostImp1**

Which of these would you say is the most important to your future job? {jhe37b6} [SC CASI F2.6]

- 1: Provides you with the opportunity to have a high income  
 2: Allows you to be in a position of power  
 3: Allows you to help others  
 4: Gives you plenty of time to spend with your family  
 5: Is a job you find interesting  
 6: Can't choose

**WORKASP\_30Work**

When you are 30 years old, do you think you will be?  
{jpw44c1} [SC CASI F3.1]

- 1: Working full-time  
 2: Working part-time  
 3: Not working ---> WORKASP\_Safe

**WORKASP\_30WorkT**

What kind of work do you expect to be doing when you  
are 30 years old? {jpw44c2} [SC CASI F3.2]

\_\_\_\_\_

**WORKASP\_30Income**

What do you expect your total annual income to be  
when you are 30 years old? {jpw44c3} [SC CASI F3.3]

\_\_\_\_\_

**WORKASP\_Safe**

The following question is about feelings of safety.

How safe do you feel in your neighbourhood?  
{jsc32c1a} [SC CASI F4.1]

- 1: Very safe  
 2  
 3  
 4  
 5: Very unsafe  
 -1: Not applicable

How safe do you feel at work? {jsc32c1b} [SC CASI  
F4.2]

- 1: Very safe  
 2  
 3  
 4  
 5: Very unsafe  
 -1: Not applicable

How safe do you feel at your place of study?  
{jsc32c1c} [SC CASI F4.3]

- 1: Very safe  
 2  
 3  
 4  
 5: Very unsafe  
 -1: Not applicable

How safe do you feel at home? {jsc32c1d} [SC CASI  
F4.4]

- 1: Very safe  
 2  
 3  
 4  
 5: Very unsafe  
 -1: Not applicable

**SCCASI\_Q20**

The next questions are about bullying and sexual harassment.

**HWorkIntro**

Below are some statements about what could happen to you at your work, place of study or somewhere else.

**SCCASI\_HarassWork**

In the last six months, how often have you experienced this from someone at your work, place of study or somewhere else?

Someone made inappropriate jokes or teased me  
{jbl01c1a} [SC CASI G1.1.1]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone froze me out, ignored or excluded me  
{jbl01c1b} [SC CASI G1.1.2]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone repeatedly criticised and humiliated me  
{jbl01c1c} [SC CASI G1.1.3]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone applied unreasonable pressure to produce work  
{jbl01c1d} [SC CASI G1.1.4]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone made threats to me or my property, verbally or physically {jbl01c1e} [SC CASI G1.1.5]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone withheld information which affected my work/study performance {jbl01c1f} [SC CASI G1.1.6]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone attempted to belittle my work and efforts to contribute {jbl01c1g} [SC CASI G1.1.7]

- 1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Someone spread gossip and rumours about me {jbl01c1h} [SC CASI G1.1.8]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

If all responses are Never  ---> HWorkIntro2

### SCCASI\_WhereHarass

Where did your experience of making inappropriate jokes or teasing happen? Workplace {jbl02c1a1} [SC CASI G1.2.1.1]

0: No  
 1: Yes

Where did your experience of making inappropriate jokes or teasing happen? Place of study {jbl02c1a2} [SC CASI G1.2.1.2]

0: No  
 1: Yes

Where did your experience of making inappropriate jokes or teasing happen? Other {jbl02c1a3} [SC CASI G1.2.1.3]

0: No  
 1: Yes

Where did your experience of freezing out, ignoring or excluding happen? Workplace {jbl02c1b1} [SC CASI G1.2.2.1]

0: No  
 1: Yes

Where did your experience of freezing out, ignoring or excluding happen? Place of study {jbl02c1b2} [SC CASI G1.2.2.2]

0: No  
 1: Yes

Where did your experience of freezing out, ignoring or excluding happen? Other {jbl02c1b3} [SC CASI G1.2.2.3]

0: No  
 1: Yes

Where did your experience of repeated criticism and humiliation happen? Workplace {jbl02c1c1} [SC CASI G1.2.3.1]

0: No  
 1: Yes

Where did your experience of repeated criticism and humiliation happen? Place of study {jbl02c1c2} [SC CASI G1.2.3.2]

0: No  
 1: Yes

Where did your experience of repeated criticism and humiliation happen? Other {jbl02c1c3} [SC CASI G1.2.3.3]

0: No  
 1: Yes

Where did your experience of unreasonable pressure to produce work happen? Workplace {jbl02c1d1} [SC CASI G1.2.4.1]

0: No  
 1: Yes

Where did your experience of unreasonable pressure to produce work happen? Place of study {jbl02c1d2} [SC CASI G1.2.4.2]

0: No  
 1: Yes

Where did your experience of unreasonable pressure to produce work happen? Other {jbl02c1d3} [SC CASI G1.2.4.3]

0: No  
 1: Yes

---

Where did your experience of threats to person or property, verbally or physically happen? Workplace {jbl02c1e1} [SC CASI G1.2.5.1]  0: No  
 1: Yes

---

Where did your experience of threats to person or property, verbally or physically happen? Place of study {jbl02c1e2} [SC CASI G1.2.5.2]  0: No  
 1: Yes

---

Where did your experience of threats to person or property, verbally or physically happen? Other {jbl02c1e3} [SC CASI G1.2.5.3]  0: No  
 1: Yes

---

Where did your experience of withholding information which affects work/study performance happen? Workplace {jbl02c1f1} [SC CASI G1.2.6.1]  0: No  
 1: Yes

---

Where did your experience of withholding information which affects work/study performance happen? Place of study {jbl02c1f2} [SC CASI G1.2.6.2]  0: No  
 1: Yes

---

Where did your experience of withholding information which affects work/study performance happen? Other {jbl02c1f3} [SC CASI G1.2.6.3]  0: No  
 1: Yes

---

Where did your experience of attempts to belittle work and efforts to contribute happen? Workplace {jbl02c1g1} [SC CASI G1.2.7.1]  0: No  
 1: Yes

---

Where did your experience of attempts to belittle work and efforts to contribute happen? Place of study {jbl02c1g2} [SC CASI G1.2.7.2]  0: No  
 1: Yes

---

Where did your experience of attempts to belittle work and efforts to contribute happen? Other {jbl02c1g3} [SC CASI G1.2.7.3]  0: No  
 1: Yes

---

Where did your experience of spreading gossip and rumours happen? Workplace {jbl02c1h1} [SC CASI G1.2.8.1]  0: No  
 1: Yes

---

Where did your experience of spreading gossip and rumours happen? Place of study {jbl02c1h2} [SC CASI G1.2.8.2]  0: No  
 1: Yes

---

Where did your experience of spreading gossip and rumours happen? Other {jbl02c1h3} [SC CASI G1.2.8.3]  0: No  
 1: Yes

---

**SCCASI\_WhereOther**

Please specify other location in the box below  
{jbl02c1a4} [SC CASI G1.3.1]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1b4} [SC CASI G1.3.2]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1c4} [SC CASI G1.3.3]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1d4} [SC CASI G1.3.4]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1e4} [SC CASI G1.3.5]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1f4} [SC CASI G1.3.6]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1g4} [SC CASI G1.3.7]

\_\_\_\_\_

Please specify other location in the box below  
{jbl02c1h4} [SC CASI G1.3.8]

\_\_\_\_\_

**SCCASI\_HowHarass**

How did this happen?

Someone made inappropriate jokes {jbl03c1a} [SC CASI  
G1.4.1.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone froze me out {jbl03c1b} [SC CASI G1.4.2.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone repeatedly criticised {jbl03c1c} [SC CASI  
G1.4.3.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone applied unreasonable pressure {jbl03c1d} [SC  
CASI G1.4.4.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone made threats {jbl03c1e} [SC CASI G1.4.5.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone withheld information {jbl03c1f} [SC CASI  
G1.4.6.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone attempted to belittle work {jbl03c1g} [SC CASI G1.4.7.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

Someone spread rumours {jbl03c1h} [SC CASI G1.4.8.1]

- 1: Online  
 2: Offline  
 3: Both online and offline

### SCCASI\_Rel1

What was your relationship to this person/those people when this happened?

Someone made inappropriate jokes

Person at work {jbl04c1a1} [SC CASI G1.5.1.1]

- 0: No  
 1: Yes

Person related to work (e.g. customers or business clients {jbl04c1a2} [SC CASI G1.5.1.2]

- 0: No  
 1: Yes

Person at your place of study {jbl04c1a3} [SC CASI G1.5.1.3]

- 0: No  
 1: Yes

Stranger {jbl04c1a4} [SC CASI G1.5.1.4]

- 0: No  
 1: Yes

Boyfriend/girlfriend/partner {jbl04c1a5} [SC CASI G1.5.1.5]

- 0: No  
 1: Yes

Friend {jbl04c1a6} [SC CASI G1.5.1.6]

- 0: No  
 1: Yes

Other {jbl04c1a7} [SC CASI G1.5.1.7]

- 0: No  
 1: Yes

Someone froze me out

Person at work {jbl04c1b1} [SC CASI G1.5.2.1]

- 0: No  
 1: Yes

Person related to work (e.g. customers or business clients {jbl04c1b2} [SC CASI G1.5.2.2]

- 0: No  
 1: Yes

Person at your place of study {jbl04c1b3} [SC CASI G1.5.2.3]

- 0: No  
 1: Yes

Stranger {jbl04c1b4} [SC CASI G1.5.2.4]

- 0: No  
 1: Yes

Boyfriend/girlfriend/partner {jbl04c1b5} [SC CASI G1.5.2.5]

- 0: No  
 1: Yes

Friend {jbl04c1b6} [SC CASI G1.5.2.6]

- 0: No  
 1: Yes

---

Other {jbl04c1b7} [SC CASI G1.5.2.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
--------------------------------------	---

---

Someone repeatedly criticised

---

Person at work {jbl04c1c1} [SC CASI G1.5.3.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Person related to work (e.g. customers or business clients {jbl04c1c2} [SC CASI G1.5.3.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Person at your place of study {jbl04c1c3} [SC CASI G1.5.3.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
--	---

---

Stranger {jbl04c1c4} [SC CASI G1.5.3.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Boyfriend/girlfriend/partner {jbl04c1c5} [SC CASI G1.5.3.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Friend {jbl04c1c6} [SC CASI G1.5.3.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---------------------------------------	---

---

Other {jbl04c1c7} [SC CASI G1.5.3.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
--------------------------------------	---

---

Someone applied unreasonable pressure

---

Person at work {jbl04c1d1} [SC CASI G1.5.4.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Person related to work (e.g. customers or business clients {jbl04c1d2} [SC CASI G1.5.4.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Person at your place of study {jbl04c1d3} [SC CASI G1.5.4.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
--	---

---

Stranger {jbl04c1d4} [SC CASI G1.5.4.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Boyfriend/girlfriend/partner {jbl04c1d5} [SC CASI G1.5.4.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---

---

Friend {jbl04c1d6} [SC CASI G1.5.4.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---------------------------------------	---

---

Other {jbl04c1d7} [SC CASI G1.5.4.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
--------------------------------------	---

---

Someone made threats

---

Person at work {jbl04c1e1} [SC CASI G1.5.5.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
---	---



---

Person related to work (e.g. customers or business clients {jbl04c1e2} [SC CASI G1.5.5.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c1e3} [SC CASI G1.5.5.3]  0: No  
 1: Yes

---

Stranger {jbl04c1e4} [SC CASI G1.5.5.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c1e5} [SC CASI G1.5.5.5]  0: No  
 1: Yes

---

Friend {jbl04c1e6} [SC CASI G1.5.5.6]  0: No  
 1: Yes

---

Other {jbl04c1e7} [SC CASI G1.5.5.7]  0: No  
 1: Yes

---

Someone withheld information

---

Person at work {jbl04c1f1} [SC CASI G1.5.6.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c1f2} [SC CASI G1.5.6.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c1f3} [SC CASI G1.5.6.3]  0: No  
 1: Yes

---

Stranger {jbl04c1f4} [SC CASI G1.5.6.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c1f5} [SC CASI G1.5.6.5]  0: No  
 1: Yes

---

Friend {jbl04c1f6} [SC CASI G1.5.6.6]  0: No  
 1: Yes

---

Other {jbl04c1f7} [SC CASI G1.5.6.7]  0: No  
 1: Yes

---

Someone attempted to belittle work

---

Person at work {jbl04c1g1} [SC CASI G1.5.7.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c1g2} [SC CASI G1.5.7.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c1g3} [SC CASI G1.5.7.3]  0: No  
 1: Yes

---

Stranger {jbl04c1g4} [SC CASI G1.5.7.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c1g5} [SC CASI G1.5.7.5]  0: No  
 1: Yes

Friend {jbl04c1g6} [SC CASI G1.5.7.6]  0: No  
 1: Yes

Other {jbl04c1g7} [SC CASI G1.5.7.7]  0: No  
 1: Yes

Someone spread rumours

Person at work {jbl04c1h1} [SC CASI G1.5.8.1]  0: No  
 1: Yes

Person related to work (e.g. customers or business clients {jbl04c1h2} [SC CASI G1.5.8.2]  0: No  
 1: Yes

Person at your place of study {jbl04c1h3} [SC CASI G1.5.8.3]  0: No  
 1: Yes

Stranger {jbl04c1h4} [SC CASI G1.5.8.4]  0: No  
 1: Yes

Boyfriend/girlfriend/partner {jbl04c1h5} [SC CASI G1.5.8.5]  0: No  
 1: Yes

Friend {jbl04c1h6} [SC CASI G1.5.8.6]  0: No  
 1: Yes

Other {jbl04c1h7} [SC CASI G1.5.8.7]  0: No  
 1: Yes

## HWorkIntro2

Below are some statements about how you might behave at your work, place of study or somewhere else.

## SCCASI\_HarassTreat

In the last six months, how often (if at all) have you treated others in this way at your work, place of study or somewhere else

Made inappropriate jokes or teased someone {jbl01c2a} [SC CASI G2.1.1]  1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Froze someone out, ignored or excluded someone {jbl01c2b} [SC CASI G2.1.2]  1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Repeatedly criticised and humiliated someone  
{jbl01c2c} [SC CASI G2.1.3]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Applied unreasonable pressure on someone to produce  
work {jbl01c2d} [SC CASI G2.1.4]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Made threats to someone or their property, verbally  
or physically {jbl01c2e} [SC CASI G2.1.5]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Withheld information which affected someone's  
work/study performance {jbl01c2f} [SC CASI G2.1.6]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Attempted to belittle someone's work and efforts to  
contribute {jbl01c2g} [SC CASI G2.1.7]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

Spread gossip and rumours about someone {jbl01c2h}  
[SC CASI G2.1.8]

1: Never  
 2: At least once in the last 6 months  
 3: At least once a month  
 4: At least once a week  
 5: At least once a day

If all responses are Never  ---> SCCASI\_Q27

## SCCASI\_WhereHarrass2

Where did this making inappropriate jokes or teasing happen

Workplace {jbl02c2a1} [SC CASI G2.2.1.1]

0: No  
 1: Yes

Place of study {jbl02c2a2} [SC CASI G2.2.1.2]

0: No  
 1: Yes

Other {jbl02c2a3} [SC CASI G2.2.1.3]

0: No  
 1: Yes

Please specify other location in the box below  
{jbl02c2a4} [SC CASI G2.3.1]

\_\_\_\_\_

Where did this freezing out, ignoring or excluding happen

---

Workplace {jbl02c2b1} [SC CASI G2.2.2.1]

- 0: No  
 1: Yes
- 

Place of study {jbl02c2b2} [SC CASI G2.2.2.2]

- 0: No  
 1: Yes
- 

Other {jbl02c2b3} [SC CASI G2.2.2.3]

- 0: No  
 1: Yes
- 

Please specify other location in the box below  
{jbl02c2b4} [SC CASI G2.3.2]

---

Where did this repeated criticism and humiliation happen

---

Workplace {jbl02c2c1} [SC CASI G2.2.3.1]

- 0: No  
 1: Yes
- 

Place of study {jbl02c2c2} [SC CASI G2.2.3.2]

- 0: No  
 1: Yes
- 

Other {jbl02c2c3} [SC CASI G2.2.3.3]

- 0: No  
 1: Yes
- 

Please specify other location in the box below  
{jbl02c2c4} [SC CASI G2.3.3]

---

Where did this unreasonable pressure to produce work happen

---

Workplace {jbl02c2d1} [SC CASI G2.2.4.1]

- 0: No  
 1: Yes
- 

Place of study {jbl02c2d2} [SC CASI G2.2.4.2]

- 0: No  
 1: Yes
- 

Other {jbl02c2d3} [SC CASI G2.2.4.3]

- 0: No  
 1: Yes
- 

Please specify other location in the box below  
{jbl02c2d4} [SC CASI G2.3.4]

---

Where did these threats to person or property, verbally or physically happen

---

Workplace {jbl02c2e1} [SC CASI G2.2.5.1]

- 0: No  
 1: Yes
- 

Place of study {jbl02c2e2} [SC CASI G2.2.5.2]

- 0: No  
 1: Yes
- 

Other {jbl02c2e3} [SC CASI G2.2.5.3]

- 0: No  
 1: Yes
- 

Please specify other location in the box below  
{jbl02c2e4} [SC CASI G2.3.5]

---

Where did this withholding information which affects work/study performance happen

---

Workplace {jbl02c2f1} [SC CASI G2.2.6.1]  0: No  
 1: Yes

Place of study {jbl02c2f2} [SC CASI G2.2.6.2]  0: No  
 1: Yes

Other {jbl02c2f3} [SC CASI G2.2.6.3]  0: No  
 1: Yes

Please specify other location in the box below  
{jbl02c2f4} [SC CASI G2.3.6] \_\_\_\_\_

Where did these attempts to belittle work and efforts to contribute happen

Workplace {jbl02c2g1} [SC CASI G2.2.7.1]  0: No  
 1: Yes

Place of study {jbl02c2g2} [SC CASI G2.2.7.2]  0: No  
 1: Yes

Other {jbl02c2g3} [SC CASI G2.2.7.3]  0: No  
 1: Yes

Please specify other location in the box below  
{jbl02c2g4} [SC CASI G2.3.7] \_\_\_\_\_

Where did this spreading of gossip and rumours happen

Workplace {jbl02c2h1} [SC CASI G2.2.8.1]  0: No  
 1: Yes

Place of study {jbl02c2h2} [SC CASI G2.2.8.2]  0: No  
 1: Yes

Other {jbl02c2h3} [SC CASI G2.2.8.3]  0: No  
 1: Yes

Please specify other location in the box below  
{jbl02c2h4} [SC CASI G2.3.8] \_\_\_\_\_

## SCCASI\_HowHarass2

How did this happen?

You made inappropriate jokes {jbl03c2a} [SC CASI G2.4.1.1]  1: Online  
 2: Offline  
 3: Both online and offline

You froze someone out {jbl03c2b} [SC CASI G2.4.2.1]  1: Online  
 2: Offline  
 3: Both online and offline

You repeatedly criticised {jbl03c2c} [SC CASI G2.4.3.1]  1: Online  
 2: Offline  
 3: Both online and offline

You applied unreasonable pressure {jbl03c2d} [SC CASI G2.4.4.1]  1: Online  
 2: Offline  
 3: Both online and offline

You made threats {jbl03c2e} [SC CASI G2.4.5.1]  1: Online  
 2: Offline  
 3: Both online and offline

You withheld information {jbl03c2f} [SC CASI G2.4.6.1]  1: Online  
 2: Offline  
 3: Both online and offline

You attempted to belittle {jbl03c2g} [SC CASI G2.4.7.1]  1: Online  
 2: Offline  
 3: Both online and offline

You spread gossip {jbl03c2h} [SC CASI G2.4.8.1]  1: Online  
 2: Offline  
 3: Both online and offline

## SCCASI\_Rel2

What was your relationship to this person/those people when this happened?

You made inappropriate jokes

Person at work {jbl04c2a1} [SC CASI G2.5.1.1]  0: No  
 1: Yes

Person related to work (e.g. customers or business clients {jbl04c2a2} [SC CASI G2.5.1.2]  0: No  
 1: Yes

Person at your place of study {jbl04c2a3} [SC CASI G2.5.1.3]  0: No  
 1: Yes

Stranger {jbl04c2a4} [SC CASI G2.5.1.4]  0: No  
 1: Yes

Boyfriend/girlfriend/partner {jbl04c2a5} [SC CASI G2.5.1.5]  0: No  
 1: Yes

Friend {jbl04c2a6} [SC CASI G2.5.1.6]  0: No  
 1: Yes

Other {jbl04c2a7} [SC CASI G2.5.1.7]  0: No  
 1: Yes

You froze someone out

Person at work {jbl04c2b1} [SC CASI G2.5.2.1]  0: No  
 1: Yes

Person related to work (e.g. customers or business clients {jbl04c2b2} [SC CASI G2.5.2.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c2b3} [SC CASI G2.5.2.3]  0: No  
 1: Yes

---

Stranger {jbl04c2b4} [SC CASI G2.5.2.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c2b5} [SC CASI G2.5.2.5]  0: No  
 1: Yes

---

Friend {jbl04c2b6} [SC CASI G2.5.2.6]  0: No  
 1: Yes

---

Other {jbl04c2b7} [SC CASI G2.5.2.7]  0: No  
 1: Yes

---

You repeatedly criticised

---

Person at work {jbl04c2c1} [SC CASI G2.5.3.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c2c2} [SC CASI G2.5.3.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c2c3} [SC CASI G2.5.3.3]  0: No  
 1: Yes

---

Stranger {jbl04c2c4} [SC CASI G2.5.3.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c2c5} [SC CASI G2.5.3.5]  0: No  
 1: Yes

---

Friend {jbl04c2c6} [SC CASI G2.5.3.6]  0: No  
 1: Yes

---

Other {jbl04c2c7} [SC CASI G2.5.3.7]  0: No  
 1: Yes

---

You applied unreasonable pressure

---

Person at work {jbl04c2d1} [SC CASI G2.5.4.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c2d2} [SC CASI G2.5.4.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c2d3} [SC CASI G2.5.4.3]  0: No  
 1: Yes

---

Stranger {jbl04c2d4} [SC CASI G2.5.4.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c2d5} [SC CASI G2.5.4.5]  0: No  
 1: Yes

---

---

Friend {jbl04c2d6} [SC CASI G2.5.4.6]  0: No  
 1: Yes

---

Other {jbl04c2d7} [SC CASI G2.5.4.7]  0: No  
 1: Yes

---

You made threats {jbl03c2e}

---

Person at work {jbl04c2e1} [SC CASI G2.5.5.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c2e2} [SC CASI G2.5.5.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c2e3} [SC CASI G2.5.5.3]  0: No  
 1: Yes

---

Stranger {jbl04c2e4} [SC CASI G2.5.5.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c2e5} [SC CASI G2.5.5.5]  0: No  
 1: Yes

---

Friend {jbl04c2e6} [SC CASI G2.5.5.6]  0: No  
 1: Yes

---

Other {jbl04c2e7} [SC CASI G2.5.5.7]  0: No  
 1: Yes

---

You withheld information

---

Person at work {jbl04c2f1} [SC CASI G2.5.6.1]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jbl04c2f2} [SC CASI G2.5.6.2]  0: No  
 1: Yes

---

Person at your place of study {jbl04c2f3} [SC CASI G2.5.6.3]  0: No  
 1: Yes

---

Stranger {jbl04c2f4} [SC CASI G2.5.6.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jbl04c2f5} [SC CASI G2.5.6.5]  0: No  
 1: Yes

---

Friend {jbl04c2f6} [SC CASI G2.5.6.6]  0: No  
 1: Yes

---

Other {jbl04c2f7} [SC CASI G2.5.6.7]  0: No  
 1: Yes

---

You attempted to belittle



Person at work {jbl04c2g1} [SC CASI G2.5.7.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Person related to work (e.g. customers or business clients) {jbl04c2g2} [SC CASI G2.5.7.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Person at your place of study {jbl04c2g3} [SC CASI G2.5.7.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Stranger {jbl04c2g4} [SC CASI G2.5.7.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Boyfriend/girlfriend/partner {jbl04c2g5} [SC CASI G2.5.7.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Friend {jbl04c2g6} [SC CASI G2.5.7.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jbl04c2g7} [SC CASI G2.5.7.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
You spread gossip	
Person at work {jbl04c2h1} [SC CASI G2.5.8.1]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Person related to work (e.g. customers or business clients) {jbl04c2h2} [SC CASI G2.5.8.2]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Person at your place of study {jbl04c2h3} [SC CASI G2.5.8.3]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Stranger {jbl04c2h4} [SC CASI G2.5.8.4]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Boyfriend/girlfriend/partner {jbl04c2h5} [SC CASI G2.5.8.5]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Friend {jbl04c2h6} [SC CASI G2.5.8.6]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes
Other {jbl04c2h7} [SC CASI G2.5.8.7]	<input type="checkbox"/> 0: No <input type="checkbox"/> 1: Yes

### SCCASI\_Q27

For the following statements, please think about things that might have happened at your work, place of study or somewhere else's and how often they happened.

**SCCASI\_Q28**

During the last 12 months, since this month last year

Someone told, showed or sent sexual pictures, stories or jokes that made me feel uncomfortable? {jre26c1} [SC CASI G3.1.1]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

Someone made sexual gestures, rude remarks, used body language, touched, or looked at me in a way that embarrassed or upset me? {jre26c2} [SC CASI G3.1.2]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

Someone kept asking me out on a date or asking me to hook-up although I said No? {jre26c3} [SC CASI G3.1.3]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

Someone requested or pressured me for sex or other sexual acts {jre26c7} [SC CASI G3.1.4]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

Someone raped me, attempted to rape me or sexually assaulted me {jre26c8} [SC CASI G3.1.5]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

Someone subjected me to other unwelcome conduct of a sexual nature {jre26c9} [SC CASI G3.1.6]

- 0: Never  
 1: 1 to 2 times  
 2: 3 to 5 times  
 3: 6 to 10 times  
 4: More than 10 times

**SCCASI\_Q29**

Where did this/these happen?

At work {jre27c2} [SC CASI G3.2.1]

- 0: No  
 1: Yes

At place of study {jre27c1} [SC CASI G3.2.2]

- 0: No  
 1: Yes

At a party, club or bar {jre27c4} [SC CASI G3.2.3]

- 0: No  
 1: Yes

Online {jre27c5} [SC CASI G3.2.4]

- 0: No  
 1: Yes

Other {jre27c3} [SC CASI G3.2.5]

- 0: No  
 1: Yes

**SCCASI\_Q30**

Please specify other location w {jre27c3a} [SC CASI G3.3]

---

**HARASS\_RelHaras**

What was your relationship to this person/those people when this happened

---

Person at your place of study {jre27c6a} [SC CASI G3.4.1]  0: No  
 1: Yes

---

Person at work {jre27c6b} [SC CASI G3.4.2]  0: No  
 1: Yes

---

Person related to work (e.g. customers or business clients {jre27c6c} [SC CASI G3.4.3]  0: No  
 1: Yes

---

Stranger {jre27c6d} [SC CASI G3.4.4]  0: No  
 1: Yes

---

Boyfriend/girlfriend/partner {jre27c6e} [SC CASI G3.4.5]  0: No  
 1: Yes

---

Friend {jre27c6f} [SC CASI G3.4.6]  0: No  
 1: Yes

---

Other {jre27c6g} [SC CASI G3.4.7]  0: No  
 1: Yes

---

**SCCASI\_Q31**

In the last 6 months have you been treated unfairly or badly because of your

---

language or accent? {jsc26c1} [SC CASI G4.1]  1: Yes  
 2: No

---

skin colour? {jsc26c2} [SC CASI G4.2]  1: Yes  
 2: No

---

disability? {jsc26c3} [SC CASI G4.3]  1: Yes  
 2: No

---

religious beliefs? {jsc26c4} [SC CASI G4.4]  1: Yes  
 2: No

---

cultural background? {jsc26c5} [SC CASI G4.5]  1: Yes  
 2: No

---

mental health problems? {jsc26c6} [SC CASI G4.6]  1: Yes  
 2: No

---

sexual identity or same sex attraction? {jsc26c7} [SC CASI G4.7]  1: Yes  
 2: No

---

body size, shape or physical appearance? {jsc26c8} [SC CASI G4.8]  1: Yes  
 2: No

sex (i.e. sexism)? {jsc26c9} [SC CASI G4.9]  1: Yes  
 2: No

gender identity (e.g. transgender, gender non-conforming)? {jsc26c10} [SC CASI G4.10]  1: Yes  
 2: No

## HARASS\_SLE

In the last 12 months, have any of the following happened to you or your partner? {jhs27c28} [SC CASI G5]  1: Yes  
 2: No

Birth of a child or pregnancy {jhs27c16} [SC CASI G5.1]  0: No  
 1: Yes

Your or your partner suffered a serious illness, injury or assault {jhs27c1} [SC CASI G5.2]  0: No  
 1: Yes

A serious illness, injury or assault has happened to a close relative {jhs27c2} [SC CASI G5.3]  0: No  
 1: Yes

A parent, brother/sister, partner or child has died {jhs27c29} [SC CASI G5.4]  0: No  
 1: Yes

A close family friend or relative (such as an aunt, cousin or grandparent) has died {jhs27c4} [SC CASI G5.5]  0: No  
 1: Yes

Separated from a spouse or partner {jhs27c15} [SC CASI G5.6]  0: No  
 1: Yes

Broken off a steady romantic relationship {jhs27c5} [SC CASI G5.7]  0: No  
 1: Yes

Started living with a new partner {jhs27c18} [SC CASI G5.8]  0: No  
 1: Yes

Had someone new move into the household (e.g. new step parent, other relative, friend or boarder) {jhs27c17} [SC CASI G5.9]  0: No  
 1: Yes

Had a serious problem with a close friend, neighbour or family member {jhs27c6} [SC CASI G5.10]  0: No  
 1: Yes

Had a major financial crisis {jhs27c11} [SC CASI G5.11]  0: No  
 1: Yes

Had a crisis or serious disappointment in your work career {jhs27c7} [SC CASI G5.12]  0: No  
 1: Yes

Thought you would soon lose your job {jhs27c8} [SC CASI G5.13]  0: No  
 1: Yes

Lost your job, but not from choice (e.g. sacked, redundancy or contract ended) {jhs27c9} [SC CASI G5.14]  0: No  
 1: Yes

Sought work unsuccessfully for more than one month {jhs27c10} [SC CASI G5.15]  0: No  
 1: Yes

Had problems with the police or a court appearance {jhs27c12} [SC CASI G5.16]  0: No  
 1: Yes

Had something you value lost or stolen {jhs27c13} [SC CASI G5.17]  0: No  
 1: Yes

Someone in your household had an alcohol or drug problem {jhs27c14} [SC CASI G5.18]  0: No  
 1: Yes

Changed jobs or returned to work {jhs27c19} [SC CASI G5.19]  0: No  
 1: Yes

Moved house {jhs27c22} [SC CASI G5.20]  0: No  
 1: Yes

Lived in a drought-affected area {jhs27c24} [SC CASI G5.21]  0: No  
 1: Yes

Had your home or local area affected by bushfire, flooding or a severe storm {jhs27c25} [SC CASI G5.22]  0: No  
 1: Yes

### SCCASI\_Q94a

The next questions are about driving a car or other vehicle.

Have you ever driven a car or other vehicle? {jhb47c1} [SC CASI H1.1]  1: Yes, in the last 12 months  
 2: Yes, but not in the last 12 months  
 3: Never

### SCCASI\_Q94

Choose the (driving license) option that applies to you {jhb36c} [SC CASI H1.2]  1: I have a learner driver's permit (i.e. L's, L1s, L2s)  
 2: I have a provisional/probationary driver's license (i.e. P's, P1s, P2s)  
 3: I have a full driver's license  
 4: I do not hold any driver's permit/ license

### SCCASI\_Q95

During the last 12 months did you drive a car or other vehicle while under the influence of alcohol or drugs? {jhb36c1} [SC CASI H1.3]  1: Yes  
 2: No

**SCCASI\_Q95a**

During the last 12 months have you been a passenger in a car or other vehicle when the driver was under the influence of alcohol or drugs? {jhb36c2} [SC CASI H2.1]

- 1: Yes  
 2: No ---> SCCASI\_Q95d

**SCCASI\_Q95b**

Was the driver of the vehicle .

A friend about the same age {jhb36c4a} [SC CASI H2.2.1]

- 0: No  
 1: Yes

A brother/sister/relative about the same age {jhb36c4b} [SC CASI H2.2.2]

- 0: No  
 1: Yes

An older friend {jhb36c4c} [SC CASI H2.2.3]

- 0: No  
 1: Yes

An older brother, sister or relative {jhb36c4d} [SC CASI H2.2.4]

- 0: No  
 1: Yes

A parent {jhb36c4e} [SC CASI H2.2.5]

- 0: No  
 1: Yes

Another adult {jhb36c4f} [SC CASI H2.2.6]

- 0: No  
 1: Yes

Other {jhb36c4g} [SC CASI H2.2.7]

- 0: No  
 1: Yes

**SCCASI\_Q95d**

Try to remember the last 10 times you drove a car or other vehicle. On how many occasions have you done any of the following

Drove up to 10 km/h over the limit {jhb36c5a} [SC CASI H3.1]

- 0: 0 of 10 times  
 1: 1 of 10 times  
 2: 2 of 10 times  
 3: 3 of 10 times  
 4: 4 of 10 times  
 5: 5 of 10 times  
 6: 6 of 10 times  
 7: 7 of 10 times  
 8: 8 of 10 times  
 9: 9 of 10 times  
 10: 10 of 10 times

---

Drove between 10 and 25 km/h over the limit  
{jhb36c5b} [SC CASI H3.2]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

---

Drove more than 25 km/h over the limit {jhb36c5c} [SC  
CASI H3.3]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

---

Drove when probably affected by alcohol {jhb36c5d}  
[SC CASI H3.4]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

---

Did not wear a seat belt at all (or helmet if riding  
motorbike) {jhb36c5e} [SC CASI H3.5]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

---

Did not wear your seat belt for part of the trip (or  
helmet if riding motorbike) {jhb36c5f} [SC CASI H3.6]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

Drove when very tired {jhb36c5g} [SC CASI H3.7]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

Drove when probably affected by an illegal drug {jhb36c5h} [SC CASI H3.8]

- 0: 0 of 10 times
- 1: 1 of 10 times
- 2: 2 of 10 times
- 3: 3 of 10 times
- 4: 4 of 10 times
- 5: 5 of 10 times
- 6: 6 of 10 times
- 7: 7 of 10 times
- 8: 8 of 10 times
- 9: 9 of 10 times
- 10: 10 of 10 times

### MENH\_Q01

The following questions are about your feelings in the past 4 weeks.

### MENH\_Q02

In the past 4 weeks, about how often did you feel tired out for no good reason? {jhs24c7} [SC CASI I1.1]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

### MENH\_Q03

In the past 4 weeks, about how often did you feel nervous? {jhs24c1} [SC CASI I1.2]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

### MENH\_Q04

In the past 4 weeks, about how often did you feel so nervous nothing could calm you down? {jhs24c8} [SC CASI I1.3]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time



**MENH\_Q05**

In the past 4 weeks, about how often did you feel hopeless? {jhs24c2} [SC CASI I1.4]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q06**

In the past 4 weeks, about how often did you feel restless or fidgety? {jhs24c3} [SC CASI I1.5]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q07**

In the past 4 weeks, about how often did you feel so restless you could not sit still? {jhs24c9} [SC CASI I1.6]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q08**

In the past 4 weeks, about how often did you feel depressed? {jhs24c10} [SC CASI I1.7]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q09**

In the past 4 weeks, about how often did you feel that everything was an effort? {jhs24c4} [SC CASI I1.8]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q10**

In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? {jhs24c5} [SC CASI I1.9]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**MENH\_Q11**

In the past 4 weeks, about how often did you feel worthless? {jhs24c6} [SC CASI I1.10]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**MENH\_Q12**

In the last 4 weeks, were there any days when you had difficulty managing work, study or your day to day activities because of these feelings? {jhs24c11} [SC CASI I2.1]

- 1: Yes  
 2: No ---> MENH\_Q15

**MENH\_Q13**

In the last 4 weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? {jhs24c12} [SC CASI I2.2]

\_\_\_\_\_

**MENH\_Q14**

In the last 4 weeks, how many days were you able to work, study or manage your day to day activities but had to cut down on what you did because of these feelings? {jhs24c13} [SC CASI I2.3]

\_\_\_\_\_

**MENH\_Q15**

In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? {jhs24c14} [SC CASI I2.4]

\_\_\_\_\_

**MENH\_Q16**

In the last 4 weeks, how often have physical health problems been the main cause of these feelings? {jhs24c15} [SC CASI I2.5]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**SCCASI\_Q108**

Sometimes people feel like hurting themselves.

During the past 12 months have you thought about hurting yourself on purpose in any way? {jhs54a} [SC CASI I3.1.1]

- 1: Yes  
 2: No

During the past 12 months have you hurt yourself on purpose in any way {jhs54b} [SC CASI I3.1.2]

- 1: Yes  
 2: No

**SCCASI\_Q109**

During the past 12 months did you ever seriously consider attempting suicide? {jhs54c} [SC CASI I3.2.1 ]

- 1: Yes  
 2: No

During the past 12 months did you make a plan about how you would attempt suicide? {jhs54d} [SC CASI I3.2.2]

- 1: Yes  
 2: No

**SCCASI\_Q110**

During the past 12 months, how many times did you actually attempt suicide? {jhs54e} [SC CASI I3.3]

- 0: 0 times ---> ICT\_Q01  
 1: 1 time  
 2: 2 or 3 times  
 3: 4 or 5 times  
 4: 6 or more times

**SCCASI\_Q111**

Did any attempt result in an injury, poisoning or overdose that had to be treated by a doctor or nurse? {jhs54f} [SC CASI I3.4]

- 1: Yes  
 2: No

**SCCASI\_Q17**

During the past 12 months, did you hurt yourself on purpose when you were not intending to end your life? {jhs54g} [SC CASI I3.5]

- 1: Yes  
 2: No

**ICT\_Q01**

The next questions are about your social networks and online activities.

**ICT\_Q02**

How many social network accounts do you use once a month or more? ( e.g. Facebook, Twitter, Instagram, YouTube.) {jhe39c1} [SC CASI J1.1]

- 0: None ---> ICT\_Q11

**ICT\_Q06**

Thinking about those social networking accounts, how often do you share/post on them? {jhe39c2} [SC CASI J1.2]

- 1: Hourly or more often  
 2: Several times a day  
 3: Everyday  
 4: Almost everyday  
 5: Once or twice a week  
 6: A few times a month  
 7: Once a month or less  
 8: Never

**ICT\_Q11**

Have you ever done any of the following online?  
{jhe40c6} [SC CASI J1.3]  1: Yes  
 2: No

Un-tagged self from post {jhe40c6a} [SC CASI J1.3.1]  0: No  
 1: Yes

Deleted posts about myself {jhe40c6b} [SC CASI J1.3.2]  0: No  
 1: Yes

Reported posts about myself or request that administrators take them down {jhe40c6c} [SC CASI J1.3.3]  0: No  
 1: Yes

Request that someone else take them down {jhe40c6d} [SC CASI J1.3.4]  0: No  
 1: Yes

Stopped using my social networking account(s) {jhe40c6e} [SC CASI J1.3.5]  0: No  
 1: Yes

Deleted my social networking account(s) {jhe40c6f} [SC CASI J1.3.6]  0: No  
 1: Yes

**ICT\_Q12a**

How often do you use a computer or computer-like device to participate in online actions or campaigns (e.g. petitions, protests, fundraisers)? {jhe24c6p} [SC CASI J2.1]  1: Everyday  
 2: Almost everyday  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**ICT\_Q12b**

How often do you use a computer or computer-like device to buy or sell things on the Internet (including digital purchases such as music, movies and games)? {jhe24c6m} [SC CASI J2.2]  1: Everyday  
 2: Almost everyday  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**ICT\_Q12c**

How often do you use a computer or computer-like device to rent, share or swap things via the internet (e.g. Dress Swap, Buy Sell Swap groups, AirBnB)? {jhe24c6q} [SC CASI J2.3]  1: Everyday  
 2: Almost everyday  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**ICT\_Q12d**

How often do you use a computer or computer-like device to try to meet romantic/sexual partners (e.g. on Tinder)? {jhe24c6r} [SC CASI J2.4]

- 1: Everyday  
 2: Almost everyday  
 3: Once or twice a week  
 4: A few times a month  
 5: Once a month or less  
 6: Never

**ICT\_Q13a**

On average, how much time do you spend playing electronic games per day on weekdays? Hours part {jhe17c2b2} [SC CASI J3.1.1]

\_\_\_\_\_

On average, how much time do you spend playing electronic games per day on weekdays? Minutes part {jhe17c2b3} [SC CASI J3.1.2]

\_\_\_\_\_

**ICT\_Q13b**

On average, how much time do you spend playing electronic games per day on weekends? Hours {jhe17c3b2} [SC CASI J3.2.1]

\_\_\_\_\_

On average, how much time do you spend playing electronic games per day on weekends? Minutes {jhe17c3b3} [SC CASI J3.2.2]

\_\_\_\_\_

**ICT\_Intro**

The next questions are about the types of information and services you access online. For the topic below, please indicate which of the online activities you have engaged in.

**ICT\_Q14a**

Ways to be very thin {jhe40c1} [SC CASI J4.1]

- 1: Yes  
 2: No

Ways to be very thin - Searched for or viewed information or images {jhe40c1a} [SC CASI J4.1.1]

- 0: No  
 1: Yes

Ways to be very thin - Posted, shared or distributed information or images {jhe40c1b} [SC CASI J4.1.2]

- 0: No  
 1: Yes

**ICT\_Q14b**

Ways to access illicit substances (i.e. drugs) {jhe40c2} [SC CASI J4.2]

- 1: Yes  
 2: No

Ways to access illicit substances (i.e. drugs) - Searched for or viewed information or images {jhe40c2a} [SC CASI J4.2.1]

- 0: No  
 1: Yes

Ways to access illicit substances (i.e. drugs) -  
 Posted, shared or distributed information or images  
 {jhe40c2b} [SC CASI J4.2.2]  0: No  
 1: Yes

### ICT\_Q14c

Pornography {jhe40c3} [SC CASI J4.3]  1: Yes  
 2: No

Pornography - Searched for or viewed information or  
 images {jhe40c3a} [SC CASI J4.3.1]  0: No  
 1: Yes

Pornography - Posted, shared or distributed  
 information or images {jhe40c3b} [SC CASI J4.3.2]  0: No  
 1: Yes

### ICT\_Q14d

Ways of physically harming or hurting yourself  
 {jhe40c4} [SC CASI J4.4]  1: Yes  
 2: No

Ways of physically harming or hurting yourself -  
 Searched for or viewed information or images  
 {jhe40c4a} [SC CASI J4.4.1]  0: No  
 1: Yes

Ways of physically harming or hurting yourself -  
 Posted, shared or distributed information or images  
 {jhe40c4b} [SC CASI J4.4.2]  0: No  
 1: Yes

### ICT\_Q14e

Ways of dying by suicide / taking your own life  
 {jhe40c5} [SC CASI J4.5]  1: Yes  
 2: No

Ways of dying by suicide / taking your own life -  
 Searched for or viewed information or images  
 {jhe40c5a} [SC CASI J4.5.1]  0: No  
 1: Yes

Ways of dying by suicide / taking your own life -  
 Posted, shared or distributed information or images  
 {jhe40c5b} [SC CASI J4.5.2]  0: No  
 1: Yes

### SCCASI\_Q162

Thank you very much for answering our questions. The information you have given us today will help make life better for all young Australians.

# K Cohort Cati Parent 1

## Questionnaire

Respondent Stream: Parent 1  
Mode: CATI

### PARBK\_Q01b

The first questions are about your education.

### PARBK\_Q03

Have you completed a trade certificate, diploma, degree or any other educational qualification? {jfd08a2a} [P CATI\_A1.1/A1.2+W1 -7]

- 1: Yes
- 2: No ---> PEDUC\_StudStat

### PARBK\_Q04

What is the level of the highest qualification that you have ever completed? {jfd08a3b} [P CATI\_A1.2+W1 -7]

- 1: Postgraduate degree
- 2: Graduate diploma/Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma
- 5: Certificate III/IV (including trade certificate); 5.5 Certificate nfd
- 6: Certificate I/II
- 7: Other non-school qualifications

### PEDUC\_StudStat

Are you currently a full-time or part time student at a TAFE, university or other educational institution? {jfd09a1} [P CATI\_A1.3]

- 1: No
- 2: Yes, full-time
- 3: Yes, part-time

### PLEC\_Q90

I now have some questions about your current paid work.

Of the following categories, which best describes your current employment status? {jpw30a1a} [P CATI B1.1]

- 1: Full-time employee
- 2: Part-time employee
- 3: Self-employed ---> WORK\_Q20a
- 4: Employed - unpaid worker in a family business ---> WORK\_Q20a
- 5: Unemployed - seeking employment ---> WORK\_Q20a
- 6: Not employed - not seeking employment ---> WORK\_Q20a

**PWORK\_Position**

- Are you employed .... {jpw06a} [P CATI B1.2]
- 1: in a permanent ongoing position  
 2: on a fixed term contract  
 3: on a casual basis  
 4: on some other basis

**PWORK\_RecLeave**

- In your current job do you have paid holiday or recreation leave? {jpw07a1} [P CATI B2.1]
- 1: Yes  
 2: No

**PWORK\_SickLeave**

- In your current job do you have paid sick leave? {jpw07a2} [P CATI B2.2]
- 1: Yes  
 2: No

**PWORK\_MatLeave**

- In your current job do you have paid maternity/paternity leave? {jpw07a3} [P CATI B2.3]
- 1: Yes  
 2: No

**PWORK\_FamLeave**

- In your current job do you have paid personal or family leave? {jpw07a4} [P CATI B2.4]
- 1: Yes  
 2: No

**WORK\_Q23**

How many hours do you usually work each week in all jobs? (If less than 1 hour enter 0.) {jpw09a} [P CATI B2.7]

\_\_\_\_\_

**PWORK\_PartStud**

The next questions are about your partner.

- Is partner, who is not a study parent, currently a full-time or part-time student at a TAFE, university or other educational institution? {jfd09av1} [P CATI B3]
- 1: No  
 2: Yes, full-time  
 3: Yes, part-time

**PLEC\_Q92**

- Which of the following best describes your partner's current employment status? {jpw30av1a} [P CATI B4.1]
- 1: Full-time employee  
 2: Part-time employee  
 3: Self-employed ---> WFB\_Q03  
 4: Employed - unpaid worker in a family business ---> WFB\_Q0  
 5: Unemployed - seeking employment ---> WFB\_Q0  
 6: Not employed - not seeking employment ---> WFB\_Q0



**PWORK\_PartPos**

Is partner, who is not a study parent, employed.  
{jpw06av} [P CATI B4.2]

- 1: In a permanent ongoing position  
 2: On a fixed term contract  
 3: On a casual basis  
 4: On some other basis

For the next questions, please think about the job in which you work the most hours.

**WFB\_Q03**

If you sometimes need to change the time when you start or finish your workday, is it possible?  
{jpw19a} [P CATI B5.1]

- 1: Yes, you are able to work flexible hours  
 2: Yes, with approval in special situations  
 3: No, not likely  
 4: No, definitely not

**WFB\_Q04**

Could you get a permanent increase in hours if needed? {jpw20a1} [P CATI B5.2]

- 1: Yes  
 2: No

**WFB\_Q05**

Could you get a permanent decrease in hours if needed? {jpw20a2} [P CATI B5.3]

- 1: Yes  
 2: No

**WFB\_Q06**

How secure do you feel in your present job? {jpw21a}  
[P CATI B5.4]

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

**WFB\_Q01**

The next questions are about work-family balance.

**WFB\_Q07a**

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

You have a lot of freedom to decide how you do your own work {jpw22a} [P CATI B6.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q07b**

Your working has a positive effect on your child(ren). {jpw23a1a} [P CATI B6.1.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07c**

Working helps you to better appreciate the time that you spend with your child(ren) {jpw23a1b} [P CATI B6.1.3]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07d**

The fact that you work makes you a better parent. {jpw23a1c} [P CATI B6.1.4]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07e**

You never have enough time to get everything done in your job. {jpw29a} [P CATI B6.1.5]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08a**

Having both work and family responsibilities Makes you a more rounded person {jpw23a2a} [P CATI B6.2.1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08b**

Having both work and family responsibilities Gives your life more variety {jpw23a2b} [P CATI B6.2.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08c**

Having both work and family responsibilities Makes you feel competent {jpw23a2c} [P CATI B6.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09a**

Because of your work responsibilities you have missed out on home or family activities that you would like to have taken part in {jpw23a3a} [P CATI B6.3.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09b**

Because of your work responsibilities Your family time is less enjoyable and more pressured {jpw23a3b} [P CATI B6.3.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10a**

Because of your family responsibilities... You have had to turn down work activities or opportunities that you would prefer to take on {jpw23a4a} [P CATI B6.4.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10b**

Because of your family responsibilities... The time you spend working is less enjoyable and more pressured {jpw23a4b} [P CATI B6.4.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q02**

The next questions are about how much contact you with the young person.

**PFAMILY\_Q01**

How often do you usually see young person {jpe08a1d1} [P CATI C1.1]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year  
 9: Not at all ---> PLE\_Q19

**PLEC\_Q05**

How often does the young person stay overnight with you? {jpe08a3c1} [P CATI C1.2]

- 1: Several times a week  
 2: At least once a week  
 3: At least once a fortnight  
 4: At least once a month  
 5: At least once every 3 months  
 6: At least once every 6-12 months  
 7: Less than once a year  
 8: Not at all

**PLE\_Q19**

How often do you have contact with Study child by phone, SMS, email, or other electronic means {jpe13a2a1} [P CATI C1.3]

- 1: Everyday  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year  
 9: Not at all

**HEAL\_Q01**

The next questions are about the Young Person's health.

**HEAL\_Q02**

In general, how would you say young persons current health is? {jhs13c} [P CATI D1.1]

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

**YPHEAL\_Q03**

The next questions are about head injuries.

**YPHEAL\_Q04**

Has young person ever had a head injury where he/she was unconscious, experienced a period of confusion or required medical care? {jhs59a1} [P CATI D1.2]

- 1: Yes  
 2: No ---> PDISB\_Intro

**YPHEAL\_Q05**

How many times has this happened to young person in his/her lifetime? {jhs59a2} [P CATI D1.3]

\_\_\_\_\_

**YPHEAL\_Q06**

Thinking of the most serious head injury, how long was young person unconscious for? Period given {jhs59a3a} [P CATI D1.4]

- 1: Time in days  
 2: Time in hours, minutes and seconds ---> YPHEAL\_Q06b  
 3: No time spent unconscious ---> YPHEAL\_Q07

**YPHEAL\_Q06a**

Days {jhs59a3b} [P CATI D1.4.1]

\_\_\_\_\_

**YPHEAL\_Q06b**

Hours {jhs59a3c} [P CATI D1.4.2]

\_\_\_\_\_

**YPHEAL\_Q06c**

Minutes {jhs59a3d} [P CATI D1.4.3]

\_\_\_\_\_

**YPHEAL\_Q06d**

Seconds {jhs59a3e} [P CATI D1.4.4]

\_\_\_\_\_

**YPHEAL\_Q07**

How old was young person when he/she had this head injury? {jhs59a4} [P CATI D1.5]

\_\_\_\_\_

**YPHEAL\_Q08**

How did this happen to young person? {jhs59a5} [P CATI D1.6]

- 1: Playing sport  
 2: At work  
 3: In a car (driving or passenger)  
 4: On a motorbike  
 5: On a bicycle  
 6: In a fight  
 7: Someone hurt young person (unprovoked)  
 8: In an accidental fall  
 9: Other (specify)

**YPHEAL\_Q08a**

Other way this happened to young person {jhs59a5a} [P CATI D1.7]

\_\_\_\_\_

**YPHEAL\_Q09**

Who treated this head injury?

Young person treated him/herself {jhs59a6a} [P CATI D1.8.1]  0: No  
 1: Yes

You or young person's other parent {jhs59a6b} [P CATI D1.8.2]  0: No  
 1: Yes

Friend {jhs59a6c} [P CATI D1.8.3]  0: No  
 1: Yes

Coach or teacher {jhs59a6d} [P CATI D1.8.4]  0: No  
 1: Yes

Ambulance paramedic {jhs59a6e} [P CATI D1.8.5]  0: No  
 1: Yes

Doctor or nurse at GP clinic {jhs59a6f} [P CATI D1.8.6]  0: No  
 1: Yes

Doctor or nurse at hospital {jhs59a6g} [P CATI D1.8.7]  0: No  
 1: Yes

No treatment needed {jhs59a6h} [P CATI D1.8.8]  0: No  
 1: Yes

Other (specify) {jhs59a6i} [P CATI D1.8.9]  0: No  
 1: Yes

**YPHEAL\_Q09a**

Other person who treated head injury {jhs59a6i1} [P CATI D1.9] \_\_\_\_\_

**PDISB\_Intro**

The next questions are about medical conditions or disabilities that people in your household might have that have lasted, or are likely to last, for six months or more.

**DISB\_Q01a**

Which medical conditions or disabilities does the family member have?

Sight problems (not corrected by glasses or contact lenses) {jf17ajp1} [NA]  0: No  
 1: Yes

**DISB\_Q01b**

Hearing problems {jf17bjp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01c**

Speech problems {jf17cjp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01d**Blackouts, fits or loss of consciousness {jf17djp1}  
[NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01e**

Difficulty learning or understanding {jf17ejp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01f**

Limited use of arms or fingers {jf17fjp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01g**

Difficulty gripping things {jf17gjp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01h**

Limited use of feet or legs {jf17hjp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01i**Any condition that restricts physical activity or  
physical work (eg back problems, migraines)  
{jf17ijp1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01j**

Disfigurement or deformity {jf17jip1} [NA]

- 
- 0: No
- 
- 
- 1: Yes

**DISB\_Q01k**

Any mental illness for which help or supervision is required {jf17ljp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2a**

Still thinking about conditions lasting six months or more. Is anyone in the household restricted in everyday activities because of

Shortness of breath or breathing difficulties causing restriction {jf18ajp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2b**

Chronic or recurring pain or discomfort causing restriction {jf18bjp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2c**

Nervous or emotional condition causing restriction {jf18cjp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2d**

Long term effects of head injury, stroke or other brain damage causing restriction {jf18ejp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2e**

Any other long-term conditions causing restriction {jf18fjp1} [NA]  0: No  
 1: Yes

**PDISB\_Intro2f**

Receiving treatment or medication for any long term conditions or ailments and still restricted {jf18gjp1} [NA]  0: No  
 1: Yes

**DISB\_DiffDelComm**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age? {jhs08a} [NA]  1: Yes  
 2: No

Communication (understanding or being understood by others) {jhs08a1} [NA]  1: Yes  
 2: No



**DISB\_DiffDelMobility**

Mobility (getting out of bed, moving around home or at places away from home) {jhs08a2} [NA]  1: Yes  
 2: No

**DISB\_DiffDelSelfCare**

Self-care (eating, drinking, dressing, bathing) {jhs08a3} [NA]  1: Yes  
 2: No

**DISB\_DiffDelInteract**

Interact or play with others {jhs08a4} [NA]  1: Yes  
 2: No

**DISB\_DiffDelFeelEmot**

Cope with emotions {jhs08a7} [NA]  1: Yes  
 2: No

**DISB\_DiffDelBehavMgmt**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age?

Manage his/her behaviour {jhs08a8} [NA]  1: Yes  
 2: No

**DISB\_DiffDelLearn**

Difficulty learning {jhs08a5} [NA]  1: Yes  
 2: No

**DISB\_DiffDelayOther**

Other (everyday activities) {jhs08a6} [NA]  1: Yes  
 2: No

**DISB\_Q10**

Does study child ever need more help or care than other children his/her own age for any problem? {jhs08b} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for communication activities (for example: understanding, or being understood by others)? {jhs08b1} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for movement activities (for example: getting out of bed, moving around at home, or at places away from home)? {jhs08b2} [NA]  1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for self care activities (for example: doing everyday activities such as eating, showering, dressing or toileting)? {jhs08b3} [NA]

1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for interacting or playing with others? {jhs08b4} [NA]

1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for coping with feelings or emotions? {jhs08b7} [NA]

1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for managing his/her own behaviour? {jhs08b8} [NA]

1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for learning? {jhs08b5} [NA]

1: Yes  
 2: No

Does study child ever need more help or care than other children his/her own age for Other (everyday activities)? {jhs08b6} [NA]

1: Yes  
 2: No

### DISB\_Q11c

Has having someone in your home with a long term condition had an effect on any of the following? {jsc16} [NA]

1: Yes  
 2: No

My ability to participate in employment/study/voluntary work {jsc16a} [NA]

0: No  
 1: Yes

My income/financial situation {jsc16b} [NA]

0: No  
 1: Yes

My ability to meet everyday living costs {jsc16c} [NA]

0: No  
 1: Yes

My expenses on health services {jsc16h} [NA]

0: No  
 1: Yes

### PDISB\_Intro3

Now I would like to ask you about any other caring activities you might do. These questions are about extended caring roles to persons outside the household. This may be a paid or unpaid caring role, but not a job or occupation.

**DISB\_Q12**

Does Parent 1 help someone living elsewhere who is elderly or has a long-term health condition or disability, with everyday types of activities? {jsc19a} [NA]

- 1: Yes  
 2: No ---> PARN\_INTRO

**DISB\_Q14a**

What is the 1st person who helped relationship to the study child? {jsc19a1a} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult  
 3: Biological child

What is the 2nd person who helped relationship to the study child? {jsc19a1b} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult  
 3: Biological child

What is the 3rd person who helped relationship to the study child? {jsc19a1c} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult  
 3: Biological child

**DISB\_Q15**

On average how many hours do you spend each week providing care? If more than one person cared for, then ask for total hours for all persons {jsc19a2} [NA]

- 1: Less than 20 hours  
 2: 20 to less than 40 hours  
 3: 40 hours or more

**PARN\_Intro**

The next questions are about your relationship with the study child.

**FACT\_Q62c**

How often do you eat an evening meal with study child? {jpa10a5b} [P CATI E1.1]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

**PARN\_TogOut**

How often do you go on an outing together? {jpa10a5c} [P CATI E1.2]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

**PARN\_TogTask**

How often do you work on a task or project together? {jpa10a5d} [P CATI E1.3]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

**PARN\_Q04aa**

In the last 12 months, have you or another family member done any of the following to help study child get a job or work experience?

Arranged for him/her to do unpaid work in a family members workplace/business {jpw36a11a} [P CATI E2.1]

- 0: No  
 1: Yes

**PARN\_Q04ab**

Arranged for him/her to do paid work in a family members workplace/business {jpw36a11b} [P CATI E2.2]

- 0: No  
 1: Yes

**PARN\_Q04ac**

Helped him/her to get unpaid or volunteering work through friends, family or colleagues {jpw36a11c} [P CATI E2.3]

- 0: No  
 1: Yes

**PARN\_Q04ad**

Helped him/her to get paid work through friends, family or colleagues {jpw36a11d} [P CATI E2.4]

- 0: No  
 1: Yes

**PARN\_Q04ae**

Helped him/her prepare job applications {jpw36a11e}  
[P CATI E2.5]

- 0: No  
 1: Yes

**PARN\_Q04af**

Helped him/her practice for job interviews  
{jpw36a11f} [P CATI E2.6]

- 0: No  
 1: Yes

**PARN\_Q04a**

How often do you and study child talk about what is  
going on in his/her life? {jpa27a1} [P CATI E3.1]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Romatic**

How often do you and study child talk about his/her  
romantic relationships? {jpa27a9} [P CATI E3.2]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04b**

How often do you and study child talk about how  
things are going with his/her friends? {jpa27a2} [P  
CATI E3.3]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_ComFutur**

How often do you and study child talk about his/her  
plans for the future? {jpa27a3} [P CATI E3.4]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04d**

How often do you and study child talk about problems  
he/she is having at his/her place of study and/or  
work? {jpa27a7} [P CATI E3.5]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04e**

How often do you and study child talk about future jobs he/she might have? {jpa27a5} [P CATI E3.6]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_ComCourse**

How often do you and study child talk about future study he/she may undertake? {jpa27a8} [P CATI E3.7]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**Parn\_TalkVal**

How often do you and study child talk about values and/or philosophy of life? {jpa27a10} [P CATI E3.8]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**Parn\_TalkHeal**

How often do you and study child talk about any health issues he/she has? {jpa27a11} [P CATI E3.9]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04ba**

People often disagree with each other. The following sentences describe situations. How often do you and study child do the following things?

You disagree and fight {jpa26a1} [P CATI E4.1]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04bb**

You bug each other or get on each other's nerves {jpa26a2} [P CATI E4.2]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04bc**

You yell at each other. {jpa26a3} [P CATI E4.3]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04bd**

When you argue you stay angry for a very long time {jpa26a4} [P CATI E4.4]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04be**

When you disagree, you refuse to talk to study child {jpa26a5} [P CATI E4.5]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04bf**

When you disagree, study child stomps out of the room, or house or yard. {jpa26a6} [P CATI E4.6]

- 1: Not at all  
 2: A little  
 3: Sometimes  
 4: Pretty often  
 5: Almost all or all of the time

**PARN\_Q04c**

In the last 12 months have you had a serious problem or 'falling out' with study child? {jpa26a8} [P CATI E4.7]

- 1: Yes  
 2: No

**PARN\_Q04da**

How often is there anger or hostility between you and study child? {jpa26a9} [P CATI E4.8]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Usually  
 5: Always

**PARN\_Q04db**

How often do you have arguments with study child that end up with people pushing, hitting, kicking or shoving? {jpa26a10} [P CATI E4.9]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Usually  
 5: Always

**PARN\_AfraidOf**

Have you ever been afraid of study child? {jpa26a7}  
[P CATI E4.10]

- 1: Yes  
 2: No ---> PARN\_Q04m

**PARN\_Q04f**

Are you currently afraid of study child? {jpa26a7a}  
[P CATI E4.11]

- 1: Yes  
 2: No

**PARN\_Q04m**

In a previous interview we were told you were born overseas, which if the following best describes your migration category when you or your family first arrived in Australia? {jf23ja} [P CATI E5.1]

- 1: Skilled migrant  
 2: Business migrant  
 3: Family migrant  
 4: Refugee or special humanitarian migrant  
 5: New Zealand citizen  
 6: (Code generated from other responses ) - Under British migration system for Australia  
 7: (Code generated from other responses) - Born to or parents of the family of the Australian citizen  
 8: Other

**PARN\_Q04n**

Enter other migration category {jf23ja1} [P CATI E5.2]

**PARN\_Q05**

The next questions are about your own health and wellbeing.

**PARN\_Q05a**

In general, would you say your own health is? {jhs13a} [P CATI F1.1]

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

**PHEAL\_Pquality**

In general, how would you rate your quality of life? {jhs61a1} [P CATI F1.2]

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



**PHEAL\_PEyeSight**

In general, how would you rate your eyesight (with glasses or contact lenses, if you wear them)?  
{jhs61a2} [P CATI F1.3]

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

**PHEAL\_Pmemory**

In general, how would you rate your memory? {jhs61a3}  
[P CATI F1.4]

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

**PHEAL\_Pteeth**

In general, how would you rate your teeth and gums?  
{jhs61a4} [P CATI F1.5]

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

**PHEAL\_Phearing**

In general, how would you rate your hearing?  
{jhs61a5} [P CATI F1.6]

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

**PHEAL\_30Mins**

About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard)  
{jhb14a2} [P CATI F2.1]

\_\_\_\_\_

- 0: None ---> PARN\_Q22

**PHEAL\_Q05a2**

About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard)  
{jhb14a2a} [P CATI F2.2]

\_\_\_\_\_

**PARN\_Q22**

About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at the moment, write in your usual weight when not pregnant.) (kg) {jhs23a2} [P CATI F3]

\_\_\_\_\_

**PARN\_Q22Kg**

About how much do you weigh? (kg part) {jhs23a2d} [P CATI F3]

\_\_\_\_\_

**PARN\_Q22St**

About how much do you weigh? (st part) {jhs23a2e} [P CATI F3]

\_\_\_\_\_

About how much do you weigh? (lb part) {jhs23a2f} [P CATI F3]

\_\_\_\_\_

**PHEAL\_Ppain**

How much bodily pain have you had during the past 4 weeks? {jhs62a1} [P CATI F4.1]

- 1: None ---> PHEAL\_PPPrinsEx  
 2: Very mild  
 3: Mild  
 4: Moderate  
 5: Severe  
 6: Very severe

**PHEAL\_Pinterfere**

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? {jhs62a2} [P CATI F4.2]

- 1: Not at all  
 2: A little bit  
 3: Moderately  
 4: Quite a bit  
 5: Extremely

**PHEAL\_PPainBack**

In the past 4 weeks, have you had pain in your lower back? Please ignore pain caused by menstruation or by an illness accompanied by fever. {jhs62a3} [P CATI F4.3]

- 1: Yes  
 2: No ---> PHEAL\_PPPrinsEx

**PHEAL\_PDailyRoutine**

Was this pain bad enough to limit your usual activities or change your daily routine for more than one day? {jhs62a4} [P CATI F4.4]

- 1: Yes  
 2: No

**PHEAL\_PPPrinsEx**

The following questions are about health insurance and concessions.

Do you have private health insurance with extras?  1: Yes  
 Interviewer: Exclude ambulance-only cover {jhs63a1}  2: No  
 [P CATI F5.1]

**PHEAL\_PPPrinsNE**

Do you have private health insurance without extras?  1: Yes  
 Interviewer: Exclude ambulance-only cover {jhs63a2}  2: No  
 [P CATI F5.2]

**PHEAL\_PambIns**

Do you have ambulance cover, either on its own or as part of a health insurance policy? {jhs63a3} [P CATI F5.3]  1: Yes  
 2: No

**PHEAL\_PDVAIns**

Do you have a Department of Veterans' Affairs white or gold card? {jhs63a4} [P CATI F5.4]  1: Yes  
 2: No

**PHEAL\_PHCCIns**

Do you have a health care concession card? {jhs63a5} [P CATI F5.5]  1: Yes  
 2: No

**PARN\_Q22a**

The next few questions are about when you were growing up.

**PARN\_Q22b**

Did you ever live in any of the following family circumstances before you were 18 years of age?

With both natural parents {jpa14a9a} [P CATI G1.1.1]  0: No  
 1: Yes

In a single parent family {jpa14a9b} [P CATI G1.1.2]  0: No  
 1: Yes

With a natural parent and stepparent {jpa14a9c} [P CATI G1.1.3]  0: No  
 1: Yes

With grandparents or other relatives as main carers {jpa14a9d} [P CATI G1.1.4]  0: No  
 1: Yes

With adoptive parents {jpa14a9e} [P CATI G1.1.5]  0: No  
 1: Yes

In a foster family, welfare home or an institution (excluding boarding school) {jpa14a9f} [P CATI G1.1.6]  0: No  
 1: Yes

---

Other {jpa14a9g} [P CATI G1.1.7]

- 0: No  
 1: Yes

---

**PARN\_Q22d**

How many times did you change between these family circumstances before you were 18 years of age? {jpa14a9j} [P CATI G1.2]

- 0: Never  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

**PARN\_Q25**

The next questions are about you and your feelings.

---

**PARN\_Q25aa**

How well do the following statements describe your personality?

I see myself as someone who...

---

is reserved; keeps thoughts and feelings to self {jse30a1} [P CATI G2.1]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

---

**PARN\_Q25ab**

is generally trusting {jse30a2} [P CATI G2.2]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

---

**PARN\_Q25ac**

tends to be lazy {jse30a3} [P CATI G2.3]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

---

**PARN\_Q25ad**

is relaxed, handles stress well {jse30a4} [P CATI G2.4]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

**PARN\_Q25ae**

doesn't like artistic things (plays, music) {jse30a5}  
[P CATI G2.5]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25af**

is outgoing, sociable {jse30a6} [P CATI G2.6]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ag**

tends to find fault with others {jse30a7} [P CATI G2.7]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ah**

does things carefully and completely {jse30a8} [P CATI G2.8]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ai**

gets nervous easily {jse30a9} [P CATI G2.9]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25aj**

has an active imagination {jse30a10} [P CATI G2.10]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q26aa**

In the last year, have any of the following happened to you? {jhs27a28} [SC CASI G3]  1: Yes  
 2: No

Birth of a child/pregnancy {jhs27a16} [P CATI G3.1]  0: No  
 1: Yes

**PARN\_Q26ab**

Birth of a grandchild {jhs27a26} [P CATI G3.2]  0: No  
 1: Yes

**PARN\_Q26ac**

Your child became pregnant/got someone pregnant {jhs27a27} [P CATI G3.3]  0: No  
 1: Yes

**PARN\_Q26ad**

You suffered a serious illness, injury or assault {jhs27a1} [P CATI G3.4]  0: No  
 1: Yes

**PARN\_Q26ae**

A close family member or close friend has died {jhs27a37} [P CATI G3.5]  0: No  
 1: Yes

**PARN\_Q26af**

You separated from a spouse or partner {jhs27a15} [P CATI G3.6]  0: No  
 1: Yes

**PARN\_Q26ag**

You started living with a new partner {jhs27a18} [P CATI G3.7]  0: No  
 1: Yes

**PARN\_Q26ah**

You had a major financial crisis {jhs27a11} [P CATI G3.8]  0: No  
 1: Yes

**PARN\_Q26ai**

You had a crisis or serious disappointment in your work career {jhs27a7} [P CATI G3.9]  0: No  
 1: Yes

**PARN\_Q26aj**

You lost your job, but not from choice (e.g. you were sacked, made redundant, your contract ended) {jhs27a9} [P CATI G3.10]

- 0: No  
 1: Yes

**PARN\_Q26ak**

You had problems with the police or a court appearance {jhs27a12} [P CATI G3.11]

- 0: No  
 1: Yes

**PARN\_Q26al**

Someone in your household had an alcohol or drug problem {jhs27a14} [P CATI G3.12]

- 0: No  
 1: Yes

**PARN\_Q26am**

You moved house {jhs27a22} [P CATI G3.13]

- 0: No  
 1: Yes

**PARN\_Q26an**

You lived in a drought-affected area {jhs27a24} [P CATI G3.14]

- 0: No  
 1: Yes

**PARN\_Q26ao**

You had your home or local area affected by bushfire, flooding or a severe storm {jhs27a25} [P CATI G3.15]

- 0: No  
 1: Yes

**PARN\_Q26a**

How difficult do you feel your life is at present? {jhs26a1} [P CATI G3.16]

- 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

**PARN\_Q26b**

How well do you think you are coping? {jhs26a2} [P CATI G3.17]

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

**PARN\_Q28**

How often do you feel rushed or pressed for time?  
{jhs26a3} [P CATI G3.18]

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

**PARN\_Q40**

How often do you feel that you need support or help  
but cant get it from anyone? {jsc08a} [P CATI G3.19]

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

**PSEP\_K10Intro**

The following questions are about your feelings in the past 4 weeks.

For each question, please select the response that best describes how often you this feeling.

**PSEP\_K10tired**

In the past 4 weeks about how often did you feel  
tired out for no good reason? {jhs24a7} [P CATI G4.1]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10nerve**

In the past 4 weeks about how often did you feel  
nervous? {jhs24a1} [P CATI G4.2]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10calm**

In the past 4 weeks about how often did you feel so  
nervous that nothing could calm you down? {jhs24a8}  
[P CATI G4.3]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10hope**

In the past 4 weeks about how often did you feel  
hopeless? {jhs24a2} [P CATI G4.4]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time



**PSEP\_K10rest**

In the past 4 weeks about how often did you feel restless or fidgety? {jhs24a3} [P CATI G4.5]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10still**

In the past 4 weeks about how often did you feel so restless you could not sit still? {jhs24a9} [P CATI G4.6]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10dep**

In the past 4 weeks about how often did you feel depressed? {jhs24a10} [P CATI G4.7]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10eff**

In the past 4 weeks about how often did you feel that everything was an effort? {jhs24a4} [P CATI G4.8]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10sad**

In the past 4 weeks about how often did you feel so sad that nothing could you cheer you up? {jhs24a5} [P CATI G4.9]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10worth**

In the past 4 weeks about how often did you feel worthless? {jhs24a6} [P CATI G4.10]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10diff**

In the last 4 weeks, were there any days when you had difficulty managing work, study or your day to day activities because of these feelings? {jhs24a11} [P CATI G4.11]

- 1: Yes  
 2: No ---> PSEP\_K10doct

**PSEP\_K10able**

In the last 4 weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? {jhs24a12} [P CATI G4.12]

\_\_\_\_\_

**PSEP\_K10cut**

In the last 4 weeks, how many days were you able to work, study or manage your day to day activities but had to cut down on what you did, because of these feelings? {jhs24a13} [P CATI G4.13]

\_\_\_\_\_

**PSEP\_K10doct**

In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? {jhs24a14} [P CATI G4.14]

\_\_\_\_\_

**PSEP\_K10Phys**

In the last 4 weeks, how often have physical health problems been the main cause of these feelings? {jhs24a15} [P CATI G4.15]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PARN\_Q42**

Sometimes family members may have difficulty getting along with one another. They don't 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) {jre06a} [P CATI G5.1]

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

**PSEP\_PARTINTRO**

The next questions are about your relationship with your partner.

**PARN\_Q45**

Have you ever been afraid of your partner? {jre16a}  
{P CATI G5.2}

- 1: Yes  
 2: No

**PARN\_Q53**

Which best describes the degree of happiness, all things considered, in your relationship? {jre05a} [P CATI G5.3]

- 1: Extremely unhappy  
 2: Fairly unhappy  
 3: A little unhappy  
 4: Happy  
 5: Very happy  
 6: Extremely happy  
 7: Perfectly happy

**PARN\_Q55**

Overall, as a parent, do you feel that you are...? {jpa01a} [P CATI G5.4]

- 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

**INC\_Q01**

I would now like to ask you some questions about income.

**INC\_Q02**

Could you please tell me if you receive any income from any of these sources? {jfn02a} [P CATI H1.1]

- 1: Yes  
 2: No ---> INC\_Q38

Wages or salary {jfn02a1} [P CATI H1.1.1]

- 0: No  
 1: Yes

Profit or loss from own unincorporated business or share in partnership. {jfn02a2} [P CATI H1.1.2]

- 0: No  
 1: Yes

Any government pension, benefit or allowance. {jfn02a5} [P CATI H1.1.3]

- 0: No  
 1: Yes

Any other regular source {jfn02a9} [P CATI H1.1.4]

- 0: No  
 1: Yes

**INC\_Q02a**

What is that source? {jfn02ao} [P CATI H1.2]

**INC\_Q03**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from these sources in total? If respondent unable to answer, prompt for their best estimate. {jfn09a1} [P CATI H1.3]

- 1: Amount  
 2: Nil ---> INC\_Q06a  
 -99: Loss

**INC\_Q04**

Enter amount {jfn09a2} [P CATI H1.4]

---

**INC\_Q05**

What period does that cover? {jfn09a3} [P CATI H1.5]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q05a**

Enter period {jfn09a4} [P CATI H1.6]

---

**INC\_Q06a**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from wages and salary (in ALL jobs) in total? {jfn13a2} [P CATI H2.1]

---

**INC\_Q06b**

What period does that cover? {jfn13a3} [P CATI H2.2]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q06c**

Enter period {jfn13a4} [P CATI H2.3]

---

**PINC\_Q07**

Do you currently receive any Centrelink or DVA payments {jfn11a3} [P CATI H3.1]

- 1: Yes  
 2: No ---> INC\_Q08b

**INC\_Q08**

Do you currently receive any of these pensions, allowances or other forms of assistance?

Family Tax Benefit or Family Payment (FTB Part A or Part B) {jfn11a2a} [P CATI H3.2.1 ]

- 0: No  
 1: Yes

Parenting Payment - Partnered {jfn11a2b} [P CATI H3.2.2 ]

- 0: No  
 1: Yes

Parenting Payment - Single {jfn11a2c} [P CATI H3.2.3 ]

- 0: No  
 1: Yes

Newstart Allowance {jfn11a2p} [P CATI H3.2.4 ]

- 0: No  
 1: Yes

Abstudy/ Austudy {jfn11a2q} [P CATI H3.2.5]

- 0: No  
 1: Yes

Disability Support Pension (Centrelink)/Disability Pension (DVA) {jfn11a2i} [P CATI H3.2.6]

- 0: No  
 1: Yes

Carer payment {jfn11a2r} [P CATI H3.2.7 ]

- 0: No  
 1: Yes

Carer Allowance {jfn11a2d} [P CATI H3.2.8 ]

- 0: No  
 1: Yes

Rent assistance {jfn11a2u} [P CATI H3.2.9]

- 0: No  
 1: Yes

Australian Age Pension/Service Pension (DVA)(exclude superannuation e.g. DFRDB) {jfn11a2s} [P CATI H3.2.10]

- 0: No  
 1: Yes

Any other government payment (excluding overseas pensions or benefits) ? Other {jfn11a2k} [P CATI H3.2.11]

- 0: No  
 1: Yes

Don't know {jfn11a2l} [P CATI H3.2.12]

- 0: No  
 1: Yes

**INC\_Q08a**

Other (specify) {jfn11a2o} [P CATI H3.3]

---

**PINC\_Q08b**

Do you currently receive income from overseas pensions/benefits {jfn11a2j1} [P CATI H3.4]

- 1: Yes  
 2: No

**INC\_Q09**

Are you currently required to look for work or do any other activity to receive your government payment? {jfn12a} [P CATI H3.5]

- 1: Yes  
 2: No

**INC\_Q11**

What is your main source of income? {jfn03a1} [P CATI H4]

- 1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in a partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' Compensation  
 9: Any other regular source

**INC\_Q38**

Suppose you only had one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money? ('Emergency' is left for the respondent to interpret) {jfn10a} [P CATI H5.1]

- 1: You could easily raise the money  
 2: You could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)  
 3: You would have to do something drastic to raise the money (e.g. selling an important possession)  
 4: You don't think you could raise the money

**INC\_ShortageUtilities**

In the last 12 months, have any of these happened to you because you were short of money?

---

You could not pay gas, electricity or telephone bills on time {jfn07a1a} [P CATI H5.2]

- 0: No  
 1: Yes

**INC\_ShortageMortgage**

You could not pay the mortgage or rent payments on time {jfn07a2a} [P CATI H5.3]

- 0: No  
 1: Yes

**INC\_ShortageMeals**

You went without meals {jfn07a3a} [P CATI H5.4]

- 0: No  
 1: Yes

**INC\_ShortageHeatCool**

You were unable to heat or cool your home {jfn07a4a} [P CATI H5.5]

- 0: No  
 1: Yes

**INC\_ShortagePawned**

You pawned or sold something because you needed cash {jfn07a5a} [P CATI H5.6]

- 0: No  
 1: Yes

**INC\_ShortageWelfare**

You sought assistance from a welfare or community organisation {jfn07a6a} [P CATI H5.7]

- 0: No  
 1: Yes

**INC\_ShortageChildActivities**

You were unable to send your child to excursion/ extra-curricular activities/ tutoring as much as you would like? {jfn07a9a} [P CATI H5.8]

- 0: No  
 1: Yes

**INC\_Q47**

Given your current needs and financial responsibilities, how would you say you and your family are getting on? {jfn06a} [P CATI H5.9]

- 1: Prosperous  
 2: Very comfortable  
 3: Reasonably comfortable  
 4: Just getting along  
 5: Poor  
 6: Very poor

**PHOUS\_Q01**

The last few questions are about your housing.

**HOUS\_Q06**

How many bedrooms are there in this home? Please count all bedrooms even if not currently used as such (eg studies). Code bedsitters as '0'. {jho07a1a} [P CATI I1.1]

\_\_\_\_\_

**HOUS\_Q07**

Is this home owned or partly owned by you and/or your partner? {jho04a3a} [P CATI I1.2.1]

- 1: Yes ---> HOUS\_Q10  
 2: No

Is this home rented by you and/or your partner? {jho04a3b} [P CATI I1.2.2]

- 1: Yes ---> PLEC\_Q102  
 2: No

Is this home occupied rent free? {jho04a3f} [P CATI I1.2.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q08**

Do you and/or your partner pay rent or board to live here? {jho04a3e} [P CATI I1.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q09**

What are the arrangements? {jho04a3h} [P CATI I1.4]

- 1: Purchasing under rent buy or shared equity scheme ---> HOUS\_Q10  
 2: Occupied under life tenure scheme ---> PLEC\_Q102  
 3: Other (specify)

Purchasing under rent buy or shared equity scheme {jho04a3c} [P CATI I1.4.1]

- 1: Yes  
 2: No

Occupied under a life tenure scheme {jho04a3d} [P CATI I1.4.2]

- 1: Yes  
 2: No

Other {jho04a3g} [P CATI I1.4.3]

- 1: Yes  
 2: No

**HOUS\_Q09b**

Other (specify) {jho04a3o} [P CATI I1.5]

\_\_\_\_\_

**HOUS\_Q10**

Are you and/or your partner currently making payments on any mortgages or secured loans on this home? {jho06a} [P CATI I1.6]

- 1: Yes  
 2: No ---> PLEC\_Q102

**HOUS\_Q11**

What is the usual repayment on this/these loans? Enter dollar amount {jho06a1} [P CATI I1.7]

\_\_\_\_\_



**HOUS\_Q12**

What period does this cover? {jho06b2} [P CATI I1.8]

- 1: Weeks
- 2: Months

**HOUS\_Q13**

Enter number {jho06b3} [P CATI I1.9]

---

**PLEC\_Q102**

In the last year, how many times have you moved home?  
{jho03a2d} [P CATI I1.10]

---

# K Cohort Cati Parent 2

## Questionnaire

Respondent Stream: Parent 2  
Mode: CATI

### PARBK\_Q01b

The first questions are about your education.

### PARBK\_Q04

What is the level of the highest qualification that Parent 2 has ever completed? {jfd08b3b} [P CATI\_A1.2+W1 - 7]

- 1: Postgraduate degree
- 2: Graduate diploma/Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma
- 5: Certificate III/IV (including trade certificate); 5.5 Certificate nfd
- 6: Certificate I/II
- 7: Other non-school qualifications

### PEDUC\_StudStat

Are you currently a full-time or part time student at a TAFE, university or other educational institution? {jfd09b1} [P CATI\_A1.3]

- 1: No
- 2: Yes, full-time
- 3: Yes, part-time

### PLEC\_Q90

I now have some questions about your current paid work.

Of the following categories, which best describes your current employment status? {jpw30b1a} [P CATI B1.1]

- 1: Full-time employee
- 2: Part-time employee
- 3: Self-employed ---> WORK\_Q20a
- 4: Employed - unpaid worker in a family business ---> WORK\_Q20a
- 5: Unemployed - seeking employment ---> WORK\_Q20a
- 6: Not employed - not seeking employment ---> WORK\_Q20a

### PWORK\_Position

Is Parent 2 employed .... {jpw06b} [P CATI B1.2]

- 1: in a permanent ongoing position
- 2: on a fixed term contract
- 3: on a casual basis
- 4: on some other basis

**PWORK\_RecLeave**

In your current job do you have paid holiday or recreation leave? {jpw07b1} [P CATI B2.1]  1: Yes  
 2: No

**PWORK\_SickLeave**

In your current job do you have paid sick leave? {jpw07b2} [P CATI B2.2]  1: Yes  
 2: No

**PWORK\_MatLeave**

In your current job do you have paid maternity/paternity leave? {jpw07b3} [P CATI B2.3]  1: Yes  
 2: No

**PWORK\_FamLeave**

In your current job do you have paid personal or family leave? {jpw07b4} [P CATI B2.4]  1: Yes  
 2: No

**WORK\_Q23**

How many hours does Parent 2 usually work each week in all jobs. If less than 1 hour enter 0. {jpw09b} [P CATI B2.7] \_\_\_\_\_

**PWORK\_PartStud**

The next questions are about your partner.

Is partner, who is not a study parent, currently a full-time or part-time student at a TAFE, university or other educational institution? {jfd09bv1} [P CATI B3]  1:No  
 2: Yes, full-time  
 3: Yes, part-time

**PLEC\_Q92**

Which of the following best describes your partner's current employment status? {jpw30bv1a} [P CATI B4.1]  1: Full-time employee  
 2: Part-time employee  
 3: Self-employed ---> WFB\_Q03  
 4: Employed - unpaid worker in a family business ---> WFB\_Q0  
 5: Unemployed - seeking employment ---> WFB\_Q0  
 6: Not employed - not seeking employment ---> WFB\_Q0

**PWORK\_PartPos**

Is partner, who is not a study parent, employed.  
{jpw06bv} [P CATI B4.2]

- 1: In a permanent ongoing position  
 2: On a fixed term contract  
 3: On a casual basis  
 4: On some other basis

For the next questions, please think about the job in which you work the most hours.

**WFB\_Q03**

If you sometimes need to change the time when you start or finish your workday, is it possible?  
{jpw19b} [P CATI B5.1]

- 1: Yes, you are able to work flexible hours  
 2: Yes, with approval in special situations  
 3: No, not likely  
 4: No, definitely not

**WFB\_Q04**

Could you get a permanent increase in hours if needed? {jpw20b1} [P CATI B5.2]

- 1: Yes  
 2: No

**WFB\_Q05**

Could you get a permanent decrease in hours if needed? {jpw20b2} [P CATI B5.3]

- 1: Yes  
 2: No

**WFB\_Q06**

How secure do you feel in your present job? {jpw21b}  
[P CATI B5.4]

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

**WFB\_Q01**

The next questions are about work-family balance.

**WFB\_Q07a**

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

How strongly do you agree or disagree with the following statements? You have a lot of freedom to decide how you do your own work {jpw22b} [P CATI B6.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q07b**

How strongly do you agree or disagree with the following statements? Your working has a positive effect on your child(ren). {jpw23b1a} [P CATI B6.1.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07c**

How strongly do you agree or disagree with the following statements? Working helps you to better appreciate the time that you spend with your child(ren) {jpw23b1b} [P CATI B6.1.3]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07d**

How strongly do you agree or disagree with the following statements? The fact that you work makes you a better parent. {jpw23b1c} [P CATI B6.1.4]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07e**

How strongly do you agree or disagree with the following statements? You never have enough time to get everything done in your job. {jpw29b} [P CATI B6.1.5]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08a**

Having both work and family responsibilities Makes you a more rounded person {jpw23b2a} [P CATI B6.2.1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08b**

Having both work and family responsibilities Gives your life more variety {jpw23b2b} [P CATI B6.2.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08c**

Having both work and family responsibilities Makes you feel competent {jpw23b2c} [P CATI B6.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09a**

Because of your work responsibilities you have missed out on home or family activities that you would like to have taken part in {jpw23b3a} [P CATI B6.3.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09b**

Because of your work responsibilities Your family time is less enjoyable and more pressured {jpw23b3b} [P CATI B6.3.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10a**

Because of your family responsibilities... You have had to turn down work activities or opportunities that you would prefer to take on {jpw23b4a} [P CATI B6.4.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10b**

Because of your family responsibilities... The time you spend working is less enjoyable and more pressured {jpw23b4b} [P CATI B6.4.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q02**

The next questions are about how much contact you with the young person.

**PFAMILY\_Q01**

How often do you usually see young person {jpe08b1d1} [P CATI C1.1]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year  
 9: Not at all ---> PLE\_Q19

**PLEC\_Q05**

How often does the young person stay overnight with you? {jpe08b3c1} [P CATI C1.2]

- 1: Several times a week
- 2: At least once a week
- 3: At least once a fortnight
- 4: At least once a month
- 5: At least once every 3 months
- 6: At least once every 6-12 months
- 7: Less than once a year
- 8: Not at all

**PLE\_Q19**

How often do you have contact with Study child by phone, SMS, email, or other electronic means {jpe13b2a1} [P CATI C1.3]

- 1: Everyday
- 2: Several times a week
- 3: At least once a week
- 4: At least once a fortnight
- 5: At least once a month
- 6: At least once every 3 months
- 7: At least once every 6-12 months
- 8: Less than once a year
- 9: Not at all

**HEAL\_Q01**

The next questions are about the Young Person's health.

**YPHEAL\_Q03**

The next questions are about head injuries.

**YPHEAL\_Q04**

Has young person ever had a head injury where he/she was unconscious, experienced a period of confusion or required medical care? {jhs59b1} [P CATI D1.2]

- 1: Yes
- 2: No ---> PDISB\_Intro

**YPHEAL\_Q05**

How many times has this happened to young person in his/her lifetime? {jhs59b2} [P CATI D1.3]

\_\_\_\_\_

**YPHEAL\_Q06**

Thinking of the most serious head injury, how long was young person unconscious for? Period given {jhs59b3a} [P CATI D1.4]

- 1: Time in days
- 2: Time in hours, minutes and seconds ---> YPHEAL\_Q06b
- 3: No time spent unconscious ---> YPHEAL\_Q07

**YPHEAL\_Q06a**

Days {jhs59b3b} [P CATI D1.4.1]

---

**YPHEAL\_Q06b**

Hours {jhs59b3c} [P CATI D1.4.2]

---

**YPHEAL\_Q06c**

Minutes {jhs59b3d} [P CATI D1.4.3]

---

**YPHEAL\_Q06d**

Seconds {jhs59b3e} [P CATI D1.4.4]

---

**YPHEAL\_Q07**

How old was young person when he/she had this head injury? {jhs59b4} [P CATI D1.5]

---

**YPHEAL\_Q08**

How did this happen to young person? {jhs59b5} [P CATI D1.6]

- 1: Playing sport  
 2: At work  
 3: In a car (driving or passenger)  
 4: On a motorbike  
 5: On a bicycle  
 6: In a fight  
 7: Someone hurt young person (unprovoked)  
 8: In an accidental fall  
 9: Other (specify)

**YPHEAL\_Q08a**

Other way this happened to young person {jhs59b5a} [P CATI D1.7]

---

**YPHEAL\_Q09**

Who treated this head injury?

Young person treated him/herself {jhs59b6a} [P CATI D1.8.1]

- 0: No  
 1: Yes

You or young person's other parent {jhs59b6b} [P CATI D1.8.2]

- 0: No  
 1: Yes

Friend {jhs59b6c} [P CATI D1.8.3]

- 0: No  
 1: Yes



Coach or teacher {jhs59b6d} [P CATI D1.8.4]

- 0: No  
 1: Yes

Ambulance paramedic {jhs59b6e} [P CATI D1.8.5]

- 0: No  
 1: Yes

Doctor or nurse at GP clinic {jhs59b6f} [P CATI D1.8.6]

- 0: No  
 1: Yes

Doctor or nurse at hospital {jhs59b6g} [P CATI D1.8.7]

- 0: No  
 1: Yes

No treatment needed {jhs59b6h} [P CATI D1.8.8]

- 0: No  
 1: Yes

Other (specify) {jhs59b6i} [P CATI D1.8.9]

- 0: No  
 1: Yes

### YPHEAL\_Q09a

Other person who treated head injury {jhs59b6i1} [P CATI D1.9]

\_\_\_\_\_

### PDISB\_Intro

The next questions are about medical conditions or disabilities that people in your household might have that have lasted, or are likely to last, for six months or more.

### DISB\_Q01a

Which medical conditions or disabilities does the family member have?

Sight problems (not corrected by glasses or contact lenses) {jf17ajp2} [NA]

- 0: No  
 1: Yes

### DISB\_Q01b

Hearing problems {jf17bjp2} [NA]

- 0: No  
 1: Yes

### DISB\_Q01c

Speech problems {jf17cjp2} [NA]

- 0: No  
 1: Yes

**DISB\_Q01d**

Blackouts, fits or loss of consciousness {jf17djp2}  
[NA]

0: No  
 1: Yes

**DISB\_Q01e**

Difficulty learning or understanding {jf17ejp2} [NA]

0: No  
 1: Yes

**DISB\_Q01f**

Limited use of arms or fingers {jf17fjp2} [NA]

0: No  
 1: Yes

**DISB\_Q01g**

Difficulty gripping things {jf17gjp2} [NA]

0: No  
 1: Yes

**DISB\_Q01h**

Limited use of feet or legs {jf17hjp2} [NA]

0: No  
 1: Yes

**DISB\_Q01i**

Any condition that restricts physical activity or  
physical work (eg back problems, migraines)  
{jf17ijp2} [NA]

0: No  
 1: Yes

**DISB\_Q01j**

Disfigurement or deformity {jf17jip2} [NA]

0: No  
 1: Yes

**DISB\_Q01k**

Any mental illness for which help or supervision is  
required {jf17ljp2} [NA]

0: No  
 1: Yes

**PDISB\_Intro2a**

Still thinking about conditions lasting six months or more. Is anyone in the household restricted in everyday activities because of

Which restrictions does the family member have?  
Shortness of breath or breathing difficulties  
causing restriction {jf18ajp2} [NA]

0: No  
 1: Yes

**PDISB\_Intro2b**

Chronic or recurring pain or discomfort causing restriction {jf18bjp2} [NA]  0: No  
 1: Yes

**PDISB\_Intro2c**

Nervous or emotional condition causing restriction {jf18cjp2} [NA]  0: No  
 1: Yes

**PDISB\_Intro2d**

Long term effects of head injury, stroke or other brain damage causing restriction {jf18ejp2} [NA]  0: No  
 1: Yes

**PDISB\_Intro2e**

Any other long-term conditions causing restriction {jf18fjp2} [NA]  0: No  
 1: Yes

**PDISB\_Intro2f**

Receiving treatment or medication for any long term conditions or ailments and still restricted {jf18gjp2} [NA]  0: No  
 1: Yes

**DISB\_DiffDelComm**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age? {jhs08bt} [NA]  1: Yes  
 2: No

Communication (understanding or being understood by others) {jhs08b1a} [NA]  1: Yes  
 2: No

**DISB\_DiffDelMobility**

Mobility (getting out of bed, moving around home or at places away from home) {jhs08b2b} [NA]  1: Yes  
 2: No

**DISB\_DiffDelSelfCare**

Self-care (eating, drinking, dressing, bathing) {jhs08b3c} [NA]  1: Yes  
 2: No

**DISB\_DiffDelInteract**

Interact or play with others {jhs08b4d} [NA]

 1: Yes 2: No**DISB\_DiffDelFeelEmot**

Cope with emotions {jhs08b7e} [NA]

 1: Yes 2: No**DISB\_DiffDelBehavMgmt**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age?

Manage his/her behaviour {jhs08b8f} [NA]

 1: Yes 2: No**DISB\_DiffDelLearn**

Difficulty learning {jhs08b5g} [NA]

 1: Yes 2: No**DISB\_DiffDelayOther**

Other (everyday activities) {jhs08b6h} [NA]

 1: Yes 2: No**DISB\_Q10**

Does study child ever need more help or care than other children his/her own age for any problem? {jhs08c} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for communication activities (for example: understanding, or being understood by others)? {jhs08c1} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for movement activities (for example: getting out of bed, moving around at home, or at places away from home)? {jhs08c2} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for self care activities (for example: doing everyday activities such as eating, showering, dressing or toileting)? {jhs08c3} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for interacting or playing with others? {jhs08c4} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for coping with feelings or emotions? {jhs08c7} [NA]  1: Yes  2: No

Does study child ever need more help or care than other children his/her own age for managing his/her own behaviour? {jhs08c8} [NA]  1: Yes  2: No

Does study child ever need more help or care than other children his/her own age for learning? {jhs08c5} [NA]  1: Yes  2: No

Does study child ever need more help or care than other children his/her own age for Other (everyday activities)? {jhs08c6} [NA]  1: Yes  2: No

### PDISB\_Intro3

Now I would like to ask you about any other caring activities you might do. These questions are about extended caring roles to persons outside the household. This may be a paid or unpaid caring role, but not a job or occupation.

### DISB\_Q12

Does Parent 2 help someone living elsewhere who is elderly or has a long-term health condition or disability, with everyday types of activities? {jsc19b} [NA]  1: Yes  2: No ---> PARN\_INTRO

### DISB\_Q14a

What is the 1st person who helped relationship to the study child? {jsc19b1a} [NA]  17: Sibling  12: Parent  18: Grandparent  19: Aunt/Uncle  20: Niece/Nephew  21: Cousin  22: Other relative/in-law  8: Boarder/housemate  9: Unrelated child  10: Unrelated adult  3: Biological child

What is the 2nd person who helped relationship to the study child? {jsc19b1b} [NA]  17: Sibling  12: Parent  18: Grandparent  19: Aunt/Uncle  20: Niece/Nephew  21: Cousin  22: Other relative/in-law  8: Boarder/housemate  9: Unrelated child  10: Unrelated adult  3: Biological child

What is the 3rd person who helped relationship to the study child? {jsc19b1c} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult  
 3: Biological child

### DISB\_Q15

On average how many hours does Parent 2 spend each week providing care? If more than one person cared for, then ask for total hours for all persons {jsc19b2} [NA]

- 1: Less than 20 hours  
 2: 20 to less than 40 hours  
 3: 40 hours or more

### PARN\_Q22a

The next few questions are about when you were growing up.

### PARN\_Q22b

Did you ever live in any of the following family circumstances before you were 18 years of age?

With both natural parents {jpa14b9a} [P CATI G1.1.1]

- 0: No  
 1: Yes

In a single parent family {jpa14b9b} [P CATI G1.1.2]

- 0: No  
 1: Yes

With a natural parent and stepparent {jpa14b9c} [P CATI G1.1.3]

- 0: No  
 1: Yes

With grandparents or other relatives as main carers {jpa14b9d} [P CATI G1.1.4]

- 0: No  
 1: Yes

With adoptive parents {jpa14b9e} [P CATI G1.1.5]

- 0: No  
 1: Yes

In a foster family, welfare home or an institution (excluding boarding school) {jpa14b9f} [P CATI G1.1.6]

- 0: No  
 1: Yes

Other {jpa14b9g} [P CATI G1.1.7]

- 0: No  
 1: Yes

**PARN\_Q22d**

How many times did you change between these family circumstances before you were 18 years of age? {jpa14b9j} [P CATI G1.2]

- 0: Never
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

**PARN\_Q25**

The next questions are about you and your feelings.

**PARN\_Q25aa**

How well do the following statements describe your personality?

I see myself as someone who...

I see myself as someone who is reserved; keeps thoughts and feelings to self {jse30b1} [P CATI G2.1]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ab**

I see myself as someone who is generally trusting {jse30b2} [P CATI G2.2]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ac**

I see myself as someone who tends to be lazy {jse30b3} [P CATI G2.3]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ad**

I see myself as someone who is relaxed, handles stress well {jse30b4} [P CATI G2.4]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ae**

I see myself as someone who doesn't like artistic things (plays, music) {jse30b5} [P CATI G2.5]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25af**

I see myself as someone who is outgoing, sociable {jse30b6} [P CATI G2.6]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ag**

I see myself as someone who tends to find fault with others {jse30b7} [P CATI G2.7]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ah**

I see myself as someone who does things carefully and completely {jse30b8} [P CATI G2.8]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ai**

I see myself as someone who gets nervous easily {jse30b9} [P CATI G2.9]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25aj**

I see myself as someone who has an active imagination {jse30b10} [P CATI G2.10]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly



**PARN\_Q26aa**

In the last year, have any of the following happened to you? {jhs27b28} [SC CASI G3]  1: Yes  
 2: No

In the last year, have any of the following happened to you? Birth of a child/pregnancy {jhs27b16} [P CATI G3.1]  0: No  
 1: Yes

**PARN\_Q26ab**

Birth of a grandchild {jhs27b26} [P CATI G3.2]  0: No  
 1: Yes

**PARN\_Q26ac**

Your child became pregnant/got someone pregnant {jhs27b27} [P CATI G3.3]  0: No  
 1: Yes

**PARN\_Q26ad**

You suffered a serious illness, injury or assault {jhs27b1} [P CATI G3.4]  0: No  
 1: Yes

**PARN\_Q26ae**

A close family member or close friend has died {jhs27b37} [P CATI G3.5]  0: No  
 1: Yes

**PARN\_Q26af**

You separated from a spouse or partner {jhs27b15} [P CATI G3.6]  0: No  
 1: Yes

**PARN\_Q26ag**

You started living with a new partner {jhs27b18} [P CATI G3.7]  0: No  
 1: Yes

**PARN\_Q26ah**

You had a major financial crisis {jhs27b11} [P CATI G3.8]  0: No  
 1: Yes

**PARN\_Q26ai**

You had a crisis or serious disappointment in your work career {jhs27b7} [P CATI G3.9]  0: No  
 1: Yes

**PARN\_Q26aj**

You lost your job, but not from choice (e.g. you were sacked, made redundant, your contract ended) {jhs27b9} [P CATI G3.10]

- 0: No  
 1: Yes

**PARN\_Q26ak**

You had problems with the police or a court appearance {jhs27b12} [P CATI G3.11]

- 0: No  
 1: Yes

**PARN\_Q26al**

Someone in your household had an alcohol or drug problem {jhs27b14} [P CATI G3.12]

- 0: No  
 1: Yes

**PARN\_Q26am**

You moved house {jhs27b22} [P CATI G3.13]

- 0: No  
 1: Yes

**PARN\_Q26an**

You lived in a drought-affected area {jhs27b24} [P CATI G3.14]

- 0: No  
 1: Yes

**PARN\_Q26ao**

You had your home or local area affected by bushfire, flooding or a severe storm {jhs27b25} [P CATI G3.15]

- 0: No  
 1: Yes

**PARN\_Q26a**

How difficult do you feel your life is at present? {jhs26b1} [P CATI G3.16]

- 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

**PARN\_Q26b**

How well do you think you are coping? {jhs26b2} [P CATI G3.17]

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

**PARN\_Q28**

How often do you feel rushed or pressed for time?  
{jhs26b3} [P CATI G3.18]

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

**PARN\_Q40**

How often do you feel that you need support or help  
but cant get it from anyone? {jsc08b} [P CATI G3.19]

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

**PSEP\_K10Intro**

The following questions are about your feelings in the past 4 weeks.

For each question, please select the response that best describes how often you this feeling.

**PSEP\_K10tired**

In the past 4 weeks about how often did you feel  
tired out for no good reason {jhs24b7} [P CATI G4.1]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10nerve**

In the past 4 weeks about how often did you feel  
nervous {jhs24b1} [P CATI G4.2]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10calm**

In the past 4 weeks about how often did you feel so  
nervous that nothing could calm you down {jhs24b8}  
[P CATI G4.3]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10hope**

In the past 4 weeks about how often did you feel  
hopeless {jhs24b2} [P CATI G4.4]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10rest**

In the past 4 weeks about how often did you feel restless or fidgety {jhs24b3} [P CATI G4.5]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10still**

In the past 4 weeks about how often did you feel so restless you could not sit still {jhs24b9} [P CATI G4.6]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10dep**

In the past 4 weeks about how often did you feel depressed {jhs24b10} [P CATI G4.7]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10eff**

In the past 4 weeks about how often did you feel that everything was an effort {jhs24b4} [P CATI G4.8]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10sad**

In the past 4 weeks about how often did you feel so sad that nothing could you cheer you up {jhs24b5} [P CATI G4.9]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10worth**

In the past 4 weeks about how often did you feel worthless {jhs24b6} [P CATI G4.10]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10diff**

In the last 4 weeks, were there any days when you had difficulty managing work, study or your day to day activities because of these feelings? {jhs24b11} [P CATI G4.11]

- 1: Yes  
 2: No ---> PSEP\_K10doct

**PSEP\_K10able**

In the last 4 weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? {jhs24b12} [P CATI G4.12]

\_\_\_\_\_

**PSEP\_K10cut**

In the last 4 weeks, how many days were you able to work, study or manage your day to day activities but had to cut down on what you did, because of these feelings? {jhs24b13} [P CATI G4.13]

\_\_\_\_\_

**PSEP\_K10doct**

In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? {jhs24b14} [P CATI G4.14]

\_\_\_\_\_

**PSEP\_K10Phys**

In the last 4 weeks, how often have physical health problems been the main cause of these feelings? {jhs24b15} [P CATI G4.15]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PARN\_Q42**

Sometimes family members may have difficulty getting along with one another. They don't 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) {jre06b} [P CATI G5.1]

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

**PSEP\_PARTINTRO**

The next questions are about your relationship with your partner.

**PARN\_Q45**

Have you ever been afraid of your partner? {jre16b}  
{P CATI G5.2}

- 1: Yes  
 2: No

**PARN\_Q53**

Which best describes the degree of happiness, all things considered, in your relationship? {jre05b} [P CATI G5.3]

- 1: Extremely unhappy  
 2: Fairly unhappy  
 3: A little unhappy  
 4: Happy  
 5: Very happy  
 6: Extremely happy  
 7: Perfectly happy

**PARN\_Q55**

Overall, as a parent, do you feel that you are...? {jpa01b} [P CATI G5.4]

- 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

**INC\_Q01**

I would now like to ask you some questions about income.

**INC\_Q02**

Could you please tell me if you receive any income from any of these sources? {jfn02b} [P CATI H1.1]

- 1: Yes  
 2: No ---> INC\_Q38

Wages or salary {jfn02b1} [P CATI H1.1.1]

- 0: No  
 1: Yes

Profit or loss from own unincorporated business or share in partnership. {jfn02b2} [P CATI H1.1.2]

- 0: No  
 1: Yes

Any government pension, benefit or allowance. {jfn02b5} [P CATI H1.1.3]

- 0: No  
 1: Yes

Any other regular source {jfn02b9} [P CATI H1.1.4]

- 0: No  
 1: Yes

**INC\_Q02a**

What is that source? {jfn02bo} [P CATI H1.2]

**INC\_Q03**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from these sources in total? If respondent unable to answer, prompt for their best estimate. {jfn09b1} [P CATI H1.3]

- 1: Amount  
 2: Nil ---> INC\_Q06a  
 -99: Loss

**INC\_Q04**

Enter amount. {jfn09b2} [P CATI H1.4]

---

**INC\_Q05**

What period does that cover? {jfn09b3} [P CATI H1.5]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q05a**

Enter period. {jfn09b4} [P CATI H1.6]

---

**INC\_Q06a**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from wages and salary (in ALL jobs) in total? {jfn13b2} [P CATI H2.1]

---

**INC\_Q06b**

What period does that cover? {jfn13b3} [P CATI H2.2]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q06c**

Enter period. {jfn13b4} [P CATI H2.3]

---

**PINC\_Q07**

Do you currently receive any Centrelink or DVA payments {jfn11b3} [P CATI H3.1]

- 1: Yes  
 2: No ---> INC\_Q08b

**INC\_Q08**

Do you currently receive any of these pensions, allowances or other forms of assistance?

Family Tax Benefit or Family Payment (FTB Part A or Part B) {jfn11b2a} [P CATI H3.2.1 ]

- 0: No  
 1: Yes

Parenting Payment - Partnered {jfn11b2b} [P CATI H3.2.2 ]

- 0: No  
 1: Yes

Parenting Payment - Single {jfn11b2c} [P CATI H3.2.3 ]

- 0: No  
 1: Yes

Newstart Allowance {jfn11b2p} [P CATI H3.2.4 ]

- 0: No  
 1: Yes

Abstudy/ Austudy {jfn11b2q} [P CATI H3.2.5]

- 0: No  
 1: Yes

Disability Support Pension (Centrelink)/Disability Pension (DVA) {jfn11b2i} [P CATI H3.2.6]

- 0: No  
 1: Yes

Carer payment {jfn11b2r} [P CATI H3.2.7 ]

- 0: No  
 1: Yes

Carer Allowance {jfn11b2d} [P CATI H3.2.8 ]

- 0: No  
 1: Yes

Rent assistance {jfn11b2u} [P CATI H3.2.9]

- 0: No  
 1: Yes

Australian Age Pension/Service Pension (DVA)(exclude superannuation e.g. DFRDB) {jfn11b2s} [P CATI H3.2.10]

- 0: No  
 1: Yes

Other {jfn11b2k} [P CATI H3.2.11]

- 0: No  
 1: Yes

Don't know {jfn11b2l} [P CATI H3.2.12]

- 0: No  
 1: Yes

**INC\_Q08a**

Other (specify) {jfn11b2o} [P CATI H3.3]



**PINC\_Q08b**

Do you currently receive any overseas pensions/benefits {jfn11b2j1} [P CATI H3.4]

- 1: Yes  
 2: No

**INC\_Q09**

Are you currently required to look for work or do any other activity to receive your government payment? {jfn12b} [P CATI H3.5]

- 1: Yes  
 2: No

**INC\_Q11**

What is your main source of income? {jfn03b1} [P CATI H4]

- 1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in a partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' Compensation  
 9: Any other regular source

**INC\_Q38**

Suppose you only had one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money? ('Emergency' is left for the respondent to interpret) {jfn10b} [P CATI H5.1]

- 1: You could easily raise the money  
 2: You could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)  
 3: You would have to do something drastic to raise the money (e.g. selling an important possession)  
 4: You don't think you could raise the money

**INC\_ShortageUtilities**

In the last 12 months, have any of these happened to you because you were short of money?

You could not pay gas, electricity or telephone bills on time {jfn07b1a} [P CATI H5.2]

- 0: No  
 1: Yes

**INC\_ShortageMortgage**

You could not pay the mortgage or rent payments on time {jfn07b2a} [P CATI H5.3]

- 0: No  
 1: Yes

**INC\_ShortageMeals**

You went without meals {jfn07b3a} [P CATI H5.4]

- 0: No  
 1: Yes

**INC\_ShortageHeatCool**

You were unable to heat or cool your home {jfn07b4a}  
[P CATI H5.5]

- 0: No  
 1: Yes

**INC\_ShortagePawned**

In the last 12 months, have any of these happened to you because you were short of money? You pawned or sold something because you needed cash {jfn07b5a} [P CATI H5.6]

- 0: No  
 1: Yes

**INC\_ShortageWelfare**

You sought assistance from a welfare or community organisation {jfn07b6a} [P CATI H5.7]

- 0: No  
 1: Yes

**INC\_ShortageChildActivities**

You were unable to send your child to excursion/ extra-curricular activities/ tutoring as much as you would like? {jfn07b9a} [P CATI H5.8]

- 0: No  
 1: Yes

**INC\_Q47**

Given your current needs and financial responsibilities, how would you say you and your family are getting on? {jfn06b} [P CATI H5.9]

- 1: Prosperous  
 2: Very comfortable  
 3: Reasonably comfortable  
 4: Just getting along  
 5: Poor  
 6: Very poor

**PHOUS\_Q01**

The last few questions are about your housing.

**HOUS\_Q06**

How many bedrooms are there in this home? Please count all bedrooms even if not currently used as such (eg studies). Code bedsitters as '0'. {jho07b1a} [P CATI I1.1]

\_\_\_\_\_

**HOUS\_Q07**

Is this home owned or partly owned by you and/or your partner? {jho04b3a} [P CATI I1.2.1]

- 1: Yes ---> HOUS\_Q10  
 2: No

Is this home rented by you and/or your partner? {jho04b3b} [P CATI I1.2.2]

- 1: Yes ---> PLEC\_Q102  
 2: No

Is this home occupied rent free? {jho04b3f} [P CATI I1.2.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q08**

Do you and/or your partner pay rent or board to live here? {jho04b3e} [P CATI I1.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q09**

What are the arrangements? {jho04b3h} [P CATI I1.4]

- 1: Purchasing under rent buy or shared equity scheme ---> HOUS\_Q10  
 2: Occupied under life tenure scheme ---> PLEC\_Q102  
 3: Other (specify)

Purchasing under rent buy or shared equity scheme {jho04b3c} [P CATI I1.4.1]

- 1: Yes  
 2: No

Occupied under a life tenure scheme {jho04b3d} [P CATI I1.4.2]

- 1: Yes  
 2: No

Other {jho04b3g} [P CATI I1.4.3]

- 1: Yes  
 2: No

**HOUS\_Q09b**

Other (specify) {jho04b3o} [P CATI I1.5]

\_\_\_\_\_

**HOUS\_Q10**

Are you and/or your partner currently making payments on any mortgages or secured loans on this home? {jho06b1a} [P CATI I1.6]

- 1: Yes  
 2: No ---> PLEC\_Q102

**HOUS\_Q11**

What is the usual repayment on this/these loans? Enter dollar amount {jho06b2a} [P CATI I1.7]

\_\_\_\_\_

**HOUS\_Q12**

What period does this cover? {jho06b2b} [P CATI I1.8]

- 1: Weeks
- 2: Months

**HOUS\_Q13**

Enter number {jho06b2c} [P CATI I1.9]

\_\_\_\_\_

**PLEC\_Q102**

In the last year, how many times have you moved home?  
{jho03b2d} [P CATI I1.10]

\_\_\_\_\_

# K Cohort Cati Parent Living Elsewhere

## Questionnaire

Respondent Stream: Parent Living Elsewhere  
Mode: CATI

### PARBK\_Q01b

The first questions are about your education.

### PARBK\_Q03

Have you completed a trade certificate, diploma, degree or any other educational qualifications? {jfd08p2a} [P CATI\_A1.1/A1.2+W3 -7]

- 1: Yes
- 2: No ---> PEDUC\_StudStat

### PARBK\_Q04

What is the highest educational qualification you have completed? {jfd08p3a} [P CATI\_A1.2+W3 - 7]

- 1: Postgraduate degree
- 2: Graduate diploma/Graduate certificate
- 3: Bachelor degree (with or without honours)
- 4: Advanced diploma
- 5: Certificate III/IV (including trade certificate); 5.5 Certificate nfd
- 6: Certificate I/II
- 7: Other non-school qualifications

### PEDUC\_StudStat

Are you currently a full-time or part time student at a TAFE, university or other educational institution? {jfd09p1} [P CATI\_A1.3]

- 1: No
- 2: Yes, full-time
- 3: Yes, part-time

### PLEC\_Q90

I now have some questions about your current paid work.

Of the following categories, which best describes your current employment status? {jpw30p1a} [P CATI B1.1]

- 1: Full-time employee
- 2: Part-time employee
- 3: Self-employed ---> WORK\_Q20a
- 4: Employed - unpaid worker in a family business ---> WORK\_Q20a
- 5: Unemployed - seeking employment ---> WORK\_Q20a
- 6: Not employed - not seeking employment ---> WORK\_Q20a

**PWORK\_Position**

Are you employed .... {jpw06p} [P CATI B1.2]

- 1: in a permanent ongoing position  
 2: on a fixed term contract  
 3: on a casual basis  
 4: on some other basis

**PWORK\_RecLeave**

In your current job do you have paid holiday or recreation leave? {jpw07p1} [P CATI B2.1]

- 1: Yes  
 2: No

**PWORK\_SickLeave**

In your current job do you have paid sick leave? {jpw07p2} [P CATI B2.2]

- 1: Yes  
 2: No

**PWORK\_MatLeave**

In your current job do you have paid maternity/paternity leave? {jpw07p3} [P CATI B2.3]

- 1: Yes  
 2: No

**PWORK\_FamLeave**

In your current job do you have paid personal or family leave? {jpw07p4} [P CATI B2.4]

- 1: Yes  
 2: No

**WORK\_Q23**

How many hours do you usually work each week? {jpw09p} [P CATI B2.7]

\_\_\_\_\_

**PWORK\_PartStud**

The next questions are about your partner.

Is partner, who is not a study parent, currently a full-time or part-time student at a TAFE, university or other educational institution? {jfd09pv1} [P CATI B3]

- 1: No  
 2: Yes, full-time  
 3: Yes, part-time

**PLEC\_Q92**

Which of the following best describes your partner's current employment status? {jpw30pv1a} [P CATI B4.1]

- 1: Full-time employee  
 2: Part-time employee  
 3: Self-employed ---> WFB\_Q03  
 4: Employed - unpaid worker in a family business ---> WFB\_Q0  
 5: Unemployed - seeking employment ---> WFB\_Q0  
 6: Not employed - not seeking employment ---> WFB\_Q0

**PWORK\_PartPos**

Is partner, who is not a study parent, employed.  
{jpw06pv} [P CATI B4.2]

- 1: In a permanent ongoing position  
 2: On a fixed term contract  
 3: On a casual basis  
 4: On some other basis

For the next questions, please think about the job in which you work the most hours.

**WFB\_Q03**

If you sometimes need to change the time when you start or finish your workday, is it possible?  
{jpw19p} [P CATI B5.1]

- 1: Yes, you are able to work flexible hours  
 2: Yes, with approval in special situations  
 3: No, not likely  
 4: No, definitely not

**WFB\_Q04**

Could you get a permanent increase in hours if needed? {jpw20p1} [P CATI B5.2]

- 1: Yes  
 2: No

**WFB\_Q05**

Could you get a permanent decrease in hours if needed? {jpw20p2} [P CATI B5.3]

- 1: Yes  
 2: No

**WFB\_Q06**

How secure do you feel in your present job? {jpw21p}  
[P CATI B5.4]

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

**WFB\_Q01**

The next questions are about work-family balance.

**WFB\_Q07a**

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

You have a lot of freedom to decide how you do your own work {jpw22p} [P CATI B6.1.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q07b**

Your working has a positive effect on your child(ren). {jpw23p1a} [P CATI B6.1.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07c**

Working helps you to better appreciate the time that you spend with your child(ren) {jpw23p1b} [P CATI B6.1.3]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07d**

The fact that you work makes you a better parent. {jpw23p1c} [P CATI B6.1.4]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q07e**

You never have enough time to get everything done in your job. {jpw29p} [P CATI B6.1.5]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08a**

Having both work and family responsibilities Makes you a more rounded person {jpw23p2a} [P CATI B6.2.1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree

**WFB\_Q08b**

Having both work and family responsibilities Gives your life more variety {jpw23p2b} [P CATI B6.2.2]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither agree nor disagree
- 4: Agree
- 5: Strongly agree



**WFB\_Q08c**

Having both work and family responsibilities Makes you feel competent {jpw23p2c} [P CATI B6.2.3]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09a**

Because of your work responsibilities you have missed out on home or family activities that you would like to have taken part in {jpw23p3a} [P CATI B6.3.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q09b**

Because of your work responsibilities Your family time is less enjoyable and more pressured {jpw23p3b} [P CATI B6.3.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10a**

Because of your family responsibilities... You have had to turn down work activities or opportunities that you would prefer to take on {jpw23p4a} [P CATI B6.4.1]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**WFB\_Q10b**

Because of your family responsibilities... The time you spend working is less enjoyable and more pressured {jpw23p4b} [P CATI B6.4.2]

- 1: Strongly disagree  
 2: Disagree  
 3: Neither agree nor disagree  
 4: Agree  
 5: Strongly agree

**PLEC\_Q02**

The next questions are about how much contact you with the young person.

**PFAMILY\_Q01**

How often do you usually see young person {jpe08p1d1} [P CATI C1.1]

- 1: Every day  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year  
 9: Not at all ---> PLE\_Q19

**PLEC\_Q05**

How often does the young person stay overnight with you? {jpe08p3c1} [P CATI C1.2]

- 1: Several times a week  
 2: At least once a week  
 3: At least once a fortnight  
 4: At least once a month  
 5: At least once every 3 months  
 6: At least once every 6-12 months  
 7: Less than once a year  
 8: Not at all

**PLE\_Q19**

How often do you have contact with Study child by phone, SMS, email, or other electronic means {jpe13p2a1} [P CATI C1.3]

- 1: Everyday  
 2: Several times a week  
 3: At least once a week  
 4: At least once a fortnight  
 5: At least once a month  
 6: At least once every 3 months  
 7: At least once every 6-12 months  
 8: Less than once a year  
 9: Not at all

**PDISB\_Intro**

The next questions are about medical conditions or disabilities that people in your household might have that have lasted, or are likely to last, for six months or more.

**DISB\_DiffDelComm**

Due to the condition you have just told me about, does the Study Child have a difficulty or delay in any of the following areas compared to children of a similar age? {jhs08p} [NA]

- 1: Yes  
 2: No

Communication (understanding or being understood by others) {jhs08p1a} [NA]

- 1: Yes  
 2: No

**DISB\_DiffDelMobility**

Mobility (getting out of bed, moving around home or at places away from home) {jhs08p2b} [NA]

- 1: Yes  
 2: No

**DISB\_DiffDelSelfCare**

Self-care (eating, drinking, dressing, bathing) {jhs08p3c} [NA]

- 1: Yes  
 2: No

**DISB\_DiffDelInteract**

Interact or play with others {jhs08p4d} [NA]

 1: Yes 2: No**DISB\_DiffDelFeelEmot**

Cope with emotions {jhs08p7e} [NA]

 1: Yes 2: No**DISB\_DiffDelBehavMgmt**

Manage his/her behaviour {jhs08p8f} [NA]

**DISB\_DiffDelLearn**

Difficulty learning {jhs08p5g} [NA]

 1: Yes 2: No**DISB\_DiffDelayOther**

Other (everyday activities) {jhs08p6h} [NA]

 1: Yes 2: No**DISB\_Q10**

Does study child ever need more help or care than other children his/her own age for any problem? {jhs08d} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for communication activities (for example: understanding, or being understood by others)? {jhs08d1} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for movement activities (for example: getting out of bed, moving around at home, or at places away from home)? {jhs08d2} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for self care activities (for example: doing everyday activities such as eating, showering, dressing or toileting)? {jhs08d3} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for interacting or playing with others? {jhs08d4} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for coping with feelings or emotions? {jhs08d7} [NA]

 1: Yes 2: No

Does study child ever need more help or care than other children his/her own age for managing his/her own behaviour? {jhs08d8} [NA]  1: Yes  2: No

Does study child ever need more help or care than other children his/her own age for learning? {jhs08d5} [NA]  1: Yes  2: No

Does study child ever need more help or care than other children his/her own age for Other (everyday activities)? {jhs08d6} [NA]  1: Yes  2: No

### PDISB\_Intro3

Now I would like to ask you about any other caring activities you might do. These questions are about extended caring roles to persons outside the household. This may be a paid or unpaid caring role, but not a job or occupation.

### DISB\_Q12

Do you help someone living elsewhere who is elderly or has a long-term health condition or disability, with everyday types of activities? {jsc19p} [NA]  1: Yes  2: No ---> PARN\_INTRO

### DISB\_Q14a

What is the 1st person who helped relationship to the study child? {jsc19p1a} [NA]  17: Sibling  12: Parent  18: Grandparent  19: Aunt/Uncle  20: Niece/Nephew  21: Cousin  22: Other relative/in-law  8: Boarder/housemate  9: Unrelated child  10: Unrelated adult  3: Biological child

What is the 2nd person who helped relationship to the study child? {jsc19p1b} [NA]  17: Sibling  12: Parent  18: Grandparent  19: Aunt/Uncle  20: Niece/Nephew  21: Cousin  22: Other relative/in-law  8: Boarder/housemate  9: Unrelated child  10: Unrelated adult  3: Biological child

What is the 3rd person who helped relationship to the study child? {jsc19p1c} [NA]

- 17: Sibling  
 12: Parent  
 18: Grandparent  
 19: Aunt/Uncle  
 20: Niece/Nephew  
 21: Cousin  
 22: Other relative/in-law  
 8: Boarder/housemate  
 9: Unrelated child  
 10: Unrelated adult  
 3: Biological child

### DISB\_Q15

On average how many hours do you spend each week providing care? If more than one person cared for, then ask for total hours for all persons {jsc19p2} [NA]

- 1: Less than 20 hours  
 2: 20 to less than 40 hours  
 3: 40 hours or more

### PARN\_Intro

The next questions are about your relationship with the study child.

### FACT\_Q62c

How often do you eat an evening meal with study child? {jpa10p5b} [P CATI E1.1]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

### PARN\_TogOut

How often do you go on an outing together? {jpa10p5c} [P CATI E1.2]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

### PARN\_TogTask

How often do you work on a task or project together? {jpa10p5d} [P CATI E1.3]

- 1: Often  
 2: Sometimes  
 3: Rarely  
 4: Not at all

### PARN\_Q04aa

In the last 12 months, have you or another family member done any of the following to help study child get a job or work experience?

Arranged for him/her to do unpaid work in a family members workplace/business {jpw36p11a} [P CATI E2.1]

- 0: No  
 1: Yes

**PARN\_Q04ab**

Arranged for him/her to do paid work in a family members workplace/business {jpw36p11b} [P CATI E2.2]  0: No  
 1: Yes

**PARN\_Q04ac**

Helped him/her to get unpaid or volunteering work through friends, family or colleagues {jpw36p11c} [P CATI E2.3]  0: No  
 1: Yes

**PARN\_Q04ad**

Helped him/her to get paid work through friends, family or colleagues {jpw36p11d} [P CATI E2.4]  0: No  
 1: Yes

**PARN\_Q04ae**

Helped him/her prepare job applications {jpw36p11e} [P CATI E2.5]  0: No  
 1: Yes

**PARN\_Q04af**

Helped him/her practice for job interviews {jpw36p11f} [P CATI E2.6]  0: No  
 1: Yes

**PARN\_Q04a**

How often do you and study child talk about what is going on in his/her life? {jpa27p1} [P CATI E3.1]  1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Romantic**

How often do you and study child talk about his/her romantic relationships? {jpa27p9} [P CATI E3.2]  1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04b**

How often do you and study child talk about how things are going with his/her friends? {jpa27p2} [P CATI E3.3]  1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_ComFutur**

How often do you and study child talk about his/her plans for the future? {jpa27p3} [P CATI E3.4]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04d**

How often do you and study child talk about problems he/she is having at his/her place of study and/or work? {jpa27p7} [P CATI E3.5]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04e**

How often do you and study child talk about future jobs he/she might have? {jpa27p5} [P CATI E3.6]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_ComCourse**

How often do you and study child talk about future study he/she may undertake? {jpa27p8} [P CATI E3.7]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**Parn\_TalkVal**

How often do you and study child talk about values and/or philosophy of life? {jpa27p10} [P CATI E3.8]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**Parn\_TalkHeal**

How often do you and study child talk about any health issues he/she has? {jpa27p11} [P CATI E3.9]

- 1: Never/Almost never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always/Almost always

**PARN\_Q04ba**

People often disagree with each other. The following sentences describe situations. How often do you and study child do the following things?

You disagree and fight {jpa26p1} [P CATI E4.1]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time

**PARN\_Q04bb**

You bug each other or get on each other's nerves {jpa26p2} [P CATI E4.2]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time

**PARN\_Q04bc**

You yell at each other. {jpa26p3} [P CATI E4.3]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time

**PARN\_Q04bd**

When you argue you stay angry for a very long time {jpa26p4} [P CATI E4.4]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time

**PARN\_Q04be**

When you disagree, you refuse to talk to study child {jpa26p5} [P CATI E4.5]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time

**PARN\_Q04bf**

When you disagree, study child stomps out of the room, or house or yard. {jpa26p6} [P CATI E4.6]

- 1: Not at all
- 2: A little
- 3: Sometimes
- 4: Pretty often
- 5: Almost all or all of the time



**PARN\_Q04c**

In the last 12 months have you had a serious problem or 'falling out' with study child? {jpa26p8} [P CATI E4.7]

- 1: Yes  
 2: No

**PARN\_Q04da**

How often is there anger or hostility between you and study child? {jpa26p9} [P CATI E4.8]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Usually  
 5: Always

**PARN\_Q04db**

How often do you have arguments with study child that end up with people pushing, hitting, kicking or shoving? {jpa26p10} [P CATI E4.9]

- 1: Never  
 2: Rarely  
 3: Sometimes  
 4: Usually  
 5: Always

**PARN\_AfraidOf**

Have you ever been afraid of study child? {jpa26p7} [P CATI E4.10]

- 1: Yes  
 2: No ---> PARN\_Q04m

**PARN\_Q04f**

Are you currently afraid of study child? {jpa26p7a} [P CATI E4.11]

- 1: Yes  
 2: No

**PARN\_Q04m**

In a previous interview we were told you were born overseas, which if the following best describes your migration category when you or your family first arrived in Australia? {jf23jp} [P CATI E5.1]

- 1: Skilled migrant  
 2: Business migrant  
 3: Family migrant  
 4: Refugee or special humanitarian migrant  
 5: New Zealand citizen  
 6: (Code generated from other responses ) - Under British migration system for Australia  
 7: (Code generated from other responses) - Born to or parents of the family of the Australian citizen  
 8: Other

**PARN\_Q04n**

Enter other migration category {jf23jp1} [P CATI E5.2]

---

**PARN\_Q05**

The next questions are about your own health and wellbeing.

**PARN\_Q05a**

In general, would you say your own health is ?  
{jhs13p} [P CATI F1.1]

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

**PHEAL\_Pquality**

In general, how would you rate your quality of life?  
{jhs61p1} [P CATI F1.2]

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

**PHEAL\_PEyeSight**

In general, how would you rate your eyesight (with  
glasses or contact lenses, if you wear them)?  
{jhs61p2} [P CATI F1.3]

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

**PHEAL\_Pmemory**

In general, how would you rate your memory? {jhs61p3}  
[P CATI F1.4]

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

**PHEAL\_Pteeth**

In general, how would you rate your teeth and gums?  
{jhs61p4} [P CATI F1.5]

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

**PHEAL\_Phearing**

In general, how would you rate your hearing?  
{jhs61p5} [P CATI F1.6]

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

**PHEAL\_30Mins**

About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard) {jhb14p2} [P CATI F2.1]

\_\_\_\_\_

 0: None ---> PARN\_Q22
**PHEAL\_Q05a2**

About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard) {jhb14p2a} [P CATI F2.2]

\_\_\_\_\_

**PARN\_Q22**

About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at the moment, write in your usual weight when not pregnant.) (kg) {jhs23p2} [P CATI F3]

\_\_\_\_\_

**PARN\_Q22Kg**

About how much do you weigh? (kg part) {jhs23p2d} [P CATI F3]

\_\_\_\_\_

**PARN\_Q22St**

About how much do you weigh? (st part) {jhs23p2e} [P CATI F3]

\_\_\_\_\_

About how much do you weigh? (lb part) {jhs23p2f} [P CATI F3]

\_\_\_\_\_

**PHEAL\_Ppain**

How much bodily pain have you had during the past 4 weeks? {jhs62p1} [P CATI F4.1]

- 1: None ---> PHEAL\_PPPrinsEx  
 2: Very mild  
 3: Mild  
 4: Moderate  
 5: Severe  
 6: Very severe

**PHEAL\_Pinterfere**

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? {jhs62p2} [P CATI F4.2]

- 1: Not at all  
 2: A little bit  
 3: Moderately  
 4: Quite a bit  
 5: Extremely

**PHEAL\_PPainBack**

In the past 4 weeks, have you had pain in your lower back? Please ignore pain caused by menstruation or by an illness accompanied by fever. {jhs62p3} [P CATI F4.3]

- 1: Yes  
 2: No ---> PHEAL\_PPPrinsEx

**PHEAL\_PDailyRoutine**

Was this pain bad enough to limit your usual activities or change your daily routine for more than one day? {jhs62p4} [P CATI F4.4]

- 1: Yes  
 2: No

**PHEAL\_PPPrinsEx**

The following questions are about health insurance and concessions.

Do you have private health insurance with extras?  
 Interviewer: Exclude ambulance-only cover {jhs63p1}  
 [P CATI F5.1]

- 1: Yes  
 2: No

**PHEAL\_PPPrinsNE**

Do you have private health insurance without extras?  
 Interviewer: Exclude ambulance-only cover {jhs63p2}  
 [P CATI F5.2]

- 1: Yes  
 2: No

**PHEAL\_PambIns**

Do you have ambulance cover, either on its own or as part of a health insurance policy? {jhs63p3} [P CATI F5.3]

- 1: Yes  
 2: No

**PHEAL\_PDVAIns**

Do you have a Department of Veterans' Affairs white or gold card? {jhs63p4} [P CATI F5.4]

- 1: Yes  
 2: No

**PHEAL\_PHCCIns**

Do you have a health care concession card? {jhs63p5}  
[P CATI F5.5]  1: Yes  
 2: No

**PARN\_Q22a**

The next few questions are about when you were growing up.

**PARN\_Q22b**

Did you ever live in any of the following family circumstances before you were 18 years of age?

With both natural parents {jpa14p9a} [P CATI G1.1.1]  0: No  
 1: Yes

In a single parent family {jpa14p9b} [P CATI G1.1.2]  0: No  
 1: Yes

With a natural parent and stepparent {jpa14p9c} [P  
CATI G1.1.3]  0: No  
 1: Yes

With grandparents or other relatives as main carers  
{jpa14p9d} [P CATI G1.1.4]  0: No  
 1: Yes

With adoptive parents {jpa14p9e} [P CATI G1.1.5]  0: No  
 1: Yes

In a foster family, welfare home or an institution  
(excluding boarding school) {jpa14p9f} [P CATI G1.1.6]  0: No  
 1: Yes

Other {jpa14p9g} [P CATI G1.1.7]  0: No  
 1: Yes

**PARN\_Q22d**

How many times did you change between these family  
circumstances before you were 18 years of age?  
{jpa14p9j} [P CATI G1.2]  0: Never  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

**PARN\_Q25**

The next questions are about you and your feelings.

**PARN\_Q25aa**

How well do the following statements describe your personality?

I see myself as someone who...

I see myself as someone who is reserved; keeps thoughts and feelings to self {jse30p1} [P CATI G2.1]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ab**

I see myself as someone who is generally trusting {jse30p2} [P CATI G2.2]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ac**

I see myself as someone who tends to be lazy {jse30p3} [P CATI G2.3]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ad**

I see myself as someone who is relaxed, handles stress well {jse30p4} [P CATI G2.4]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ae**

I see myself as someone who doesnt like artistic things (plays, music) {jse30p5} [P CATI G2.5]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25af**

I see myself as someone who is outgoing, sociable {jse30p6} [P CATI G2.6]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

**PARN\_Q25ag**

I see myself as someone who tends to find fault with others {jse30p7} [P CATI G2.7]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

**PARN\_Q25ah**

I see myself as someone who does things carefully and completely {jse30p8} [P CATI G2.8]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

**PARN\_Q25ai**

I see myself as someone who gets nervous easily {jse30p9} [P CATI G2.9]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

**PARN\_Q25aj**

I see myself as someone who has an active imagination {jse30p10} [P CATI G2.10]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

**PARN\_Q26aa**

In the last year, have any of the following happened to you? {jhs27p28} [SC CASI G3]

- 1: Yes  
 2: No

Birth of a child/pregnancy {jhs27p16} [P CATI G3.1]

- 0: No  
 1: Yes

**PARN\_Q26ab**

Birth of a grandchild {jhs27p26} [P CATI G3.2]

- 0: No  
 1: Yes

**PARN\_Q26ac**

Your child became pregnant/got someone pregnant {jhs27p27} [P CATI G3.3]

- 0: No  
 1: Yes

**PARN\_Q26ad**

You suffered a serious illness, injury or assault  
{jhs27p1} [P CATI G3.4]  0: No  
 1: Yes

**PARN\_Q26ae**

A close family member or close friend has died  
{jhs27p37} [P CATI G3.5]  0: No  
 1: Yes

**PARN\_Q26af**

You separated from a spouse or partner {jhs27p15} [P  
CATI G3.6]  0: No  
 1: Yes

**PARN\_Q26ag**

You started living with a new partner {jhs27p18} [P  
CATI G3.7]  0: No  
 1: Yes

**PARN\_Q26ah**

You had a major financial crisis {jhs27p11} [P CATI  
G3.8]  0: No  
 1: Yes

**PARN\_Q26ai**

You had a crisis or serious disappointment in your  
work career {jhs27p7} [P CATI G3.9]  0: No  
 1: Yes

**PARN\_Q26aj**

You lost your job, but not from choice (e.g. you were  
sacked, made redundant, your contract ended)  
{jhs27p9} [P CATI G3.10]  0: No  
 1: Yes

**PARN\_Q26ak**

You had problems with the police or a court  
appearance {jhs27p12} [P CATI G3.11]  0: No  
 1: Yes

**PARN\_Q26al**

Someone in your household had an alcohol or drug  
problem {jhs27p14} [P CATI G3.12]  0: No  
 1: Yes



**PARN\_Q26am**

You moved house {jhs27p22} [P CATI G3.13]

- 0: No  
 1: Yes

**PARN\_Q26an**

You lived in a drought-affected area {jhs27p24} [P CATI G3.14]

- 0: No  
 1: Yes

**PARN\_Q26ao**

You had your home or local area affected by bushfire, flooding or a severe storm {jhs27p25} [P CATI G3.15]

- 0: No  
 1: Yes

**PARN\_Q26a**

How difficult do you feel your life is at present? {jhs26p1} [P CATI G3.16]

- 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

**PARN\_Q26b**

How well do you think you are coping? {jhs26p2} [P CATI G3.17]

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

**PARN\_Q28**

How often do you feel rushed or pressed for time? {jhs26p3} [P CATI G3.18]

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

**PARN\_Q40**

How often do you feel that you need support or help but cant get it from anyone? {jsc08p} [P CATI G3.19]

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

**PSEP\_K10Intro**

The following questions are about your feelings in the past 4 weeks.

For each question, please select the response that best describes how often you this feeling.

**PSEP\_K10tired**

In the past 4 weeks about how often did you feel tired out for no good reason? {jhs24p7} [P CATI G4.1]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10nerve**

In the past 4 weeks about how often did you feel nervous? {jhs24p1} [P CATI G4.2]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10calm**

In the past 4 weeks about how often did you feel so nervous that nothing could calm you down? {jhs24p8} [P CATI G4.3]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10hope**

In the past 4 weeks about how often did you feel hopeless? {jhs24p2} [P CATI G4.4]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10rest**

In the past 4 weeks about how often did you feel restless or fidgety? {jhs24p3} [P CATI G4.5]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10still**

In the past 4 weeks about how often did you feel so restless you could not sit still ?{jhs24p9} [P CATI G4.6]

- 1: All of the time
- 2: Most of the time
- 3: Some of the time
- 4: A little of the time
- 5: None of the time

**PSEP\_K10dep**

In the past 4 weeks about how often did you feel depressed? {jhs24p10} [P CATI G4.7]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10eff**

In the past 4 weeks about how often did you feel that everything was an effort? {jhs24p4} [P CATI G4.8]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10sad**

In the past 4 weeks about how often did you feel so sad that nothing could you cheer you up? {jhs24p5} [P CATI G4.9]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10worth**

In the past 4 weeks about how often did you feel worthless? {jhs24p6} [P CATI G4.10]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PSEP\_K10diff**

In the last 4 weeks, were there any days when you had difficulty managing work, study or your day to day activities because of these feelings? {jhs24p11} [P CATI G4.11]

- 1: Yes  
 2: No ---> PSEP\_K10doct

**PSEP\_K10able**

In the last 4 weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? {jhs24p12} [P CATI G4.12]

\_\_\_\_\_

**PSEP\_K10cut**

In the last 4 weeks, how many days were you able to work, study or manage your day to day activities but had to cut down on what you did, because of these feelings? {jhs24p13} [P CATI G4.13]

\_\_\_\_\_

**PSEP\_K10doct**

In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? {jhs24p14} [P CATI G4.14]

\_\_\_\_\_

**PSEP\_K10Phys**

In the last 4 weeks, how often have physical health problems been the main cause of these feelings? {jhs24p15} [P CATI G4.15]

- 1: All of the time  
 2: Most of the time  
 3: Some of the time  
 4: A little of the time  
 5: None of the time

**PARN\_Q42**

Sometimes family members may have difficulty getting along with one another. They don't 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) {jre06p} [P CATI G5.1]

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

**PSEP\_PARTINTRO**

The next questions are about your relationship with your partner.

**PARN\_Q45**

Have you ever been afraid of your partner? {jre16p} [P CATI G5.2]

- 1: Yes  
 2: No

**PARN\_Q53**

Which best describes the degree of happiness, all things considered, in your relationship? {jre05p} [P CATI G5.3]

- 1: Extremely unhappy  
 2: Fairly unhappy  
 3: A little unhappy  
 4: Happy  
 5: Very happy  
 6: Extremely happy  
 7: Perfectly happy

**PARN\_Q55**

Overall, as a parent, do you feel that you are...? {jpa01p} [P CATI G5.4]

- 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

**INC\_Q01**

I would now like to ask you some questions about income.

**INC\_Q02**

Could you please tell me if you receive any income from any of these sources? {jfn02p} [P CATI H1.1]

- 1: Yes  
 2: No ---> INC\_Q38

Wages or salary {jfn02p1} [P CATI H1.1.1]

- 0: No  
 1: Yes

Profit or loss from own unincorporated business or share in partnership. {jfn02p2} [P CATI H1.1.2]

- 0: No  
 1: Yes

Any government pension, benefit or allowance. {jfn02p5} [P CATI H1.1.3]

- 0: No  
 1: Yes

Any other regular source {jfn02p9} [P CATI H1.1.4]

- 0: No  
 1: Yes

**INC\_Q02a**

What is that source? {jfn02po} [P CATI H1.2]

\_\_\_\_\_

**INC\_Q03**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from these sources in total? If respondent unable to answer, prompt for their best estimate. {jfn09p1} [P CATI H1.3]

- 1: Amount  
 2: Nil ---> INC\_Q06a  
 -99: Loss

**INC\_Q04**

Enter amount. {jfn09p2} [P CATI H1.4]

\_\_\_\_\_

**INC\_Q05**

What period does that cover? {jfn09p3} [P CATI H1.5]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q05a**

Enter period. {jfn09p4} [P CATI H1.6]

\_\_\_\_\_

**INC\_Q06a**

Before income tax, salary sacrifice or anything else is taken out, how much do you usually receive from wages and salary (in ALL jobs) in total? {jfn13p2} [P CATI H2.1]

\_\_\_\_\_

**INC\_Q06b**

What period does that cover? {jfn13p3} [P CATI H2.2]

- 1: Week  
 2: Fortnight  
 3: Four weeks  
 4: Calendar month  
 5: Year  
 6: Other

**INC\_Q06c**

Enter period. {jfn13p4} [P CATI H2.3]

\_\_\_\_\_

**PINC\_Q07**

Do you currently receive any Centrelink or DVA payments {jfn11p3} [P CATI H3.1]

- 1: Yes  
 2: No ---> INC\_Q08b

**INC\_Q08**

Do you currently receive any of these pensions, allowances or other forms of assistance?

Family Tax Benefit or Family Payment (FTB Part A or Part B) {jfn11p2a} [P CATI H3.2.1 ]

- 0: No  
 1: Yes

Parenting Payment - Partnered {jfn11p2b} [P CATI H3.2.2 ]

- 0: No  
 1: Yes

Parenting Payment - Single {jfn11p2c} [P CATI H3.2.3 ]

- 0: No  
 1: Yes

Newstart Allowance {jfn11p2p} [P CATI H3.2.4 ]

- 0: No  
 1: Yes

Abstudy/ Austudy {jfn11p2q} [P CATI H3.2.5]

- 0: No  
 1: Yes

Disability Support Pension (Centrelink)/Disability Pension (DVA) {jfn11p2i} [P CATI H3.2.6]

- 0: No  
 1: Yes

Carer payment {jfn11p2r} [P CATI H3.2.7 ]

- 0: No  
 1: Yes

Carer Allowance {jfn11p2d} [P CATI H3.2.8 ]  0: No  
 1: Yes

Rent assistance {jfn11p2u} [P CATI H3.2.9]  0: No  
 1: Yes

Australian Age Pension/Service Pension (DVA)(exclude superannuation e.g. DFRDB) {jfn11p2s} [P CATI H3.2.10]  0: No  
 1: Yes

Other {jfn11p2k} [P CATI H3.2.11]  0: No  
 1: Yes

Don't know {jfn11p2l} [P CATI H3.2.12]  0: No  
 1: Yes

### INC\_Q08a

Other (specify) {jfn11p2o} [P CATI H3.3]

---

### PINC\_Q08b

Do you currently receive any overseas pensions/benefits {jfn11p2j1} [P CATI H3.4]  1: Yes  
 2: No

### INC\_Q09

Are you currently required to look for work or do any other activity to receive your government payment? {jfn12p} [P CATI H3.5]  1: Yes  
 2: No

### INC\_Q11

What is your main source of income? {jfn03p1} [P CATI H4]  1: Wages or salary (including from own incorporated business)  
 2: Profit or loss from own unincorporated business or share in a partnership  
 3: Profit or loss from rental property  
 4: Dividends or interest  
 5: Any Government pension or allowance  
 6: Child Support or maintenance  
 7: Superannuation or Annuity  
 8: Workers' Compensation  
 9: Any other regular source

### INC\_Q38

Suppose you only had one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money? ('Emergency' is left for the respondent to interpret) {jfn10p} [P CATI H5.1]  1: You could easily raise the money  
 2: You could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)  
 3: You would have to do something drastic to raise the money (e.g. selling an important possession)  
 4: You don't think you could raise the money

**INC\_ShortageUtilities**

In the last 12 months, have any of these happened to you because you were short of money?

You could not pay gas, electricity or telephone bills on time {jfn07p1a} [P CATI H5.2]  0: No  
 1: Yes

**INC\_ShortageMortgage**

You could not pay the mortgage or rent payments on time {jfn07p2a} [P CATI H5.3]  0: No  
 1: Yes

**INC\_ShortageMeals**

You went without meals {jfn07p3a} [P CATI H5.4]  0: No  
 1: Yes

**INC\_ShortageHeatCool**

You were unable to heat or cool your home {jfn07p4a} [P CATI H5.5]  0: No  
 1: Yes

**INC\_ShortagePawned**

You pawned or sold something because you needed cash {jfn07p5a} [P CATI H5.6]  0: No  
 1: Yes

**INC\_ShortageWelfare**

You sought assistance from a welfare or community organisation {jfn07p6a} [P CATI H5.7]  0: No  
 1: Yes

**INC\_ShortageChildActivities**

You were unable to send your child to excursion/ extra-curricular activities/ tutoring as much as you would like? {jfn07p9a} [P CATI H5.8]  0: No  
 1: Yes

**INC\_Q47**

Given your current needs and financial responsibilities, how would you say you and your family are getting on? {jfn06p} [P CATI H5.9]  1: Prosperous  
 2: Very comfortable  
 3: Reasonably comfortable  
 4: Just getting along  
 5: Poor  
 6: Very poor



**PHOUS\_Q01**

The last few questions are about your housing.

**HOUS\_Q06**

How many bedrooms are there in this home? Please count all bedrooms even if not currently used as such (eg studies). Code bedsitters as '0'.  
{jho07p1a} [P CATI I1.1]

**HOUS\_Q07**

Is this home owned or partly owned by you and/or your partner? {jho04p3a} [P CATI I1.2.1]

- 1: Yes ---> HOUS\_Q10  
 2: No

Is this home rented by you and/or your partner? {jho04p3b} [P CATI I1.2.2]

- 1: Yes ---> PLEC\_Q102  
 2: No

Is this home occupied rent free? {jho04p3f} [P CATI I1.2.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q08**

Do you and/or your partner pay rent or board to live here? {jho04p3e} [P CATI I1.3]

- 1: Yes ---> PLEC\_Q102  
 2: No

**HOUS\_Q09**

What are the arrangements? {jho04p3h} [P CATI I1.4]

- 1: Purchasing under rent buy or shared equity scheme ---> HOUS\_Q10  
 2: Occupied under life tenure scheme ---> PLEC\_Q102  
 3: Other (specify)

Purchasing under rent buy or shared equity scheme {jho04p3c} [P CATI I1.4.1]

- 1: Yes  
 2: No

Occupied under a life tenure scheme {jho04p3d} [P CATI I1.4.2]

- 1: Yes  
 2: No

Other {jho04p3g} [P CATI I1.4.3]

- 1: Yes  
 2: No

**HOUS\_Q09b**

Other (specify) {jho04p3o} [P CATI I1.5]

**HOUS\_Q10**

Are you and/or your partner currently making payments on any mortgages or secured loans on this home? {jho06p1a} [P CATI I1.6]

- 1: Yes  
 2: No ---> PLEC\_Q102

**HOUS\_Q11**

What is the usual repayment on this/these loans? Enter dollar amount {jho06p2a} [P CATI I1.7]

\_\_\_\_\_

**HOUS\_Q12**

What period does this cover? {jho06p2b} [P CATI I1.8]

- 1: Weeks  
 2: Months

**HOUS\_Q13**

Enter number {jho06p2c} [P CATI I1.9]

\_\_\_\_\_

**PLEC\_Q102**

In the last year, how many times have you moved home? {jho03p2d} [P CATI I1.10]

\_\_\_\_\_

# K Cohort Cawi Young Person

## Questionnaire

Respondent Stream: Young Person  
Mode: CAWI

### SCCASI\_Q50

The next questions are all about you. We want to know what you think about yourself as well as how you act.

### SCCASI\_Q54

In general, I am happy with how things are for me in my life right now {jse21b1} [SC CAW(S)I - A1]

- 1: Strongly disagree
- 2: Disagree
- 3: Neither disagree nor agree
- 4: Agree
- 5: Strongly agree

### SCCASI\_Q51

How well do the following statements describe your personality?

I see myself as someone who is reserved; keeps thoughts and feelings to self {jse30c1} [SC CAW(S)I - A2.1.1]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

I see myself as someone who is generally trusting {jse30c2} [SC CAW(S)I - A2.1.2]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

I see myself as someone who tends to be lazy {jse30c3} [SC CAW(S)I - A2.1.3]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

I see myself as someone who is relaxed, handles stress well {jse30c4} [SC CAW(S)I - A2.1.4]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

I see myself as someone who doesnt like artistic things (plays, music). {jse30c5} [SC CAW(S)I - A2.1.5]

- 1: Disagree strongly
- 2: Disagree a little
- 3: Neither agree nor disagree
- 4: Agree a little
- 5: Agree strongly

I see myself as someone who is outgoing, sociable  
{jse30c6} [SC CAW(S)I - A2.1.6]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

I see myself as someone who tends to find fault with  
others {jse30c7} [SC CAW(S)I - A2.1.7]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

I see myself as someone who does things carefully and  
completely {jse30c8} [SC CAW(S)I - A2.1.8]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

I see myself as someone who gets nervous easily  
{jse30c9} [SC CAW(S)I - A2.1.9]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

I see myself as someone who has an active imagination  
{jse30c10} [SC CAW(S)I - A2.1.10]

- 1: Disagree strongly  
 2: Disagree a little  
 3: Neither agree nor disagree  
 4: Agree a little  
 5: Agree strongly

### SEP\_AttRiskA

Are you generally a person who avoids taking risks or  
are you a person who is prepared to take risks?  
{jse31c1} [SC CAW(S)I - A2.2]

- 0: Avoid taking risks  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10: Fully prepared to take risks

### SEP\_AttRiskW

People can behave differently in different situations. How would you rate your willingness to take risks in the following areas?

---

While driving {jse31c2a} [SC CAW(S)I - A2.3.1]

- 0: Avoid taking risks
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10: Fully prepared to take risks
- 

In financial matters {jse31c2b} [SC CAW(S)I - A2.3.2]

- 0: Avoid taking risks
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10: Fully prepared to take risks
- 

During leisure and sport {jse31c2c} [SC CAW(S)I - A2.3.3]

- 0: Avoid taking risks
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10: Fully prepared to take risks
- 

In your occupation {jse31c2d} [SC CAW(S)I - A2.3.4]

- 0: Avoid taking risks
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10: Fully prepared to take risks
- 

With your health {jse31c2e} [SC CAW(S)I - A2.3.5]

- 0: Avoid taking risks
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10: Fully prepared to take risks

With your faith in other people {jse31c2f} [SC  
CAW(S)I - A2.3.6]

- 0: Avoid taking risks  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10: Fully prepared to take risks

### SCACT\_Q01

The next questions are about your activities.

### SCACT\_Q02

We would like to know about the different activities you participate in.

In the last 12 months, since current month last year, did you regularly participate in any of the following organised activities outside of school hours/organised activities? {jhe09d1} [SC CAW(S)I B1.1]

- 1: Yes  
 2: No ---> SCACT\_Q08

Community group or club {jhe09c14fa} [SC CAW(S)I B1.1.1]

- 0: No  
 1: Yes

Team sport {jhe09c14fb} [SC CAW(S)I B1.1.2]

- 0: No  
 1: Yes

Individual sport, coaching or lessons {jhe09c14fc} [SC CAW(S)I B1.1.3]

- 0: No  
 1: Yes

Art, music or performance lessons {jhe09c14fd} [SC CAW(S)I B1.1.4]

- 0: No  
 1: Yes

Classes to improve academic skills {jhe09c14fe} [SC CAW(S)I B1.1.5]

- 0: No  
 1: Yes

Classes to learn new skills {jhe09c14ff} [SC CAW(S)I B1.1.6]

- 0: No  
 1: Yes

Religious services or classes {jhe09c14fg} [SC CAW(S)I B1.1.7]

- 0: No  
 1: Yes

Fitness activity {jhe09c14fh} [SC CAW(S)I B1.1.8]

- 0: No  
 1: Yes

Other classes or clubs {jhe09c14fi} [SC CAW(S)I B1.1.9]

- 0: No  
 1: Yes

Other {jhe09c14fj} [SC CAW(S)I B1.1.10]

- 0: No  
 1: Yes ---> SCACT\_OthAct

**SCACT\_OthAct**

Other specify {jhe09c14fk} [SC CAW(S)I B1.2]

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**SCACT\_Q04**

On average, in a typical week, how many hours would you spend doing community group or club, including practice or training where relevant? {jhe09c15b1} [SC CAW(S)I B1.3.1]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing team sport, including practice or training where relevant? {jhe09c15a1} [SC CAW(S)I B1.3.2]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing individual sport, including practice or training where relevant? {jhe09c15a2} [SC CAW(S)I B1.3.4]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing art, music or performance lessons, including practice or training where relevant? {jhe09c15d} [SC CAW(S)I B1.3.5]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing classes to improve academic skills, including practice or training where relevant? {jhe09c15e} [SC CAW(S)I B1.3.6]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing classes to learn new skills, including practice or training where relevant? {jhe09c15f} [SC CAW(S)I B1.3.7]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing religious services or classes, including practice or training where relevant? {jhe09c15b2} [SC CAW(S)I B1.3.8]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing fitness activity, including practice or training where relevant? {jhe09c15g} [SC CAW(S)I B1.3.9]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing other classes or clubs, including practice or training where relevant? {jhe09c15h} [SC CAW(S)I B1.3.10]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

On average, in a typical week, how many hours would you spend doing other, including practice or training where relevant? {jhe09c15} [SC CAW(S)I B1.3.11]

- 1: Less than 1 hour  
 2: Between 1 and 3 hours  
 3: More than 3 but less than 5 hours  
 4: Between 5 and 10 hours  
 5: More than 10 and less than 15 hours  
 6: 15 hours or more

### SCACT\_Q05

How important is community group or club to you? {jhe09c16b1} [SC CAW(S)I B1.4.1]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is team sport to you? {jhe09c16a1} [SC CAW(S)I B1.4.2]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is individual sport to you? {jhe09c16a2} [SC CAW(S)I B1.4.3]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is art, music or performance lessons to you? {jhe09c16d} [SC CAW(S)I B1.4.4]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is classes to improve academic skills to you? {jhe09c16f} [SC CAW(S)I B1.4.5]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is learn new skills to you? {jhe09c16g} [SC CAW(S)I B1.4.6]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is religious services or classes to you? {jhe09c16b2} [SC CAW(S)I B1.4.7]

- 1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important



How important is fitness activity to you? {jhe09c16h}  
[SC CAW(S)I B1.4.8]

1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is other classes or clubs to you?  
{jhe09c16i} [SC CAW(S)I B1.4.9]

1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

How important is other to you? {jhe09c16} [SC CAW(S)I  
B1.4.10]

1: Not important  
 2: A little important  
 3: Fairly important  
 4: Very important

### SCACT\_Q08

Do you currently hold any positions of responsibility or leadership in these areas?

University/TAFE (e.g. student representative on  
academic advisory group, mentoring and student  
support group) {jhe36b8} [SC CAW(S)I B2.1.1]

0: No  
 1: Yes

Sporting club or team (e.g. team captain or  
vice-captain, committee member in sporting club)  
{jhe36b2} [SC CAW(S)I B2.1.2]

0: No  
 1: Yes

Performing arts (e.g. lead position in an orchestra,  
convenor of photography club, community theatre)  
{jhe36b3} [SC CAW(S)I B2.1.3]

0: No  
 1: Yes

Community or humanitarian service groups (e.g.  
leadership in Scouts or Guides, social justice  
groups, Rotary) {jhe36b4} [SC CAW(S)I B2.1.4]

0: No  
 1: Yes

Religious organisations (e.g. committee member or  
leader of youth group) {jhe36b5} [SC CAW(S)I B2.1.5]

0: No  
 1: Yes

Political organisations (e.g. elected position,  
committee member, publication editor) {jhe36b9} [SC  
CAW(S)I B2.1.6]

0: No  
 1: Yes

School (e.g. student representative on school  
council, class captain, school captain) {jhe36b1}  
[SC CAW(S)I B2.1.7]

0: No  
 1: Yes

Other {jhe36b7} [SC CAW(S)I B2.1.8]

0: No  
 1: Yes

Do not hold any leadership positions {jhe36b6} [SC  
CAW(S)I B2.1.9]

0: No  
 1: Yes

**SCACT\_Q10**

In the last year, have you won any awards or been recognised for doing well in certain activities? {jhe36a10} [SC CAW(S)I B2.2]  1: Yes  
 2: No

Won an academic award (e.g. maths, English) {jhe36a1} [SC CAW(S)I B2.2.1]  0: No  
 1: Yes

Received a community service award {jhe36a2} [SC CAW(S)I B2.2.2]  0: No  
 1: Yes

Been selected to represent the school in a science, maths or technology competition {jhe36a3} [SC CAW(S)I B2.2.3]  0: No  
 1: Yes

Received an award in sports {jhe36a4} [SC CAW(S)I B2.2.4]  0: No  
 1: Yes

Received an award in music, arts, dance performance or drama {jhe36a5} [SC CAW(S)I B2.2.5]  0: No  
 1: Yes

Received an award for other club activities (e.g. chess, debating) {jhe36a6} [SC CAW(S)I B2.2.6]  0: No  
 1: Yes

Received another type of award or recognition for something {jhe36a7} [SC CAW(S)I B2.2.7]  0: No  
 1: Yes

No award received {jhe36a8} [SC CAW(S)I B2.2.8]  0: No  
 1: Yes

**SCACT\_ReligionIntro**

The next questions are about religion or spirituality.

We are interested in your views even if you do not belong to a specific religious or spiritual group (that is, people can have beliefs about religion or spirituality without belonging to a specific religion).

**SCACT\_ReligGrp**

Are you active in a religious or spiritual group, such as regularly going to services, activities or meetings? {jfd13c2} [SC CAW(S)I B3.1]  1: Yes  
 2: No

**SCACT\_Influenced**

How often is the following true? My decisions in life are influenced by my religious or spiritual beliefs. {jfd13c4a} [SC CAW(S)I B3.2 ]  1: Never  
 2: Rarely  
 3: Sometimes  
 4: Often  
 5: Always

**SCACT\_Follower**

How often is the following true? In my every day behaviour, I try to follow my religious or spiritual beliefs {jfd13c4b} [SC CAW(S)I B3.3]

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

**SCHEAL\_Q01**

The next questions are about your health.

**SCHEAL\_Q02**

In general, how is your health? {jhs13c1} [SC CAW(S)I C1.1]

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

**SCHEAL\_Medicine**

Do you currently need or take prescription medicine, other than vitamins or birth control pills? {jhs14c1} [SC CAW(S)I C1.2]

- 1: Yes  
 2: No ---> SCHEAL\_Q20

**SCHEAL\_MedReas**

Is this because of any medical, mental or other health condition? {jhs14c2} [SC CAW(S)I C1.3]

- 1: Yes  
 2: No ---> SCHEAL\_Q20

**SCHEAL\_Med12M**

Is this a condition that has lasted or is expected to last for at least 12 months? {jhs14c3} [SC CAW(S)I C1.4]

- 1: Yes  
 2: No

**SCHEAL\_Q20**

In the past one month, how much of a problem has this been for you. You have tooth pain {jhb23e1} [SC CAW(S)I C2.1]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**SCHEAL\_Q21**

In the past one month, how much of a problem has this been for you. You have tooth pain when you eat or drink something hot, cold, or sweet {jhb23e2} [SC CAW(S)I C2.2]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**SCHEAL\_Q22**

In the past one month, how much of a problem has this been for you. You have teeth that are dark in colour {jhb23e3} [SC CAW(S)I C2.3]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**SCHEAL\_Q23**

In the past one month, how much of a problem has this been for you. You have gum pain {jhb23e4} [SC CAW(S)I C2.4]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**SCHEAL\_Q24**

In the past one month, how much of a problem has this been for you. You have blood on your toothbrush after brushing your teeth {jhb23e5} [SC CAW(S)I C2.5]

- 0: Never  
 1: Almost never  
 2: Sometimes  
 3: Often  
 4: Almost always

**SCHEAL\_Q26**

When did you last see a dentist? {jhb33c} [SC CAW(S)I C2.6]

- 1: Less than 1 year ago  
 2: 1-2 years ago  
 3: More than 2 years ago  
 4: Never  
 5: Unsure

**SCHEAL\_Q29**

About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard) {jhb14c2} [SC CAW(S)I C3.1]

\_\_\_\_\_

- 0: None ---> SCHEAL\_SleepAv

**SCHEAL\_Q30**

About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity? (This is all the time you spent in activities that increased your heart rate and made you breathe hard) {jhb14c2a} [SC CAW(S)I C3.2]

\_\_\_\_\_

**SCHEAL\_SleepAv**

On average, how much sleep do you get per night?

Hours {jhs21c11a} [SC CAW(S)I C4.1.1] \_\_\_\_\_

On average, how much sleep do you get per night?

Minutes {jhs21c11b} [SC CAW(S)I C4.1.2] \_\_\_\_\_

**SCHEAL\_Q37**

During the last month, do you think you usually got enough sleep? {jhs20c3} [SC CAW(S)I C4.2]

- 1: Plenty  
 2: Just enough  
 3: Not quite enough  
 4: Not nearly enough

**SCHEAL\_Q38**

During the last month, how well do you feel you have slept in general? {jhs20c4} [SC CAW(S)I C4.3]

- 1: Very well  
 2: Fairly well  
 3: Fairly badly  
 4: Very badly

**SCHEAL\_Q39**

For the following questions, think about what you do when you spend time outside during the summer on a warm sunny day.

How often do you wear sunscreen (of at least SPF 15+)? {jhb20c1a} [SC CAW(S)I C5.1]

- 0: Never  
 1: Rarely  
 2: Sometimes  
 3: Often  
 4: Always

**SCHEAL\_Q40**

How often do you wear a shirt that covers your shoulders and upper arms? {jhb20c1c} [SC CAW(S)I C5.2]

- 0: Never  
 1: Rarely  
 2: Sometimes  
 3: Often  
 4: Always

**SCHEAL\_Q41**

How often do you wear a hat, cap or sun visor? {jhb20c1b} [SC CAW(S)I C5.3]

- 0: Never  
 1: Rarely  
 2: Sometimes  
 3: Often  
 4: Always

**SCHEAL\_Q42**

How often do you wear sunglasses? {jhb20c1d} [SC CAW(S)I C5.4]

- 0: Never  
 1: Rarely  
 2: Sometimes  
 3: Often  
 4: Always

**SCHEAL\_Q43**

How often do you stay in the shade? {jhb20c1e} [SC CAW(S)I C5.5]

- 0: Never  
 1: Rarely  
 2: Sometimes  
 3: Often  
 4: Always

**SCHEAL\_Q44**

In the past 12 months, how many times did you have red or painful sunburn that lasted for more than a day? {jhb20c1f} [SC CAW(S)I C5.6]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

**SCHEAL\_Q07a**

The next questions are about any medical care in the past year.

**SCHEAL\_Q08**

In the last 12 months, has there been any time when you thought you should get medical care, but you didn't? {jhb32c} [SC CAW(S)I C6.1]

- 1: Yes  
 2: No ---> SCCASI\_Q59

**SCHEAL\_Q09**

What were the reasons you did not seek medical care?

Didn't know who to go and see {jhb32c1} [SC CAW(S)I C6.2.1]

- 0: No  
 1: Yes

Had no transportation {jhb32c2} [SC CAW(S)I C6.2.2]

- 0: No  
 1: Yes

No one available to go along with {jhb32c3} [SC CAW(S)I C6.2.3]

- 0: No  
 1: Yes

Difficult to make appointment {jhb32c6} [SC CAW(S)I C6.2.4]

- 0: No  
 1: Yes

Afraid of what doctors would say or do {jhb32c7} [SC CAW(S)I C6.2.5]

- 0: No  
 1: Yes

Thought the problem would go away {jhb32c8} [SC CAW(S)I C6.2.6]

- 0: No  
 1: Yes

Couldn't pay {jhb32c9} [SC CAW(S)I C6.2.7]  0: No  
 1: Yes

The problem went away {jhb32c10} [SC CAW(S)I C6.2.8]  0: No  
 1: Yes

Too embarrassed {jhb32c11} [SC CAW(S)I C6.2.9]  0: No  
 1: Yes

Felt I would be discriminated against {jhb32c13} [SC CAW(S)I C6.2.10]  0: No  
 1: Yes

Didnt think they could help me {jhb32c14} [SC CAW(S)I C6.2.11]  0: No  
 1: Yes

Services not available in my area {jhb32c15} [SC CAW(S)I C6.2.12]  0: No  
 1: Yes

Other {jhb32c12} [SC CAW(S)I C6.2.13]  0: No  
 1: Yes

### SCHEAL\_Q09o

Enter the other reason(s) you didnt seek medical care {jhb32c16} [SC CAW(S)I C6.3] \_\_\_\_\_

### SCCASI\_Q59

The next questions are about your physical development.

### SCCASI\_Q59a

Would you say that your growth in height, or your growth spurt {jhs36e} [SC CAW(S)I D1.1]  1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

### SCCASI\_Q59b

Would you say that your body hair growth... {jhs36c} [SC CAW(S)I D1.2]  1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

### SCCASI\_Q59c

Have you noticed any skin changes, especially pimples? {jhs36a} [SC CAW(S)I D1.3]  1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

**SCCASI\_Q59d**

Have you had acne or pimples over the last month?

Yes on both face or body {jhs36j} [SC CAW(S)I D1.4]  1: Yes  
 2: No

Yes, on my face {jhs36j1} [SC CAW(S)I D1.4.1]  0: No  
 1: Yes

Yes, on my body {jhs36j2} [SC CAW(S)I D1.4.2]  0: No  
 1: Yes ---> SCCASI\_Q59h

**SCCASI\_Q59e**

Choose the picture that looks most like the acne or pimples on your face now {jhs36k} [SC CAW(S)I D1.5]  1: Clear  
 2: Almost clear  
 3: Mild  
 4: Moderate  
 5: Severe

**SCCASI\_Q59f**

What treatments have you used in the last month for your acne or pimples?

Skin washes or creams bought from supermarket (e.g. Clearasil) {jhs36c1e} [SC CAW(S)I D1.6.1]  0: No  
 1: Yes

Non-prescription cleansers or lotions from pharmacist (e.g. Benzac [Benzoyl peroxide] or Azclear [azelaic acid]) {jhs36c1e1} [SC CAW(S)I D1.6.2]  0: No  
 1: Yes

Prescribed topical treatments (e.g. topical retinoid or antibiotics) {jhs36c1e2} [SC CAW(S)I D1.6.3]  0: No  
 1: Yes

Oral antibiotics {jhs36c1e3} [SC CAW(S)I D1.6.4]  0: No  
 1: Yes

Oral isotretinoin {jhs36c1e4} [SC CAW(S)I D1.6.5]  0: No  
 1: Yes

Oral hormone (e.g. Co-cyprindiol) {jhs36c1e5} [SC CAW(S)I D1.6.6]  0: No  
 1: Yes

Only soap or water {jhs36c1e6} [SC CAW(S)I D1.6.7]  0: No  
 1: Yes

No treatments used {jhs36c1e7} [SC CAW(S)I D1.6.8]  0: No  
 1: Yes

Other {jhs36c1e8} [SC CAW(S)I D1.6.9]  0: No  
 1: Yes



**SCCASI\_Q59h**

Male child: Have you noticed a deepening of your voice? {jhs36f} [SC CAW(S)I D2.1]

- 1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

**SCCASI\_Q59i**

Male child: Have you begun to grow hair on your face? {jhs36g} [SC CAW(S)I D2.2]

- 1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

**SCCASI\_Q59j**

Female child: Have you noticed that your breasts have begun to grow? {jhs36d} [SC CAW(S)I D3.1]

- 1: Has not yet started  
 2: Has barely started  
 3: Has definitely started  
 4: Seems complete

**SCCASI\_Q59k**

Female child: Have you ever menstruated ? {jhs36h} [SC CAW(S)I D3.2]

- 1: Yes  
 2: No ---> SCCASI\_Q96

**SCCASI\_Q59l**

Female child: How old were you when you had your first period? Years {jhs36h2} [SC CAW(S)I D3.3]

\_\_\_\_\_

Female child: How old were you when you had your first period? Months {jhs36h3} [SC CAW(S)I D3.3]

\_\_\_\_\_

**SCCASI\_Q60**

The next questions are about how your periods are going for you.

Female child: Have you had any periods in the last 3 months? {jhs36i} [SC CAW(S)I D3.4]

- 1: Yes  
 2: No ---> SCCASI\_Q96

**SCCASI\_Q61**

Female child: During the last 3 months how regular were your periods? {jhs36i1} [SC CAW(S)I D3.5.1]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the last 3 months how heavy were your periods? {jhs36i2} [SC CAW(S)I D3.5.2]

- 1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the last 3 months how painful were your periods? {jhs36i3} [SC CAW(S)I D3.5.3]

1: Very  
 2: Quite  
 3: A little  
 4: Not at all

Female child: During the last 3 months how grumpy or teary did you get before your periods? {jhs36i4} [SC CAW(S)I D3.5.4]

1: Very  
 2: Quite  
 3: A little  
 4: Not at all

### SCCASI\_Q62

Female child: In the last 3 months, did you miss any of the following because of your periods? {jhs36o} [SC CAW(S)I D3.6]

1: Yes  
 2: No

School days {jhs36o1} [SC CAW(S)I D3.6.1]

0: No  
 1: Yes

University/TAFE days {jhs36o6} [SC CAW(S)I D3.6.2]

0: No  
 1: Yes

Work days {jhs36o2} [SC CAW(S)I D3.6.3]

0: No  
 1: Yes

Social activities (like going out with your friends, parties) {jhs36o3} [SC CAW(S)I D3.6.4]

0: No  
 1: Yes

Sports or exercise {jhs36o4} [SC CAW(S)I D3.6.5]

0: No  
 1: Yes

None of the above {jhs36o5} [SC CAW(S)I D3.6.6]

0: No  
 1: Yes

### SCCASI\_Q96

The next few questions ask about cigarettes, alcohol and other drugs.

### SCCASI\_Q97

Have you ever smoked even part of a cigarette? {jhb15c9} [SC CAW(S)I E1.1]

1: No ---> SCCASI\_Q99  
 2: Yes, just a few puffs  
 3: Yes, I have smoked fewer than 10 cigarettes in my life  
 4: Yes, I have smoked 10 to 100 cigarettes in my life  
 5: Yes, I have smoked more than 100 cigarettes in my life

**SCCASI\_Q97a**

How old were you when you had your first cigarette?  
{jhb15c10} [SC CAW(S)I E1.2]

\_\_\_\_\_

**SCCASI\_Q97b**

Have you smoked cigarettes in the last twelve months?  
{jhb15c11} [SC CAW(S)I E1.3]

- 1: Yes  
 2: No ---> SCCASI\_Q99

**SCCASI\_Q97c**

Have you smoked cigarettes in the last four weeks?  
{jhb15c12} [SC CAW(S)I E1.4]

- 1: Yes  
 2: No ---> SCCASI\_Q99

**SCCASI\_Q97a**

This question is about the number of cigarettes you  
had during the last 7 days, including yesterday?  
{jhb15c13} [SC CAW(S)I E1.5]

\_\_\_\_\_

**SCCASI\_Q96**

The next few questions ask about cigarettes, alcohol and other drugs.

**SCCASI\_Q99**

Have you ever had even part of an alcoholic drink?  
{jhb16c11 } [SC CAW(S)I F1.1]

- 1: No ---> DrugType  
 2: Yes, just a few sips ---> DrugType  
 3: Yes, I have had fewer than 10 alcoholic drinks  
in my life  
 4: Yes, I have had 10 or more alcoholic drinks in  
my life

**SCCASI\_Q99a**

How old were you when you had your first full serve  
(a glass) of alcohol? {jhb16c12 } [SC CAW(S)I F1.2]

\_\_\_\_\_

**SCCASI\_Q99b**

Have you had an alcoholic drink in the last twelve  
months? {jhb16c13 } [SC CAW(S)I F1.3]

- 1: Yes  
 2: No ---> DrugType

**SCCASI\_Q99c**

Have you had an alcoholic drink in the last four  
weeks? {jhb16c9 } [SC CAW(S)I F1.4]

- 1: Yes  
 2: No ---> SCCASI\_Q99e

**SCCASI\_Q99d**

This question is about the number of alcoholic drinks you had during the last seven days, including yesterday? {jhb16c10 } [SC CAW(S)I F1.5]

---

**SCCASI\_Q99e**

Has your use of alcohol caused you to

---

get so drunk you were sick or passed out? {jhb16c14f} [SC CAW(S)I F1.6.1]

- 1: Never  
 2: Sometimes  
 3: Often

have trouble at your place of study or work the next day? {jhb16c14a1} [SC CAW(S)I F1.6.2]

- 1: Never  
 2: Sometimes  
 3: Often

get into arguments with your partner or friends? {jhb16c14g} [SC CAW(S)I F1.6.3]

- 1: Never  
 2: Sometimes  
 3: Often

get into arguments with your family? {jhb16c14b} [SC CAW(S)I F1.6.4]

- 1: Never  
 2: Sometimes  
 3: Often

get injured or have an accident? {jhb16c14c} [SC CAW(S)I F1.6.5]

- 1: Never  
 2: Sometimes  
 3: Often

become violent and get into a fight? {jhb16c14d} [SC CAW(S)I F1.6.6]

- 1: Never  
 2: Sometimes  
 3: Often

have sex with someone which you later regretted? {jhb16c14e} [SC CAW(S)I F1.6.7]

- 1: Never  
 2: Sometimes  
 3: Often

get into trouble with police? {jhb16c14h} [SC CAW(S)I F1.6.8]

- 1: Never  
 2: Sometimes  
 3: Often

be unable to remember what happened the night before? {jhb16c14i} [SC CAW(S)I F1.6.9]

- 1: Never  
 2: Sometimes  
 3: Often

be asked to leave a party, pub or club because you were drunk? {jhb16c14j} [SC CAW(S)I F1.6.10]

- 1: Never  
 2: Sometimes  
 3: Often

feel you were not able to stop drinking once you started? {jhb16c14k} [SC CAW(S)I F1.6.11]

- 1: Never  
 2: Sometimes  
 3: Often

feel irritable or depressed when it wasn't available? {jhb16c14l} [SC CAW(S)I F1.6.12]

- 1: Never  
 2: Sometimes  
 3: Often

**DrugType**

For each of the types of drugs listed below, indicate whether you have ever used it.

Cannabis (i.e. marijuana, pot, grass, weed, joint) {jhb26c1} [SC CAW(S)I G1.1.1]  1: Yes  
 2: No

Ice (i.e. crystal methamphetamine) {jhb37c1} [SC CAW(S)I G1.1.2]  1: Yes  
 2: No

Other meth/amphetamines (e.g. speed, powder meth, whiz, goey) {jhb38c1} [SC CAW(S)I G1.1.3]  1: Yes  
 2: No

Cocaine (i.e. coke, charlie, blow, snow) {jhb39c1} [SC CAW(S)I G1.1.4]  1: Yes  
 2: No

Ecstasy (i.e. XTC, E, Ex, Eccy, MDMA) {jhb40c1} [SC CAW(S)I G1.1.5]  1: Yes  
 2: No

Hallucinogens (e.g. LSD/acid, magic mushrooms) {jhb41c1} [SC CAW(S)I G1.1.6]  1: Yes  
 2: No

Inhalants (e.g. chroming, sniffing, solvents, glue, petrol, bulbs, poppers) {jhb27c1} [SC CAW(S)I G1.1.7]  1: Yes  
 2: No

Synthetic cannabis (designed to mimic cannabis, i.e. spice, kronic, northern lights, blue lotus, K2) {jhb42c1} [SC CAW(S)I G1.1.8]  1: Yes  
 2: No

Other psychoactive/ synthetic drugs (i.e. drugs that have been designed to mimic established illicit drugs, such as party pills, research chemicals) {jhb43c1} [SC CAW(S)I G1.1.9]  1: Yes  
 2: No

Any other illicit drug (e.g. heroin, GHB, Ketamine) {jhb48c1} [SC CAW(S)I G1.1.10]  1: Yes  
 2: No

If all no  ---> DrugMed

**DrugOther**

Type in the box below what other drugs you have used {jhb48c1b} [SC CAW(S)I G1.2]

**DrugAge**

Please indicate the age you first used cannabis (i.e. marijuana, pot, grass, weed, joint) {jhb26c2} [SC CAW(S)I G1.3.1]

\_\_\_\_\_

Please indicate the age you first used ice (i.e. crystal methamphetamine) {jhb37c2} [SC CAW(S)I G1.3.2]

\_\_\_\_\_

Please indicate the age you first used other meth/amphetamines {jhb38c2} [SC CAW(S)I G1.3.3]

\_\_\_\_\_

Please indicate the age you first used cocaine {jhb39c2} [SC CAW(S)I G1.3.4]

\_\_\_\_\_

Please indicate the age you first used ecstasy {jhb40c2} [SC CAW(S)I G1.3.5]

\_\_\_\_\_

Please indicate the age you first used hallucinogens {jhb41c2} [SC CAW(S)I G1.3.6]

\_\_\_\_\_

Please indicate the age you first used inhalants {jhb27c2} [SC CAW(S)I G1.3.7]

\_\_\_\_\_

Please indicate the age you first used synthetic cannabis {jhb42c2} [SC CAW(S)I G1.3.8]

\_\_\_\_\_

Please indicate the age you first used other psychoactive/synthetic drugs {jhb43c2} [SC CAW(S)I G1.3.9]

\_\_\_\_\_

Please indicate the age you first used other illicit drugs {jhb48c2} [SC CAW(S)I G1.3.10]

\_\_\_\_\_

**Drug12M**

In the past 12 months, how often did you use cannabis? {jhb26c6a} [SC CAW(S)I G1.4.1]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use ice? {jhb37c3} [SC CAW(S)I G1.4.2]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

---

In the past 12 months, how often did you use other meth/amphetamines? {jhb38c3} [SC CAW(S)I G1.4.3]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use cocaine? {jhb39c3} [SC CAW(S)I G1.4.4]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use ecstasy? {jhb40c3} [SC CAW(S)I G1.4.5]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use hallucinogens? {jhb41c3} [SC CAW(S)I G1.4.6]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use inhalants? {jhb27c9} [SC CAW(S)I G1.4.7]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use synthetic cannabis? {jhb42c3} [SC CAW(S)I G1.4.8]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

---

In the past 12 months, how often did you use other psychoactive/synthetic drugs? {jhb43c7} [SC CAW(S)I G1.4.9]

- 1: Everyday
- 2: Once a week or more
- 3: 2 or 3 times a month
- 4: About once a month
- 5: Every few months
- 6: Once or twice
- 7: Never

In the past 12 months, how often did you use other illicit drugs? {jhb48c7} [SC CAW(S)I G1.4.10]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

### Drug4W

Have you used cannabis in the last four weeks? {jhb26c4} [SC CAW(S)I G1.5.1]

- 1: Yes  
 2: No

Have you used ice in the last four weeks? {jhb37c4} [SC CAW(S)I G1.5.2]

- 1: Yes  
 2: No

Have you used other meth/amphetamines in the last four weeks? {jhb38c4} [SC CAW(S)I G1.5.3]

- 1: Yes  
 2: No

Have you used cocaine in the last four weeks? {jhb39c4} [SC CAW(S)I G1.5.4]

- 1: Yes  
 2: No

Have you used ecstasy in the last four weeks? {jhb40c4} [SC CAW(S)I G1.5.5]

- 1: Yes  
 2: No

Have you used hallucinogens in the last four weeks? {jhb41c4} [SC CAW(S)I G1.5.6]

- 1: Yes  
 2: No

Have you used inhalants in the last four weeks? {jhb27c4} [SC CAW(S)I G1.5.7]

- 1: Yes  
 2: No

Have you used synthetic cannabis in the last four weeks? {jhb42c4} [SC CAW(S)I G1.5.8]

- 1: Yes  
 2: No

Have you used other psychoactive/synthetic drugs in the last four weeks? {jhb43c4} [SC CAW(S)I G1.5.9]

- 1: Yes  
 2: No

Have you used other illicit drugs in the last four weeks? {jhb48c4} [SC CAW(S)I G1.5.10]

- 1: Yes  
 2: No

### DrugMed

For each of the types of drugs listed below, indicate whether you have ever used it for non-medical purposes.

Tranquilisers / Sleeping pills (e.g. Valium, Serepax, Mandrax, Stilnox, Xanax) {jhb44c1} [SC CAW(S)I G2.1.1]

- 1: Yes  
 2: No

Painkillers / Pain-relievers and Opioids (e.g. Codeine products, Morphine, Oxycodone, Methadone) {jhb45c1} [SC CAW(S)I G2.1.2]

- 1: Yes  
 2: No

Any stimulant medication (e.g. amphetamines, Ritalin, Concerta, Adipex-P, pseudoephedrine-based cold and flu tablets) {jhb46c1} [SC CAW(S)I G2.1.3]

- 1: Yes  
 2: No

If all no

- > SCCASI\_Q55



**DMedAge**

Please indicate the age you first used  
tranquilisers/sleeping pills {jhb44c2} [SC CAW(S)I  
G2.2.1] \_\_\_\_\_

Please indicate the age you first used  
painkillers/pain-relievers and/or opioids {jhb45c2}  
[SC CAW(S)I G2.2.2] \_\_\_\_\_

Please indicate the age you first used stimulant  
medication {jhb46c2} [SC CAW(S)I G2.2.3] \_\_\_\_\_

**DMed12M**

In the past 12 months, how often did you use  
tranquilisers/sleeping pills? {jhb44c7} [SC CAW(S)I  
G2.3.1]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use  
painkillers/pain-relievers and/or opioids? {jhb45c7}  
[SC CAW(S)I G2.3.2]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

In the past 12 months, how often did you use  
stimulant medication? {jhb46c7} [SC CAW(S)I G2.3.3]

- 1: Everyday  
 2: Once a week or more  
 3: 2 or 3 times a month  
 4: About once a month  
 5: Every few months  
 6: Once or twice  
 7: Never

**DMed4W**

Have you used tranquilisers/sleeping pills in the  
last 4 weeks? {jhb44c4} [SC CAW(S)I G2.4.1]

- 1: Yes  
 2: No

Have you used painkillers/pain-relievers and/or  
opioids in the last four weeks? {jhb45c4} [SC  
CAW(S)I G2.4.2]

- 1: Yes  
 2: No

Have you used stimulant medication in the last four  
weeks? {jhb46c4} [SC CAW(S)I G2.4.3]

- 1: Yes  
 2: No

**SCCASI\_Q55**

Here is a list of things that some young people have done - please read through the list and answer the questions as honestly as you can.

In the last 12 months since this month last year have you..

Got into physical fights in public {jse20a1 } [SC  
CAW(S)I H1.1.1 ]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Stolen something from a shop {jse20a3 } [SC CAW(S)I  
H1.1.2]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Drawn graffiti in public places {jse20a4 } [SC  
CAW(S)I H1.1.3]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Carried a weapon like a knife, gun or piece of wood  
{jse20a5 } [SC CAW(S)I H1.1.4]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Stolen a motor vehicle (e.g. car, motorbike)  
{jse20a20} [SC CAW(S)I H1.1.5]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Stolen money or other things from another person  
{jse20a7 } [SC CAW(S)I H1.1.6]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

Purposely damaged or destroyed others' property  
{jse20a9 } [SC CAW(S)I H1.1.7]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Damaged a parked car (e.g. broken an aerial, slashed tyres, scratched paint) {jse20a10} [SC CAW(S)I H1.1.8]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Gone around with a group of 3 or more people damaging property or getting into fights {jse20a11} [SC CAW(S)I H1.1.9]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Broken into a house, flat or vehicle {jse20a13} [SC CAW(S)I H1.1.10]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Stolen something out of a parked car {jse20a14} [SC CAW(S)I H1.1.11]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Started a fire in a place where you should not burn anything {jse20a15} [SC CAW(S)I H1.1.12]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Used force or threats to get money or things from someone {jse20a16} [SC CAW(S)I H1.1.13]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Been caught by police for something you had done {jse20a17} [SC CAW(S)I H1.1.14]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Sold illegal drugs {jse20a18} [SC CAW(S)I H1.1.15]

- 0: Not at all
- 1: Once
- 2: Twice
- 3: Three times
- 4: Four times
- 5: Five or more times

---

Attacked someone with the idea of seriously harming them {jse20a19} [SC CAW(S)I H1.1.16]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Knowingly bought, sold or kept stolen goods {jse20a21} [SC CAW(S)I H1.1.17]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Been paid for having sex with someone {jse20a22} [SC CAW(S)I H1.1.18]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Evaded paying for services (e.g. public transport, getting into a cinema) {jse20a23} [SC CAW(S)I H1.1.19]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Had, or tried to have, sex with someone against their will {jse20a24} [SC CAW(S)I H1.1.20]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

Illegally accessed a computer network, system or files {jse20a25} [SC CAW(S)I H1.1.21]

0: Not at all  
 1: Once  
 2: Twice  
 3: Three times  
 4: Four times  
 5: Five or more times

---

## SCCASI\_Q56

In the last 12 months since this month last year have you..

---

Been told to move on, or been warned or cautioned, by police {jse25a} [SC CAW(S)I H1.2.1]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

---

Been required to attend a youth justice conference {jse25b} [SC CAW(S)I H1.2.2]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been charged with an offence by the police {jse25c} [SC CAW(S)I H1.2.3]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Appeared in court as a defendant {jse25d} [SC CAW(S)I H1.2.4]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been convicted of an offence {jse25e} [SC CAW(S)I H1.2.5]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been on community-based supervision without being sentenced (e.g. supervised or conditional bail, home-detention bail) {jse25h} [SC CAW(S)I H1.2.6]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been detained in a remand centre or youth detention centre on remand (without being sentenced) {jse25f} [SC CAW(S)I H1.2.7]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been on community-based supervision after sentencing (e.g. home detention, probation, suspended detention, community service orders and parole or supervised release) {jse25i} [SC CAW(S)I H1.2.8]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

Been detained in a prison (includes intake, correctional, transition and pre-release centres), correctional work camp, youth detention centre or youth justice centre after sentencing {jse25g} [SC CAW(S)I H1.2.9]

0: Not at all  
 1: Once  
 2: Twice  
 3: More often

## DIET\_Intro1

The next questions are about your eating behaviours and weight management.

## SCCASI\_Q65

Thinking about yesterday, how often did you have

fresh fruit? {jhb21c1a1} [SC CAW(S)I I1.1.1 ]

0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

fruit juice? {jhb21c2a1} [SC CAW(S)I I1.1.2]

0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

cooked vegetables? {jhb21c1b1} [SC CAW(S)I I1.1.3]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

raw vegetables or salad? {jhb21c1c1} [SC CAW(S)I I1.1.4]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

meat pie, hamburger, hot dog, sausage or sausage roll? {jhb21c3a1} [SC CAW(S)I I1.1.5]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

hot chips or French fries? {jhb21c3b1} [SC CAW(S)I I1.1.6]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

potato chips or savoury snacks such as 'Twisties'? {jhb21c3c1} [SC CAW(S)I I1.1.7]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

biscuits, doughnuts, cake or chocolate? {jhb21c3d1} [SC CAW(S)I I1.1.8]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

bread or toast? {jhb21c8a1} [SC CAW(S)I I1.1.9]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

full cream milk or milk products (e.g. yoghurt or cheese)? {jhb21c3e1} [SC CAW(S)I I1.1.10]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

skim/low/no fat milk or milk products {jhb21c4a1} [SC CAW(S)I I1.1.11]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

water? {jhb21c5a1} [SC CAW(S)I I1.1.12]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

soft drink or cordial, not diet soft drink or diet cordial? {jhb21c2b1} [SC CAW(S)I I1.1.13]  0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

---

diet or sugar free soft drink or cordial? {jhb21c6a1}  
[SC CAW(S)I I1.1.14]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

energy drinks (e.g. Redbull, Mother or V)?  
{jhb21c7a1} [SC CAW(S)I I1.1.15]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

coffee? {jhb21c7b1} [SC CAW(S)I I1.1.16]

- 0: Not at all  
 1: Once  
 2: Twice  
 3: More than twice

### SCCASI\_Q67

How would you feel if you gained one to two kilograms  
in weight? {jhb30b1 } [SC CAW(S)I I1.2]

- 1: It would please me  
 2: It wouldn't bother me  
 3: I'd be a little concerned  
 4: It would worry me  
 5: It would really upset me

### SCCASI\_Q68

Over the last 4 weeks have you been afraid you might  
gain weight ? {jhb30b2 } [SC CAW(S)I I1.3]

- 1: Yes  
 2: No ---> SCCASI\_Q71

### SCCASI\_Q69

During the last 4 weeks, how often did you feel  
afraid that you might gain weight? {jhb30b3 } [SC  
CAW(S)I I1.4]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

### SCCASI\_Q70

How concerned were you that you might gain weight?  
{jhb30b4 } [SC CAW(S)I I1.5]

- 1: Only a little  
 2: Moderately  
 3: Very  
 4: Extremely

### SCCASI\_Q71

How important is your weight in how you feel about  
yourself as a person? {jhb30b5 } [SC CAW(S)I I1.6]

- 1: Not important  
 2: A bit important  
 3: Moderately important  
 4: Very important

**SCCASI\_Q72**

How do you feel about your weight at the moment?  
{jhb30b6 } [SC CAW(S)I I1.7]

- 1: Very underweight  
 2: Somewhat underweight  
 3: About the right weight  
 4: Somewhat overweight  
 5: Very overweight

**SCCASI\_Q73**

In the last 4 weeks have you gone all day (12 or more hours) without eating to control your weight or shape? {jhb30b7 } [SC CAW(S)I I2.1]

- 1: Yes  
 2: No ---> SCCASI\_Q76

**SCCASI\_Q74**

How often during the last 4 weeks have you gone all day without eating? {jhb30b8 } [SC CAW(S)I I2.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**SCCASI\_Q75**

How long have you been having days without eating?  
{jhb30b9 } [SC CAW(S)I I2.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**SCCASI\_Q76**

In the last 4 weeks have you felt at any time that you have lost control of your eating or felt you ate much too much? {jhb30b10} [SC CAW(S)I I3.1]

- 1: Yes  
 2: No ---> SCCASI\_Q81

**SCCASI\_Q77**

How often during the last 4 weeks have you felt like this? {jhb30b11} [SC CAW(S)I I3.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**SCCASI\_Q78**

How long have you been having these feelings that you have lost control of your eating? {jhb30b12} [SC CAW(S)I I3.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year



**SCCASI\_Q79**

When you lose control of your eating, how difficult is it to stop after starting to eat in this way?  
{jhb30b13} [SC CAW(S)I I3.4]

- 1: Fairly easy  
 2: Fairly difficult  
 3: Very difficult  
 4: Impossible

**SCCASI\_Q80**

We would like you to think about a typical episode when you have felt that you have lost control of your eating or that you ate much too much.

Which of the following is the closest to the amount of food you would eat in less than 2 hours?  
{jhb30b14} [SC CAW(S)I I3.5]

- 1: 2 pieces of bread and 4 scoops of ice-cream and 2 biscuits  
 2: 8 pieces of bread and half a litre of ice-cream and 5 biscuits  
 3: 12 pieces of bread and 1 litre of ice-cream and 10 biscuits  
 4: 1 loaf of bread and 2 litres of ice-cream and 1 packet of biscuits  
 5: Less than any of these amounts

**SCCASI\_Q81**

Over the last 4 weeks have you taken any tablets, medicines or drugs in order to control your weight?  
{jhb30c } [SC CAW(S)I I4.1]

- 1: Yes  
 2: No ---> SCCASI\_Q87

**SCCASI\_Q82**

What did you take in the last 4 weeks to control your weight

Laxatives {jhb30c1 } [SC CAW(S)I I4.2.1]

- 0: No  
 1: Yes

Diuretics {jhb30c2 } [SC CAW(S)I I4.2.2]

- 0: No  
 1: Yes

Appetite suppressants {jhb30c3 } [SC CAW(S)I I4.2.3]

- 0: No  
 1: Yes

Other drugs {jhb30c4 } [SC CAW(S)I I4.2.4]

- 0: No  
 1: Yes

**SCCASI\_Q83**

Other drugs you have taken to control your weight  
{jhb30c5} [SC CAW(S)I I4.3]

**SCCASI\_Q84**

How often during the last 4 weeks have you taken laxatives? {jhb30c1a} [SC CAW(S)I I4.4.1]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

How often during the last 4 weeks have you taken diuretics? {jhb30c2a} [SC CAW(S)I I4.4.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

How often during the last 4 weeks have you taken appetite suppressants? {jhb30c3a} [SC CAW(S)I I4.4.3]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

How often during the last 4 weeks have you taken other drugs? {jhb30c5a} [SC CAW(S)I I4.4.4]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**SCCASI\_Q85**

How long have you been taking laxatives? {jhb30c1b} [SC CAW(S)I I4.5.1]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

How long have you been taking diuretics? {jhb30c2b} [SC CAW(S)I I4.5.2]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

How long have you been taking appetite suppressants? {jhb30c3b} [SC CAW(S)I I4.5.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

How long have you been taking other drugs? {jhb30c5b} [SC CAW(S)I I4.5.4]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**SCCASI\_Q86**

When taking laxatives how many tablets would you take in a day? {jhb30c1c} [SC CAW(S)I I4.6.1]

- 1: One  
 2: Between 2 and 5  
 3: Between 6 and 10  
 4: Between 11 and 15  
 5: Between 16 and 20  
 6: More than 20

When taking diuretics how many tablets would you take in a day? {jhb30c2c} [SC CAW(S)I I4.6.2]

- 1: One  
 2: Between 2 and 5  
 3: Between 6 and 10  
 4: Between 11 and 15  
 5: Between 16 and 20  
 6: More than 20

When taking appetite suppressants how many tablets would you take in a day? {jhb30c3c} [SC CAW(S)I I4.6.3]

- 1: One  
 2: Between 2 and 5  
 3: Between 6 and 10  
 4: Between 11 and 15  
 5: Between 16 and 20  
 6: More than 20

When taking other drugs how many tablets would you take in a day? {jhb30c5c} [SC CAW(S)I I4.6.4]

- 1: One  
 2: Between 2 and 5  
 3: Between 6 and 10  
 4: Between 11 and 15  
 5: Between 16 and 20  
 6: More than 20

**SCCASI\_Q87**

Over the last 4 weeks have you made yourself vomit as a means of controlling your shape or weight? {jhb30d } [SC CAW(S)I I5.1]

- 1: Yes  
 2: No ---> SCCASI\_Q90

**SCCASI\_Q88**

How often during the last 4 weeks have you made yourself vomit as a means of controlling your shape or weight? {jhb30d1 } [SC CAW(S)I I5.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**SCCASI\_Q89**

How long have you been making yourself vomit to control your weight? {jhb30d2 } [SC CAW(S)I I5.3]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**SCCASI\_Q90**

Did you exercise in order to control your weight over the last 4 weeks? {jhb30e } [SC CAW(S)I I6.1]

- 1: Yes  
 2: No ---> SCGAMB\_Q01a

**SCCASI\_Q91**

How often in the last 4 weeks have you exercised in order to control your weight? {jhb30e1 } [SC CAW(S)I I6.2]

- 1: Less than one day a week  
 2: One day a week  
 3: Two or three days a week  
 4: Four or five days a week  
 5: Six or seven days a week

**SCCASI\_Q92**

In the last 4 weeks, how much time have you spent exercising per day in order to control your weight? {jhb30e2 } [SC CAW(S)I I6.3]

- 0: Less than an hour per day  
 1: About an hour per day  
 2: About 2 hours per day  
 3: About 3 hours per day  
 4: About 4 hours per day  
 5: More than 4 hours per day

**SCCASI\_Q93**

How long have you been exercising in order to control your weight? {jhb30e3 } [SC CAW(S)I I6.4]

- 1: Less than 4 weeks  
 2: Between 4 weeks and 3 months  
 3: Between 3 months and 6 months  
 4: Between 6 months and a year  
 5: Longer than a year

**SCGAMB\_Q01a**

The next few questions are about gambling activities.

During the last 12 months, since [current month] last year have you spent money on

Instant scratch tickets ("scratchies") {jse26c1a} [SC CAW(S)I J1.1.1 ]

- 1: Yes  
 2: No

Bingo {jse26c1b} [SC CAW(S)I J1.1.2 ]

- 1: Yes  
 2: No

Lotto or lottery games (e.g. Powerball, Oz Lotto) {jse26c1c} [SC CAW(S)I J1.1.3]

- 1: Yes  
 2: No

Keno {jse26c1d} [SC CAW(S)I J1.1.4]

- 1: Yes  
 2: No

Private betting with friends or family (e.g. cards, mah-jong, pool, sports) {jse26c1e} [SC CAW(S)I J1.1.5]

- 1: Yes  
 2: No

Poker {jse26c1f} [SC CAW(S)I J1.1.6]

- 1: Yes  
 2: No

Casino table games (e.g. blackjack (21), roulette) {jse26c1g} [SC CAW(S)I J1.1.7]

- 1: Yes  
 2: No

Poker machines ("pokies") or slots {jse26c1h} [SC CAW(S)I J1.1.8]  1: Yes  
 2: No

Betting on horse or dog races (but not sweeps) {jse26c1i} [SC CAW(S)I J1.1.9]  1: Yes  
 2: No

Betting on sports (e.g. football, cricket, eSports gaming tournaments {jse26c1j} [SC CAW(S)I J1.1.10]  1: Yes  
 2: No

If all no  ---> SCCASI\_Q103

### SCGAMB\_OfflineInt

The next question is about your participation in these activities not online.(e.g. at a venue).

### SCGAMB\_Q02a

Thinking about the last 12 months, how often have you participated in these activities not online?

Instant scratch tickets ("scratchies") {jse26c2a} [SC CAW(S)I J1.2.1]  0: Never  
 1: Not in the last 12 months  
 2: Once or twice a year  
 3: A few times a year  
 4: Once a month  
 5: 2 to 3 times a month  
 6: Once a week  
 7: 2 to 3 times a week  
 8: 4 or more times a week

Bingo {jse26c2b} [SC CAW(S)I J1.2.2]  0: Never  
 1: Not in the last 12 months  
 2: Once or twice a year  
 3: A few times a year  
 4: Once a month  
 5: 2 to 3 times a month  
 6: Once a week  
 7: 2 to 3 times a week  
 8: 4 or more times a week

Lotto or lottery games (e.g. Powerball, Oz Lotto) {jse26c2c} [SC CAW(S)I J1.2.3]  0: Never  
 1: Not in the last 12 months  
 2: Once or twice a year  
 3: A few times a year  
 4: Once a month  
 5: 2 to 3 times a month  
 6: Once a week  
 7: 2 to 3 times a week  
 8: 4 or more times a week

Keno {jse26c2d} [SC CAW(S)I J1.2.4]  0: Never  
 1: Not in the last 12 months  
 2: Once or twice a year  
 3: A few times a year  
 4: Once a month  
 5: 2 to 3 times a month  
 6: Once a week  
 7: 2 to 3 times a week  
 8: 4 or more times a week

---

Private betting with friends or family (e.g. cards, mah-jong, pool, sports) {jse26c2e} [SC CAW(S)I J1.2.5]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Poker {jse26c2f} [SC CAW(S)I J1.2.6]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Casino table games (e.g. blackjack (21), roulette) {jse26c2g} [SC CAW(S)I J1.2.7]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Poker machines ("pokies") or slots {jse26c2h} [SC CAW(S)I J1.2.8]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Betting on horse or dog races (but not sweeps) {jse26c2i} [SC CAW(S)I J1.2.9]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Betting on sports (e.g. football, cricket, eSports gaming tournaments) {jse26c2j} [SC CAW(S)I J1.2.10]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

**SCGAMB\_OnlineInt**

The next question is about your participation in these activities online.

**SCGAMB\_Q02b**

Thinking about the last 12 months, how often have you participated in these activities online?

Instant scratch tickets ("scratchies") {jse26c3a} [SC CAW(S)I J1.3.1]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

Bingo {jse26c3b} [SC CAW(S)I J1.3.2]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

Lotto or lottery games (e.g. Powerball, Oz Lotto) {jse26c3c} [SC CAW(S)I J1.3.3]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

Keno {jse26c3d} [SC CAW(S)I J1.3.4]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

Private betting with friends or family (e.g. cards, mah-jong, pool, sports) {jse26c3e} [SC CAW(S)I J1.3.5]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Poker {jse26c3f} [SC CAW(S)I J1.3.6]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Casino table games (e.g. blackjack (21), roulette) {jse26c3g} [SC CAW(S)I J1.3.7]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Poker machines ("pokies") or slots {jse26c3h} [SC CAW(S)I J1.3.8]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Betting on horse or dog races (but not sweeps) {jse26c3i} [SC CAW(S)I J1.3.9]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week

---

Betting on sports (e.g. football, cricket, eSports gaming tournaments) {jse26c3j} [SC CAW(S)I J1.3.10]

- 0: Never
- 1: Not in the last 12 months
- 2: Once or twice a year
- 3: A few times a year
- 4: Once a month
- 5: 2 to 3 times a month
- 6: Once a week
- 7: 2 to 3 times a week
- 8: 4 or more times a week



**SCGAMB\_Q04**

The next questions are about experiences you might have had because of your participation in gambling or betting games.

Thinking about the last 12 months, have you bet more than you could really afford to lose? {jse26c7a} [SC CAW(S)I J2.1]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement? {jse26c7b} [SC CAW(S)I J2.2]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, when you gambled, did you go back another day to try to win back the money you lost? {jse26c7c} [SC CAW(S)I J2.3]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, have you borrowed money or sold anything to get money to gamble? {jse26c7d} [SC CAW(S)I J2.4]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, have you felt that you might have a problem with gambling? {jse26c7e} [SC CAW(S)I J2.5]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, has gambling caused you any health problems, including stress or anxiety? {jse26c7f} [SC CAW(S)I J2.6]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? {jse26c7g} [SC CAW(S)I J2.7]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, has your gambling caused any financial problems for you or your household? {jse26c7h} [SC CAW(S)I J2.8]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

Thinking about the last 12 months, have you felt guilty about the way you gamble or what happens when you gamble? {jse26c7i} [SC CAW(S)I J2.9]

- 0:Never  
 1: Sometimes  
 2: Most of the time  
 3: Almost always

**SCCASI\_Q103**

The next few questions are about you and your feelings.

**SCCASI\_Q104**

How often do you feel rushed or pressed for time?  
{jhs26c3 } [SC CAW(S)I K1.1]

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

**SCCASI\_Q104a**

How difficult do you feel your life is at present?  
{jhs26c1} [SC CAW(S)I K1.2]

- 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

**SCCASI\_Q113**

These questions ask about how you are today. For each question, read all the choices and decide which one is most like you today.

**SCCASI\_Q114**

Worried {jgd09a } [SC CAW(S)I K2.1]

- 1: I don't feel worried today
- 2: I feel a little bit worried today
- 3: I feel a bit worried today
- 4: I feel quite worried today
- 5: I feel very worried today

**SCCASI\_Q115**

Sad {jgd09b } [SC CAW(S)I K2.2]

- 1: I don't feel sad today
- 2: I feel a little bit sad today
- 3: I feel a bit sad today
- 4: I feel quite sad today
- 5: I feel very sad today

**SCCASI\_Q116**

Pain {jgd09c } [SC CAW(S)I K2.3]

- 1: I don't have any pain today
- 2: I have a little bit of pain today
- 3: I have a bit of pain today
- 4: I have quite a lot of pain today
- 5: I have a lot of pain today

**SCCASI\_Q117**

Tired {jgd09d } [SC CAW(S)I K2.4]

- 1: I don't feel tired today  
 2: I feel a little bit tired today  
 3: I feel a bit tired today  
 4: I feel quite tired today  
 5: I feel very tired today

**SCCASI\_Q118**

Annoyed {jgd09e } [SC CAW(S)I K2.5]

- 1: I don't feel annoyed today  
 2: I feel a little bit annoyed today  
 3: I feel a bit annoyed today  
 4: I feel quite annoyed today  
 5: I feel very annoyed today

**SCCASI\_Q119**

Work (things like paid work, voluntary work, housework and study) {jgd09f1} [SC CAW(S)I K2.6]

- 1: I have no problems with my work today  
 2: I have a few problems with my work today  
 3: I have some problems with my work today  
 4: I have many problems with my work today  
 5: I cant do my work today

**SCCASI\_Q120**

Sleep {jgd09g } [SC CAW(S)I K2.7]

- 1: Last night I had no problems sleeping  
 2: Last night I had a few problems sleeping  
 3: Last night I had some problems sleeping  
 4: Last night I had many problems sleeping  
 5: Last night I couldn't sleep at all

**SCCASI\_Q121**

Daily routine (things like eating, having a bath/shower, getting dressed) {jgd09h } [SC CAW(S)I K2.8]

- 1: I have no problems with my daily routine today  
 2: I have a few problems with my daily routine today  
 3: I have some problems with my daily routine today  
 4: I have many problems with my daily routine today  
 5: I can't do my daily routine today

**SCCASI\_Q122**

Able to join in activities (things like going out with your friends, doing sports, joining in things) {jgd09i } [SC CAW(S)I K2.9]

- 1: I can join in with any activities today  
 2: I can join in with most activities today  
 3: I can join in with some activities today  
 4: I can join in with a few activities today  
 5: I can join in with no activities today

**SEP\_Mos**

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?

Someone you can count on to listen to you when you need to talk {jsc18c1a} [SC CAW(S)I L1.1]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to confide in or talk about yourself or your problems {jsc18c1b} [SC CAW(S)I L1.2]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to share your most private worries and fears with {jsc18c1c} [SC CAW(S)I L1.3]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to turn to for suggestions about how to deal with a personal problem {jsc18c1d} [SC CAW(S)I L1.4]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to help you if you were confined to bed {jsc18c2a} [SC CAW(S)I L1.5]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to take you to the doctor if you needed it {jsc18c2b} [SC CAW(S)I L1.6]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to prepare your meals if you were unable to do it yourself {jsc18c2c} [SC CAW(S)I L1.7]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to help with daily chores if you were sick {jsc18c2d} [SC CAW(S)I L1.8]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone who shows you love and affection {jsc18c3a} [SC CAW(S)I L1.9]

- 1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to love and make you feel wanted {jsc18c3b} [SC CAW(S)I L1.10]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone who hugs you {jsc18c3c} [SC CAW(S)I L1.11]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to have a good time with {jsc18c4a} [SC CAW(S)I L1.12]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to get together with for relaxation {jsc18c4b} [SC CAW(S)I L1.13]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to do something enjoyable with {jsc18c4c} [SC CAW(S)I L1.14]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

Someone to do things with to help you get your mind off things {jsc18c5} [SC CAW(S)I L1.15]

1: None of the time  
 2: A little of the time  
 3: Some of the time  
 4: Most of the time  
 5: All of the time

### SCCASI\_Q123

Have you sought help for personal or emotional problems from any of these in the last 12 months?

Boyfriend /girlfriend/partner {jhs55a2} [SC CAW(S)I L2.1.1]

0: No  
 1: Yes

Friend (not related to you) {jhs55b} [SC CAW(S)I L2.1.2]

0: No  
 1: Yes

Parent {jhs55c} [SC CAW(S)I L2.1.3]

0: No  
 1: Yes

Brother or sister {jhs55d} [SC CAW(S)I L2.1.4]

0: No  
 1: Yes

Other relative / family member {jhs55e} [SC CAW(S)I L2.1.5]

0: No  
 1: Yes

Teacher (year advisor, classroom teacher, lecturer, tutor) {jhs55f} [SC CAW(S)I L2.1.6]

0: No  
 1: Yes

Other school/university/TAFE etc. staff (e.g. counsellor, nurse, chaplain) {jhs55g} [SC CAW(S)I L2.1.7]  0: No  
 1: Yes

Family doctor / GP {jhs55h} [SC CAW(S)I L2.1.8]  0: No  
 1: Yes

Mental health professional (e.g. psychologist, psychiatrist) {jhs55i} [SC CAW(S)I L2.1.9]  0: No  
 1: Yes

Work colleague {jhs55r} [SC CAW(S)I L2.1.10]  0: No  
 1: Yes

Other adult (not a relative) {jhs55j} [SC CAW(S)I L2.1.11]  0: No  
 1: Yes

Phone help line (e.g. Lifeline) {jhs55k} [SC CAW(S)I L2.1.12]  0: No  
 1: Yes

Internet {jhs55l} [SC CAW(S)I L2.1.13]  0: No  
 1: Yes

Someone else not listed above {jhs55m} [SC CAW(S)I L2.1.14]  0: No  
 1: Yes

I have not sought help from anyone {jhs55n} [SC CAW(S)I L2.1.15]  0: No  
 1: Yes

I have not had any emotional or personal problems (in the last 12 months) {jhs55o} [SC CAW(S)I L2.1.16]  0: No  
 1: Yes

## SCCASI\_Q124

How likely is it that you would seek help from the following people, if you had a personal or emotional problem during the next 4 weeks

Boyfriend/girlfriend/Partner {jhs55a1a} [SC CAW(S)I L2.2.1]  1: Definitely would  
 2: Probably would  
 3: About a 50-50 chance  
 4: Probably wouldn't  
 5: Definitely wouldn't

Friend {jhs55b1} [SC CAW(S)I L2.2.2]  1: Definitely would  
 2: Probably would  
 3: About a 50-50 chance  
 4: Probably wouldn't  
 5: Definitely wouldn't

Parent {jhs55c1} [SC CAW(S)I L2.2.3]  1: Definitely would  
 2: Probably would  
 3: About a 50-50 chance  
 4: Probably wouldn't  
 5: Definitely wouldn't

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Brother or sister {jhs55d1} [SC CAW(S)I L2.2.4]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Other relative / family member {jhs55e1} [SC CAW(S)I L2.2.5]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Teacher (e.g. year advisor, classroom teacher, lecturer, tutor) {jhs55f1} [SC CAW(S)I L2.2.6]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Other school/university/TAFE etc. staff (e.g. counsellor, nurse, chaplain) {jhs55g} [SC CAW(S)I L2.1.7]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Family doctor / GP {jhs55h1} [SC CAW(S)I L2.2.8]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Mental health professional {jhs55i1} [SC CAW(S)I L2.2.9]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Work colleague {jhs55r1} [SC CAW(S)I L2.2.10]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Other adult {jhs55j1} [SC CAW(S)I L2.2.11]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Phone help line {jhs55k1} [SC CAW(S)I L2.2.12]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't
Internet {jhs55l1} [SC CAW(S)I L2.2.13]	<input type="checkbox"/> 1: Definitely would <input type="checkbox"/> 2: Probably would <input type="checkbox"/> 3: About a 50-50 chance <input type="checkbox"/> 4:Probably wouldn't <input type="checkbox"/> 5: Definitely wouldn't

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Someone else not listed above {jhs55m1} [SC CAW(S)| L2.2.14]

- 1: Definitely would  
 2: Probably would  
 3: About a 50-50 chance  
 4: Probably wouldn't  
 5: Definitely wouldn't

### SCCASI\_Q124b

Would you seek help from anyone if you had a personal or emotional problem during the next 4 weeks? {jhs55q} [SC CAW(S)| L2.3]

- 1: Yes  
 2: No

### SCCASI\_Q157a

The next few questions are about your future.

### SCCASI\_Q158

Please choose the response that is most true of you.

I will keep working at difficult, boring tasks if I know they will help me get ahead later. {jse29c1} [SC CAW(S)| L3.1.1]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

I think about how things might be in the future {jse29c2} [SC CAW(S)| L3.1.2]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

I make lists of things to do {jse29c3} [SC CAW(S)| L3.1.3]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

Before making a decision, I weigh the good vs. the bad {jse29c4} [SC CAW(S)| L3.1.4]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

I will give up my happiness now so that I can get what I want in the future {jse29c5} [SC CAW(S)| L3.1.5]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

I would rather save my money for a rainy day than spend it now on something fun {jse29c6} [SC CAW(S)| L3.1.6]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

I can see my life 10 years from now {jse29c7} [SC CAW(S)| L3.1.7]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always



I usually think about the consequences before I do something {jse29c8} [SC CAW(S)I L3.1.8]

- 1: Never  
 2: Rarely  
 3: Often  
 4: Always

### SEP.Future

When you talk about your plans for the future, would you say you talk to your

Parents {jhs60c1a} [SC CAW(S)I L3.2.1 ]

- 0: No  
 1: Yes

Brother/sister {jhs60c1b} [SC CAW(S)I L3.2.2]

- 0: No  
 1: Yes

Other relative/family member {jhs60c1c} [SC CAW(S)I L3.2.3]

- 0: No  
 1: Yes

School Career Guidance Counsellor {jhs60c1d} [SC CAW(S)I L3.2.4]

- 0: No  
 1: Yes

Psychologist/therapist {jhs60c1e} [SC CAW(S)I L3.2.5]

- 0: No  
 1: Yes

Coaches/instructors {jhs60c1f} [SC CAW(S)I L3.2.6]

- 0: No  
 1: Yes

Teachers {jhs60c1g} [SC CAW(S)I L3.2.7]

- 0: No  
 1: Yes

People from work {jhs60c1h} [SC CAW(S)I L3.2.8]

- 0: No  
 1: Yes

Boyfriend/Girlfriend/Partner {jhs60c1i} [SC CAW(S)I L3.2.9]

- 0: No  
 1: Yes

Friends {jhs60c1j} [SC CAW(S)I L3.2.10]

- 0: No  
 1: Yes

Other unrelated adults {jhs60c1k} [SC CAW(S)I L3.2.11]

- 0: No  
 1: Yes

Do not talk to anyone {jhs60c1l} [SC CAW(S)I L3.2.12]

- 0: No  
 1: Yes

Nobody to talk to {jhs60c1m} [SC CAW(S)I L3.2.13]

- 0: No  
 1: Yes

Other {jhs60c1n} [SC CAW(S)I L3.2.14]

- 0: No  
 1: Yes