

11. APPENDIX : NEW SOUTH WALES CHILD HEALTH SURVEY 2001 QUESTIONNAIRE

Introduction

ALL 1 Good morning/afternoon/evening, my name is _____. I am calling from the New South Wales Department of Health. We are conducting an important statewide study about the health of children aged between 0 and 12 years. We would like to interview the parent or carer of a child randomly selected from each participating household. May I please speak to a parent or carer of any children who live in this household?

1. Yes—that's me
2. Yes, I'll get someone
4. No children 0–12 yrs in household → THANK AND GOODBYE
5. Refusal → THANK AND GOODBYE
6. Language problem → BILINGUAL SCRIPT.
8. Household not in NSW/ACT/holiday house → THANK AND GOODBYE
12. Not a resident of NSW/ACT → THANK AND GOODBYE
13. Unavailable for duration of the study → THANK AND GOODBYE

ALL 1a Can I ask if you received the letter we sent to your household recently about this study?

[NOTE: Only asked if respondent's number is in the white pages]

- Yes
No
Don't know
Refused

ALL 1b Could you tell me how many children aged up to and including 12 years usually live in this household?

(NOTE: Prompt if necessary that 'live in this household' means lives there most days of the school week)

_____ number of children
Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1c How many of these children are aged 0 to 4 years?

_____ number of children

Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1d How many of these children are aged 5 to 12 years?

_____ number of children
Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1e We are collecting information about one child from each selected household and now we would like to randomly select that child. We have done the random selection and we would like to interview the parent or carer of the [nth oldest child]. Because this study is about child health we need to speak to the parent or carer who knows most about [child's] health. Is that you?

1. Yes—I know most about [child's] health
2. Yes—I know something about [child's] health
3. No—I'll get them
4. No—not home at the moment → MAKE APPOINTMENT
5. Refusal → THANK AND GOODBYE
6. Unavailable for duration of survey → THANK AND GOODBYE
7. Main parent/carer does not speak English → BILINGUAL SCRIPT
8. Main parent/carer unable to be interviewed due to disability → THANK AND GOODBYE

ALL 1f Your help with this survey is voluntary. All that is involved is answering some questions about [child's] health, wellbeing and use of health services. The survey takes around 25 to 30 minutes for most people but may take a little longer in some cases. There are no 'right' or 'wrong' answers to any of the questions. You can stop at any time or simply refuse to answer a question should you prefer. Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law. The information from this survey will be used to help improve health

services for children in your area and across the state, so your help is very important to us. Do you agree to participate?

[NOTE: Prompt if necessary that all the answers that you give to the questions remain completely confidential. However if you tell us additional information about breaking the law or that suggests a child is being abused or neglected, then we are required to report this to the appropriate authority such as the Department of Community Services.]

Yes

No → THANK AND GOODBYE

Preliminary demographic questions

- ALL 2. First, we need to know some information about [child], yourself and your household.
- ALL 2a. Could you please tell me how old [child] is today?
1. ____ years (2–12 years only) → Q3
 2. ____ months (1–23 months only) → Q3
 3. ____ weeks (1–3 weeks only) → Q3
 4. Less than 1 week old → Q3
 5. Don't know
 6. Refused
- ALL 3. Is [child] male or female?
- (NOTE: ask if not obvious from name)
1. Male
 2. Female
- ALL 4. Could you please tell me how old you are today?
1. ____ years
 2. Don't know
 3. Refused

Respondents health

- ALL 5 The next question is about your general health
- ALL 6 In general would you say your health is excellent, very good, good, fair or poor?
1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Don't know
 7. Refused
- ALL 7 Are you male or female?

(NOTE: ask if not obvious from voice)

1. Male
2. Female

ALL 8 What is your relationship to [child]?

IF FEMALE: For example are you [child]'s mother, stepmother or other relation?

IF MALE: For example are you [child]'s father, stepfather or other relation?

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Grandmother
6. Grandfather
7. Legal guardian
8. Other (Specify)

9. Don't know

10. Refused

Health service use: Child and family services

- 0–4Y 9 The next few questions are about use of health services.
- 0–4Y 9a Has [child] ever seen a baby health or early childhood health nurse? This could have been at either a baby health clinic or early childhood health centre, or in your home.
1. Yes
 2. No → Q13
 3. Hasn't attended first appointment yet → Q14
 4. Don't know → Q14
 5. Refused → Q14
- 0–4Y 10 What was [child]'s age when [he/she] first had contact with a baby health or early childhood health nurse?
1. ____ months (1–23 months only)
 2. ____ weeks (0–12 weeks only)
 3. Don't know
 4. Refused
- 0–4Y 11 What was [child]'s age when [he/she] last had contact with a baby health or early childhood health nurse?
1. ____ years (2–4 years only)
 2. ____ months (1–23 months only)
 3. ____ weeks (0–12 weeks only)
 4. Don't know
 5. Refused
- 0–4Y 12 Is [child] still seeing a baby health or early childhood health nurse on a regular

basis? (NOTE: includes regular visits to early childhood health centre or baby health centre) (NOTE: regular visits means attended last appointment and plan to take child again)

1. Yes → Q14
2. No
3. Don't know → Q14
4. Refused → Q14

0-4Y 13 What is the main reason [child] has [not seen-stopped seeing] a baby health or early childhood health nurse?

1. Centre at inconvenient location
2. Centre has inconvenient-unsuitable hours
3. Insufficient services
4. Unwelcome atmosphere
5. No need to attend-any more
6. Not useful-Not useful any more
7. Use other services instead
8. Other (Specify) _____
9. Don't know
10. Refused

Health service use

ALL 14 The next few questions are about visits to the doctor

ALL 15 Who do you usually consult about [child]'s general health problems? (NOTE: Medical Centres are open long hours, seven days a week and provide other services such as x-rays) (READ OPTIONS 1-4)

1. A doctor in a medical centre
2. GP or local doctor
3. Doctor at a hospital
4. Someone else (Specify) _____
5. Don't know
6. Refused

ALL 16 When [child] visits the doctor does [he/she] usually see?

(READ OPTIONS 1-4)

1. The same doctor
2. Different doctors at the same practice or Surgery
3. Different doctors at different places
4. Don't know
5. Refused

ALL 17 I'm now going to read you a list of services that you may have had contact with for [child].

ALL 18 Within the past twelve months, that is since [month] 2001, did [child] have contact with any of the following services?

(READ OUT OPTIONS 1-9 AND WAIT FOR RESPONSE; MULTIPLE RESPONSE)

1. A hospital emergency department (Specify hospital ED name) _____
2. A GP or family doctor
3. A community health centre, not including early childhood health centre
4. A hospital outpatient department or clinic
5. A private medical specialist eg. paediatrician, psychiatrist or ENT specialist
6. Department of Community services office-officer
7. Physiotherapist, chiropractor, or speech or other therapist,
8. A school counsellor or guidance officer
9. Other helping organisation or individual (Specify) _____
10. Not attended any services
11. Don't know
12. Refused

Personal health records

ALL 19 The next few questions are about any health records you may have for [child].

ALL 20 Do you have a Personal Health Record or 'blue book' for [child]? (NOTE: A 'blue book' or personal health record is given to all babies. It contains a record of growth, health check-ups and immunisation)

1. Yes
2. No → Q24
3. Don't know → Q24
4. Refused → Q24

ALL 21 Do you currently use, or have you used, the 'blue book' or 'personal health record' for [child]?

1. Yes, use it now
2. Yes, have used in past, but not now → Q23.
3. No, never used → Q24
4. Don't know → Q24
5. Refused → Q24

ALL 22 What do you currently use the Personal Health Record for?

- (MULTIPLE RESPONSE)
(NOTE: Prompt with 'And anything else?')
1. Record of immunisation → Q24
 2. Record of growth (weight and height) → Q24
 3. Record of visits to baby health or early childhood centre → Q24
 4. Record of visits to doctor → Q24
 5. Information on child health → Q24
 6. Nothing → Q24
 7. Other (Specify) _____ → Q24
 8. Don't know → Q24
 9. Refused → Q24

- ALL 23 What have you used the Personal Health Record for in the past?
(MULTIPLE RESPONSE)
(NOTE: Prompt with 'And anything else?')
1. Record of immunisation
 2. Record of growth (weight and height)
 3. Record of visits to baby health or early childhood centre
 4. Record of visits to doctor
 5. Information on child health
 6. Nothing
 7. Other (Specify) _____
 8. Don't know
 9. Refused

Nutrition: Folate in pregnancy (age 0–11 months and respondent is mother)

- 0–11M 24 The next questions are about nutrition in pregnancy, particularly prior to and in the early stages of pregnancy.
- 0–11M 25 Thinking back to before you were pregnant with [child] were you thinking about becoming pregnant?
1. Yes – trying to become pregnant
 2. Not trying to become pregnant → Q27
 3. Sort of – not actively trying to avoid pregnancy
 4. N/A–respondent not birth mother → Q33
 5. Don't know
 6. Refused
- 0–11M 26 How long were you trying to become pregnant?
1. More than 12 months
 2. ____ months (1–12 only)
 3. Less than one month
 4. Don't know
 5. Refused

- 0–11M 27 Have you heard, seen or read anything about the vitamin folate or folic acid and pregnancy?
1. Yes
 2. No → Q33
 3. Don't know → Q33
 4. Refused → Q33

- 0–11M 28 The next few questions refer to when you were pregnant with [child]. Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or in the first three months of this pregnancy?

(NOTE: In the month before includes taking folate for more than one month prior to pregnancy) (NOTE: First three months of pregnancy includes taking folate for more than the first three months of pregnancy)

1. Yes, in the month before and first 3 months of pregnancy
2. Yes, in the month before only
3. Yes, in the first 3 months of pregnancy only
4. No → Q30
5. Don't know → Q30
6. Refused → Q30

- 0–11M 29 What prompted you to take folate or folic acid tablets or capsules?

(MULTIPLE RESPONSE)

1. Saw leaflet or poster about it
2. Doctor advised me to
3. An early childhood health nurse or midwife suggested it
4. Heard about it on TV or the radio
5. Read about it in a book, newspaper or magazine
6. Pharmacist told me about it
7. Friends or relative mentioned it
8. Read about it on a food label–food package
9. Other (Specify)

10. Don't know
11. Refused

- 0–11M 30 Thinking back to when you were pregnant with [child], did you change the food you ate to increase folate or folic acid intake in the month immediately before and/or in the first three months of this pregnancy?

(PROMPT IF NO: Is that because you were already eating enough food with folate?)

1. Yes

2. No, already eating enough foods with folate
3. No, didn't change diet
4. Don't know
5. Refused

- 0-11M 31 What foods do you think contain folate or folic acid?
(MULTIPLE RESPONSE)
1. Fruits
 2. Vegetables
 3. Fruit juice
 4. Breakfast cereal with added folate
 5. Bread with added folate
 6. Other (Specify) _____
 7. Don't know
 8. Refused

- 0-11M 32 Women are advised to take additional folate or folic acid prior to and during pregnancy. Do you know the main reasons for this?
(MULTIPLE RESPONSE)
1. Makes baby healthy
 2. Prevents birth defects
 3. Prevents spina bifida
 4. Prevents neural tube defects
 5. Other (Specify)

 6. Don't know
 7. Refused

Sleeping position

- 0-11M 33 The next question is about sleeping position.
- 0-11M 34 What position did you put [child] to sleep in from birth?
(READ OPTIONS 1-4)
1. On [his/her] back
 2. On [his/her] side
 3. On [his/her] tummy
 4. Any other position (Specify) _____
 5. Don't know
 6. Refused

Breastfeeding (respondent is mother or father)

- 0-23M 35 The next questions are about infant feeding.
- 0-23M 36 Has [child] ever been breastfed?
1. Yes
 2. No → Q41
 3. Don't know → Q41
 4. Refused → Q41

- 0-23M 37 Is [child] currently being breastfed?
1. Yes
 2. No
 3. Don't know
 4. Refused

- 0-23M 38 Was [child] breastfed when [he/she] first came home from hospital?
1. Yes
 2. No
 3. Not born in hospital
 4. Don't know
 5. Refused

- 0-23M 39 Including times of weaning, what is the total time [child] was breastfed?
1. ___ weeks (1-12 weeks only)
 2. ___ months (1-23 months only)
 3. Less than one week
 4. Don't know
 5. Refused

- 0-23M 40 IF MOTHER ASK: What were the main reasons you decided to breastfeed [child]? ELSE → Q41 (READ OPTIONS 1-8; MULTIPLE RESPONSE)
1. Breast milk is better for the baby
 2. Breastfeeding is more convenient
 3. Breastfeeding is cheaper
 4. Breastfeeding prevents allergies
 5. Breastfeeding helps weight loss
 6. Breastfeeding is the right thing to do
 7. [Child]'s father wanted you to breastfeed
 8. Other people advised you to breastfeed
 9. Any other reason (Specify)

 10. Don't know
 11. Refused

- 0-23M 41 Has [child] ever been given infant formula regularly?
(PROMPT IF NECESSARY: regularly means at least once a day)
1. Yes
 2. No → Q43
 3. Don't know → Q43
 4. Refused → Q43

- 0-23M 42 At what age was [child] first given infant formula regularly?
1. ___ weeks (1-12 weeks only)
 2. ___ months (1-23 months only)
 3. Less than one week
 4. Don't know
 5. Refused

- 0–23M 43 Has [child] ever been given cow’s milk regularly?
 1. Yes
 2. No → Q45
 3. Don’t know → Q45
 4. Refused → Q45
- 0–23M 44 At what age was [child] first given cow’s milk regularly?
 1. ___ weeks (1–12 weeks only)
 2. ___ months (1–23 months only)
 3. Less than one week
 4. Don’t know
 5. Refused
- 0–23M 45 Has [child] ever been given any other type of milk substitute on a regular basis?
 (PROMPT: Apart from breast milk–infant formula–cows milk)
 1. Yes
 2. No → Q48
 3. Don’t know → Q48
 4. Refused → Q48
- 0–23M 46 What type of milk substitutes did [child] have?
 (MULTIPLE RESPONSE)
 1. Soya Bean milk
 2. Goat’s milk
 3. Evaporated milk
 4. Other
 (Specify) _____
 5. Don’t know
 6. Refused
- 0–23M 47 At what age was [child] first given [this/ any of these] milk substitute(s) regularly?
 1. ___ weeks (1–12 weeks)
 2. ___ months (1–23 months)
 3. Less than one week
 4. Don’t know
 5. Refused
- 0–6M 48 Has [child] ever been given solid food?
 1. Yes
 2. No → Q57
 3. Don’t know → Q57
 4. Refused → Q57
- 0–23M 49 At what age was [child] first given solid food regularly?
 1. ___ weeks (0–12 weeks only)
 2. ___ months (1–23 months only)
 3. Never given solids–not yet started solids
 4. Don’t know
 5. Refused

Nutrition

- 2–12Y 50 The next few questions are about food. I’m going to read you a list of different food and drinks. Please tell me how much of these foods and drinks [child] usually consumes per day or per week.
- 2–12Y 51 How many serves of fruit does [child] usually eat in a day, including fresh, canned and dried fruit? (1 serve=1–2 piece fruit, 1/3 cup canned fruit, 1 tablespoon of dried fruit.)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat fruit
 4. Don’t know
 5. Refused
- 2–12Y 52 How many serves of salad vegetables or raw vegetables does [child] usually eat in a day? (1 serve=1/4 cup salad or 4 vegetable sticks.)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat salads or raw vegetables
 4. Don’t know
 5. Refused
- 2–12Y 53 How many serves of hot chips or french fries does [child] usually eat in a day? (1 serve=1/2 cup hot chips or french fries)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat hot chips or french fries
 4. Eats less than once a week
 5. Don’t know
 6. Refused
- 2–12Y 54 How many serves of cooked vegetables (including potato) does [child] usually eat in a day? (1 serve=1/4 cup cooked vegetables)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat cooked vegetables
 4. Don’t know
 5. Refused
- 2–12Y 55 How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup) (NOTE: milk = cow’s milk. If drinks other milk such as soy milk use response option 3)
 1. ___ Number of cups per day
 2. ___ Number of cups per week
 3. Drinks other milk such as soy milk (Specify) _____

- 4. Doesn't drink cow's milk or other milk
- 5. Don't know
- 6. Refused

2-12Y 56 How many cups of fruit juice does [child] usually drink in a day?
(1 cup=250ml, a household tea cup or 1 large 'popper')

- 1. ___ cups per day
- 2. ___ cups per week
- 3. Doesn't drink juice
- 4. Don't know
- 5. Refused

2-12Y 57 How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade does [child] usually drink in a day?
(1 cup=250ml. One can of soft drink=1½ cups. One 500ml bottle of Gatorade =2 cups)

- 1. ___ cups per day
- 2. ___ cups per week
- 3. Doesn't drink soft drink
- 4. Don't know
- 5. Refused

Nutrition—Food security

ALL 58 Sometimes different situations or circumstances arise which may affect family life. The next few questions are about these possible situations.

ALL 59 In the last 12 months, that is since [month] 2000, were there any times that you ran out of food and couldn't afford to buy more?

- 1. Yes
- 2. No → Q68
- 3. Don't know → Q68
- 4. Refused → Q68

ALL 60 How do you cope with feeding [child]/ your children when this happens?
(MULTIPLE RESPONSE)

- 1. Parent or guardian skips meals or eats less
- 2. Children or child skip meals or eat less
- 3. Cut down on variety of foods family eats
- 4. Seek help from relatives
- 5. Seek help from friends
- 6. Seek help from Government or Social Security
- 7. Seek help from welfare agencies
- 8. Other
(Specify) _____
- 9. Don't know

10. Refusal

ALL 61 Now I'm going to read you a series of statements that people sometimes say about their food situation. For each of these statements, can you tell me whether the statement is often true, sometimes true or never true.

ALL 62 We eat the same thing for several days in a row because we only have a few different kinds of foods on hand and don't have money to buy more.
(READ OPTIONS 1-3)

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 4. Don't know
- 5. Refused

ALL 63 I cannot feed my [child/children] a balanced meal because I can't afford that.
(READ OPTIONS 1-3)

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 4. Don't know
- 5. Refused

ALL 64 My [child/children] are not eating enough because I just can't afford enough food.
(READ OPTIONS 1-3)

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 4. Don't know
- 5. Refused

ALL 65 I know my [child is/children are] hungry sometimes, but I just can't afford more food
(READ OPTIONS 1-3)

- 1. Often true
- 2. Sometimes true
- 3. Never true
- 4. Don't know
- 5. Refused

IF Q59=1 + Q60=2 + Q63=1 + Q64 = 1 THEN ASK:

ALL 66 Is this still happening?

- 1. Yes
- 2. No → Q68
- 3. Don't know
- 4. Refused

2M-4Y 67 There are a number of agencies that can help with making sure your family has enough food. Would you like the phone numbers of these agencies?

1. Yes → Refer to list of relevant agencies
2. No
3. Don't know
4. Refused

Immunisation

- 2M-4Y 68 The next few questions are about immunisation or vaccination
- 2M-4Y 69 To which health professionals or places have you ever taken [child] to be vaccinated?
(MULTIPLE RESPONSE)
1. Baby or early childhood health centre
 2. Immunisation clinic
 3. Local doctor or GP
 4. GP at a medical centre
 5. Hospital clinic
 6. School or Kindergarten
 7. Local council
 8. Community Health Centre
 9. Royal Flying Doctor Service
 10. Homeopath
 11. Health professional vaccinated child at home
 12. Other (Specify) _____
 13. Never vaccinated
 14. Don't know
 15. Refused
- 2M-4Y 70 Overall, how do you feel about childhood vaccination? Do you:
(READ OPTIONS 1-4)
1. Strongly support it → Q72
 2. Generally support it
 3. Are you indifferent or don't care
 4. Opposed to it
 5. Don't know → Q72
 6. Refused → Q72
- 2M-4Y 71 From which sources have you received information about vaccination?
(NOTE: Prompt with 'And anything else?')
(MULTIPLE RESPONSE)
1. Health Professional
 2. Media publicity such as TV, radio, papers or magazines
 3. Information from a group opposed to immunisation
 4. Word of mouth
 5. Personal or family experience
 6. Natural therapist
 7. Other (Specify)

 8. Don't know

9. Refused

Asthma

- 2-12Y 72 The next few questions are about asthma.
- 2-12Y 73 Have you ever been told by a doctor or at a hospital that [child] has asthma?
1. Yes
 2. No → Q87
 3. Don't know → Q87
 4. Refused → Q87
- 2-12Y 74 How old was [child] when you were first told [he/she] had asthma?
(READ OPTIONS 1-6, depending on age)
1. Less than 12 months of age
 2. 1 year to less than 3 years
 3. 3 to less than 5 years of age
 4. 5 to less than 7 years of age
 5. 7 to less than 10 years of age
 6. 10 years or older
 7. Don't know
 8. Refused
- 2-12Y 75 Has [child] had symptoms of asthma or medication for treatment or prevention of asthma in the last 12 months, that is since [month] 2000?
1. Yes
 2. No → Q87
 3. Don't know → Q87
 4. Refused → Q87
- 2-12Y 76 How many times in the last 12 months, that is since [month] 2000, has [child] visited a GP or local doctor for an attack of asthma?
1. ____ number of times
 2. Don't know
 3. Refused
- 2-12Y 77 How many times in the last 12 months, that is since [month] 2000, has [child] visited a hospital emergency department for an attack of asthma?
1. ____ number of times
 2. Don't know
 3. Refused
- 2-12Y 78 How many days in the last 12 months, that is since [month] 2000, has asthma limited [child]'s usual activities?
1. ____ number of days
 2. Don't know
 3. Refused
- 2-12Y 79 How many nights in the last month has asthma disturbed [child]'s sleep?
1. ____ number of nights

2-12Y 80 Do you have a written asthma management plan from [child]'s doctor on how to treat [his/her] asthma?

2. Don't know
3. Refused

1. Yes
2. No
3. Don't know
4. Refused

2-12Y 81 Does [child] use a reliever medication with puffer, nebuliser or spacer such as Ventolin, Respolin, Asmol, Airomir or Bricanyl?

(PROMPT: A reliever medication helps to control or relieve the symptoms of asthma such as wheezing or coughing and its effect lasts about 4 hours)

1. Yes
2. No → Q83
3. Don't know → Q83
4. Refused → Q83

2-12Y 82 In the last month, how often has [child] used reliever medication? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

2-12Y 83 Does [child] use Serevent or Foradile? (PROMPT: These medications are inhaled and their effects last for 12 hours)

1. Yes
2. No → Q85
3. Don't know → Q85
4. Refused → Q85

2-12Y 84 In the last month, how often has [child] used Serevent or Foradile? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

2-12Y 85 Does [child] use preventer medication such as Becotide, Becloforte, Aldecin, Pulmicort, Flixotide, Intal, Intal forte, Cromogen or Tilade?

1. Yes
2. No → Q87
3. Don't know → Q87
4. Refused → Q87

2-12Y 86 In the last month, how often has [child] used preventer medication? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

Dental health

1-4Y 87 The next questions are about teeth and visits to the dentist.

1-4Y 87a Has [child] ever visited a dental professional about [his/her] teeth or gums?

(NOTE: Dental professionals includes dentists, dental specialists or dental therapists)

1. Yes
2. No → Q96
3. Don't know → Q96
4. Refused → Q96

1-4Y 88 How long ago did [child] see a dental professional about [his/her] teeth or gums? (READ OPTIONS 1-4 depending on age)

1. Less than 12 months ago → Q91
2. One to less than two years ago → Q91
3. Two to less than four years ago → Q91
4. Never attended → Q91
5. Don't know
6. Refused → Q91

5-12Y 89 In the last 12 months, that is since [month] 2000, did [child] have a dental assessment at school as part of the SOKS (Save Our Kids Smiles) program? (PROMPT: Save our kids smiles is a school dental check done at school with the consent children's parents or carers)

1. Yes
2. No
3. Don't know
4. Refused

5-12Y 90 Apart from a dental assessment for the SOKS program how long ago did [child] see a dental professional about [his/her] teeth or gums? (READ OPTIONS 1-6)

1. Less than 12 months ago
2. One to less than two years ago
3. Two to less than five years ago → Q96
4. Five to less than 10 years ago → Q96
5. 10 years ago or more → Q96
6. Never attended → Q96
7. Don't know → Q96
8. Refused → Q96

- 1-12Y 91 Was [child]'s last dental visit made at (READ OPTIONS 1-6)
1. Private dental practice
 2. School dental service → Q94
 3. Other Government or public dental clinic → Q94
 4. Health fund dental clinic
 5. Dental hospital → Q94
 6. Any other place (Specify) _____ → Q94
 7. Don't know → Q94
 8. Refused → Q94

- 1-12Y 92 Was your child listed as a dependent on a health card or pensioner concession card at that time?
(NOTE: Do not include Medicare Card)
1. Yes – eligible at that time
 2. No – not eligible at that time → Q94
 3. Don't know → Q94
 4. Refused → Q94

- 1-12Y 93 If [child] was eligible for public dental treatment, what was the main reason [he/she] went to a private practitioner, rather than a government or public clinic?
1. Access – difficult to get to
 2. Quality of care better at private clinic
 3. Continuity of care – had previously attended private clinic
 4. Waiting times at public clinics longer
 5. Getting the treatment you wanted
 6. Other (Specify)

 7. Don't know
 8. Refused

- 1-12Y 94 What type of dental treatment did [child] have in the past 12 months, that is since [month] 2000? Include all dental visits in the past 12 months.
(READ OPTIONS 1-7; MULTIPLE RESPONSE)
1. Fillings
 2. Tooth removed
 3. Check up
 4. Fluoride treatment
 5. Scale and clean
 6. Orthodontics

7. Any other treatment
(Specify) _____
8. Don't know
9. Refused

- 5-12Y 95 Thinking back to all the times in the last 12 months [child] saw a dental professional were any of these visits for treatment of an injury?
1. Yes
 2. No
 3. Don't know
 4. Refused

Health status

ALL 96 The next section is about [child]'s general health and wellbeing.

- ALL 97 In general would you say [child]'s health is (READ OPTIONS 1-5)
1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Don't Know
 7. Refused

5-12Y 98 The following questions ask about physical activities [child] might do during a day.

- 5-12Y 99 During the past 4 weeks has [child] been limited in doing things that take a lot of energy, such as playing soccer or running, due to health problems?
1. Yes
 2. No → Q103
 3. Don't know → Q103
 4. Refused → Q103

- 5-12Y 100 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused

- 5-12Y 101 During the past 4 weeks has [child] been limited in doing things that take some energy, such as riding a bike or skating, due to health problems?
1. Yes
 2. No → Q103
 3. Don't know → Q103
 4. Refused → Q103

5-12Y 102 Has [he/she] been limited a lot, some or a little?

1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 103 During the past 4 weeks has [child] been limited in bending, lifting or stooping, due to health problems?
1. Yes
 2. No → Q105
 3. Don't know → Q105
 4. Refused → Q105
- 5-12Y 104 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 105 The next questions are about limitations in school work or activities with friends.
- 5-12Y 106 During the past 4 weeks has [child] been limited in the amount of time [he/she] could spend on school work, or activities with friends because of emotional difficulties or behavioural problems?
1. Yes
 2. No → Q108
 3. Don't know → Q108
 4. Refused → Q108
- 5-12Y 107 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 108 During the past 4 weeks has [child] been limited in the kind of school work or activities [he/she] could do with friends because of problems with [his/her] physical health?
1. Yes
 2. No → Q110
 3. Don't know → Q110
 4. Refused → Q110
- 5-12Y 109 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 110 The next question is about pain or discomfort [child] may have had in the past 4 weeks.
- 5-12Y 111 During the past 4 weeks, how often has [child] had bodily pain or discomfort? (READ OPTIONS 1-6)
1. None of the time
 2. Once or twice
 3. A few times
 4. Fairly often
 5. Very often
 6. Every-almost every day
 7. Don't know
 8. Refused
- 5-12Y 112 Now I am going to ask some questions about children's behaviour or problems they sometimes have.
- 5-12Y 113 How often during the past 4 weeks did [child] argue a lot? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 114 How often during the past 4 weeks did [child] have difficulty concentrating or paying attention? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 115 How often in the past 4 weeks did [child] lie or cheat? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 116 Compared to other children [child]'s age, in general would you say [child]'s behaviour is? (READ OPTIONS 1-5)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Refused

5-12Y 117 The following questions are about children's moods and feelings.

5-12Y 118 During the past 4 weeks how much of the time do you think [child] felt lonely?
(READ OPTIONS 1-5)

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
6. Don't know
7. Refused

5-12Y 119 During the past 4 weeks how much of the time do you think [child] acted nervous?
(READ OPTIONS 1-5)

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
6. Don't know
7. Refused

5-12Y 120 During the past 4 weeks how much of the time do you think [child] acted bothered or upset?
(READ OPTIONS 1-5)

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
6. Don't know
7. Refused

5-12Y 121 The following questions ask about [child]'s satisfaction with self, school and others. It may be helpful to keep in mind how other children [child]'s age might feel about these areas.

5-12Y 122 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] school ability?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied

5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 123 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] friendships?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 124 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] life overall?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 125 The next questions are about you and your family.

5-12Y 126 During the past 4 weeks, how much emotional worry or concern did [child]'s physical health cause you?
(READ OPTIONS 1-5)

1. None at all
2. A little bit
3. Some
4. Quite a bit
5. A lot
6. Don't know
7. Refused

5-12Y 127 During the past 4 weeks, how much emotional worry or concern did [child]'s emotional well being or behaviour cause you?
(READ OPTIONS 1-5)

1. None at all → Q130
2. A little bit → Q130
3. Some → Q130
4. Quite a bit → Q130
5. A lot
6. Don't know
7. Refused

5-12Y 128 Is this still worrying you a lot?

1. Yes
2. No → Q130

3. Don't know
4. Refused
- 5-12Y 129 Would you like some assistance or support with this problem?
1. Yes → refer to list of relevant agencies
 2. No
 3. Don't know
 4. Refused

- 5-12Y 130 During the past 4 weeks, did [child]'s physical health limit the amount of time you have for your own personal needs?
1. Yes
 2. No → Q132
 3. Don't know → Q132
 4. Refused → Q132

- 5-12Y 131 Has your time been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused

- 5-12Y 132 During the past 4 weeks, did [child]'s emotional wellbeing or behaviour limit the amount of time you have for your own personal needs?
1. Yes
 2. No → Q134
 3. Don't know → Q134
 4. Refused → Q134

- 5-12Y 133 Has your time been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused

- 5-12Y 134 During the past 4 weeks, how often has [child]'s health or behaviour limited the types of activities you could do as a family?
(READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused

- 5-12Y 135 During the past 4 weeks, how often has [child]'s health or behaviour interrupted various everyday family activities such as

eating meals or watching TV?
(READ OPTIONS 1-5)

1. Very often
2. Fairly often
3. Sometimes
4. Almost never
5. Never
6. Don't know
7. Refused

- 5-12Y 136 Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?
(READ OPTIONS 1-5)

1. Excellent → Q138
2. Very good → Q138
3. Good → Q138
4. Fair → Q138
5. Poor
6. Don't know → Q138
7. Refused → Q138

- 5-12Y 137 Would you like some help or support with this problem?
1. Yes → refer to list of relevant agencies
 2. No
 3. Don't know
 4. Refused

Physical health of toddlers (aged 1-4)

- 1-4Y 138 The next few questions are about [child]'s physical health.

- 1-4Y 139 Does [child] have any difficulties with eating or feeding?
1. Yes
 2. No → Q144
 3. Don't know → Q144
 4. Refused → Q144

- 1-4Y 140 How serious do these difficulties seem to you? Are they not serious, somewhat serious or very serious?
1. Not serious → Q144
 2. Somewhat serious
 3. Very serious
 4. Don't know → Q144
 5. Refused → Q144

- 1-4Y 141 Have you sought help for this problem?
1. Yes
 2. No → Q144
 3. Don't know → Q144
 4. Refused → Q144

1-4Y 142 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)

1. Family or friends
2. General practitioner
3. Specialist
4. Baby or early childhood health nurse
5. Tresillian or Karitane
6. Telephone help line
7. Chemist
8. Any other place sought help (Specify)_____
9. Don't Know
10. Refused

1-4Y 143 Thinking about the help you got from [.....] how useful was that help? Was the help very useful, somewhat useful, a little useful, or not useful.

1. Very Useful
2. Somewhat useful
3. A little useful
4. Not useful
5. Don't Know

1-4Y 144 Does [child] have any difficulties with taking steps, walking or running?

1. Yes
2. No → Q149
3. Not walking yet → Q149
4. Don't know → Q149
5. Refused → Q149

1-4Y 145 How serious do these difficulties seem to you? Were they not serious, somewhat serious or very serious?

1. Not serious → Q149
2. Somewhat serious
3. Very serious
4. Don't know → Q149
5. Refused → Q149

1-4Y 146 Have you sought help for this problem?

1. Yes
2. No → Q149
3. Don't know → Q149
4. Refused → Q149

1-4Y 147 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)

1. Family or friends
2. General practitioner
3. Specialist
4. Baby or early childhood health nurse
5. Tresillian or Karitane

6. Telephone help line
7. Chemist
8. Any other place sought help (Specify)_____
9. Don't know
10. Refused

1-4Y 148 Thinking about the help you got from [.....], how useful was that help? Was it very useful, somewhat useful, a little useful or not useful?

1. Very useful
2. Somewhat useful
3. A little useful
4. Not useful
5. Don't know

1-4Y 149 Considering [child]'s age, does [he/she] have any other difficulties with [his/her] physical development? (PROMPT: For example difficulties in manipulating objects such as toys)

1. Yes
2. No → Q154
3. Don't know → Q154
4. Refused → Q154

1-4Y 150 How serious do these difficulties seem to you? Are they not serious, somewhat serious or very serious?

1. Not serious → Q154
2. Somewhat serious
3. Very serious
4. Don't know → Q154
5. Refused → Q154

1-4Y 151 Have you sought help for this problem?

1. Yes
2. No → Q154
3. Don't know → Q154
4. Refused → Q154

1-4Y 152 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)

1. Family or friends
2. General practitioner
3. Specialist
4. Baby or early childhood health nurse
5. Tresillian or Karitane
6. Telephone help line
7. Chemist
8. Any other place sought help (Specify) _____
9. Don't know
10. Refused

1-4Y 153 Thinking about the help you got from [.....], how useful was that help? Was it very useful, somewhat useful, a little useful or not useful?

1. Very useful
2. Somewhat useful
3. A little useful
4. Not useful
5. Don't know

Emotional-behavioural problems (4-12 yrs)

4-12Y 154 The next section is about emotional and behavioural problems.

4-12Y 155 During the past 6 months, do you think that [child] has had any emotional or behavioural problems?

1. Yes
2. No → Q165
3. Don't know → Q165
4. Refused → Q165

4-12Y 156 During this time did [child] tend to have more emotional or behavioural problems than other [boys/girls] of [his/her] age?

1. Yes
2. No
3. Don't know
4. Refused

4-12Y 157 How serious do you think these behavioural and emotional problems are in terms of causing distress to [child]? Are they not serious, somewhat serious or very serious?

1. Not serious
2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 158 How serious do you think these behavioural and emotional problems are in terms of disrupting or causing distress in others? Are they not serious, somewhat serious or very serious?

1. Not serious
2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 159 How serious do you think these behavioural and emotional problems are in terms of preventing [child] from doing things usually expected of other [boys/girls] of [his/her] age? Are they not serious, somewhat serious or very serious?

1. Not serious

2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 160 Do you think that [child] needs or needed any professional help with these problems?

1. Yes
2. No → Q165
3. Don't know → Q165
4. Refused → Q165

4-12Y 161 Did [child] get help, care or treatment for these emotional and behavioural problems?

1. Yes → Q165
2. No
3. Don't know → Q165
4. Refused → Q165

4-12Y 162 During the past six months have any of the following reasons kept [child] from getting more of the help you thought [he/she] needed for emotional or behavioural problems?

(READ OPTIONS 1-10: MULTIPLE RESPONSE)

1. [Child] didn't want to attend service
2. You were afraid of what your family or friends might say
3. You decided you could handle [child]'s problem on your own
4. Help was too expensive
5. The services were too far away
6. You thought treatment might not help
7. You had to wait a long time for an appointment
8. You did not know where to get help
9. You asked for help and didn't get it
10. Any other reason (Specify)

11. Don't know
12. Refused

If 155 = 1 and 157 = 3 and 161 = 2 ASK

4-12Y 163 Is this still a problem?

1. Yes
2. No → Q165
3. Don't know → Q 165
4. Refused → Q165

4-12Y 164 Would you like some assistance or support with this problem?

1. Yes → refer to list of relevant agencies
2. No
3. Don't know
4. Refused

Infant behavioural problems (age 0–11 months)

- 0–11M 165 Parents often experience a range of difficulties with their babies such as feeding, settling and crying. The next few questions are about these difficulties that you may be currently experiencing with [child] or may have previously experienced.
- 0–11M 166 Do you currently, or have you had any problems with feeding [child]?
1. Yes
 2. No → Q172
 3. Don't know → Q172
 4. Refused → Q172
- 0–11M 167 What is, or was, the most serious feeding problem you have with [child]? (READ OPTIONS 1–5)
1. Breastfeeding
 2. Taking a bottle
 3. Taking solids
 4. Reflux and/or vomiting
 5. Any other feeding problem (Specify)

 6. Don't know → Q172
 7. Refused → Q172
- 0–11M 168 How serious did this problem seem to you? Was it not serious, somewhat serious or very serious?
1. Not serious → Q172
 2. Somewhat serious
 3. Very serious
 4. Don't know → Q172
 5. Refused → Q172
- 0–11M 169 How difficult was it for you to manage this problem? (READ OPTIONS 1–3)
1. Not difficult
 2. Somewhat difficult
 3. Very difficult
 4. Don't know
 5. Refused
- 0–11M 170 Where did you seek help for that problem? (READ OPTIONS 1–8: MULTIPLE RESPONSE)
1. Family or friends
 2. General practitioner
 3. Specialist
 4. Baby or early childhood health nurse
 5. Tresillian or Karitane
 6. Telephone help line
 7. Chemist
 8. Any other place sought help (Specify)

9. Did not seek help for problem → Q172
10. Don't know → Q172
11. Refused → Q172
- 0–11M 171 Thinking about the help you got from [.....] how useful was that help? Was it very useful, somewhat useful, a little useful, not useful?
1. Very useful
 2. Somewhat useful
 3. A little useful
 4. Not useful
 5. Don't know
- 0–11M 172 Do you currently, or have you had any problems with [child]'s behaviour for example crying, or difficulty settling?
1. Yes
 2. No → Q178
 3. Don't know → Q178
 4. Refused → Q178
- 0–11M 173 What is or was the most serious behaviour problem you have with [child]? (READ OPTIONS 1–5)
1. Controlling crying
 2. Settling
 3. Sleeping during day
 4. Colic
 5. Any other problem (Specify)

 6. Don't know → Q178
 7. Refused → Q178
- 0–11M 174 How serious did this problem seem to you? Was it not serious, somewhat serious or very serious?
1. Not serious → Q178
 2. Somewhat serious
 3. Very serious
 4. Don't know → Q178
 5. Refused → Q178
- 0–11M 175 How difficult was it for you to manage this problem? (READ OPTIONS 1–3)
1. Not difficult
 2. Somewhat difficult
 3. Very difficult
 4. Don't know
 5. Refused
- 0–11M 176 Where did you seek help for that problem? (READ OPTIONS 1–7: MULTIPLE RESPONSE)
1. Family or friends

2. General practitioner
3. Specialist
4. Early childhood health nurse
5. Tresillian or Karitane
6. Telephone help line
7. Chemist
8. Any other place sought help (Specify)

9. Did not seek help for problem → Q178
10. Don't know → Q178
11. Refused → Q178

- 0-11M 177 Thinking about the help you got from [...] how useful was that help? Was it very useful, somewhat useful, a little useful, not useful?
1. Very useful
 2. Somewhat useful
 3. A little useful
 4. Not useful
 5. Don't know

Home visiting (0-4 years)

- 0-4Y 178 The next few questions are about visits to your home you may have had from people to assist you in caring for [child]

- 0-4Y 179 Have you ever had someone, such as a nurse or a volunteer, visit you in your home to provide you with support or advice in caring for [child]?
1. Yes
 2. No → Q184
 3. Don't know → Q184
 4. Refused → Q184

- 0-4Y 180 What was the profession of the person who visited you in your home?
(READ OPTIONS 1-7: MULTIPLE RESPONSE)
1. Baby or Early childhood health nurse
 2. Midwife
 3. Social worker, psychologist or counsellor
 4. Physiotherapist, speech or other therapist
 5. Teacher
 6. Volunteer
 7. Other professional (Specify)

 8. Don't know → Q183
 9. Refused → Q183

- 0-4Y 181 What age was [child] when you had the first visit from the [.....]?
1. Age in years (2-4 years)
 2. Age in months (1-23 months)

3. Age in weeks (1-3 weeks only)
4. Don't know
5. Refused

- 0-4Y 182 How many visits did you receive from the [.....] to assist you in caring for [child]?

1. ____ number
2. Don't know
3. Refused

- 0-4Y 183 Which of the following best describes how you feel about having people visit you in your home to provide support and advice?
(READ OPTIONS 1-3)

1. I was happy to have someone visit me in my home
2. I found having someone visit my home uncomfortable at first but later I found it OK
3. I was uncomfortable having someone come to my home
4. Don't know
5. Refused

ALL OPTIONS → Q185

- 0-4Y 184 How comfortable would you feel about having people visit you in your home to provide support and advice in caring for [child]? Would you feel:
(READ OPTIONS 1-4)

1. Very comfortable
2. Comfortable
3. Uncomfortable
4. Very uncomfortable
5. Don't know
6. Refused

Parental support services (age 1-12 years)

- 1-12Y 185 Parents often need support in caring for their children. They can receive support from a number of sources including family and friends and from specialised services. The next questions are about such services.

- 1-12Y 186 Have you ever felt the need for any type of support service to assist you in caring for [child] or dealing with problems you may have experienced with [him/her]?
(PROMPT: Support services include Karitane, Tresillian, early childhood health services, family support services, counsellors)

1. Yes
2. No → Q190
3. Don't know → Q190

4. Refused → Q190
- 1-12Y 187 Have you ever used any support services?
1. Yes
 2. No → Q189
 3. Don't know → Q189
 4. Refused → Q189

- 1-12Y 188 What services have you used to provide you with support as a parent?
(READ OPTIONS 1-11: MULTIPLE RESPONSE)
1. Play group
 2. Baby or early childhood health nurse-centre
 3. Formal parenting groups
 4. Karitane or Tresillian
 5. Family support services
 6. Counselling service
 7. Telephone help line
 8. General practitioner
 9. Hospital services
 10. Church organisations
 11. Any other support service (Specify)

 12. Don't know
 13. Refused
- ALL OPTIONS → Q190

- 1-12Y 189 What were the main reasons you did not access any parental support services, even though you felt you needed them?
(MULTIPLE RESPONSE)
1. Services not available
 2. Services too far away
 3. Felt I should be able to cope on my own
 4. Stigma of using services
 5. Had to wait too long wait for appointment
 6. Didn't know where to get help
 7. Thought services couldn't help
 8. Any other reason
(Specify) _____
 9. Don't know
 10. Refused

Social support (age 0-12 years)

- ALL 190 The next section is about relationships and support that you get from others. I'm going to read you a number of statements. For each of the following, please tell me whether you strongly disagree, disagree, agree or strongly agree.
- ALL 191 If something went wrong, no one would help me.
(READ OPTIONS 1-4)

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
5. Don't know
6. Refused → Q197

- ALL 192 I have family and friends who make me feel safe, secure and happy.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 193 There is someone I trust whom I would turn to for advice if I were having problems.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 194 There is no one I feel comfortable talking about problems with.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 195 I lack a feeling of closeness with another person.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 196 There are people I can count on in an emergency.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused

Sun protection

- ALL 197 Next, a few questions about protecting [child]'s skin from the sun.
- ALL 198 What steps could you take to reduce [child]'s chance of getting skin cancer? (NOTE: probe for description of hat-cap) (NOTE: probe for anything else) (MULTIPLE RESPONSE)
1. Wear broad brimmed hat or cap with a flap
 2. Wear baseball-style cap
 3. Apply sun screen
 4. Wear clothing to protect the skin
 5. Wear sunglasses
 6. Don't go outside in the middle of the day
 7. Minimise time outdoors or stay indoors
 8. Stay in shade or out of sun when outside
 9. Teach children how to protect themselves
 10. Other (Specify)

 11. Don't know
 12. Refused
- 1-12Y 199 The next few questions are about occasions last summer when you were with [child] outside in the sun for at least fifteen minutes. Please think about actions you usually took for sun protection for [child] on these occasions.
- 1-12Y 200 Thinking back to last summer, how often did [child] go out in the sun for more than 15 minutes between 11am and 3pm? (READ OPTIONS 1-5)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Never in sun more than 15 minutes → Q204
 6. Don't know
 7. Refused
- 1-12Y 201 Thinking back to last summer, when [child] was out in the sun for more than 15 minutes, how often did [he/she] wear a broad brimmed hat or cap with a back flap? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
5. Don't know
6. Refused
- 1-12Y 202 Still thinking about last summer how often did you apply a broad-spectrum sun screen with an SPF of 15 or more to [his/her] exposed skin? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Don't know
 6. Refused
- 1-12Y 203 Still thinking about last summer how often was [child] deliberately dressed in clothing to protect [him/her] from the sun? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Don't know
 6. Refused
- ALL 204 Now I'm going to read out some statements people have made about sun protection and skin cancer. Please tell me how strongly you personally agree or disagree with each of them.
- ALL 205 Sun screen provides adequate protection from the sun. Do you: (READ OPTIONS 1-5)
1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
 6. Don't know
 7. Refused
- ALL 206 A baseball cap is adequate to protect the face from the sun. Do you: (READ OPTIONS 1-5)
1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
 6. Don't know
 7. Refused
- 1-12Y 207 Still thinking of last summer, how often did [child] get sunburnt, so their skin was still sore or tender the next day?
1. Not at all

2. Once
3. Twice
4. 3 or 4 times
5. 5 or more times
6. Don't know or don't recall
7. Refused

- 5-12Y 208 Imagine [child] spent short periods of time in the sun every day over the summer. How do you think [his/her] skin would look at the end of summer? (READ OPTIONS 1-4)
1. Very tanned
 2. Moderately tanned
 3. Lightly tanned
 4. No suntan at all
 5. Other (Specify) _____
 6. Don't know
 7. Refused

Disability—Sight (aged 2-12 years)

- 2-12Y 209 The next few questions are about sight and hearing.
- 2-12Y 210 As far as you know, does [child] have normal vision in both eyes?
1. Yes → Q214
 2. No
 3. Don't know
 4. Refused
- 2-12Y 211 Is [child] blind or unable to see in one or both eyes?
1. Yes, unable to see with one eye only
 2. Yes, unable to see with both eyes → Q214
 3. No, able to see with both eyes
 4. Don't know
 5. Refused
- 2-12Y 212 Does [child] use prescribed glasses or contact lenses now?
1. Yes
 2. No → Q214
 3. Don't know → Q214
 4. Refused → Q214
- 3-12Y 213 Even when wearing glasses or contact lenses, would [child] have any difficulty seeing the words in a [story book/ school book]?
1. Yes
 2. No
 3. Don't know
 4. Refused

Disability – hearing

- ALL 214 Has [child] ever had [his/her] hearing tested?
1. Yes
 2. No
 3. Don't know
 4. Refused
- ALL 215 As far as you know, does [child] currently have normal hearing in both ears?
1. Yes → Q219
 2. No
 3. Don't know
 4. Refused
- ALL 216 Does [child] use a hearing aid now?
1. Yes
 2. No
 3. Don't know
 4. Refused
- ALL 217 How serious is [child]'s hearing loss? Is it: (READ OPTIONS 1-4)
1. Mild
 2. Moderate
 3. Severe
 4. Profound
 5. Don't know
 6. Refused
- ALL 218 How old was [child] when the hearing loss was first discovered?
1. ___ age in weeks (0-3 weeks only)
 2. ___ age in months (1-23 months only)
 3. ___ age in years (2-12 years only)
 4. Not sure
 5. Refused
- 0-4Y 219 The next few questions are about ear infections.
- 0-4Y 220 Has [child] ever had an ear infection diagnosed by a doctor?
1. Yes
 2. No → Q222
 3. Don't know → Q222
 4. Refused → Q222
- 0-4Y 221 Has [child] ever had a discharge from [his/her] ear or a 'runny' ear?
1. Yes
 2. No
 3. Don't know
 4. Refused
- 0-4Y 222 Has [child] ever had an operation to insert a tube or grommet into [his/her] ear?
1. Yes
 2. No

3. Don't know
4. Refused

Speech (2–12 years only)

2–12Y 223 The next few questions are about speech.

2–12Y 224 Compared to other children of [his/her] age does [child] have any difficulty saying certain sounds?

1. Yes
2. No → Q227
3. Don't know
4. Refused

2–12Y 225 Does [child] stammer or stutter?

1. Yes
2. No
3. Don't know
4. Refused

2–12Y 226 Compared with other children [his/her] age, how well does [child] speak or use words? Would you say [he/she] is:
(READ OPTIONS 1–3)

1. Better than other children → Q228
2. Same as other children → Q228
3. Does not speak as well as other children
4. Don't know
5. Refused

2–12Y 227 Has child ever attended speech therapy or seen a speech pathologist for problems with speech?

1. Yes
2. No
3. Don't know
4. Refused

Family functioning (age 0–12 years)

ALL 228 The next section is about families and family relationships which can vary from family to family and influence the health of children. I'm going to read you some statements about family relationships. For each of them please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement as a description of your family.
(NOTE: 'family' refers to respondent's definition of family)

ALL 229 Planning family activities is difficult because we misunderstand each other. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree

3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 230 In times of crisis we can turn to each other for support.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 231 We cannot talk to each other about sadness we feel.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 232 Individuals, in the family, are accepted for what they are.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 233 We avoid discussing our fears and concerns.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 234 We express feelings to each other.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 235 There are lots of bad feelings in our family.
(READ OPTIONS 1–4)

1. Strongly agree

2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 236 We feel accepted for what we are.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 237 Making decisions is a problem in our family.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 238 We are able to make decisions about how to solve problems.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 239 We don't get on well together.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 240 We confide in each other.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

Social capital (age 0–12 years)

ALL 241 The next questions are about your involvement in your local community and neighbourhood.

ALL 242 In the past three months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation?
(READ OPTIONS 1–4)

1. About once a week
2. Once every 2–3 weeks
3. Once a month or less
4. No, not at all
5. Don't know
6. Refused

ALL 243 In the past six months, how often have you attended a local community event such as a church or school fete, school concert, or street fair?
(READ OPTIONS 1–4)

1. Three times or more
2. Twice
3. Once
4. Never
5. Don't know
6. Refused

ALL 244 Are you an active member of a local organisation, church or club, such as a sport, craft, or social club?
(READ OPTIONS 1–4)

1. Yes, very active
2. Yes, somewhat active
3. Yes, a little active
4. No, not an active member
5. Don't know
6. Refused

ALL 245 I'm now going to read you some statements about safety in your local area. Can you tell me if you agree or disagree with these statements? I feel safe walking down my street after dark. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 246 Most people can be trusted. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 247 My area has a reputation for being a safe place.

Do you:

(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 248 The next few questions are about contact with people in your neighbourhood.

ALL 248a If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help? (READ OPTIONS 1–4)

1. Yes, definitely
2. Yes, possibly
3. No, probably not
4. No, definitely not
5. Don't know
6. Refused

ALL 249 How often have you visited someone in your neighbourhood in the past week? (READ OPTIONS 1–4)

1. Frequently
2. A few times
3. At least once
4. Never (in the last week)
5. Don't know
6. Refused

ALL 250 When you go shopping in your local area how often are you likely to run into friends and acquaintances? (READ OPTIONS 1–4)

1. Nearly always
2. Most of the time
3. Some of the time
4. Rarely or never
5. Don't know
6. Refused

ALL 251 Would you be sad if you had to leave this neighbourhood?

1. Yes
2. No
3. Don't know
4. Refused

4–12 252 Where does [child] play when not at school or in day care? (MULTIPLE RESPONSE)

1. Inside house
2. Back yard

3. In street
4. Neighbour's house
5. In park
6. In school grounds
7. Community centre
8. Other (Specify) _____
9. Don't know
10. Refused

4–12 253 What is [child]'s favourite activity when not at school or in day care? (MULTIPLE RESPONSE)

1. Play with toys at home
2. Swimming at beach
3. Swimming at pool
4. Swimming at home
5. Organised sports (cricket, tennis, netball, football.)
6. Informal sports (with friends)
7. Bike riding
8. Rollerblading
9. Playing in Park
10. Visit friends or have friends over
11. Watching TV
12. Watching videos
13. Computer and video games
14. Reading
15. Listening to music
16. Attend lessons (specify: swimming, music, dance, other)
17. Go to movies
18. Dancing
19. Drawing or colouring-in
20. Playing outside or in backyard
21. Other (specify) _____

Injury—Drowning (0–12 years)

ALL 254 The next questions are about water safety and drowning.

ALL 255 Was there ever an occasion when [child] had to be rescued from drowning from any body of water, for example from a beach, river, bath, bucket, pond or wading pool?

1. Yes
2. No → Q257
3. Don't know → Q257
4. Refused → Q257

ALL 256 From which places was [child] rescued from drowning? (MULTIPLE RESPONSE)

1. Beach
2. Off a boat
3. River

4. Lake
5. Fish pond
6. Farm dam
7. Bath
8. Swimming pool
9. Wading pool
10. Bucket
11. Any other places (Specify)

12. Don't know
13. Refused

Injury—Sports (age 5–12 years)

5–12Y 257 The next few questions are about sports and sporting injuries

5–12Y 258 Does [child] ever play any type of sport or outdoor physical activity, including non-team sports such as rollerblading, bike riding and skate boarding?

1. Yes
2. No → Q262
3. Don't know → Q262
4. Refused → Q262

5–12Y 259 In the past 12 months, that is since [month] 2000, what types of sports and outdoor activities did [child] play. Please tell me which sports [he/she] plays most often, including non team sports such as rollerblading.

(MULTIPLE RESPONSE)

1. Australian Rules football
2. Baseball or softball
3. Basketball
4. Cricket
5. Hockey
6. Netball
7. Rugby League
8. Rugby Union
9. Soccer
10. Swimming
11. Rollerblading
12. Bike riding
13. Tennis
14. Other (Specify)

15. Don't know
16. Refused

5–12Y 260 Have you ever prevented or discouraged [child] from playing a particular sport or physical activity because you were concerned about injury or safety?

1. Yes
2. No → Q262
3. Don't know → Q262

4. Refused → Q262

5–12Y 261 Which sport did you prevent your child from playing because of injury or safety concerns?

1. Australian Rules football
2. Baseball or softball
3. Basketball
4. Cricket
5. Hockey
6. Netball
7. Rugby League
8. Rugby Union
9. Soccer
10. Swimming
11. Rollerblading
12. Other (Specify) _____
13. Don't know
14. Refused

Physical activity (5–12 years)

5–12Y 262 The next few questions are about physical activity and watching television.

5–12Y 262a On about how many days during the school week, does [child] usually watch TV or videos at home?

1. ____ days
2. None → Q264
3. No TV–video in home → Q266
4. Don't know → Q264
5. Refusal → Q264

5–12Y 263 On those days, about how many hours does [he/she] usually spend watching TV or videos?

(PROMPT: that is, how many hours on a typical weekday when TV is watched)

1. ____ hours
2. Don't know
3. Refused

5–12Y 264 On about how many weekend days does [child] usually watch TV or videos at home?

1. ____ days
2. None → Q266
3. Don't know → Q266
4. Refusal → Q266

5–12Y 265 On a typical weekend day, about how many hours does [he/she] usually spend watching TV or videos?

1. ____ hours
2. Don't know
3. Refused

- 5–12Y 266 On about how many days during the school week does [child] usually play video or computer games?
1. ____ days
 2. None → Q268
 3. No video–computer games → Q270
 4. Don't know → Q270
 5. Refusal → Q268
- 5–12Y 267 On those days, about how many hours does he/she usually spend playing video or computer games?
(PROMPT: that is, how many hours on a typical weekday when video–computer games are played)
1. ____ Hours
 2. Don't know
 3. Refused
- 5–12Y 268 On about how many weekend days does [child] usually play video or computer games?
1. ____ Days
 2. None → Q270
 3. Don't know → Q270
 4. Refusal → Q270
- 5–12Y 269 On a typical weekend day, about how many hours does [he/she] usually spend playing video or computer games?
1. ____ Hours
 2. Don't know
 3. Refused
- 0–4 Y 270 The next few questions are about [child's] interests and activities
- 0–4Y 270a Does [he/she] currently attend any play group or other early childhood program or activity? Please do not include child care programs or time spent in preschool.
1. Yes
 2. No → Q273
 3. Don't Know → Q273
 4. Refused → Q273
- 0–4Y 271 What type(s) of programs does [he/she] attend?
1. Play group
 2. Drop-in centre
 3. Toy library
 4. Infant stimulation program
 5. Gymbaroo
 6. Story time at library
 7. Other (Specify) _____
- 0–4Y 272 For about how many hours a week does [he/she] attend these in total?
_____ hours

- 4–12Y 273 In the past 12 months, outside of school hours, how often has [child] taken part in sports with a coach or instructor, except dance or gymnastics?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Less than once a month
- 4–12Y 274 In the past 12 months, outside of school hours, how often has [child] taken lessons or instruction in other organised physical activities with a coach or instructor, such as dance, gymnastics or martial arts?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Almost never
- 4–12Y 275 In the past 12 months, outside of school hours, how often has [child] taken lessons or instruction in music, art or other non-sport activities?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Almost never
- 4–12Y 276 In the past 12 months, outside of school hours, has [child] taken part in any clubs, groups, or community programs with leadership, such as Girl Guides, Scouts, or church group?
(READ OPTIONS 1–4)
1. Yes
 2. No
 3. Don't know
 4. Refused

School attendance (age 4–12 years)

- 4–12Y 277 The next few questions are about school attendance.
- 4–12Y 277a Does [child] go to school?
1. Yes
 2. No → Q280
 3. Don't know → Q280
 4. Refused → Q280
- 4–12Y 278 What year is [child] in at school?
1. Kindergarten
 2. Year

3. Ungraded class
4. Don't know
5. Refused

4-12Y 279 What type of school does [child] currently attend?

(READ OPTIONS 1-6)

1. Public school
2. Catholic school
3. Independent school
4. Special education school
5. School of the Air
6. Any other school (Specify)

7. Don't know

8. Refusal

Pre-school (age 3-6 years)—Skip this section if child attends school

3-6Y 280 The next questions are about preschool.

3-6Y 281 Has [child] ever attended preschool? (PROMPT: preschool is usually attended between 9am and 3pm at least once a week before a child starts full-time school)

1. Yes
2. No → Q285
3. Don't know → Q285
4. Refused → Q285

3-6Y 282 Is [child] currently attending preschool?

1. Yes
2. No
3. Don't know
4. Refused

3-6Y 283 How old was [child] when [he/she] first attended preschool?

1. _____ years and _____ months
2. Don't know
3. Refused

3-6Y 284 In total, how many hours per week does [child] usually attend preschool?

1. Hours
2. Don't know
3. Refused

Child care (age 0-5)—Skip this section if child attends school

0-5Y 285 The next few questions are about childcare. This includes formal childcare such as long day care centres or family day care and informal care such as care provided by relatives or paid babysitters or nannies.

0-5Y 286 Have you ever used any formal or informal childcare for [child] on a regular basis?

(PROMPT: formal childcare includes long day centres and family day care. Informal child care includes care by relatives or friends or paid babysitters or nannies)

(PROMPT: regular basis means at least half a day a week)

1. Yes
2. No → Q291
3. Don't know → Q291
4. Refusal → Q291

0-5Y 287 Is [child] currently having any type of formal or informal childcare on a regular basis?

1. Yes
2. No
3. Don't know → Q291
4. Refused → Q291

0-5Y 288 How old was [child] when [he/she] first started formal or informal childcare for half a day or longer

1. Age in years _____ and months _____
2. Don't know
3. Refused

If 287 = 2 ASK

0-5Y 289 How old was [child] when [he/she] stopped childcare?

1. Age in years _____ and months _____
2. Don't know
3. Refused

0-5Y 290 What type of childcare [did/does] [child] have?

(READ OPTIONS 1-6: MULTIPLE RESPONSE)

1. Long day care centre
2. Family day care (usually organised through local councils)
3. Home based care
4. Occasional care centre
5. Other formal care (Specify) _____
6. Informal care (Specify) _____
7. Don't know
8. Refused

Smoking (0-12 years)

ALL 291 The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.

- ALL 292 Which of the following best describes your household?
(READ OPTIONS 1–4)
1. Myself and others in this household smoke
 2. I smoke, but no one else does
 3. I don't smoke, but others in the household do
 4. No-one in the household smokes → Q295
 5. Don't know → Q295
 6. Refused → Q295
- ALL 293 Do you or the other smokers living in this household ...
(READ OPTIONS 1–5)
1. Always smoke inside
 2. Usually smoke inside
 3. Sometimes smoke inside and sometimes smoke outside
 4. Usually smoke outside
 5. Always smoke outside → Q295
 6. Don't know → Q295
 7. Refused → Q295

- ALL 294 How many cigarettes would you estimate are smoked inside your home each day?
(PROMPT: Smoked by all smokers inside the home)
1. _____ number of cigarettes
 2. Don't know
 3. Refused
- 8–12Y 295 Have you ever clearly told [child] not to smoke or forbidden [him/her] from smoking?
1. Yes
 2. No
 3. Don't know
 4. Refused

Smoking in pregnancy (asked only to mother of child aged <1 year)

- 0–11M 296 Have you ever smoked cigarettes, cigars, pipes or other tobacco products?
1. Yes
 2. No → Q303
 3. Don't know → Q303
 4. Refused → Q303
- 0–11M 297 Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products?
1. Yes (more than 100)
 2. Yes, (less than 100) → Q303
 3. No → Q303
 4. Don't know → Q303

5. Refused → Q303

- 0–11M 298 When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products?
(PROMPT: includes smoking before knowing that you were pregnant)
5. Yes
 6. No → Q303
 7. Don't know → Q303
 8. Refused → Q303

- 0–11M 299 When you were pregnant with [child], did you :
(READ OPTIONS 1–3: MULTIPLE RESPONSE)
1. Reduce the amount of tobacco you smoked
 2. Try and give up smoking but were unsuccessful
 3. Successfully give up smoking → Q302
 4. None of the above
 5. Don't Know
 6. Refused

- 0–11M 300 How often did you smoke cigarettes, cigars, pipes or other tobacco products, while you were pregnant with [child]?
(READ OPTIONS 1–4)
1. Daily
 2. At least weekly, not daily
 3. Less often than weekly → Q303
 4. Not at all → Q303
 5. Don't know → Q303
 6. Refused → Q303

- 0–11M 301 When you were pregnant with [child], how many manufactured cigarettes did you usually smoke [per day/each week]?
1. _____ Cigarettes per day → Q303
 2. _____ Cigarettes per week → Q303
 3. Don't Know → Q303
 4. Refused → Q303

- 0–11M 302 At what stage during your pregnancy did you quit smoking? Was it:
(READ OPTIONS 1–4)
1. The first 3 months
 2. 4–6 months
 3. 7–9 months
 4. Don't Know
 5. Refused

Demographics

- ALL 303 Now we are coming to the last section of the survey which is some routine questions about [child]'s and your family

	background. Remember that all your answers remain confidential.				
ALL	304 Besides yourself, who else does [child] live with? (NOTE: Do not enter respondent's relationship to child) (MULTIPLE RESPONSE) 1. Mother 2. Father 3. Respondent's partner 4. Step-mother 5. Step-father 6. Grandparents 7. Brothers and sisters 8. Step brothers-sisters 9. Other relatives 10. Non-family members 11. No-one else besides respondent 12. Other (Specify) _____ 13. Refused				4. Refused → 309
		ALL	308	How much time does [CHILD] spend with his/her mother? 1. ___ days per week 2. ___ weeks per month 3. ___ weeks per year 4. less than one week per year 5. Don't know 6. Refused	
		ALL	309	What country was [child] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
		ALL	310	What country was [child's] mother or stepmother [were you] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
		ALL	311	What country was [child's] father or stepfather [were you] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
ALL	305 IF NO FATHER IN HOUSEHOLD: Does [child] spend any time with [his/her] father? (NOTE: If respondent is concerned about this question advise it is to see if we need to ask demographic questions about [CHILD'S] father; for example father's education can influence child health) 1. Yes 2. No → SKIP TO 307 3. Don't know → SKIP TO 307 4. Refused → SKIP TO 307				ALL 312 Is [child] of Aboriginal or Torres Strait Islander origin? [PROBE if yes] 1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin → Q315 5. Don't know → Q315 6. Refused → Q315
ALL	306 How much time does [CHILD] spend with [his/her] father? 1. ___ days per week 2. ___ weeks per month 3. ___ weeks per year 4. less than one week per year 5. Don't know 6. Refused				ALL 313 Is [child's] mother or stepmother [are you] of Aboriginal or Torres Strait Islander origin? [PROBE if yes] 1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin 5. Don't know 6. Refused
ALL	307 IF NO MOTHER IN HOUSEHOLD: Does [child] spend any time with [his/her] mother? (NOTE: If respondent is concerned about this question advise it is to see if we need to ask demographic questions about [CHILD'S] mother; for example mother's education can influence child health) 1. Yes 2. No → 309 3. Don't know → 309				

ALL 314 Is [child's] father or stepfather [are you] of Aboriginal or Torres Strait Islander origin?

[NOTE: probe if yes]

1. Aboriginal but not Torres Strait Islander
2. Torres Strait Islander but not Aboriginal origin
3. Aboriginal and Torres Strait Islander origin
4. Not Aboriginal or Torres Strait Islander origin
5. Don't know
6. Refused

ALL 315 What language do you usually speak at home?

1. Language (Specify)_____
2. Don't know
3. Refused

ALL 316 What is the highest level of education [child's] mother or stepmother has [you have] completed?

1. Never attended school
2. Completed primary school
3. Some high school
4. Completed School Certificate–Intermediate–Year 10–4th Form
5. Completed HSC–Year 12–Leaving–6th Form
6. TAFE Certificate or Diploma, including trade certificate
7. University, CAE or some other tertiary institute degree or higher
8. Other (Specify)_____
9. Some primary school (not completed)
10. Don't know
11. Refused

ALL 317 What is the highest level of education [child's] father or stepfather has [you have] completed?

1. Never attended school
2. Completed primary school
3. Some high school
4. Completed School Certificate–Intermediate–Year 10–4th Form
5. Completed HSC–Year 12–Leaving–6th Form
6. TAFE Certificate or Diploma, including trade certificate
7. University, CAE or some other tertiary institute degree or higher
8. Other (Specify)_____
9. Some primary school (not completed)
10. Don't know

11. Refused

ALL 318 How would you describe [child's] mother's or stepmother's [your] current employment status?

(NOTE: If more than one code applies, code the one with the lowest number: if casually employed use code 9) (READ OPTIONS 1–8)

1. Employed full-time (include self-employed)
2. Employed part-time (include self-employed)
3. Unemployed → 320
4. Home Duties → 320
5. Student and working
6. Student and not working
7. Retired → 320
8. Unable to work due to health problems
9. Other (Specify)_____ → 320
10. Don't know → 320
11. Refused → 320

ALL 319 How many hours does [child's] mother or stepmother [do you] usually work or study, away from home, each week?

1. _____ hours per week
2. Don't know
3. Refused

ALL 320 How would you describe [child's] father's –stepfather's [your] current employment status?

(NOTE: If more than one code applies, code the one with the lowest number: if casually employed use code 9) (READ OPTIONS 1–8)

1. Employed full-time (include self-employed)
2. Employed part-time (include self-employed)
3. Unemployed → 322
4. Home Duties → 322
5. Student and working
6. Student and not working
7. Retired → 322
8. Unable to work due to health problems → 322
9. Other (Specify)_____ → 322
10. Don't know → 322
11. Refused → 322

ALL 321 How many hours do you/does [child's] father or stepfather usually work or study, away from home, each week?

1. _____ hours per week
2. Don't know
3. Refused

- ALL 322 [Do you/does child's parents] receive any of the following benefits?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)
(NOTE: do not include back to school payment)
1. Disability Support
 2. Unemployment benefits or Job Search Allowance
 3. Sickness Benefits or Allowance
 4. Parenting payment
 5. Family allowance
 6. Age pension
 7. Repatriation Pension or Service Pension
 8. Other type of benefit (Specify)

 9. Don't know
 10. Refused

- ALL 323 How long have you lived in your local area?
1. ___ years
 2. Don't know
 3. Refused

- ALL 324 What locality or suburb do you live in?
1. _____locality or suburb
 2. Don't know
 3. Refused

- ALL 325 Could you tell me your postcode?
1. _____ postcode
 2. Don't know
 3. Refused

- ALL 326 What is the name of your local Council or Shire?
1. _____ Council
 2. Don't know
 3. Refused

- ALL 327 Is your telephone number listed in the White Pages?
1. Yes
 2. No
 3. Don't know
 4. Refused

- ALL 328 How many residential telephone numbers do you have? Do not include mobile phone numbers or dedicated fax numbers.
1. ____ number of residential phone numbers
 2. Don't know
 3. Refused

- ALL 329 Finally, a percentage of respondents are contacted by our survey supervisor to ensure the survey was conducted in a professional manner. Are you willing for a supervisor to contact you at a later stage?
1. Yes
 2. No
 3. Refused
 4. Don't know

ALL END That ends our questionnaire. Thank you for taking the time to complete this questionnaire. The information will be used to help improve health services for children in your local area and across the state. Thanks once again. Goodbye.