

--	--	--	--	--

## **Section 1**

**Here are some questions for you that are similar to ones we have asked in previous years. We are keen to know if any of these things have changed since you were last asked.**

*Please write the answer in the space provided or circle the answer where applicable.*

**HOUSING - STRICTLY CONFIDENTIAL**

- Q1. How old is your house/flat (approximately)? \_\_\_\_\_ years **G210\_HOMY**
- Q2. How many bedrooms are there? \_\_\_\_\_ **G210\_BEDS**
- Q3. How many bathrooms are there? \_\_\_\_\_ **G210\_BATH**
- Q4. Have you moved house since the last time you completed a Raine Study questionnaire? **G210\_HOME**
- 0 No
- 1 Yes How many times? **G210\_HOMN**

--	--

□

☐

1

**FAMILY - STRICTLY CONFIDENTIAL**

- Q5. How many adults and children 14 years and over live in your home? (Please include yourself)

G210\_AAG1 to 6

G210\_ASX1 to 6

G210\_ARL1 to 6

**First name**

**Age yrs**

**Sex M/F**

Relationship to study child

eg. Hoa

35

F

mother

eg. David

28

**M**

**stepfather**

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Q6. How many children under 14 years live in your home? (Please include your 10 year old child)

G210\_CAG1 to 6

G210\_CSX1 to 6

G210\_CRL1 to 6

First name

Age yrs

Sex M/F

Relationship  
to study child

eg. Jessica

10

F

study child

eg. Alexander

13

M

brother

eg. Kyle

8

M

no relationship

eg. Hannah

2

F

stepsister

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

Q7. Does your child have any other brothers or sisters not mentioned in Q5 or Q6?

☐

0 No Go to Q8

G210\_SIB

1 Yes



G210\_OAG1 to 5

G210\_OSX1 to 5

G210\_ORL1 to 5

First name

Age yrs

Sex M/F

Relationship  
to study child

eg. Rachel

18

F

sister

eg. Simon

22

M

stepbrother

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

.....

.....

.....

.....

--	--	--	--

Office use only

☐

Q8. Is the father (mother) of your child (your 10 year old) living with you?

- 2 Yes Go to Q12  
 1 Not applicable – father (mother) deceased Go to Q11  
 0 No Go to Q9

G210\_FHOM

☐

Q9. Do you have any social contact with him/her?

- 0 No  
 1 Yes

G210\_FSOC

☐

Q10. Does he/she provide any financial support for the care of your child?

- 0 No  
 1 Yes

G210\_FMON

☐

Q11. Do you have another partner who lives with you?

- 0 No  
 1 Yes

G210\_PTNR

☐Q12. Are you or your partner receiving a benefit?

- 0 No Go to Q14  
 1 Yes  
 ↓

G210\_BNF

Q13. Which benefit(s) are you or your partner receiving?  
 (Please circle all appropriate answers)

- 0 Supporting parent's benefit G210\_BNF2  
 1 Unemployment benefit G210\_BNF3  
 2 Disability allowance – parent G210\_BNF4  
 3 Disability allowance – child G210\_BNF5  
 4 Workers compensation G210\_BNF6  
 5 Sickness benefit G210\_BNF7  
 6 Austudy G210\_BNF8  
 7 Other Please specify G210\_BNF9.....

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

Q14. Do you currently have a full-time or part-time job of any kind (excluding home duties)?  
 (Please circle one answer only – the main job)

☐

- 0 No, do not have a job – not seeking work Go to Q18  
 1 No, do not have a job – actively seeking work Go to Q18  
 2 Yes, work for payment or profit  
 3 Yes, unpaid work in a family business G210\_YWK  
 4 Yes, other unpaid work  
 ↓

Q15. In your main job (if you have more than one job, then 'main job' refers to the job in which you usually work the most hours) are you:  
(Please circle one answer only)

- 0 A salary or wage earner  
1 A helper not receiving wages  
2 Conducting your own business – with employees  
3 Conducting your own business – without employees

G210\_YEMP

☐

Q16. Describe your current main job. (Please give title of job and description of work in detail)

Job ..... G210\_YJOB

Description .....

.....

☐

Q17. How many hours do you usually work in all jobs?

- 0 None or less than one hour  
1 One or more hours per week (Please specify) .....

G210\_YHRS

☐

Q18. What do you currently spend most of your time doing? (Please circle one or more answers as appropriate)

- 0 Full-time or part-time job (salary or own business) G210\_YWK1  
1 Voluntary work G210\_YWK2  
2 Looking for work G210\_YWK3  
3 Home duties / caring for children G210\_YWK4  
4 Studying G210\_YWK5  
5 Voluntarily out of the workforce / retired G210\_YWK6  
6 Recovering from injury / illness G210\_YWK7  
7 Caring for an aged / disabled / ill person G210\_YWK8  
8 Other (Please describe) ..... G210\_YWK9

☐

Q19. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? (Please circle one answer only – the main job)

- 0 No partner  
1 No, does not have a job – not seeking work  
2 No, does not have a job – actively seeking work  
3 Yes, works for payment or profit  
4 Yes, unpaid work in a family business  
5 Yes, other unpaid work

Go to Q24

Go to Q23

Go to Q23

G210\_PWRK



Q20. In your partner's main job (if he/she has more than one job, then 'main job' refers to the job in which he/she usually works the most hours) is he/she:  
(Please circle one answer only)

- 0 A salary or wage earner  
1 A helper not receiving wages  
2 Conducting his/her own business – with employees  
3 Conducting his/her own business – without employees

G210\_PEMP

☐

Q21. Describe your partner's current main job. (Please give title of job and description of work in detail)

Job .....

Description ..... G210\_PJOB

--	--

Q22. How many hours does your partner usually work in all jobs?

- 0 None or less than one hour  
 1 One or more hours per week (Please specify) ..... G210\_PHRs

--	--	--

Q23. What does your partner currently spend most of his/her time doing? (Please circle one or more answers as appropriate)

- 0 Full-time or part-time job (salary or own business) G210\_PWK1  
 1 Voluntary work G210\_PWK2  
 2 Looking for work G210\_PWK3  
 3 Home duties / caring for children G210\_PWK4  
 4 Studying G210\_PWK5  
 5 Voluntarily out of the workforce / retired G210\_PWK6  
 6 Recovering from injury / illness G210\_PWK7  
 7 Caring for an aged / disabled / ill person G210\_PWK8  
 8 Other (Please describe) ..... G210\_PWK9


Q24. What is your total family income (before tax) per year now? (Please include income from investments, rent assistance, maintenance, family supplement, etc)

- 0 \$1 to \$8,000 per year  
 1 \$8,001 to \$16,000 per year  
 2 \$16,001 to \$25,000 per year  
 3 \$25,001 to \$30,000 per year G210\_MON1  
 4 \$30,001 to \$35,000 per year  
 5 \$35,001 to \$40,000 per year  
 6 \$40,001 to \$50,000 per year  
 7 \$50,001 to \$60,000 per year  
 8 \$60,001 to \$70,000 per year  
 9 \$70,001 or more per year

--	--

--	--

How many people does this income support?:

Adults and children over 14 yrs: G210\_MON2 Children: G210\_MON3

If you don't know the total income, what is the family take home pay per week? \$ \_\_\_\_\_

**YOUR HEALTH AND WELLBEING – STRICTLY CONFIDENTIAL**

The following questions ask about the health and wellbeing of the study child's biological mother and father. We are also interested to know about the health and wellbeing of your partner if the father (mother) of your child is no longer living with you. We have tried to keep these to a minimum but some things that affect parents may also affect their children.

Q25. Do you smoke cigarettes?

0 No Go to Q29

G210\_SM2

1 Yes



Q26. How many cigarettes do you smoke a day now?

0 Less than 1 daily

1 1-5 daily

2 6-10 daily

3 11-15 daily

4 16-20 daily

5 More than 20 daily

G210\_SM4

Q27. Do you smoke inside your house?

0 No

G210\_SM12

1 Yes

Q28. Do you smoke in the car?

0 No

G210\_SM13

1 Yes

Q29. Does anyone else living in your house smoke cigarettes?

0 No Go to Q33

G210\_SM16

1 Yes



Q30. How many do they smoke a day now? (If more than one person at home smokes, please circle the total number of cigarettes smoked)

0 Less than 1 daily

1 1-5 daily

2 6-10 daily

3 11-15 daily

4 16-20 daily

5 More than 20 daily

G210\_SM17

Q31. Do they smoke inside your house?

0 No

G210\_SM18

1 Yes

Q32. Do they smoke in the car?

☐

0 No

G210\_SM19

1 Yes

Q33. Does anyone at your home smoke/use any other substances? (Please include pipe, cigars, marijuana, other drugs, etc)

☐

0 No

1 Yes - once a week or less

G210\_SM20

2 Yes - more than once weekly but not every day

3 Yes - every day

G210\_SM26

G210\_SM27

G210\_SM28

G210\_SM29

What do they smoke/use? ...CIGARS

PIPE

MARIJUANA

OTHER

Q34. In general how would you describe your health?

G210\_MH9

G210\_FH9

G210\_PH9

☐

mother

father

partner

Poor

0

0

0

Fair

1

1

1

Good

2

2

2

Very Good

3

3

3

Excellent

4

4

4

Q35. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

☐

mother

No

Yes

G210\_MH11

father

No

Yes

G210\_FH8

partner

No

Yes

G210\_PH8

Q36. Are you limited in any way in carrying out normal daily activities at home, at a job or in studying, because of a medical condition or health problem?

☐

mother

No

Yes

G210\_MH10

father

No

Yes

G210\_FH10

partner

No

Yes

G210\_PH10

Q37. Has the study child's mother ever had post-natal depression? (Please circle all appropriate answers)

G210\_EM12

0 No Go to Q39

1 Don't know, unsure Go to Q39

2 Yes, with a child(ren) born before the study child

Go to Q39

3 Yes, with a child(ren) born after the study child

Go to Q39

4 Yes, associated with the birth of the study child

↓

☐

Q38. Was this episode of post-natal depression (associated with the birth of the study child) diagnosed by a doctor? ☐

G210\_EM13

- 0 No, not diagnosed by a doctor
- 1 Yes, diagnosed by a doctor, but not treated
- 2 Yes, diagnosed by a doctor and treated with medication only
- 3 Yes, diagnosed by a doctor and treated with counselling only
- 4 Yes, diagnosed by a doctor and treated with medication and counselling

Q39. Have you ever been treated for an emotional or mental health problem (other than post-natal depression)? ☐

**mother** No Yes G210\_EM1

**father** No Yes G210\_EM5

**partner** No Yes G210\_EM9

Q40. Have you been treated for an emotional or mental health problem within the last 6 months? ☐

**mother** No Yes N/A (never had treatment) G210\_EM2

**father** No Yes N/A (never had treatment) G210\_EM6

**partner** No Yes N/A (never had treatment) G210\_EM10

Q41. Have you ever been hospitalised for an emotional or mental health problem? ☐

**mother** No Yes N/A G210\_EM3

**father** No Yes N/A G210\_EM7

**partner** No Yes N/A G210\_EM11

Q42. On average, over the past 6 months, about how many drinks of beer, wine, spirits or other alcoholic beverage have you taken. ☐

G210\_ALC1

G210\_ALC2

G210\_ALC3

	<b>mother</b>	<b>father</b>	<b>partner</b>
Don't drink alcohol	0	0	0
Less than 3 drinks a week	1	1	1
3 - 6 drinks a week	2	2	2
1 or 2 drinks a day	3	3	3
3 - 6 drinks a day	4	4	4
More than 6 drinks a day	5	5	5



Q43. Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any one statement.

G210\_FL1 to 42

G210\_DEP\_TOT  
G210\_ANX\_TOT  
G210\_STR\_TOT

**The rating scale is as follows:**

- 0. Did not apply to me at all.
- 1. Applied to me to some degree, or some of the time.
- 2. Applied to me a considerable degree, or a good part of the time.
- 3. Applied to me very much, or most of the time.

G210\_DEP\_CAT  
G210\_ANX\_CAT  
G210\_STR\_CAT

1. I found myself getting upset by quite trivial things.	0	1	2	3
2. I just couldn't seem to get going.	0	1	2	3
3. I had a feeling of faintness.	0	1	2	3
4. I experienced breathing difficulties (eg. excessively rapid breathing, in the absence of physical exertion).	0	1	2	3
5. I felt sad and depressed.	0	1	2	3
6. I found it hard to calm down after something else.	0	1	2	3
7. I perspired noticeably (eg. hands sweaty) in the absence of high temperatures or physical exertion.	0	1	2	3
8. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting).	0	1	2	3
9. I found myself in situations which made me so anxious I was most relieved when they ended.	0	1	2	3
10. I tend to over-react to situations.	0	1	2	3
11. I found myself getting upset rather easily.	0	1	2	3
12. I felt that I had nothing to look forward to.	0	1	2	3
13. I couldn't seem to experience any positive feelings at all.	0	1	2	3
14. I found that I was very irritable.	0	1	2	3
15. I was aware of dryness in my mouth.	0	1	2	3
16. I felt that I had lost interest in just about everything.	0	1	2	3
17. I could see nothing in the future to be hopeful about.	0	1	2	3
18. I was aware of the action of my heart in the absence of physical exertion (eg. heart rate increase, missing a beat).	0	1	2	3
19. I felt scared without any good reason.	0	1	2	3
20. I felt that life wasn't worthwhile.	0	1	2	3
21. I felt that I was rather touchy.	0	1	2	3
22. I felt that I was using a lot of nervous energy.	0	1	2	3
23. I couldn't seem to get enough enjoyment out of the things I did.	0	1	2	3
24. I had a feeling of shakiness (eg. legs going to give way).	0	1	2	3

0. Did not apply to me at all.
1. Applied to me to some degree, or some of the time.
2. Applied to me a considerable degree, or a good part of the time.
3. Applied to me very much, or most of the time.

25. I felt down-hearted and blue.	0	1	2	3
26. I found it difficult to work up the initiative to do something.	0	1	2	3
27. I found it hard to wind down.	0	1	2	3
28. I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
29. I had difficulty in swallowing.	0	1	2	3
30. I feared that I could be "thrown" by some trivial but unfamiliar task.	0	1	2	3
31. I felt I was pretty worthless.	0	1	2	3
32. I was unable to become enthusiastic about anything.	0	1	2	3
33. I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3
34. I was in a state of nervous tension.	0	1	2	3
35. I felt I was close to panic.	0	1	2	3
36. I felt I wasn't much as a person.	0	1	2	3
37. I found it difficult to relax.	0	1	2	3
38. I felt terrified.	0	1	2	3
39. I experienced trembling (eg. in the hands).	0	1	2	3
40. I found myself getting agitated.	0	1	2	3
41. I felt that life was meaningless.	0	1	2	3
42. I found it difficult to tolerate interruptions to what I was doing.	0	1	2	3

Q44. Have any of the following happened to you in the last year? (Please circle Yes or No as appropriate)

Yes	No	Pregnancy problems
Yes	No	Death of a close relative - which relative? .....
Yes	No	Death of a close friend
Yes	No	Separation or divorce
Yes	No	Marital problems
Yes	No	Problems with your children
Yes	No	Your own job loss (not voluntary)
Yes	No	Your partner's job loss (not voluntary)
Yes	No	Money problems
Yes	No	Residential move
Yes	No	Other ( <i>please describe</i> ) .....

[illegible]

Q45. Which words best describe your family's money situation? (Please circle the appropriate answer)

☐

G210\_MON4

- 0 We are spending more money than we get.
- 1 We have just enough money to get us through to the next pay day.
- 2 There's some money left over each week, but we just spend it.
- 3 We can save a bit every now and again.
- 4 We can save a lot.

The following 3 questions ask about your relationship with your partner. If you do not have a partner (live in or otherwise) please leave these questions and go to Q49.

Q46. Most people have disagreements in their relationships. Please indicate below the extent of agreement or disagreement between you and your partner for each of the following items.

	Always Agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
a. Philosophy of life. G210_REL1	5	4	3	2	1	0
b. Aims, goals and things believed to be important. G210_REL2	5	4	3	2	1	0
c. Amount of time spent together. G210_REL3	5	4	3	2	1	0

Q47. How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
G210_REL4						
a. Have a stimulating exchange of ideas.	0	1	2	3	4	5
b. Calmly discuss something. G210_REL5	0	1	2	3	4	5
c. Work together on a project. G210_REL6	0	1	2	3	4	5

Q48. The dots on the following lines represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

G210\_HAPP

•	•	•	•	•	•	•
0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Q49. This is called the Family Assessment Device; it was developed to give an idea of how families work together. *(Please circle the most appropriate answers)*

**Item 1**

Below are statements about families and family relationships. Circle the category which best describes your family - **the people living in your house**. *(Please circle one number for each item)*

G210\_FA1A to M

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other	3	2	1	0
b. In times of crisis we can turn to each other for support	3	2	1	0
c. We cannot talk to each other about sadness we feel	3	2	1	0
d. Individuals (in the family) are accepted for what they are	3	2	1	0
e. We avoid discussing our fears and concerns	3	2	1	0
f. We express feelings to each other	3	2	1	0
g. There are lots of bad feelings in our family	3	2	1	0
h. We feel accepted for what we are	3	2	1	0
i. Making decisions is a problem in our family	3	2	1	0
j. We are able to make decisions about how to solve problems	3	2	1	0
k. We don't get on well together	3	2	1	0
l. We confide in each other	3	2	1	0
m. Drinking is a source of tension or disagreement in our family	3	2	1	0

**Item 2**

The following list describes some of the ways people feel at different times. *(Please circle one number for each item)*

During the past few weeks, how often have you felt:

<b>G210_FA2A to J</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
a. on top of the world?	2	1	0
b. very lonely or remote from other people?	2	1	0
c. particularly excited or interested in something?	2	1	0
d. depressed or very unhappy?	2	1	0
e. pleased about having accomplished something?	2	1	0
f. bored?	2	1	0
g. proud because someone complimented you on something?	2	1	0
h. so restless you couldn't sit long in a chair?	2	1	0
i. that things were going your way?	2	1	0
j. upset because someone criticised you?	2	1	0

**Item 3**

Taking things all together, how would you say things are for you these days?

☐

<b>G210_FA3</b>	0	Not too happy
	1	Reasonably happy
	2	Very happy

**Item 4**

And how would you say things are for your spouse/partner?

☐

<b>G210_FA4</b>	0	Not too happy
	1	Reasonably happy
	2	Very happy
	3	No spouse/partner

**The following questions ask about your friends and family with whom you communicate regularly.**

Q50. How often do you have contact (including telephone) with members of your family, excluding those living with you?

☐ ☐ ☐

	<b>G210_M2 mother</b>	<b>G210_F2 father</b>	<b>G210_P2 partner</b>
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q51. How often do you have contact (including telephone) with friends, excluding those living with you?

  

	G210_M3 mother	G210_F3 father	G210_P3 partner
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q52. Among these family and friends, how many people are there who you feel close to, and with whom you can talk frankly, without having to watch what you say?

  

	G210_M1 mother	G210_F1 father	G210_P1 partner
None	0	0	0
1 – 2 people	1	1	1
3 – 5 people	2	2	2
More than 5 people	3	3	3

Q53. Do any of these people live within 10 minutes drive of you?

  

	G210_M5 mother	G210_F5 father	G210_P5 partner
No	0	0	0
Yes	1	1	1

The following questions ask about speech and/or language problems. These questions (Q54, Q55, Q56) apply to your child's biological mother and father only.

Q54. Did you begin to talk at a later age than most children?

 

	G210_M7 mother	G210_F7 father
No	0	0
Yes	1	1
Unknown	2	2

Q55. Do you, or anyone else, think that you had a speech and/or language problem as a child?

 

	G210_M4 mother	G210_F4 father
No	0	0
Yes	1	1
Unknown	2	2

Q56. Have you ever had speech therapy?

 

	G210_M6 mother	G210_F6 father
No	0	0
Yes	1	1
Unknown	2	2

**Section 2**

**These questions are mostly about your 10 year old study child.**

*Please write the answer in the space provided or circle the answer where applicable.*

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

- Q57. On average, how much time do you spend with your child **each day from Monday to Friday** (Include the time you spend caring for your child as well as the time you spend helping with homework, talking and just 'being together').

  

	<b>G210_M8</b> mother	<b>G210_F8</b> father	<b>G210_P8</b> partner
Less than 1 hour	0	0	0
About 1 hour	1	1	1
About 1 to 2 hours	2	2	2
About 3 to 5 hours	3	3	3
More than 5 hours	4	4	4

- Q58. On average, how much time do you spend with your child **each day in the weekend** (Include the time you spend caring for your child as well as the time you spend helping with homework, talking and just 'being together').

  

	<b>G210_M9</b> mother	<b>G210_F9</b> father	<b>G210_P9</b> partner
Less than 1 hour	0	0	0
1 to 5 hours	1	1	1
6 to 10 hours	2	2	2
11 to 20 hours	3	3	3
More than 20 hours	4	4	4

- Q59. How much time does your child usually spend watching TV and/or playing computer games?

- |   |   |                 |
|---|---|-----------------|
| 0 | None  | <b>G210_AC4</b> |
| 1 | Less than 3 hours a week                          |                 |
| 2 | Up to 1 hour a day (3 to 7 hrs a week)            |                 |
| 3 | Between 1 and 2 hours a day (7 to 14 hrs a week)  |                 |
| 4 | Between 2 and 3 hours a day (14 to 21 hrs a week) |                 |
| 5 | More than 3 hours a day (more than 21 hrs a week) |                 |

- Q60. How would you compare the physical activity level of your child with that of other children of the same age?

- |   |   |                  |
|---|---|------------------|
| 0 | I am unable to make the comparison          | <b>G210_AC11</b> |
| 1 | My child is less active than other children |                  |
| 2 | My child is as active as other children     |                  |
| 3 | My child is more active than other children |                  |

- Q61. How does your child's level of activity now compare to 12 months ago?

- |   |                                 |                  |
|---|---------------------------------|------------------|
| 0 | Less active than 12 months ago  |                  |
| 1 | About the same as 12 months ago | <b>G210_AC10</b> |
| 2 | More active than 12 months ago  |                  |

Q62. Does your child participate in any regular physical activity before school, after school or during the weekend?

Day	Activity	Duration	Is the activity situated in your suburb	
Examples:	G210_AC12 to 25	G210_AC26 to 39	G210_AC40 to 53	
Tuesday	Shooting hoops	15 minutes	Yes	
Thursday	Swimming training	30 minutes	No	
Saturday	Netball	60 minutes	Yes	
Monday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tuesday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wednesday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thursday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Friday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Saturday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sunday	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	.....	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q63. How would you rate the ability level of your child for each of the following skills?

G210_AC54 to 64	Poor	Below average	Average	Above average	Excellent
a. Running	0	1	2	3	4
b. Jumping	0	1	2	3	4
c. Hopping	0	1	2	3	4
d. Skipping	0	1	2	3	4
e. Throwing	0	1	2	3	4
f. Catching	0	1	2	3	4
g. Kicking	0	1	2	3	4
h. Striking/hitting	0	1	2	3	4
i. Dodging	0	1	2	3	4
j. Biking	0	1	2	3	4
k. Balancing	0	1	2	3	4



Q64. Compared to other children of the same age, how applicable are the following items for your child now or within the past six months? *(Please circle the appropriate answers)*

	No problem	Minor problem	Major problem
G210_SP34 a. Mispronounces a lot of sounds.	0	1	2
G210_SP35 b. Has trouble pronouncing "l" or "r" only.	0	1	2
G210_SP36 c. Speaks with a peculiar rhythm (slow, fast, pauses).	0	1	2
G210_SP3 d. Stutters (eg repeats words unnecessarily; draws words/sounds out, or gets stuck on certain words or sounds while speaking).	0	1	2
G210_SP37 e. Voice sounds hoarse.	0	1	2
G210_SP38 f. Has difficulty understanding words that should be known.	0	1	2
G210_SP39 g. Has difficulty understanding whole sentences (ie instructions, directions, general conversation).	0	1	2
G210_SP40 h. Has difficulty remembering instructions even when paying attention.	0	1	2
G210_SP41 i. Cannot clarify and categorise ideas and information.	0	1	2
G210_SP42 j. Has difficulty finding words when speaking.	0	1	2
G210_SP43 k. Has a lag in level of spoken vocabulary.	0	1	2
G210_SP44 l. Has difficulty expressing ideas coherently in a sentence.	0	1	2
G210_SP45 m. Has difficulty in speaking in more than single sentences.	0	1	2
G210_SP46 n. Does not introduce new subjects and topics appropriately.	0	1	2
G210_SP47 o. Changes subjects indiscriminately.	0	1	2
G210_SP48 p. Does not have the idea of the need to take turns in conversation.	0	1	2
G210_SP49 q. Tends to talk about subjects that are off topic.	0	1	2

Q65. Did your child ever attend Kindergarten or Preschool?

0 No

G210\_ED20

1 Yes

Q66. Did your child ever attend Pre-primary?

0 No

G210\_ED21

1 Yes

Office use only

- Q67. In what year did your child begin Year 1/Grade 1 at school? 199\_\_\_\_ **G210\_ED8**
- Q68. How many primary schools has your child attended since beginning Year 1/Grade 1)? \_\_\_\_ **G210\_ED22**
- Q69. What year/grade is your child in at school now? Year/Grade \_\_\_\_ **G210\_ED9**
- Q70. Has your child ever had:
- a. job-shared teaching eg. Mrs Smith on Mon, Tues, Wed, and Mrs Jones on Thurs, Fri? **G210\_E23A**
- 0 No
- 1 Yes *How many times/how many years?* **G210\_E23B**
- b. split classes eg. yr 2 and 3 together? **G210\_E24A**
- 0 No
- 1 Yes *How many times/years?* **G210\_E24B**
- c. change of teachers during the year eg. change of school, teacher on maternity leave? **G210\_E25A**
- 0 No
- 1 Yes *How many times?* **G210\_E25B**
- Q71. Has your child ever repeated a year/grade at school? **G210\_E10A**
- 0 No
- 1 Yes *Which year(s)/grade(s)?* **G210\_E10B**
- Q72. How satisfied are you with the standard of education offered at your child's current school?
- 0 Very dissatisfied **G210\_ED26**
- 1 Dissatisfied
- 2 Neither satisfied or dissatisfied
- 3 Satisfied
- 4 Very satisfied
- Q73. How would you describe your child's academic performance in school during the past six months?
- 0 Poor
- 1 Below average **G210\_ED27**
- 2 Average
- 3 Very good
- 4 Excellent

Q74. How satisfied are you with your child's progress at school in the following areas:

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied	
G210_ED28 a. Learning skills?	4	3	2	1	0	<input type="checkbox"/>
G210_ED29 b. Physical development, coordination?	4	3	2	1	0	<input type="checkbox"/>
G210_ED30 c. Getting on with other children?	4	3	2	1	0	<input type="checkbox"/>
G210_ED31 d. General behaviour?	4	3	2	1	0	<input type="checkbox"/>

Q75. Is your child limited in the kind or amount of school work he/she does because of physical problems?

0 No Go to Q77

G210\_LIM3

1 Yes



Q76. How long has your child been limited in this way?

0 < 6 months  
1 6 months to 2 years  
2 More than 2 years

G210\_LIM4

Q77. Is your child limited in the kind or amount of school work he/she does because of emotional problems?

0 No Go to Q79

G210\_LIM5

1 Yes



Q78. How long has your child been limited in this way?

0 < 6 months  
1 6 months to 2 years  
2 More than 2 years

G210\_LIM6

Q79. Is your child limited in the kind or amount of school work he/she does because of learning problems?

0 No Go to Q81

G210\_LIM7

1 Yes



Q80. How long has your child been limited in this way?

0 < 6 months  
1 6 months to 2 years  
2 More than 2 years

G210\_LIM8

Q81. Is your child limited in the kind or amount of school work he/she does because of speech and/or language problems? ☐

0 No Go to Q83

G210\_LIM9

1 Yes



Q82. How long has your child been limited in this way? ☐

0 < 6 months  
1 6 months to 2 years  
2 More than 2 years

G210\_LIM10

Q83. Has your child ever received any of the following types of special education or special teaching: ☐

	No	Yes, full-time	Yes, part-time		
a. For children with visual or hearing difficulties?	0	1	2	G210_SED2	<input type="checkbox"/>
b. For children with speech and/or language problems?	0	1	2	G210_SED3	<input type="checkbox"/>
c. For children who are intellectually handicapped?	0	1	2	G210_SED4	<input type="checkbox"/>
d. For children with emotional or behavioural problems?	0	1	2	G210_SED5	<input type="checkbox"/>
e. For children who are intellectually gifted?	0	1	2	G210_SED6	<input type="checkbox"/>
f. For children with remedial education needs?	0	1	2	G210_SED7	<input type="checkbox"/>

Q84. During the past six months has your child (or have you on your child's behalf) had contact with a school counsellor or guidance officer? ☐

0 No

G210\_AT14

1 Yes How many times? \_\_\_\_

Q85. During the past six months has your child (or have you on your child's behalf) had contact with a teacher for a behavioural problem or a learning problem? ☐

0 No

G210\_AT18

1 Yes How many times? \_\_\_\_

Q86. Does your child take part in any of the following activities outside of school hours:

	No	Yes		
a. Organised groups such as cubs, guides, church groups?	0	1	G210_AC65	<input type="checkbox"/>
b. Organised sport like football, netball, little athletics?	0	1	G210_AC66	<input type="checkbox"/>
c. Informal sporting activities like swimming, rollerblading?	0	1	G210_AC67	<input type="checkbox"/>
d. Music, art, drama, dance outside of school?	0	1	G210_AC68	<input type="checkbox"/>
e. Informal recreation like going to the movies or swimming pool?	0	1	G210_AC69	<input type="checkbox"/>
f. Going to friend's houses (any friends, not necessarily school friends)?	0	1	G210_AC70	<input type="checkbox"/>

Q87. How satisfied are you with the opportunities that your child has to take part in activities outside school?

☐

- 0 Very dissatisfied
- 1 Dissatisfied
- 2 Neither satisfied or dissatisfied
- 3 Satisfied
- 4 Very satisfied

G210\_AC71

Q88. How would you rate the overall health of your child?

☐

- 0 Poor (seldom well)
- 1 So-so (he/she is ill as often as he/she is well)
- 2 OK, could be better (mostly well)
- 3 Excellent (nearly always well)

G210\_OAL2

Q89. Is your child limited in any physical activities (eg. running, biking, climbing stairs, lifting, dressing) because of health problems?

☐

- 0 No Go to Q91
- 1 Yes

G210\_LIM1



Q90. How long has your child been limited in this way?

☐

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

G210\_LIM2

Q91. In the past month how often has your child had pain or discomfort?

☐

- 0 Not at all Go to Q93
- 1 Once or twice
- 2 A few times
- 3 Fairly often
- 4 Very often
- 5 Every day or almost every day

G210\_PAN1



Q92. In the past month how much pain or discomfort has your child had?

☐

- 0 Very mild
- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very Severe

G210\_PAN2

Q93. In the last 12 months has your child experienced abdominal pain?

☐

- 0 No Go to Q103
- 1 Yes

G210\_AB4



Q94. In the last 12 months how often has your child experienced abdominal pain? ☐

- 0 Only one or two times
- 1 In less than 12 weeks of the year
- 2 In 12 or more weeks of the year
- 3 Almost every week
- 4 Almost continuously

G210\_AB5

Q95. Do you consider the pain is: ☐

- 0 Feigned (put on)
- 1 Always mild
- 2 Mostly mild, but sometimes severe
- 3 Mostly severe

G210\_AB6

Q96. Is the pain mainly located: ☐

- 0 In the upper abdomen
- 1 In the lower abdomen
- 2 Around the umbilicus (belly button)

G210\_AB7

Q97. Does your child have an associated feeling or symptoms of:  
(Please circle all appropriate answers)

- 0 Nausea G210\_AB12
- 1 Vomiting G210\_AB13
- 2 Bloating or fullness G210\_AB14
- 3 Pain with having a bowel action (poo) G210\_AB15
- 4 Headache G210\_AB16
- 5 Photophobia (eyes hurt by light) G210\_AB17
- 6. Blurred speech or numbness of fingers G210\_AB18

Q98. Does the pain usually go away with having a bowel action (poo)? ☐

- 0 No
- 1 Yes

G210\_AB8

Q99. Does the pain usually begin when there is a change in the frequency of bowel actions (poos more or less often)? ☐

- 0 No
- 1 Yes

G210\_AB9

Q100. Does the pain usually begin when there is a change in the consistency of bowel actions (poos harder or softer)? ☐

- 0 No
- 1 Yes

G210\_AB10

Q101. How has the pain effected your child's school attendance in the past year? ☐

- 0 No real effect
- 1 Has missed less than two days of school
- 2 Has missed between two days and two weeks of school
- 3 Has missed more than two weeks of school

G210\_B11A

approximate number of days missed ? .....

G210\_B11B

Q102. Has the pain been diagnosed by a doctor as: (*Please circle all appropriate answers*)

- 0 Has not been diagnosed by a doctor G210\_AB19
- 1 Abdominal migraine? G210\_AB20
- 2 Psychological? G210\_AB21
- 3 Gastro eosophageal reflux? G210\_AB22
- 4 Constipation? G210\_AB23
- 5 Peptic ulcer? G210\_AB24
- 6 Other? *please specify* ..... G210\_AB25 .....

☐  
☐  
☐  
☐  
☐  
☐  
☐

Q103. On average, how often does your child have a bowel action (poo)?

- G210\_BW1A
- 0 More than once a day *how many times?* G210\_BW1B
  - 1 Daily
  - 2 Every second day
  - 3 Every 3 – 7 days
  - 4 Less than once every 7 days

☐☐

Q104. Are the bowel actions (poos):

- 0 Formed (normal)
- 1 Very hard
- 2 Slimy G210\_BWL4
- 3 Loose
- 4 Watery

☐

Q105. On average, how many serves of fruit does your child have each week  
(One serve = one piece of fresh fruit, or a 30 gram pack of sultanas, or five dried apricots - do not count juice)?

- 0 None
- 1 1 to 5 G210\_FO19
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

☐

Q106. On average, how many serves of vegetables does your child have each week  
(One serve = half a cup of vegetables, or salad, or beans/lentils)?

- 0 None
- 1 1 to 5 G210\_FO20
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

☐

Q107. On average, how many times does your child have a high fibre breakfast cereal each week (such as Weetbix, Miniwheats, Just Right, Sustain, Weeties, muesli)?

- 0 Not at all
- 1 1 to 5 times G210\_FO21
- 2 6 to 8 times
- 3 More than 8 times

☐

Q108. On average, how many muesli or health bars does your child have each week? ☐

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 9 to 15
- 4 More than 15

G210\_FO23

Q109. On average, how many slices of high fibre bread (wholemeal, multi-grain, high fibre white) does your child have each week? ☐

- 0 None
- 1 1 to 5
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

G210\_FO18

Q110. On average, how many serves of rice or pasta does your child have each week (One serve = one cup)? ☐

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 More than 8

G210\_FO24

**These questions(Q111, Q112) apply to the child's biological grandparents only.**

Q111. Have any of your child's grandparents (mother's or father's side of the family) ever had chronic obstructive airways disease (COAD) e.g. a chronic cough (more than 3 months of the year), chronic bronchitis (diagnosed by a doctor), or emphysema? (Please circle Yes or No as appropriate)

	<u>Mother's parents</u>		<u>Father's parents</u>		
	G210_MM[#] mother	G210_MF[#] father	G210_FM[#] mother	G210_FF[#] father	
Chronic cough	#1 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chronic bronchitis	#2 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emphysema	#3 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q112. Have any of your child's grandparents (mother's or father's side of the family) ever smoked cigarettes, cigars, or a pipe for a year or more at any time? (Please circle Yes or No as appropriate)

	<u>Mother's parents</u>		<u>Father's parents</u>		
	mother	father	mother	father	
Cigarettes	#4 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cigars	#5 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pipe	#6 Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Q113. Does your child have now, or has your child had in the past, any of the following **health professional diagnosed** medical conditions or health problems? (*Please circle the appropriate numbers*)

G210_CH[#]		No	Yes-in the past	Yes-now	Yes-now and in the past
#1	a. Anxiety problems	0	1	2	3
#2	b. Arthritis or joint problems	0	1	2	3
#3	c. Asthma	0	1	2	3
#4	d. Attentional problems	0	1	2	4
#5	e. Behavioural problems	0	1	2	3
#6	f. Chronic respiratory or breathing problems (other than asthma)	0	1	2	3
#7	g. Co-ordination or clumsiness difficulties	0	1	2	3
#8	h. Depression	0	1	2	3
#9	i. Hay fever or some other allergy	0	1	2	3
#10	j. Hearing impairment or deafness	0	1	2	3
#11	k. Heart condition	0	1	2	3
#12	l. Intellectual disability	0	1	2	3
#13	m. Learning problems	0	1	2	3
#14	n. Migraine or severe headache?	0	1	2	3
#15	o. Sleep disturbance	0	1	2	3
#16	p. Speech and/or language problems	0	1	2	3
#17	q. Vision problems	0	1	2	3
#18	r. Any other medical condition or health problem not mentioned above	0	1	2	3

Q114. If you have answered "Yes" to any of the above, please describe the condition or problem below in more detail (eg. is longsighted - wears glasses for reading; diagnosed with Attention Deficit Disorder; asthma requiring occasional medication; spina bifida) ☐

(Please list every medical condition/health problem separately - otherwise leave blank)

G210_MDC	
Number of "Yes" responses	<input type="text"/>
	<input type="text"/>
G210_MD1 to MD10	
ICD9 code for diagnosed illness 1 through 10	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Office use only

☐

Q115. Has your child had any accidents or injuries since the last follow-up at seven to eight years of age which required you to take him/her to a **doctor (GP), hospital or clinic**?

0 No Go to 116

G210\_INJ

1 Yes (Please describe the accident, the injury, and any treatment.  
↓ e.g. fell off bike, cut arm, 3 stitches)

(Please list every accident/injury separately.)

G210_INC1 to 4	.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD9 code for injury 1 to 4	.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G210_INF1 to 4	.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of times each injury occurred	.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
.....	.....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q116. Has your child been **admitted** to a hospital since the last follow-up at seven to eight years of age?

☐

0 No Go to Q117

G210\_HO

1 Yes  
↓

(Please list each admission separately.)

which hospital?	G210_HOH1	.....	date?	G210_HOD1	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
what for?	G210_HOC1	.....				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
which hospital?	G210_HOH2	.....	date?	G210_HOD2	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
what for?	G210_HOC2	.....				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
which hospital?	G210_HOH3	.....	date?	G210_HOD3	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
what for?	G210_HOC3	.....				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
which hospital?	G210_HOH4	.....	date?	G210_HOD4	.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
what for?	G210_HOC4	.....				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Which hospital? G210\_HOH5 Date? G210\_HOD5

What for? G210\_HOC5

Q117. Has your child attended any of the following in the past 12 months: (Please circle all appropriate answers)

☐

0 No Go to Q118

G210\_AT1

1 Yes



	Yes (now completed)	Yes (still attending either regularly or occasionally)		
GP or family doctor	Yes	Yes	G210_AT8	<input type="checkbox"/>
Accident and emergency	Yes	Yes	G210_AT19	<input type="checkbox"/>
Hospital outpatient (department or clinic)	Yes	Yes	G210_AT13	<input type="checkbox"/>
Private medical specialist	Yes	Yes	G210_AT20	<input type="checkbox"/>
Dentist/ Dental therapist/ Orthodontist	Yes	Yes	G210_AT11	<input type="checkbox"/>
School nurse	Yes	Yes	G210_AT16	<input type="checkbox"/>
Optician / Optometrist	Yes	Yes	G210_AT15	<input type="checkbox"/>
Dietician / Nutritionist	Yes	Yes	G210_AT12	<input type="checkbox"/>
Physiotherapist	Yes	Yes	G210_AT2	<input type="checkbox"/>
Occupational therapist (OT)	Yes	Yes	G210_AT3	<input type="checkbox"/>
Speech therapist	Yes	Yes	G210_AT4	<input type="checkbox"/>
Psychologist/ Psychiatrist	Yes	Yes	G210_AT5	<input type="checkbox"/>
Podiatrist	Yes	Yes	G210_AT17	<input type="checkbox"/>
Chiropractor	Yes	Yes	G210_AT6	<input type="checkbox"/>
Alternative therapist (eg. iridologist)	Yes	Yes	G210_AT7	<input type="checkbox"/>

Q118. Has your child ever wheezed in the last 12 months (wheeze is a whistling or rattling noise in the chest, best heard when breathing out)? ☐

0 No Go to Q120

G210\_RE34

1 Yes



Q119. In the last 12 months, how often, on average, has your child's sleep been disturbed due to wheezing? ☐

0 Never woken with wheezing

G210\_RE36

1 Less than one night per week

2 One or more nights per week

Q120. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your child has asthma? ☐

0 No

G210\_AS2

1 Yes

when (at what age)? ..... G210\_AS3

--	--	--

Q121. In the past six months has your child taken/used any prescription medication(s)?

0 No

G210\_PMED

1 Yes which medication(s)?

G210\_PM1 to 26

Expanded list of prescription medications

☐

--	--	--	--

--	--	--	--

Q122. In the past six months has your child taken/used any 'over the counter' medication(s)?

0 No

G210\_CMED

1 Yes which medication(s)?

G210\_CMD1 to 17

Expanded list of non-prescription medications

☐

--	--	--	--

--	--	--	--

Q123. Compared with other children how easy or difficult is your child to manage?  
(Please circle the number which best represents your feelings) ☐

0 Much more difficult than average

1 A little more difficult than average

2 Average

3 A little easier than average

4 Much easier than average

G210\_MANA

Office use only

Q124. Do you have any concerns or worries about your child's health or development?  
(eg. speech, language development, physical development, emotional development)

☐

0 No

G210\_WOR

--	--	--	--

1 Yes *please tell us about these concerns if you wish to do so*

G210\_WOR2 to 14

Expanded list of worries

- |   |   |   |     |   |   |   |   |     |  |
|---|---|---|-----|---|---|---|---|-----|--|
| 0 | 1 | 2 | 1.  | Acts too young for his/her age  | 0 | 1 | 2 | 31. | Fears he/she might think or do something bad               |
| 0 | 1 | 2 | 2.  | Allergy (describe): _____   | 0 | 1 | 2 | 32. | Feels he/she has to be perfect                             |
|   |   |   |     | _____   | 0 | 1 | 2 | 33. | Feels or complains that no one loves him/her               |
| 0 | 1 | 2 | 3.  | Argues a lot  | 0 | 1 | 2 | 34. | Feels others are out to get him/her                        |
| 0 | 1 | 2 | 4.  | Asthma  | 0 | 1 | 2 | 35. | Feels worthless or inferior                                |
| 0 | 1 | 2 | 5.  | Behaves like opposite sex   | 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone                            |
| 0 | 1 | 2 | 6.  | Bowel movements outside toilet  | 0 | 1 | 2 | 37. | Gets in many fights  |
| 0 | 1 | 2 | 7.  | Bragging, boasting  | 0 | 1 | 2 | 38. | Gets teased a lot  |
| 0 | 1 | 2 | 8.  | Can't concentrate, can't pay attention for long   | 0 | 1 | 2 | 39. | Hangs around with others who get in trouble                |
| 0 | 1 | 2 | 9.  | Can't get his/her mind off certain thoughts; obsessions (describe): _____               | 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): _____ |
|   |   |   |     | _____   |   |   |   |     | _____  |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive   | 0 | 1 | 2 | 41. | Impulsive or acts without thinking                         |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent   | 0 | 1 | 2 | 42. | Would rather be alone than with others                     |
| 0 | 1 | 2 | 12. | Complains of loneliness   | 0 | 1 | 2 | 43. | Lying or cheating  |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog  | 0 | 1 | 2 | 44. | Bites fingernails  |
| 0 | 1 | 2 | 14. | Cries a lot   | 0 | 1 | 2 | 45. | Nervous, highstrung, or tense                              |
| 0 | 1 | 2 | 15. | Cruel to animals  | 0 | 1 | 2 | 46. | Nervous movements or twitching (describe): _____           |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others  |   |   |   |     | _____  |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts   | 0 | 1 | 2 | 47. | Nightmares   |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide   | 0 | 1 | 2 | 48. | Not liked by other kids                                    |
| 0 | 1 | 2 | 19. | Demands a lot of attention  | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels                           |
| 0 | 1 | 2 | 20. | Destroys his/her own things   | 0 | 1 | 2 | 50. | Too fearful or anxious                                     |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others                                   | 0 | 1 | 2 | 51. | Feels dizzy  |
| 0 | 1 | 2 | 22. | Disobedient at home   | 0 | 1 | 2 | 52. | Feels too guilty   |
| 0 | 1 | 2 | 23. | Disobedient at school   | 0 | 1 | 2 | 53. | Overeating   |
| 0 | 1 | 2 | 24. | Doesn't eat well  | 0 | 1 | 2 | 54. | Overtired  |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids   | 0 | 1 | 2 | 55. | Overweight   |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving   |   |   |   | 56. | Physical problems without known medical cause:             |
| 0 | 1 | 2 | 27. | Easily jealous  | 0 | 1 | 2 | a.  | Aches or pains ( <i>not</i> headaches)                     |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food — <i>don't</i> include sweets (describe): _____ | 0 | 1 | 2 | b.  | Headaches  |
|   |   |   |     | _____   | 0 | 1 | 2 | c.  | Nausea, feels sick   |
|   |   |   |     |   | 0 | 1 | 2 | d.  | Problems with eyes (describe): _____                       |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____       | 0 | 1 | 2 | e.  | Rashes or other skin problems                              |
|   |   |   |     | _____   | 0 | 1 | 2 | f.  | Stomachaches or cramps                                     |
| 0 | 1 | 2 | 30. | Fears going to school   | 0 | 1 | 2 | g.  | Vomiting, throwing up                                      |
|   |   |   |     |   | 0 | 1 | 2 | h.  | Other (describe): _____                                    |

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____					_____
					0	1	2	85.	Strange ideas (describe): _____
0	1	2	59.	Plays with own sex parts in public					_____
0	1	2	60.	Plays with own sex parts too much	0	1	2	86.	Stubborn, sullen, or irritable
0	1	2	61.	Poor school work	0	1	2	87.	Sudden changes in mood or feelings
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	88.	Sulks a lot
0	1	2	63.	Prefers being with older kids	0	1	2	89.	Suspicious
0	1	2	64.	Prefers being with younger kids	0	1	2	90.	Swearing or obscene language
0	1	2	65.	Refuses to talk	0	1	2	91.	Talks about killing self
0	1	2	66.	Repeats certain acts over and over; compulsions (describe): _____	0	1	2	92.	Talks or walks in sleep (describe): _____
									_____
0	1	2	67.	Runs away from home	0	1	2	93.	Talks too much
0	1	2	68.	Screams a lot	0	1	2	94.	Teases a lot
0	1	2	69.	Secretive, keeps things to self	0	1	2	95.	Temper tantrums or hot temper
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	96.	Thinks about sex too much
					0	1	2	97.	Threatens people
					0	1	2	98.	Thumb-sucking
					0	1	2	99.	Too concerned with neatness or cleanliness
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	100.	Trouble sleeping (describe): _____
0	1	2	72.	Sets fires					_____
0	1	2	73.	Sexual problems (describe): _____	0	1	2	101.	Truancy, skips school
					0	1	2	102.	Underactive, slow moving, or lacks energy
					0	1	2	103.	Unhappy, sad, or depressed
0	1	2	74.	Showing off or clowning	0	1	2	104.	Unusually loud
0	1	2	75.	Shy or timid	0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe): _____
0	1	2	76.	Sleeps less than most kids	0	1	2	106.	Vandalism
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	107.	Wets self during the day
					0	1	2	108.	Wets the bed
0	1	2	78.	Smears or plays with bowel movements	0	1	2	109.	Whining
0	1	2	79.	Speech problem (describe): _____	0	1	2	110.	Wishes to be of opposite sex
0	1	2	80.	Stares blankly	0	1	2	111.	Withdrawn, doesn't get involved with others
0	1	2	81.	Steals at home	0	1	2	112.	Worries
0	1	2	82.	Steals outside the home				113.	Please write in any problems your child has that were not listed above:
0	1	2	83.	Stores up things he/she doesn't need (describe): _____	0	1	2		_____
					0	1	2		_____
					0	1	2		_____

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

UNDERLINE ANY YOU ARE CONCERNED ABOUT.



## Parenting Scale

Directions: Below are a series of items that refer to your parenting style during the past two months with the child participating in our project. Please circle the one number between A and B that is nearest to what you do.

## SAMPLE ITEM - Please try this example

Read statement A and then read statement B

At meal time ...

**A**

*I let my child decide how much to eat.*

1

2

3

4

5

6

7

**B**

*I decide how much my child eats.*

Now circle the one number between A and B that is nearest to what you do.

**A**

**B**

1. When my child misbehaves ...

*I do something right away.*

1

2

3

4

5

6

7

*I do something about it later.*

2. Before I do something about a problem ...

*I give my child several reminders or warnings.*

1

2

3

4

5

6

7

*I use only one reminder or warning*

3. When I'm upset or under stress ...

*I am picky and on my child's back.*

1

2

3

4

5

6

7

*I am no more picky than usual.*

4. When I tell my child not to do something ...

*I say very little*

1

2

3

4

5

6

7

*I say a lot.*

5. When my child pesters me ...

*I can ignore the pestering*

1

2

3

4

5

6

7

*I can't ignore the pestering.*

6. When my child misbehaves ...

*I usually get into a long argument with my child.*

1

2

3

4

5

6

7

*I don't get into an argument.*

7. I threaten to do things that ...

*I am sure I can carry out.*

1

2

3

4

5

6

7

*I know I won't actually do.*

8. I am the kind of parent that ...

*Sets limits on what my child is allowed to do.*

1

2

3

4

5

6

7

*Lets my child do whatever he or she wants.*

9. When my child misbehaves ...

*I give my child a long lecture.*

1

2

3

4

5

6

7

*I keep my talks short and to the point.*

10. When my child misbehaves ...

*I raise my voice or yell.*

1

2

3

4

5

6

7

*I speak to my child calmly.*



**Please circle the one number between A and B that is nearest to what you do.**

**A****B**

- |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 11. If saying no doesn't work right away ...<br>I take some other kind of action.                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I keep talking and trying to get through to my child.         |
| 12. When I want my child to stop doing something ...<br>I firmly tell my child to stop              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I coax or beg my child to stop.                               |
| 13. When my child is out of my sight ...<br>I often don't know what my child is doing.              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I always have a good idea of what my child is doing.          |
| 14. After there's been a problem with my child ...<br>I often hold a grudge.                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Things get back to normal quickly.                            |
| 15. When we're not at home ...<br>I handle my child the way I do at home.                           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I let my child get away with a lot more.                      |
| 16. When my child does something I don't like ...<br>I do something about it every time it happens. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I often let it go.  |
| 17. When there's a problem with my child ...<br>Things build up and I do things I don't mean to do. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Things don't get out of hand.                                 |
| 18. When my child misbehaves, I spank, slap, grab, or hit my child ...<br>Never or rarely.          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Most of the time.   |
| 19. When my child doesn't do what I ask ...<br>I often let it go or end up doing it myself.         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I take some other action.                                     |
| 20. When I give a fair threat or warning ...<br>I often don't carry it out.                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I always do what I said.                                      |
| 21. If saying no doesn't work ...<br>I take some other kind of action.                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I offer my child something nice so he/she will behave.        |
| 22. When my child misbehaves ...<br>I handle it without getting upset.                              | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I get so frustrated or angry that my child can see I'm upset. |
| 23. When my child misbehaves ...<br>I make my child tell me why he/she did it.                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I say 'No' or take some other action.                         |
| 24. If my child misbehaves and then acts sorry ...<br>I handle the problem like I usually would.    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I let it go that time.  |

Please circle the one number between A and B that is nearest to what you do.

A

B

- |     |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|
| 25. | When my child misbehaves ...<br>I rarely use bad language or curse  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I almost always use bad language.             |
| 26. | When I say my child can't do something ...<br>I let my child do it anyway.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I stick to what I said.                       |
| 27. | When I have to handle a problem ...<br>I tell my child I am sorry.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I don't say I'm sorry about it.               |
| 28. | When my child does something I don't like. I insult my child, say mean things, or call my child names ...<br>Never or rarely. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Most of the time.                             |
| 29. | If my child talks back or complains when I handle a problem ...<br>I ignore the complaining and stick to what I said.         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I give my child a talk about not complaining. |
| 30. | If my child gets upset when I say 'No', ...<br>I back down and give in to my child.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | I stick to what I said.                       |

Office use only

--	--	--	--	--

**Section 4**

These are questions about the questionnaire.

*Please circle answer where applicable.*

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Q125. This questionnaire has been completed by the child's:

☐

- 0 Mother
- 1 Father
- 2 Mother and father together
- 3 Grandparent(s)
- 4 Other (eg. foster mother, step father)

G210\_DNBY

*please specify* .....

.....

Q126. Please indicate the date you completed this questionnaire:

--	--	--	--	--	--

☐

\_\_/\_\_/\_\_

G210\_DNWN\_DAT

Q127. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

☐

.....

.....

.....

.....

.....

**THANK YOU, WE APPRECIATE THE TIME THAT YOU HAVE  
SPENT COMPLETING THIS QUESTIONNAIRE**

--	--	--	--	--

