

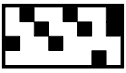
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THE RAINE STUDY

**Primary Caregiver
Questionnaire**

16 year Follow-up



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Not for completion



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Primary Caregiver Questionnaire

The purpose of this questionnaire is to obtain information about your teenager's home life, leisure activities, schooling, behaviour and general health since we were last in contact.

The questionnaire is similar to those you have completed in the past, but there are additional questions about your health and happiness and level of physical activity. If you are able to answer questions about your teenager's other biological parent please do so.

Terms of Reference

For the purpose of this questionnaire the following terms apply:

Your Teenager	The 16/17 year old Raine Study teenager
Teenager's Mother	The teenager's biological/birth mother
Teenager's Father	The teenager's biological father
Your Partner	The partner of the teenager's biological parent (eg. stepmother, stepfather)
Teenager's Siblings	The teenager's biological brothers and sisters (also half-brothers and half-sisters but not stepbrothers and stepsisters)
Your Family	The people living in your house

Please take your time

You may complete the questionnaire over 1-2 days if necessary

If you are uncomfortable about a question or unsure of an answer, please leave it blank and discuss it with one of the Raine Study staff when you come in or phone us on 9489 7937 or 9489 7796.

**Please complete this questionnaire independently
(without discussing it with your Raine Study Teenager)**

Remember ALL answers are confidential

If you are coming in for an appointment, please bring your completed questionnaire with you on the day.

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire.

If possible, could you please return your completed questionnaire to us by:

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Western Australian Pregnancy Cohort (RAINE) Study
 Telethon Institute for Child Health Research
 100 Roberts Road, Subiaco WA 6008
 (PO Box 855, West Perth WA 6872)
 Tel +61 8 9489 7794
 Fax +61 8 9489 7700
 Web www.rainestudy.org.au



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Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



Please **do not** use crosses



Please **do not** use ticks





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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.

HOUSING AND FAMILY - STRICTLY CONFIDENTIAL

- Q1. How old (in years) is your house/flat (approximately)? G217_PQ_HOMY
- Q2. How many bedrooms are there? G217_PQ_BEDS
- Q3. How many bathrooms are there? G217_PQ_BATH
- Q4. Have you moved house/flat since the last Raine Study followup (*ie in the last three years*)?
G217_PQ_HOME ☐ No ☐ Yes If yes, how many times? G217_PQ_HOMN
- Q5. If you live in Australia, what is your current residential postcode? G217_PQ_PCOD
- Q6. If you live overseas, in which country do you live?
- Q7. How many adults and children live in your home? (*Please include your study teenager(s) and yourself. Children less than one year of age - Age (years) = 0.* If there are more than 10 people living in your home please write their information on the very last page of your questionnaire)

First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Elizabeth	42	F	MOTHER
David	35	M	STEP FATHER
Jessica	16	F	STUDY TEENAGER
Hannah	2	F	STEP SISTER
G217_PQ_AG1	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX1
G217_PQ_AG2	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX2
G217_PQ_AG3	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX3
G217_PQ_AG4	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX4
G217_PQ_AG5	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX5
G217_PQ_AG6	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX6
G217_PQ_AG7	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX7
G217_PQ_AG8	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX8
G217_PQ_AG9	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX9
G217_PQ_AG10	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	G217_PQ_SX10

Office use only

G217_PQ_RL1G217_PQ_RL10

CN

HEM

1

5

10

Q6

Q7

 G217_PQ_CNTYG217_PQ_HEMI



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Q8. Does your study teenager have any other brothers or sisters not mentioned in Q7?
(Please include your study teenager here if he/she does not live at home)

☐ No

Go to Q9

G217_PQ_SIB

☐ Yes



First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Rachel	18	F	SISTER
Simon	22	M	STEP BROTHER
Tom	3	M	HALF BROTHER
<input type="text" value="G217_PQ_OAG1"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX1"/>
<input type="text" value="G217_PQ_OAG2"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX2"/>
<input type="text" value="G217_PQ_OAG3"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX3"/>
<input type="text" value="G217_PQ_OAG4"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX4"/>
<input type="text" value="G217_PQ_OAG5"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX5"/>
<input type="text" value="G217_PQ_OAG6"/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="radio"/> M <input type="radio"/> F	<input type="text" value="G217_PQ_OSX6"/>

Q9. Is your 16 year old teenager's father/mother living with you?

☐ Yes

Go to Q13

G217_PQ_FHOM

☐ Not applicable - father/mother deceased

Go to Q12

☐ No



Q10. Do you have any social contact with him/her?

☐ No

☐ Yes

☐ NA

Q11. Does he/she provide any financial support for the care of your teenager?

☐ No

☐ Yes

☐ NA

Q12. Do you have another partner that lives with you?

☐ No

☐ Yes

☐ NA

Q13. Are you or your partner receiving a benefit? (please include workers compensation)

G217_PQ_BNF

☐ No

Go to Q15

☐ Yes



Q14. Which benefit(s) are you or your partner receiving?

(Please mark all responses that apply to you and your partner)

☐ Age pension

☐ Rent assistance

☐ Austudy/Abstudy

☐ Sickness benefit

☐ Carer payment - caring for child/relative

☐ Tax Benefit Part A

☐ Disability support pension - self/partner

☐ Tax Benefit Part B

☐ Newstart allowance

☐ Widow allowance

☐ Parenting payment

☐ Workers compensation

☐ Remote area allowance

☐ Other - please specify



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Q15. Do you currently have a full-time or part-time job of any kind (excluding home duties)?
(Please mark only **one** response - the main job)

G217_PQ_YWRK

☐ No, do not have a job - not seeking work

Go to Q24

☐ No, do not have a job - actively seeking work

Go to Q24

☐ Yes, do work for payment or profit

☐ Yes, do unpaid work in a family business

☐ Yes, do other unpaid work



Q16. 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 mark only **one** response)

G217_PQ_YEMP

☐ A salary or wage earner?

☐ A helper not receiving wages?

☐ Conducting your own business - with employees?

☐ Conducting your own business - without employees?

Q17. Describe your current main job.
(Please give details of job and description of work in detail)

Job:

Description:

not scanned

Q18. How many hours do you usually work in all jobs?

G217_PQ_YHR1

☐ None or less than one hour

G217_PQ_YHRS

☐ One or more hours per week. Please specify hours ...

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Q19. Of the total number of hours you usually work in all jobs (as above, but excluding home duties), how many of those hours do you usually work at home?

G217_PQ_YHR2

☐ None or less than one hour

Go to Q21

G217_PQ_YHR3

☐ One or more hours per week. Please specify hours ...

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G217_PQ_ORL1

G217_PQ_ORL6

Office use only

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3

YJ

G217_PQ_YJOB

Q8

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Q17

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G217_PQ_YDAY

- Q22. Which of these best describes your current work schedule in your main job?
(Please mark **all** responses that apply to you)

- | | |
|--------------|----------------------------------------------------------------------------------|
| G217_PQ_YWS1 | <input type="radio"/> A regular daytime shift |
| G217_PQ_YWS2 | <input type="radio"/> A regular evening shift |
| G217_PQ_YWS3 | <input type="radio"/> A regular night shift |
| G217_PQ_YWS4 | <input type="radio"/> A rotating shift (changes from days to evenings to nights) |
| G217_PQ_YWS5 | <input type="radio"/> Split shift |
| G217_PQ_YWS6 | <input type="radio"/> On-call |
| G217_PQ_YWS7 | <input type="radio"/> Irregular schedule |
| G217_PQ_YWS8 | <input type="radio"/> Other - please describe _____ |

Q23. For the following aspects of your job select the number between 1 and 10 that indicates how satisfied or dissatisfied you are with the following aspects of your job. The more satisfied you are the higher the number you should select. The less satisfied you are the lower the number you should select. (Please mark only **one** circle for rating **each** aspect).

[illegible]



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Q24. What do you currently spend most of your time doing?

(Please mark only **one** response, unless two or more responses apply equally)

- ☐ **G217_PQ_YWK1** ○ Full-time or part-time job (salary or own business)
- ☐ **G217_PQ_YWK2** ○ Voluntary work
- ☐ **G217_PQ_YWK3** ○ Looking for work
- ☐ **G217_PQ_YWK4** ○ Home duties / caring for children
- ☐ **G217_PQ_YWK5** ○ Studying
- ☐ **G217_PQ_YWK6** ○ Voluntarily out of the workforce
- ☐ **G217_PQ_YWK7** ○ Recovering from injury / illness
- ☐ **G217_PQ_YWK8** ○ Caring for an aged / disabled / ill person (friend or relative)
- ☐ **G217_PQ_YWK10** ○ Maternity/Paternity Leave
- ☐ **G217_PQ_YWK11** ○ Long Service Leave
- ☐ **G217_PQ_YWK9** ○ Other - please describe _____

Q25. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? (Please mark only **one** response - the main job)

G217_PQ_PWRK

- ☐ No partner **Go to Q33**
- ☐ No, does not have a job - not seeking work **Go to Q32**
- ☐ No, does not have a job - actively seeking work **Go to Q32**
- ☐ Yes, works for payment or profit
- ☐ Yes, does unpaid work in a family business
- ☐ Yes, does other unpaid work

Q26. 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 your partner...

(Please mark only **one** response)

G217_PQ_PEMP

- ☐ A salary or wage earner?
- ☐ A helper not receiving wages?
- ☐ Conducting his/her own business - with employees?
- ☐ Conducting his/her own business - without employees?



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Q27. Describe your partner's current main job.
(Please give details of job and description of work in detail)

Job:

not scanned

Description:

Q28. How many hours does your partner usually work in all jobs?

G217_PQ_PHR1

☐ None or less than one hour

G217_PQ_PHR5

☐ One or more hours per week. Please specify hours ...

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Q29. Does your partner's paid job involve working at home?

G217_PQ_PHR2

☐ None or less than one hour

G217_PQ_PHR3

☐ One or more hours per week. Please specify hours ...

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Q30. On which days of the week does your partner usually work (in his/her main job)?

G217_PQ_PDAY

☐ Monday to Friday☐ Nine day fortnight☐ Days vary from week to week☐ Days vary from month to month☐ Other - please specify _____

Q31. Which of these best describes the current work schedule in your partner's main job?
(Please mark **all** responses that apply to your partner)

G217_PQ_PWS1

☐ A regular daytime shift

G217_PQ_PWS2

☐ A regular evening shift

G217_PQ_PWS3

☐ A regular night shift

G217_PQ_PWS4

☐ A rotating shift (changes from days to evenings to nights)

G217_PQ_PWS5

☐ Split shift

G217_PQ_PWS6

☐ On-call

G217_PQ_PWS7

☐ Irregular schedule

G217_PQ_PWS8

☐ Other - please describe _____

Office use only

PJ

G217_PQ_PJOB

Q27

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Q32. What does your partner currently spend most of his/her time doing?
(Please mark only **one** response, unless two or more responses apply equally)

- ☐ G217_PQ_PWK1 ☐ Full-time or part-time job (salary or own business)
- ☐ G217_PQ_PWK2 ☐ Voluntary work
- ☐ G217_PQ_PWK3 ☐ Looking for work
- ☐ G217_PQ_PWK4 ☐ Home duties / caring for children
- ☐ G217_PQ_PWK5 ☐ Studying
- ☐ G217_PQ_PWK6 ☐ Voluntarily out of the workforce
- ☐ G217_PQ_PWK7 ☐ Recovering from injury / illness
- ☐ G217_PQ_PWK8 ☐ Caring for an aged / disabled / ill person (friend or relative)
- ☐ G217_PQ_PWK9 ☐ Maternity/Paternity Leave
- ☐ G217_PQ_PWK10 ☐ Long Service Leave
- ☐ G217_PQ_PWK11 ☐ Other - please describe _____

Q33. What is your total family income (before tax) per year now? (include income from investments, rent assistance, maintenance, family supplement etc).
(Please mark only **one** response)

- ☐ G217_PQ_MON1 ☐ \$1 to \$8,000 per year (\$1-154 per week)
- ☐ \$8,001 to \$16,000 per year (\$155-308 per week)
- ☐ \$16,001 to \$25,000 per year (\$309-481 per week)
- ☐ \$25,001 to \$30,000 per year (\$482-577 per week)
- ☐ \$30,001 to \$35,000 per year (\$578-673 per week)
- ☐ \$35,001 to \$40,000 per year (\$674-769 per week)
- ☐ \$40,001 to \$50,000 per year (\$770-962 per week)
- ☐ \$50,001 to \$60,000 per year (\$963-1154 per week)
- ☐ \$60,001 to \$70,000 per year (\$1155-1346 per week)
- ☐ \$70,001 to \$78,000 per year (\$1347-1500 per week)
- ☐ \$78,001 to \$104,000 per year (\$1501-2000 per week)
- ☐ \$104,001 or more per year (>\$2001per week)

Q35. Which words best describe your family's money situation?
(Please mark only **one** response)

- ☐ G217_PQ_MON4 ☐ We are spending more money than we get
- ☐ We have just enough money to get us through to the next pay day
- ☐ There's some money left over each week, but we just spend it
- ☐ We can save a bit every now and again
- ☐ We can save a lot



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Q34. How many people does this income support?

G217_PQ_MON2

G217_PQ_MON3

Adults and children aged 14 years and over:

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Children:

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Q35. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please mark only **one** response)☐ Being paid off by you (or your spouse/partner)☐ Owned outright by you (or your spouse/partner)☐ Rented by you (or your spouse/partner)☐ Being purchased under a rent/buy (or shared equity) scheme by you (or your☐ spouse/partner) Occupied under a life tenure scheme☐ None of these☐ Don't know

G217_PQ_MON6

The next two questions are about the neighbourhood in which you live.Q36. To what extent do you agree or disagree with these statements about your neighbourhood (Please mark only **one** response for each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Rural Area
G217_PQ_NH1 This is a safe neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH2 This is a clean neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH3 There are good parks, playgrounds and play spaces in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH4 There is good lighting in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH5 The state of the footpaths and roads is good in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 Over the last two years, have any of the following been a problem in your neighbourhood?

(Please mark all responses that apply)	Yes	No	Don't Know	Rural Area
G217_PQ_NH6 Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH7 House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH8 Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH9 Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH10 Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH11 Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH12 Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH13 Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q38. Have you ever had any of the following happened to you?
(Please mark only **one** response for each line)

		Four or more times	Two or three times	Once	Never
G217_PQ_NH14	You have been treated with less courtesy than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH15	You have been treated with less respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH16	You have received poorer service than other people at restaurants or shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH17	People have acted as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH18	People have acted as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH19	People have acted as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH20	People have acted as if they are better than you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH21	You have been called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH22	You have been threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH23	You have been followed around in shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39. If any of the above events (Q38) have happened to you, what do you think was the **main** reason for this/these experiences? (Please mark **all** responses that apply to you)

- G217_PQ_NH25 ☐ Your ancestry or national origins
- G217_PQ_NH26 ☐ Your gender
- G217_PQ_NH27 ☐ Your race
- G217_PQ_NH28 ☐ Your age
- G217_PQ_NH29 ☐ Your religion
- G217_PQ_NH30 ☐ Your height or weight
- G217_PQ_NH31 ☐ Your shade of skin colour
- G217_PQ_NH32 ☐ Your sexual orientation
- G217_PQ_NH33 ☐ Your education or income level
- G217_PQ_NH34 ☐ A physical disability
- G217_PQ_NH35 ☐ The way you look
- G217_PQ_NH36 ☐ Other - please describe _____
- G217_PQ_NH37 ☐ None of these events have ever happened to me



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YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about the health and wellbeing of the study teenager'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 teenager 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.

Q40. In general how would you describe your health?

		Excellent	Very Good	Good	Fair	Poor
G217_PQ_MH9	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FH9	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_PH9	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q41. Please answer **both** parts of this question below:

a) Do you have any medical conditions or health problems of a permanent or long term nature (that is, going to last for more than 6 months, eg diabetes, chronic back pain)?

b) Do these health problems or medical conditions limit you in any way in carrying out normal daily activities at home, at a job or in studying?

a) Have health problems

b) Limited in daily activities

		Yes	No	Yes	No	N/A (no health problems)
G217_PQ_MH11	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FH8	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_PH8	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42. Has the study teenager's mother **ever** had post-natal depression?

☐ No

Go to Q44

G217_PQ_EM16

☐ Yes



Q43. When did you/she have post-natal depression?

	(Please mark all responses that apply)	No	Yes	Don't Know/ Unsure	N/A
G217_PQ_EM12	With child(ren) born before the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM14	With child(ren) born after the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM15	Associated with the birth of the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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Q44. Have you **ever** been treated for an emotional or mental problem (other than post-natal depression)?

	Yes	No
G217_PQ_EM1 Teenager's Mother	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM5 Teenager's Father	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM9 Your Partner	<input type="radio"/>	<input type="radio"/>

Q45. Have you been treated for an emotional or mental health problem within the **last 6 months**?

	Yes	No	N/A (never had a treated emotional problem)
G217_PQ_EM2 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM6 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM10 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46. Have you **ever** been **hospitalised** for an emotional or mental health problem?

	Yes	No	N/A (never had a treated emotional problem)
G217_PQ_EM3 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM7 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM11 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47. Do you smoke cigarettes?

☐ No

Go to Q51

G217_PQ_SM2

☐ Yes



Q48. How many cigarettes do you smoke a day **now**?

☐ Less than 1 daily

☐ 1-5 daily

G217_PQ_SM4

☐ 6-10 daily

☐ 11-15 daily

☐ 16-20 daily

☐ More than 20 daily

	Yes	No
G217_PQ_SM12 Q49. Do you smoke inside your house?	<input type="radio"/>	<input type="radio"/>
G217_PQ_SM13 Q50. Do you smoke in the car?	<input type="radio"/>	<input type="radio"/>



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Q51a. Does your study teenager smoke?

- ☐ No, definitely not
- ☐ No, not as far as I know
- ☐ Yes
- ☐ Don't know

G217_PQ_SM23

Q51b. Does anyone else in your house smoke cigarettes? (other than you and your study teenager)

- ☐ No
- ☐ Yes

Go to Q55

G217_PQ_SM16

Q52. How many cigarettes do they smoke a day now? (If more than one person at home smokes, please mark the total number of cigarettes smoked by these people)

- ☐ Less than 1 daily
- ☐ 1-5 daily
- ☐ 6-10 daily
- ☐ 11-15 daily
- ☐ 16-20 daily
- ☐ More than 20 daily

G217_PQ_SM17

Yes

No

G217_PQ_SM18

Q53. Do they smoke inside your house?

☐☐

G217_PQ_SM19

Q54. Do they smoke in the car?

☐☐Q55. Does anyone at your home smoke/use any other substances?
(Please include pipe, cigars, marijuana and any other drugs, etc)

- ☐ No
- ☐ Yes

Go to Q57

G217_PQ_SM20

Q56. Which other substances do they smoke/use? (Please mark **one** response for each item)

G217_PQ_SM26

Pipe

☐☐☐☐

G217_PQ_SM27

Cigars

☐☐☐☐

G217_PQ_SM28

Marijuana

☐☐☐☐

G217_PQ_SM29

Other

☐☐☐☐

If other is selected, please specify the other substance(s) * Need new variable



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Q57. Please indicate, as accurately as possible, the type and amount of alcohol that **you** consumed each day during the past week. Please refer to the guide to standard drinks at the bottom of this page while completing this question.

Start with yesterdays drinks and work back through the whole week marking the circle next to the days you consumed some alcohol. If you did not consume alcohol on a particular day, do not mark the circle and write NIL in the "Type of Alcohol & Amount Consumed" column.

Day	Type of Alcohol & Amount consumed (eg. 2 cans of light beer, 4 bundy/cola pre-mix cans, 1 glass of wine at a restaurant)
G217_PQ_AH4 Monday <input type="radio"/>	
G217_PQ_AH6 Tuesday <input type="radio"/>	
G217_PQ_AH8 Wednesday <input type="radio"/>	
G217_PQ_AH10 Thursday <input type="radio"/>	
G217_PQ_AH12 Friday <input type="radio"/>	
G217_PQ_AH14 Saturday <input type="radio"/>	
G217_PQ_AH16 Sunday <input type="radio"/>	

Q58. Does this level of consumption reflect a typical week?

☐ No

G217_PQ_AH18




















☐ Yes

Type of alcohol examples:

Beer (please specify brand and strength)
Wine (Sherry, Claret, Chardonnay, etc)
Spirits (Gin, Whiskey, Baileys, etc)

Amount consumed:

Please indicate the number of glasses, cans, stubbies, nips or mls (if you know it), etc...whatever measures you are most familiar with.

Standard Drinks Guide									
									
1.5 375ml Full Strength Beer 4.9% Alc./Vol	1 375ml Mid Strength Beer 3.5% Alc./Vol	0.8 375ml Light Beer 2.7% Alc./Vol	1.5 375ml Full Strength Beer 4.9% Alc./Vol	1 375ml Mid Strength Beer 3.5% Alc./Vol	0.8 375ml Light Beer 2.7% Alc./Vol	1 285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol	0.7 285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol	0.5 285ml Middy/Pot* Light Beer 2.7% Alc./Vol	1.5 170ml Standard Serve of Sparkling Wine/ Champagne 11.5% Alc/Vol
									
1.5 375ml Pre-mix Spirits 5% Alc/Vol	1.5 340ml Alcoholic Soda 5.5% Alc/Vol	1 30ml Spirit Nip 40% Alc/Vol	22 700ml Bottle of Spirits 40% Alc/Vol	0.9 60ml Port/Sherry Glass 18% Alc./Vol.	1 100ml Standard Serve of Wine 12% Alc/Vol	1.8 180ml Average Restaurant Serve of Wine 12% Alc/Vol	7 750ml Bottle of Wine 12% Alc/Vol	38 4 Litres Cask Wine 12% Alc/Vol	
* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner									

Office use only

G217_PQ_AH??

Q57

M	19	20	21	5	--	T	22	23	24	7	--	W	25	26	27	9	--	T	28	29	30	11	--
F	31	32	33	13	--	S	34	35	36	15	--	S	37	38	39	17	--						



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Section 2

The next few questions (Q59 - Q61) are about the physical activity you did last week, DO NOT count what you did as part of your job.

Q59. In the last week, how many times have you walked continuously for at least 10 minutes for recreation/exercise, or to get to and from places?

G217_PQ_E1

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The next question excludes household chores, gardening or yard work.

Q60. In the last week, how many times did you do any moderate/vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis)

G217_PQ_E2

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The next question includes household chores, gardening or yard work.

Q61. In the last week, how many times did you do any moderate/vigorous household chores, gardening or heavy work around the yard which made you breathe harder or puff and pant?

G217_PQ_E3

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Q62. Does the level of activity detailed above reflect a typical week?

G217_PQ_E4

☐ No☐ Yes

		Yes	No
G217_PQ_PN17	Q63. Have you ever had back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN9	Q64. Have you ever had neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN38	Q65. Have you ever had low back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN25	Q66. Did you seek health professional advice/treatment for back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN34	Q67. Did you take medication to relieve the back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN35	Q68. Did your back pain stop you from going to work?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN36	Q69. Did the back pain interfere with your normal activities?	<input type="radio"/>	<input type="radio"/>



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Q70. We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer **all** items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

		Disagree		Agree		
(1 = Completely DISAGREE; 5 = Completely AGREE)		1	2	3	4	5
G217_PQ_P29	There is no real treatment for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P30	Back trouble will eventually stop your participation in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P31	Back trouble means periods of pain for the rest of one's life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P32	Doctors cannot do anything for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P33	A bad back should be exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P34	Back trouble makes everything in life worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P35	Surgery is the most effective way to treat back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P36	Back trouble may mean you end up in a wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P37	Alternative treatments are the answer to back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P38	Back trouble means long periods of time off school/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P39	Medication is the only way of relieving back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P40	Once you have had back trouble there is always a weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P41	Back trouble must be rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P42	Later in life back trouble gets progressively worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q71. Do you belong to any of the following?

(Please mark all responses that apply to you)		Yes
G217_PQ_E5A	A sports club	<input type="radio"/>
G217_PQ_E5B	An exercise club	<input type="radio"/>
G217_PQ_E5C	An outdoor recreation club or group	<input type="radio"/>
G217_PQ_E5D	None of these	<input type="radio"/>



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Q72. Do you do any physical activity? *(Please include activity done in your job, housework, in caring for children)*

G217_PQ_E6O

☐ No

Go to Q75

☐ Yes

Q73. What are the **MAIN** reason(s) for you doing physical activity?
(Please mark all responses that apply to you)

G217_PQ_E6A

☐ Improve appearance

G217_PQ_E6B

☐ Enjoy doing the activity

G217_PQ_E6C

☐ Maintain or lose weight

G217_PQ_E6D

☐ Social interaction and friendships

G217_PQ_E6E

☐ Reduce my risk of heart disease

G217_PQ_E6F

☐ Feel more relaxed

G217_PQ_E6G

☐ Tone my muscles

G217_PQ_E6H

☐ Improve my fitness

G217_PQ_E6I

☐ Feel better about myself

G217_PQ_E6J

☐ Have more energy

G217_PQ_E6K

☐ Sleep better

G217_PQ_E6L

☐ Prevent joint stiffness

G217_PQ_E6M

☐ Other reason

G217_PQ_E6N

☐ No reason

Q74. Who normally does physical activity with you? *(Please mark all responses that apply to you)*

G217_PQ_E7A

☐ Spouse/Partner

G217_PQ_E7B

☐ The teenager in the study

G217_PQ_E7C

☐ Another of your children

G217_PQ_E7D

☐ Friend

G217_PQ_E7E

☐ Workmate

G217_PQ_E7F

☐ Neighbour

G217_PQ_E7G

☐ Sports or health club member

G217_PQ_E7H

☐ No-one

G217_PQ_E7I

☐ Children other than your own (eg coaching)

G217_PQ_E7J

☐ Pets

G217_PQ_E7K

☐ Other - please specify _____



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The following statements are about the amount of exercise you intend to do in the near future.

Q75. Do you intend to be more active than you have been over the last week?

☐ No

G217_PQ_E8

☐ Yes

☐ Unsure

Q76. What reasons would you give for not being **more** physically active?

(Please mark **all** responses that apply to you)

G217_PQ_E9A

☐ I haven't got time

G217_PQ_E9B

☐ My health is not good enough

G217_PQ_E9C

☐ There is no one to do it with

G217_PQ_E9D

☐ I've lost contact with friends/family

G217_PQ_E9E

☐ I can't afford it

G217_PQ_E9F

☐ I'm too old

G217_PQ_E9G

☐ There are no suitable facilities

G217_PQ_E9H

☐ Traffic is too heavy

G217_PQ_E9I

☐ I'm not the sporty type

G217_PQ_E9J

☐ No motivation

G217_PQ_E9K

☐ Can't be bothered

G217_PQ_E9L

☐ Too fat - overweight

G217_PQ_E9M

☐ I need to rest and relax in my spare time

G217_PQ_E9N

☐ I don't put priority on physical activity

G217_PQ_E9O

☐ I've got young children to look after

G217_PQ_E9P

☐ I might get injured or damage my health

G217_PQ_E9Q

☐ I don't enjoy physical activity

G217_PQ_E9R

☐ I'm active enough

G217_PQ_E9S

☐ Other - please describe _____

G217_PQ_E9T

☐ No reason



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Q77. To what extent do you agree or disagree with the following statements about physical activities? (Please mark **one** response for **each** statement)

		Agree	Neither Agree nor Disagree	Disagree
G217_PQ_E10	Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E11	Half an hour of brisk walking on most days is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E12	To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E13	Exercise doesn't have to be done all at one time - blocks of 10 minutes are okay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E14	Moderate exercise that increases your heart rate slightly can improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q78. On average, how many hours per day (at work **and** at home) do you...

	(Please mark one response for each item)	Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
G217_PQ_TV3	Watch TV or videos on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_TV4	Watch TV or videos on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CF3	Use a computer (eg for study/work, games, internet) on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CF4	Use a computer (eg for study/work, games, internet) on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please mark one response for each row of this question, that applies to your diet.

Q79. How often do **you** eat the following foods? (Please mark **one** response for each item)

		6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G217_PQ_F02	Fried food with a batter or breadcrumb coating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F013	Gravy, creamy sauces or cheese sauces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	Vegetables, rice or pasta with added butter, margarine oil or sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F017	Vegetables that are fried or roasted in oil (don't count oil sprays eg. Pure and Simple)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	Sausages, polony, salami, meat pies, pasties, hamburger or bacon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	Hot potato chips or french fries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	Pastries, cakes, sweet biscuits or croissants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	Chocolate, chocolate biscuits or sweet snack bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F012	Potato crisps, corn chips, cheezels, twisties or nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F014	Ice cream (any variety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F011	Cream or sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F06	Cheddar, edam, or other hard cheese, cream cheese or soft cheeses such as camembert or brie (but excluding ricotta or cottage cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q80. How much of the following do **you** usually eat? (Please mark **one** response for each item)

			Some	None	I don't eat meat/chicken
G217_PQ_F015	Fat (on meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F07	Skin (on chicken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q81. How often do **you** eat the following foods? (Please mark **one** response for each item)

	(Please mark one response for each item)	6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G217_PQ_F026	Fruit , including fresh and canned fruit (do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit desserts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F027	Vegetables , include all forms of vegetables, eg. fresh, frozen, canned, salads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F084	Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q82. What type of milk do **you** usually drink? (Please mark only **one** response)

- ☐ None
☐ Skim
☐ Reduced fat (2%) eg hilo or reduced fat soy
☐ Full-cream
☐ Soy
☐ Condensed
☐ Other - please specify _____

G217_PQ_F16B

Q83. How much butter/margarine do **you** usually use on bread? (Please mark only **one** response)

- ☐ Thick spread
☐ Medium spread
☐ Thin spread
☐ None

G217_PQ_F029

Q84. For each of the following foods **you** eat, mark the **most common** cooking method used for each (Please mark **one** response for each item)

		Boiled, steamed or Microwaved	Stewed or casseroled	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	I Don't eat this food
G217_PQ_F030	Beef/lamb/pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F031	Sausages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F032	Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F033	Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F034	Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From the following two lists of fruit and vegetables, please mark those that you eat at least once a week (on average) when they are in season.

Q85. **Fruits** - include fresh and canned fruit but do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit desserts. (Please mark **all** the fruits that **you** eat at least once a week when they are in season)

G217_PQ_F02?

37 <input type="radio"/> Apple	44 <input type="radio"/> Nectarine	48 <input type="radio"/> Rockmelon
43 <input type="radio"/> Apricot	35 <input type="radio"/> Orange	41 <input type="radio"/> Strawberry
39 <input type="radio"/> Banana	51 <input type="radio"/> Pawpaw	47 <input type="radio"/> Watermelon
40 <input type="radio"/> Grapes	45 <input type="radio"/> Peach	52 <input type="radio"/> Any others?
42 <input type="radio"/> Kiwifruit	38 <input type="radio"/> Pear	FOF <input type="radio"/> None of these
36 <input type="radio"/> Mandarin	49 <input type="radio"/> Pineapple	
50 <input type="radio"/> Mango	46 <input type="radio"/> Plum	

Please specify any other fruit _____



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Q86. **Vegetables** - include all forms of vegetables eg. fresh, frozen, canned, salads
(Please mark **all** the vegetables that **you** eat at least once a week)

G217_PQ_FO??

76	<input type="radio"/> Asparagus	60	<input type="radio"/> Chick peas	63	<input type="radio"/> Pumpkin
79	<input type="radio"/> Avocado	66	<input type="radio"/> Cucumber	54	<input type="radio"/> Sweet corn
57	<input type="radio"/> Baked beans	58	<input type="radio"/> Dried beans	70	<input type="radio"/> Silver beet
65	<input type="radio"/> Beetroot	81	<input type="radio"/> Eggplant	69	<input type="radio"/> Spinach
73	<input type="radio"/> Broccoli	56	<input type="radio"/> Green beans	78	<input type="radio"/> Sprouts
74	<input type="radio"/> Brussel Sprouts	55	<input type="radio"/> Green peas	64	<input type="radio"/> Sweet potato
62	<input type="radio"/> Carrot	59	<input type="radio"/> Lentils	61	<input type="radio"/> Tomato
71	<input type="radio"/> Cabbage	82	<input type="radio"/> Lettuce	80	<input type="radio"/> Zucchini
67	<input type="radio"/> Capsicum	77	<input type="radio"/> Mushroom	83	<input type="radio"/> Any others?
72	<input type="radio"/> Cauliflower	75	<input type="radio"/> Onion	FOV	<input type="radio"/> None of these
68	<input type="radio"/> Celery	53	<input type="radio"/> Potato		

Please specify any other vegetables _____

Please select the most appropriate responses to the following questions.

Q87. Do you know your weight?

G217_PQ_W1

☐ No

Go to Q88

☐ Yes

What is your current weight?

. kg

or

stone/lb

Q88. Do you know your height?

G217_PQ_H1

☐ No

Go to Q89

☐ Yes

What is your current height?

. cm

or

/ feet/inches

Q89. Are you worried about your weight?

G217_PQ_W3

☐ Not at all☐ A little☐ Moderately☐ Very

Q90. Do you consider yourself to be...

G217_PQ_W4

☐ Underweight?☐ Normal weight?☐ A bit overweight?☐ Very overweight?

Office use only

WTK

Q87

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HTC

Q88

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Q91. Are you worried about your teenager's weight?

G217_PQ_W43

- ☐ Not at all
☐ A little
☐ Moderately
☐ Very

Q92. Do you consider your teenager to be...

G217_PQ_W44

- ☐ Underweight?
☐ Normal weight?
☐ A bit overweight?
☐ Very overweight?

Q93. How concerned are you that your teenager may become overweight in the future?

G217_PQ_W47

- ☐ Unconcerned
☐ A little concerned
☐ Concerned
☐ Fairly concerned
☐ Very concerned

Q94. How much does your weight and shape influence how you....

		Not at all	A little	Moderately	Very
G217_PQ_W45	Think about (judge) yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_W46	Think about (judge) others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q95. Have any of the following happened to you in the last year?

	(Please mark all responses that apply to you)	Yes
G217_PQ_ST1	Pregnancy problems	<input type="radio"/>
G217_PQ_ST2	Death of a close relative - which relative _____	<input type="radio"/>
G217_PQ_ST3	Death of a close friend	<input type="radio"/>
G217_PQ_ST4	Separation or divorce	<input type="radio"/>
G217_PQ_ST5	Marital problems	<input type="radio"/>
G217_PQ_ST6	Problems with your children	<input type="radio"/>
G217_PQ_ST7	Your own job loss (not voluntary)	<input type="radio"/>
G217_PQ_ST8	Your partner's job loss (not voluntary)	<input type="radio"/>
G217_PQ_ST9	Money problems	<input type="radio"/>
G217_PQ_ST10	Residential move	<input type="radio"/>
G217_PQ_ST11	Other - please describe _____	<input type="radio"/>
G217_PQ_ST12	None of these	<input type="radio"/>



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Please read each statement and mark the response that 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.

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*

		0	1	2	3
G217_PQ_FL1	1. I found myself getting upset by quite trivial things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL2	2. I couldn't seem to get going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL3	3. I had a feeling of faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL4	4. I experienced breathing difficulties (eg. excessively rapid breathing, in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL5	5. I felt sad and depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL6	6. I found it hard to calm down after something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL7	7. I perspired noticeably (eg. sweaty hands) in the absence of high temperatures or physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL8	8. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL9	9. I found myself in situations which made me so anxious I was most relieved when they ended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL10	10. I tend to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL11	11. I found myself getting upset rather easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL12	12. I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL13	13. I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL14	14. I found that I was very irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL15	15. I was aware of dryness in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL16	16. I felt that I had lost interest in just about everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL17	17. I could see nothing in the future to be hopeful about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL18	18. I was aware of the action of my heart in the absence of physical exertion (eg. heart rate increase, missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL19	19. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL20	20. I felt that life wasn't worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL21	21. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL22	22. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL23	23. I couldn't seem to get enough enjoyment out of the things I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL24	24. I had a feeling of shakiness (eg. legs going to give way)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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*

		0	1	2	3
G217_PQ_FL25	25. I felt downhearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL26	26. I found it difficult to work up the initiative to do something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL27	27. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL28	28. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL29	29. I had difficulty in swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL30	30. I feared that I could be "thrown" by some trivial but unfamiliar task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL31	31. I felt I was pretty worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL32	32. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL33	33. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL34	34. I was in a state of nervous tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL35	35. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL36	36. I felt I wasn't much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL37	37. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL38	38. I felt terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL39	39. I experienced trembling (eg in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL40	40. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL41	41. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL42	42. I found it difficult to tolerate interruptions to what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q96. Does this reflect a typical a week for you?

G217_PQ_FL94

☐ Yes

Go to Q98

☐ No



Q97. Please describe the reason(s) for this not being a typical a week for you.

* Need new variable



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(Please mark **one** response for each item)

Q98. In the past four weeks, about how often did you....

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
G217_PQ_FL44	Feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL45	Feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL46	Feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL47	Feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL48	Feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL49	Feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL50	Feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL51	Feel everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL52	Feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL53	Feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your relationship with your partner. If you do not have a partner (living with you or otherwise) please leave these questions and Go to Q102.

Q99. 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.

[illegible]

Q100. How often would you say the following events occur between you and your partner?

[illegible]

Q101. The points on the following question represent different degrees of happiness in your relationship with your partner.

The middle point, "happy", represents the degree of happiness of most relationships. Please mark the point which best represents the degree of happiness, all things considered, of your relationship with your partner.

Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q102. Below are statements about families and family relationships.

Item 1

Please mark the category which best describes your family - the people living in your house.

(Please mark one response for each item)	Strongly Agree	Agree	Disagree	Strongly Disagree
G217_PQ_FA1A Planning family activities is difficult because we misunderstand each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1B In times of crisis we can turn to each other for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1C We cannot talk to each other about sadness we feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1D Individuals (in the family) are accepted for what they are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1E We avoid discussing our fears and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1F We express feelings to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1G There are lots of bad feelings in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1H We feel accepted for what we are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1I Making decisions is a problem in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1J We are able to make decisions about how to solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1K We don't get on well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1L We confide in each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1M Drinking is a source of tension or disagreement in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Item 2

Taking things all together, how would you say things are for...

	Not too Happy	Reasonably Happy	Very Happy	No spouse/partner
G217_PQ_FA3 You these days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G217_PQ_FA4 Your spouse/partner these days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Item 3

Here are some situations you may encounter. How sure are you that you can manage when...

(Please mark one response for each item)	Not at all sure	A Little Sure	Somewhat Sure	Quite Sure	Very Sure
G217_PQ_CW1 You meet a person for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW2 You are in a place you don't know anything about?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW3 You have new work to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW5 You have to get something done and there is a lot of pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW6 You have to work out a problem with an authority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW7 You have to work out a problem with your child(ren)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW10 You have to talk in front of people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW11 You have to do something for the first time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW12 You have to travel to a new place by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW13 You have to work out a problem with your friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW15 You have trouble solving a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW16 You feel very unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW17 You lose something important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW18 You have to do things people expect you to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW19 You have to figure out something by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW20 You have to make an important decision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW21 Someone counts on you to do something important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW22 You are bored and want to find something interesting to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW23 Things are going wrong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW24 You become elderly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW26 You have to work out a problem with your relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CW27 You have done something wrong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

Q103. How often do you have contact (including telephone) with **members of your family**, (do not include those living with you)?

	Not at all	Less than monthly	Once or twice a month	Approx. once a week	More often than once a week
G217_PQ_M2 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F2 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P2 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q104. How often do you have contact (including telephone) with **friends** (do not include those living with you)?

	Not at all	Less than monthly	Once or twice a month	Approx. once a week	More often than once a week
G217_PQ_M3 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F3 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P3 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q105. 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?

	None	1 - 2 people	3 - 5 people	More than 5 people
G217_PQ_M1 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F1 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P1 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q106. Do any of these people live **within 10 minutes drive** of you?

	Yes	No	N/A (no-one to talk frankly with)
G217_PQ_M5 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F5 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P5 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section 3

These questions are mostly about your 16 year old study teenager.

ABOUT YOUR TEENAGER - STRICTLY CONFIDENTIAL

Q107. On average, how much time is spent with your teenager **each day from Monday to Friday** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)?

	None	Less than 1 hour	About 1 hour	About 1 to 3 hours	About 3 to 5 hours	More than 5 hours
G217_PQ_M8 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F8 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P8 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q108. On average, how much time is spent with your teenager **each day in the weekend** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)?

	None	Less than 1 hour	1 - 6 hours	6 to 10 hours	11 to 20 hours
G217_PQ_M9 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F9 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P9 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q109. Compared with other teenagers, how easy or difficult is your teenager to manage?
(Please mark the response that best represents your feelings)

- ☐ Much more difficult than average
- ☐ A little more difficult than average
- ☐ Average
- ☐ A little easier than average
- ☐ Much easier than average

Q110. How would you compare the physical activity level of your teenager with that of **other teenagers of the same age**?

- ☐ I am unable to make a comparison
- ☐ My teenager is less active than other teenagers
- ☐ My teenager is as active as other teenagers
- ☐ My teenager is more active than other teenagers

Q111. How does your teenager's level of activity **now** compare to **12 months ago**?

- ☐ Less active than 12 months ago
- ☐ About the same as 12 months ago
- ☐ More active than 12 months ago



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Q112. What does your teenager currently spend most of his/her time doing?

(Please only mark only **one** response, unless two or more answers apply equally)

- ☐ **G217_PQ_ED46** Studying - school **Go to Q113**
- ☐ **G217_PQ_ED47** Studying - TAFE
- ☐ **G217_PQ_ED48** Studying - University **Go to Q118**
- ☐ **G217_PQ_ED49** Studying - Other
- ☐ **G217_PQ_ED50** Looking for work
- ☐ **G217_PQ_ED51** Full-time or part-time job (salary or own business)
- ☐ **G217_PQ_ED52** Voluntary work
- ☐ **G217_PQ_ED53** Home duties / caring for children **Go to Q121**
- ☐ **G217_PQ_ED54** Voluntarily out of the workforce
- ☐ **G217_PQ_ED55** Recovering from injury/illness
- ☐ **G217_PQ_ED56** Caring for an aged / disabled / ill person (relative/friend)
- ☐ **G217_PQ_ED57** Other - please describe

Q113. a) What is the name and suburb of the school your teenager is currently attending?

G217_PQ_SCOD

G217_PQ_ED9

b) What year/grade is your teenager in at school now?

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G217_PQ_BRD1

c) Is your teenager boarding at school?

☐ No ☐ Yes

Q114. Has your teenager ever repeated a year/grade at school? (If preschool, then please print 95 in the area available)

G217_PQ_E10A

☐ No

☐ Yes. Which year/grade?

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G217_PQ_E10B

Q115. How satisfied are you with the standard of education offered at your teenager's current school?

G217_PQ_ED26

Very
Dissatisfied

☐

Dissatisfied

☐

Neither

☐

Satisfied

☐

Very
Satisfied

☐

Q116. How would you describe your teenager's academic performance in school during the past 6 months?

G217_PQ_ED27

Poor

☐

Below average

☐

Average

☐

Very good

☐

Excellent

☐

Q117. How satisfied are you with your teenager's progress at school in the following areas?

G217_PQ_ED35

Having a high grade average

Very
Satisfied

☐

Satisfied

☐

Neither

☐

Dissatisfied

☐

Very
Dissatisfied

☐

G217_PQ_ED36

Attending classes regularly

☐

☐

☐

☐

☐

G217_PQ_ED37

Doing well even in hard subjects

☐

☐

☐

☐

☐

G217_PQ_ED38

Having others think of them as a good student

☐

☐

☐

☐

☐

G217_PQ_ED39

Deciding on a future career/ education

☐

☐

☐

☐

☐

Go to Q125



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Q118. How satisfied are you with the standard of education offered at your teenager's current TAFE or Uni?

G217_PQ_ED33

Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q119. How would you describe your teenager's academic performance in TAFE or Uni during the past 6 months?

G217_PQ_ED34

Poor	Below average	Average	Very good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q120 How satisfied are you with your teenager's progress at school in the following areas?

G217_PQ_ED90

G217_PQ_ED91

G217_PQ_ED92

G217_PQ_ED93

G217_PQ_ED94

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
Having a high grade average	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending classes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing well even in hard subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having others think of them as a good student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deciding on a future career/ education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to Q125

G217_PQ_ED40

Q121. In which month ~~and~~ year did your teenager leave school?

Month

and

Year G217_PQ_ED41
(4-digit year)

Q122. What was the highest year of school your teenager completed?

G217_PQ_ED42

- ☐ Year 12 (or equivalent)
☐ Year 11 (or equivalent)
☐ Year 10 (or equivalent)
☐ Other - please specify _____

Q123. How would you describe your teenager's performance at work or job seeking?

G217_PQ_ED65

Poor	Below average	Average	Very good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q124. How satisfied are you with your teenager's...

G217_PQ_ED44

G217_PQ_ED45

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
Decision not to study at this time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current work or job seeking or other activities (if not working or job seeking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**** Additional questions are at the end of the questionnaire ******Go to Q125**

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G217_PQ_SCOD

G217_PQ_ED66

67

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71

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Q113

Q112



9616

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Q125. Is your teenager limited in what he/she does because of physical problems?

G217_PQ_LIM3

☐ No **Go to Q127**

☐ Yes



Q126. How long has your teenager been limited in this way?

G217_PQ_LIM4

☐ Less than 6 months

☐ 6 months to 2 years

☐ More than 2 years

Q127. Is your teenager limited in what he/she does because of emotional problems?

G217_PQ_LIM5

☐ No **Go to Q129**

☐ Yes



Q128. How long has your teenager been limited in this way?

G217_PQ_LIM6

☐ Less than 6 months

☐ 6 months to 2 years

☐ More than 2 years

Q129. Is your teenager limited in what he/she does because of learning problems?

G217_PQ_LIM7

☐ No **Go to Q131**

☐ Yes



Q130. How long has your teenager been limited in this way?

G217_PQ_LIM8

☐ Less than 6 months

☐ 6 months to 2 years

☐ More than 2 years

Q131. Is your teenager limited in what he/she does because of speech or language problems?

G217_PQ_LIM9

☐ No **Go to Q133**

☐ Yes



Q132. How long has your teenager been limited in this way?

G217_PQ_LIM10

☐ Less than 6 months

☐ 6 months to 2 years

☐ More than 2 years



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Q133. Does your teenager take part in any of the following activities outside of school/TAFE/Uni/ work hours?

(Please mark all applicable responses)

Yes

G217_PQ_AC65	Organised groups such as scouts, guides, church groups	<input type="radio"/>
G217_PQ_AC66	Organised sport like football, netball, little athletics	<input type="radio"/>
G217_PQ_AC67	Informal sporting activities like swimming, rollerblading	<input type="radio"/>
G217_PQ_AC68	Music, art, drama, dance	<input type="radio"/>
G217_PQ_AC69	Informal recreation like going to the movies or swimming pool	<input type="radio"/>
G217_PQ_AC70	Going to a friend's house (any friends not necessarily school friends)	<input type="radio"/>
G217_PQ_A70A	None of these	<input type="radio"/>

Q134. How satisfied are you with the opportunities that your teenager has to take part in activities outside school/TAFE/Uni/Work?

	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
G217_PQ_AC71	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q135. How would you rate the overall health of your teenager?

- G217_PQ_OAL2
- ☐ Poor (seldom well)
- ☐ So-so (he/she is ill as often as he/she is well)
- ☐ OK, could be better (mostly well)
- ☐ Excellent (nearly always well)

Q136. Is your teenager limited in any physical activities (eg running, biking, climbing stairs, lifting, dressing) because of health problems?

- G217_PQ_LIM1
- ☐ No **Go to Q138**
- ☐ Yes



Q137. How long has your teenager been limited in this way?

- G217_PQ_LIM2
- ☐ Less than 6 months
- ☐ 6 months to 2 years
- ☐ More than 2 years



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Q138. Does your study teenager have now, or has he/she had in the past, any of the following **health professional diagnosed** medical conditions or health problems?

[illegible]



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Q138 continued... Does your study teenager have now, or has he/she had in the past, any of the following **health professional diagnosed** medical conditions or health problems?

[illegible][illegible]



9616

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Q139. Since the last follow-up at 13-14 years of age, has your study teenager had any accidents or injuries which required you to take him/her to a doctor (GP), hospital or clinic?

G217_PQ_INJ

☐ No

Go to Q140

☐ Yes


Please describe the accident, the injury and any treatment (eg. fell off bike, cut arm, 3 stitches), and list every accident/injury separately, giving as much detail as possible.

Injury	How did it happen?	When did it happen?	Treatment
eg. Sprained wrist	Fell down stairs	3 months ago	Physiotherapy/bandage
not scanned			

Q140. Since the last follow-up at 13-14 years of age, has your study teenager been admitted to a hospital/day surgery ?

G217_PQ_HO

☐ No

Go to Q141

☐ Yes


Please list each admission separately, giving as much detail as possible.

Date	Which hospital?	Reason for admission
eg. October 2005	McCourt St Day Surgery	Removal of impacted wisdom teeth

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G217_PQ_INF?

G217_PQ_INC?

G217_PQ_HOD?

G217_PQ_HOH?

G217_PQ_HOC?

11	1	1 ----	H1	1 ---- / ---- / -----				1 ----		1 ----		
12	2	2 ----	H2	2 ---- / ---- / -----				2 ----		2 ----		
13	3	3 ----	H3	3 ---- / ---- / -----				3 ----		3 ----		
14	4	4 ----	H4	4 ---- / ---- / -----				4 ----		4 ----		
15	5	5 ----	H5	5 ---- / ---- / -----				5 ----		5 ----		



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G217 PQ AT23

- ☐ No
- ☐ Yes
- ☐ Don't know

G217 PQ AT1

- ☐ No **Go to Q143**

☐ Yes



	(Please mark all responses applicable to the study teenager)	No	Yes Now completed	Yes Still attending regularly or occasionally
G217_PQ_AT8	GP or family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT19	Accident and emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT13	Hospital outpatient (department or clinic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT20	Private medical specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT11	Dentist/Dental therapist/Orthodontist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT16	School nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT15	Optician/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT12	Dietician/Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT2	Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT3	Occupational therapist (OT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT4	Speech therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT5	Psychologist/Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT17	Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT6	Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_AT7	Alternative therapist (eg iridologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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G217 PQ PM20



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G217 PQ PMED

☐ No

Go to Q144

☐ Yes



Which medication(s)?		
Name	Reason for taking it	Is he/she still taking it?
eg. Antibiotics Ventolin Cortisone cream	For acne For asthma For eczema	Yes Yes No
G217_PQ_PMED1 Not Scanned		

G217 PQ CMED

☐ No

Go to Q145

☐ Yes



Which medication(s)?		
Name	Reason for taking it	Is he/she still taking it?
eg. Neurofen Antihistamine Fish oil capsules	For period pain For hayfever For ADD	Yes No Yes
G217_PQ_CMD1 Not Scanned		

Q145. Is your home air-conditioned?

☐ No

Go to Q148

☐ Yes



G217 PQ AIR2

- ☐ One room
- ☐ Two rooms
- ☐ Three rooms
- ☐ More than three rooms
- ☐ Portable air-conditioner

G217 PQ AIR3

☐ No

☐ No

☐ Yes

☐ Yes

CMD1

10

20

G217 PQ CM1

G217 PQ CM30



9616

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Q148. Is your home heated?

☐ No

Go to Q150

☐ Yes

Q149. How is your home heated?

(Please mark all applicable responses)

Is there a chimney (flue) attached?

Yes

Yes

No

Don't know

G217_PQ_HE2A	Gas heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_HEA2
G217_PQ_HE3A	Kerosene heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_HEA3
G217_PQ_HEA4	Electric bar radiator, fan or column heater	<input type="radio"/>				
G217_PQ_HEA6	Reverse cycle air-conditioning	<input type="radio"/>				
G217_PQ_HEA7	Fully ducted heating	<input type="radio"/>				
G217_PQ_HEA5	Wood fire/slow combustion heater	<input type="radio"/>				
G217_PQ_HEA0	Other - please specify _____	<input type="radio"/>				

Q150. Do you have gas cooking in your home?

☐ No☐ Yes

Q151. Are there any pets at home?

☐ No

Go to Q153

☐ Yes

Q152. How many pets are there? If you have no pets at home then please leave this section blank. If you have either no cats, no dogs or birds or no other pets, then print the number 0 in the spaces.
(Please print the number neatly in the space provided)

	Inside	Outside	Total
Cats	<div><div>G217_PQ_PT4</div></div>	<div><div>G217_PQ_PT2</div></div>	<div><div>G217_PQ_PT3</div></div>
Dogs	<div><div>G217_PQ_PT7</div></div>	<div><div>G217_PQ_PT5</div></div>	<div><div>G217_PQ_PT6</div></div>
Birds (include ducks, geese, chickens)	<div><div>G217_PQ_PT10</div></div>	<div><div>G217_PQ_PT8</div></div>	<div><div>G217_PQ_PT9</div></div>
Other pets? How many other pets inside?	<div><div></div><div></div></div>	What type? _____	
How many other pets outside?	<div><div></div><div></div></div>	What type? _____	

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G217_PQ_PT?

G217_PQ_P11?

G217_PQ_PT?

G217_PQ_P12?

Q152

15

17 ---

A

B

C

D

Q152

16

18 ---

A

B

C

D

Q153. Does your teenager have any regular contact with pets elsewhere? (eg relatives, neighbours, friends)

☐ No

Go to Q155

☐ Yes



Q154. What types of animals?

(Please mark all applicable responses)

Yes

G217_PQ_T13A

Dogs

☐

G217_PQ_T13B

Cats

☐

G217_PQ_T13C

Birds

☐

G217_PQ_T13E

Fish

☐

G217_PQ_T13D

Rodents (eg. guinea pigs, rabbits, rats/mice)

☐

G217_PQ_T13F

Reptiles/Amphibia

☐

G217_PQ_T13G

Other (eg.farm animals - sheep, horses cattle)

☐

Please specify _____

Q155. Does your teenager usually cough when he/she gets a cold these days?

G217_PQ_RE1

☐ No

☐ Yes

☐ Don't know

Q156. Does your teenager seem congested or bring up phlegm (spit) from his/her chest with colds?

G217_PQ_RE3

☐ No

☐ Yes

☐ Don't know

Q157. Has your teenager wheezed at any time in his/her life? (*wheeze is a whistling or rattling noise in the chest, best heard when breathing out*)

G217_PQ_RE40

☐ No

Go to Q163

☐ Yes



Q158. Has your teenager wheezed in the last 12 months?

G217_PQ_RE34

☐ No

Go to Q163

☐ Yes



Q159. How many episodes of wheezing has your teenager had in the last 12 months?

G217_PQ_RE35

☐ 1 to 2

☐ 3 to 12

☐ More than 12



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Q160. In the last 12 months, how often on average has your teenager's sleep been disturbed due to wheezing?

G217_PQ_RE36

- ☐ Never woken with wheezing
- ☐ Less than one night per week
- ☐ One or more nights per week
- ☐ Don't know

In the last 12 months has...

Yes

No

Don't
Know

Q161. Wheezing ever been severe enough to limit your teenager's speech to only one or two words at a time between breaths?

G217_PQ_RE37

☐☐☐

Q162. Your teenager's chest sounded wheezy during or after exercise?

G217_PQ_RE8

☐☐☐

Q163. Do you think your teenager has ever had asthma?

G217_PQ_AS1

- ☐ No
- ☐ Yes
- ☐ Don't know

Q164. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager has asthma?

G217_PQ_AS2

- ☐ No
- ☐ Yes

Q165. Does your teenager still have asthma?

G217_PQ_AS16

- ☐ Not applicable - never had asthma
- ☐ No
- ☐ Yes
- ☐ Don't know

Q166. Has your teenager taken/used any of the following asthma medications in the **last 12 months?**

G217_PQ_AS67

☐ No

Go to Q167

☐ Yes


(Please mark all applicable responses)

Ordered by Doctor

Yes

Yes

No

G217_PQ_AS18	Ventolin (Asmol, Airomir, etc)	<input type="radio"/>	G217_PQ_AS19	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS20	Respolin	<input type="radio"/>	G217_PQ_AS21	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS22	Nuelin	<input type="radio"/>	G217_PQ_AS23	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS24	Theo-dur	<input type="radio"/>	G217_PQ_AS25	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS26	Bricanyl	<input type="radio"/>	G217_PQ_AS27	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS30	Atrovent	<input type="radio"/>	G217_PQ_AS31	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS35	QVAR	<input type="radio"/>	G217_PQ_AS36	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS39	Flixotide	<input type="radio"/>	G217_PQ_AS40	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS41	Pulmacort	<input type="radio"/>	G217_PQ_AS42	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS43	Berotec	<input type="radio"/>	G217_PQ_AS44	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS50	OXIS	<input type="radio"/>	G217_PQ_AS51	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS52	Serevent	<input type="radio"/>	G217_PQ_AS53	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS54	Singulaire	<input type="radio"/>	G217_PQ_AS55	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS56	Accolate	<input type="radio"/>	G217_PQ_AS57	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS59	Seretide	<input type="radio"/>	G217_PQ_AS60	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS61	Symbacort	<input type="radio"/>	G217_PQ_AS62	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS63	Prednisolone	<input type="radio"/>	G217_PQ_AS64	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS65	Other	<input type="radio"/>	G217_PQ_AS66	<input type="radio"/>	<input type="radio"/>

Please specify _____



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The following questions are about problems which occurred when your teenager **DID NOT** have a cold or flu

Q167. Has your teenager **ever** had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she **DID NOT** have a cold or flu?

G217_PQ_RE62

☐ No Go to Q175

☐ Yes



Q168. In the **last 12 months**, has your teenager had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she **DID NOT** have a cold or flu?

G217_PQ_RE69

☐ No Go to Q172

☐ Yes



Q169. In the **last 12 months**, was this nose problem accompanied by itchy-watery eyes?

G217_PQ_RE63

☐ No

☐ Yes

Q170. In the **last 12 months**, how many episodes of **allergic** nose problem (including hayfever) has your teenager had?

G217_PQ_HF3

☐ 1 to 2

☐ 3 to 12

☐ More than 12

Q171. In which of the **last 12 months** did this problem occur? *(please mark all those applicable)*

Yes			Yes		
G217_PQ_RE80	January	<input type="radio"/>	G217_PQ_RE86	July	<input type="radio"/>
G217_PQ_RE81	February	<input type="radio"/>	G217_PQ_RE87	August	<input type="radio"/>
G217_PQ_RE82	March	<input type="radio"/>	G217_PQ_RE88	September	<input type="radio"/>
G217_PQ_RE83	April	<input type="radio"/>	G217_PQ_RE89	October	<input type="radio"/>
G217_PQ_RE84	May	<input type="radio"/>	G217_PQ_RE90	November	<input type="radio"/>
G217_PQ_RE85	June	<input type="radio"/>	G217_PQ_RE91	December	<input type="radio"/>

Q172. Has a doctor (GP, paediatrician) ever told you that your teenager has an **allergic** nose problem (including hayfever)?

G217_PQ_RE24

☐ No

☐ Yes



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Q173. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

G217_PQ_HF7A	Grass	<input type="radio"/>
G217_PQ_HF7B	Pollen	<input type="radio"/>
G217_PQ_HF7C	Animal	<input type="radio"/>
G217_PQ_HF7E	Dust	<input type="radio"/>
G217_PQ_HF7D	Other - please specify _____	<input type="radio"/>
G217_PQ_HF7F	Don't know	<input type="radio"/>

Q174. Has your teenager taken/used any medication for an **allergic** nose problem (including hayfever) in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable response)

☐ No

Go to Q175

☐ Yes

Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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G217_PQ_HF33

35

37

G217_PQ_HF40

Q174

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Q175. Has your teenager **ever** had a problem with red/watery or itchy eyes?

G217_PQ_RE70

☐ No

Go to Q183

☐ Yes

Q176. Do you think that your teenager has ever had allergic reaction in the eyes (including hayfever)?

G217_PQ_CO1

☐ Yes☐ No☐ Don't know

Q177. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager had an allergic reaction in the eyes (including hayfever)?

G217_PQ_CO2

☐ Yes☐ No☐ Don't know

Q178. In the **last 12 months**, has your teenager suffered from an **allergic** reaction in the eyes (including hayfever)?

G217_PQ_CO4

☐ No

Go to Q183

☐ Yes

Q179. In the **last 12 months**, how many episodes of **allergic** reaction in the eyes (including hayfever) has your teenager had?

G217_PQ_CO5

☐ 1 to 2☐ 3 to 12☐ More than 12

Q180. In which of the **last 12 months** did this problem occur? (please mark **all** those applicable)

Yes			Yes		
G217_PQ_CO21	January	<input type="radio"/>	G217_PQ_CO27	July	<input type="radio"/>
G217_PQ_CO22	February	<input type="radio"/>	G217_PQ_CO28	August	<input type="radio"/>
G217_PQ_CO23	March	<input type="radio"/>	G217_PQ_CO29	September	<input type="radio"/>
G217_PQ_CO24	April	<input type="radio"/>	G217_PQ_CO30	October	<input type="radio"/>
G217_PQ_CO25	May	<input type="radio"/>	G217_PQ_CO31	November	<input type="radio"/>
G217_PQ_CO26	June	<input type="radio"/>	G217_PQ_CO32	December	<input type="radio"/>



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Q181. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

G217_PQ_CO6A

Grass

☐

G217_PQ_CO6B

Pollen

☐

G217_PQ_CO6C

Animal

☐

G217_PQ_CO6E

Dust

☐

G217_PQ_CO6D

Other - please specify _____

☐

G217_PQ_CO6F

Don't know

☐Q182. Has your teenager taken/used any medication for an allergic eye reaction (including hayfever) in the **last 12 months**?

G217_PQ_CO48

(Please write the medication in the space provided and then mark the applicable circle)

☐ No

Go to Q183

☐ Yes

Type of medication

Not Prescribed
by doctorPrescribed
by doctor☐☐☐☐☐☐☐☐☐☐☐☐

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G217_PQ_CO49

9

31

55

G217_PQ_CO56

Q182

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Q183. Has your teenager **ever** had eczema or an itchy rash which was coming and going for at least six months?

G217_PQ_RH1

☐ No

Go to Q194

☐ Yes

Q184. Has this eczema/itchy rash at any time affected any one of the following places - the folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes?

G217_PQ_RH3

☐ No☐ Yes

Q185. In the **last 12 months**, has your teenager had this eczema/itchy rash?

G217_PQ_RH2

☐ No

Go to Q188

☐ Yes

Q186. In the **last 12 months**, how often, on average, has your teenager been kept awake at night by this itchy rash?

G217_PQ_RH6

☐ Never in the last 12 months☐ Less than one night per week☐ One or more nights per week

Q187. Has this rash cleared completely during the **last 12 months**?

G217_PQ_RH5

☐ No☐ Yes

Q188. Do you think that your teenager has **ever had eczema**?

G217_PQ_RH7

☐ Yes☐ No☐ Don't know

Q189. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager has eczema?

G217_PQ_RH11

☐ Yes☐ No☐ Don't know



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Q190. In the **last 12 months**, has your teenager suffered from **eczema**?

G217_PQ_RH12

☐ No

Go to Q194

☐ Yes

Q191. In the **last 12 months**, how many episodes of **eczema** has your teenager had?

G217_PQ_RH13

☐ 1 to 2☐ 3 to 12☐ More than 12

Q192. In which of the **last 12 months** did this problem occur? (Please mark **all** those applicable)

Yes			Yes		
G217_PQ_RH28	January	<input type="radio"/>	G217_PQ_RH34	July	<input type="radio"/>
G217_PQ_RH29	February	<input type="radio"/>	G217_PQ_RH35	August	<input type="radio"/>
G217_PQ_RH30	March	<input type="radio"/>	G217_PQ_RH36	September	<input type="radio"/>
G217_PQ_RH31	April	<input type="radio"/>	G217_PQ_RH37	October	<input type="radio"/>
G217_PQ_RH32	May	<input type="radio"/>	G217_PQ_RH38	November	<input type="radio"/>
G217_PQ_RH33	June	<input type="radio"/>	G217_PQ_RH39	December	<input type="radio"/>

Q193. Has your teenager taken/used any medication for eczema in the **last 12 months**?
(Please write the medication in the space provided and then mark the applicable response)

G217_PQ_RH49

☐ No

Go to Q194

☐ Yes

Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Office use only

G217_PQ_RH62

Q193

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G217_PQ_RH71



9616

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Q194. On average how many serves **each week** does your teenager have of.....

	None	1 - 5 serves	6 - 10 serves	11 - 15 serves	More than 15 serves
G217_PQ_F019 Fruit (one serve of fruit = one piece of fresh fruit, or a 30 gram pack of sultanas, or five dried apricots, do not include juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F020 Vegetables (one serve of vegetables = half a cup of vegetables, or salad, or beans/lentils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F018 High fibre bread (one serve of high fibre bread = one slice of wholemeal, or multi-grain, or high fibre white breads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q195. On average how many times **each week** does your teenager have a high fibre breakfast cereal (cereals such as Weetbix, Mini-Wheats, Just Right, Sustain, Weeties, Muesli)?

G217_PQ_F021

- ☐ Not at all
- ☐ 1 to 5 times
- ☐ 6 to 8 times
- ☐ More than 8 times

Q196. On average, how many muesli or health bars does your teenager have **each week**?

G217_PQ_F023

- ☐ None
- ☐ 1 to 4 bars
- ☐ 5 to 8 bars
- ☐ 9 to 15 bars
- ☐ More than 15 bars

Q197. On average how many serves of rice or pasta does your teenager have **each week**?
(one serve = one cup)

G217_PQ_F023

- ☐ None
- ☐ 1 to 4
- ☐ 5 to 8
- ☐ More than 8

G217 PQ FAL

☐ No

Go to Q199

☐ Yes



*(Please mark **all** the applicable responses and print within the spaces provided)*

Food Type	Yes	What starts it? (eg. eating, skin contact)	What reaction(s)? (eg. difficulty breathing, diarrhoea)	Severity of the reaction (eg. mild, moderate, severe)
G217_PQ_FD1A 1. Peanut Products	<input type="radio"/>			
G217_PQ_FD2A 2. Wheat/Yeast	<input type="radio"/>			
G217_PQ_FD3A 3. Dairy	<input type="radio"/>			
G217_PQ_FD4A 4. Fruit	<input type="radio"/>			
G217_PQ_FD5A 5. Eggs	<input type="radio"/>			
G217_PQ_FD6A 6. Seafood	<input type="radio"/>			
G217_PQ_FD7A 7. Preservatives/Colouring	<input type="radio"/>			
G217_PQ_FD8A 8. Other	<input type="radio"/>			
(please specify)				

Office use only

[illegible]



9616

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The following questions (Q199-Q202) apply to your study teenager's **biological** family only.

Q199. This question asks about your biological family's history of asthma, allergic nose and eye reactions and eczema **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
					No	Yes
Has the teenager's mother had...	G217_PQ_H1?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the teenager's father had...	G217_PQ_H2?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have any of the teenager's biological brothers or sisters (siblings) had...						
Sibling 1	G217_PQ_H4?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 2	G217_PQ_H5?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 3	G217_PQ_H6?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 4	G217_PQ_H7?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 5	G217_PQ_H8?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If the study teenager has more than 5 biological siblings please write their information on the very last page of your questionnaire)



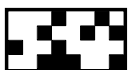
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Q200. This question asks about your biological family's history of diabetes, kidney and heart conditions and arthritis **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
					No	Yes
Has the teenager's mother had...	G217_PQ_H1?					
Diabetes	<input checked="" type="radio"/> I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> J	<input type="radio"/>
Renal conditions (Kidney)	<input checked="" type="radio"/> K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> L	<input type="radio"/>
Arthritis	<input checked="" type="radio"/> M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> N	<input type="radio"/>
Cardiac conditions (Heart)	<input checked="" type="radio"/> O	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> P	<input type="radio"/>
Has the teenager's father had...	G217_PQ_H2?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have any of the teenager's biological brothers or sisters (siblings) had...						
Sibling 1	G217_PQ_H4?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 2	G217_PQ_H5?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 3	G217_PQ_H6?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 4	G217_PQ_H7?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 5	G217_PQ_H8?					
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal conditions (Kidney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac conditions (Heart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If the study teenager has more than 5 biological siblings please write their information on the very back page of your questionnaire)



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Q201. This question asks about your biological family's history of depression, cholesterol problems and high blood pressure **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
					No	Yes
Has the teenager's mother had...	G217_PQ_H1?					
Depression needing treatment	<input type="checkbox"/> Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> R	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> T	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/> U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V	<input type="checkbox"/>
Has the teenager's father had...	G217_PQ_H2?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the teenager's biological brothers or sisters (siblings) had...						
Sibling 1	G217_PQ_H4?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 2	G217_PQ_H5?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 3	G217_PQ_H6?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 4	G217_PQ_H7?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 5	G217_PQ_H8?					
Depression needing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If the study teenager has more than 5 biological siblings please write their information on the very back page of your questionnaire)



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Q202. This question asks about your biological family's history of coeliac disease and hemochromatosis (iron overload disease) **and** whether or not it was diagnosed by a doctor. (Please include half-brothers and half-sisters but not step-brothers or step-sisters)

(Please mark all applicable responses)	No	Yes	Don't Know	Diagnosed by a doctor	
				No	Yes
Does the teenager's mother have...	G217_PQ_H1?				
Coeliac disease	<input checked="" type="checkbox"/> W <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X <input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input checked="" type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Z <input type="checkbox"/>	<input type="checkbox"/>
Does the teenager's father have...	G217_PQ_H2?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of the teenager's biological brothers or sisters (siblings) have...					
Sibling 1	G217_PQ_H4?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 2	G217_PQ_H5?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 3	G217_PQ_H6?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 4	G217_PQ_H7?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 5	G217_PQ_H8?				
Coeliac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis (iron overload)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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This is called the Child Behaviour Checklist (for ages 4-18 years). It asks for information on the health, behaviour and social activities of your teenager. Its purpose is to help us to describe different patterns of behaviour and to understand how these affect the health, education and well being of children.

Please answer all items as well as you can, even if some do not seem to apply to your teenager.

For each item that describes your teenager now, or within the past six months, please mark the circle of your response as:

0=Not True (as far as you know)			1=Somewhat or Sometimes True			2=Very true or Often true			
	0	1	2		0	1	2		
G217_PQ_C2	1. Acts too young for his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31. Fears he/she might think or do something bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C117
G217_PQ_C103	2. Allergy (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Feels he/she has to be perfect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C118
G217_PQ_C104	3. Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Feels or complains that no one loves him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C119
G217_PQ_C105	4. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34. Feels others are out to get him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C120
G217_PQ_C106	5. Behave like opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C121
G217_PQ_C107	6. Bowel movements outside toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36. Gets hurt a lot or accident-prone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C34
G217_PQ_C108	7. Bragging, boasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C35
G217_PQ_C5	8. Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38. Gets teased a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C122
G217_PQ_C109	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39. Hangs around with others who get in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C123
G217_PQ_C6	10. Can't sit still, restless, hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40. Hears sounds or voices that aren't there (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C124
G217_PQ_C10	11. Clings to adults or too dependent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41. Impulsive or acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C125
G217_PQ_C110	12. Complains of loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42. Would rather be alone than with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C126
G217_PQ_C111	13. Confused or seems to be in a fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43. Lying or cheating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C127
G217_PQ_C13	14. Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44. Bites fingernails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C128
G217_PQ_C14	15. Cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45. Nervous, high strung or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C47
G217_PQ_C112	16. Cruelty, bullying or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46. Nervous movements or twitching (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C46
G217_PQ_C113	17. Day-dreams or gets lost in his/her thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47. Nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C48
G217_PQ_C114	18. Deliberately harms self or attempts suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48. Not liked by other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C129
G217_PQ_C96	19. Demands a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49. Constipated, doesn't move bowels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C12
G217_PQ_C17	20. Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50. Too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C87
G217_PQ_C18	21. Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51. Feels dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C130
G217_PQ_C20	22. Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52. Feels too guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C131
G217_PQ_C115	23. Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53. Overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C49
G217_PQ_C24	24. Doesn't eat well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54. Overtired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C50
G217_PQ_C25	25. Doesn't get along with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55. Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C51
G217_PQ_C27	26. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	56. Physical problems without medical cause:				
G217_PQ_C30	27. Easily jealous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a. Aches or pains (not headaches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C1
G217_PQ_C31	28. Eats or drinks things that are not food (dont include sweets - describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C39
G217_PQ_C32	29. Fears certain animals, situations or places, other than school (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Nausea, feels sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C45
G217_PQ_C116	30. Fears going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Problems with eyes (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C57
					e. Rashes or other skin problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C60
					f. Stomach aches or cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C78
					g. Vomiting, throwing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C93
					h. Other (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C161

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		0=Not True (as far as you know)			1=Somewhat or Sometimes True			2=Very true or Often true				
		0	1	2				0	1	2		
G217_PQ_C53	57. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	85. Strange ideas (describe):			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C146	
G217_PQ_C54	58. Picks nose, skin or other parts of body (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	86. Stubborn, sullen or irritable			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C81	
G217_PQ_C132	59. Plays with own sex parts in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	87. Sudden changes in mood or feelings			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C82	
G217_PQ_C55	60. Plays with own sex parts too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	88. Sulks a lot			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C83	
G217_PQ_C133	61. Poor school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	89. Suspicious			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C147	
G217_PQ_C56	62. Poorly coordinated or clumsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	90. Swearing or obscene language			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C148	
G217_PQ_C134	63. Prefers being with older kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	91. Talks about killing self			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C149	
G217_PQ_C135	64. Prefers being with younger kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	92. Talks or walks in sleep (describe):			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C84	
G217_PQ_C136	65. Refuses to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	93. Talks too much			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C150	
G217_PQ_C137	66. Repeats certain acts over and over; compulsions (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	94. Teases a lot			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C151	
G217_PQ_C95	67. Runs away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	95. Temper tantrums or hot temper			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C85	
G217_PQ_C66	68. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	96. Thinks about sex too much			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C152	
G217_PQ_C138	69. Secretive, keeps things to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	97. Threatens people			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C153	
G217_PQ_C139	70. Sees things that aren't there (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	98. Thumb sucking			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C154	
G217_PQ_C68	71. Self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	99. Too concerned about neatness or cleanliness			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C86	
G217_PQ_C140	72. Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	100. Trouble sleeping (describe):			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C38	
G217_PQ_C141	73. Sexual problems (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	101. Truancy, skips school			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C155	
G217_PQ_C142	74. Showing off or clowning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	102. Under active, slow moving or lacks energy			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C89	
G217_PQ_C73	75. Shy or timid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	103. Unhappy, sad or depressed			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C90	
G217_PQ_C74	76. Sleeps less than most kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	104. Unusually loud			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C91	
G217_PQ_C143	77. Sleeps more than most kids during the day and/or at night (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	105. Uses alcohol or drugs for non-medical purposes (describe):			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C156	
G217_PQ_C75	78. Smears or plays with bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	106. Vandalism			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C157	
G217_PQ_C76	79. Speech problem (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	107. Wets self during the day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C158	
G217_PQ_C77	80. Stares blankly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	108. Wets the bed			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C159	
G217_PQ_C144	81. Steals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	109. Whining			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C97	
G217_PQ_C145	82. Steals outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	110. Wishes to be of opposite sex			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C160	
G217_PQ_C79	83. Stores up things he/she doesn't need (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	111. Withdrawn, doesn't get involved with others			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C98	
G217_PQ_C80	84. Strange behaviour (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	112. Worries			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C99	
					113. Please write in any problems your teenager has that were not listed above:			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C100	



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Q206. Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

G217_PQ_QC01 - **Not Scanned**

Not for completion

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





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** Additional Questions - Teen Currently - Other		Yes	No
G217_PQ_ED66	Teen currently - other - hoping to get into TAFE		
G217_PQ_ED67	Teen currently - other - hoping to get into uni		
G217_PQ_ED68	Teen currently - other - planning other study		
G217_PQ_ED69	Teen currently - other - planning to look for a job but hasnt yet		
G217_PQ_ED70	Teen currently - other - taking time off to travel/gap year		
G217_PQ_ED71	Teen currently - other - looking after own child or other family member		
G217_PQ_ED72	Teen currently - other - other		