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THE RAINE STUDY

Secondary Caregiver Questionnaire

16 year Follow-up



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Not for completion



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Secondary 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 lifestyle, 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)

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 write 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
---	---	---	---	---	---	---	---	---	---	---	---	---

N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---

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.

FAMILY - NEIGHBOURHOOD - WORK STRICTLY

Q1. Is your 16 year old teenager's father/mother living with you?

G217_SQ_FHOM

☐ Yes**Go to Q7**☐ Not applicable - father/mother deceased**Go to Q6**☐ No

G217_SQ_PCOD

Q2. If you live in Australia, what is your current residential postcode?

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G217_SQ_CNTY

Q3. If you live overseas, in which country do you live? _____

G217_SQ_FSOC

Q4. Do you have any social contact with him/her?

☐ No☐ Yes☐ NA

Q5. Does he/she provide any financial support for the care of your teenager?

☐ No☐ Yes☐ NA

G217_SQ_FMON

G217_SQ_PTNR

Q6. Do you have another partner that lives with you?

☐ No☐ Yes☐ NA

Q7. Are you **or** your partner receiving a benefit? *(please include workers compensation)*

G217_SQ_BNF

☐ No**Go to Q9**☐ Yes

Q8. 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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G217_SQ_CNTY

G217_SQ_HEMI

Q3

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Q9. 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)

☐ No, do not have a job - not seeking work **Go to Q18**

☐ No, do not have a job - actively seeking work **Go to Q18**

☐ Yes, do work for payment or profit

☐ Yes, do unpaid work in a family business

☐ Yes, do other unpaid work

Q10. 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)

☐ A salary or wage earner?

☐ A helper not receiving wages?

☐ Conducting your own business - with employees?

☐ Conducting your own business - without employees?

Q11. Describe your current main job.
(Please give details of job and description of work in detail)

Job:

Not Scanned

Description:

Q12. How many hours do you usually work in all jobs?

☐ None or less than one hour

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

G217_SQ_YHRS

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Q13. 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?

☐ None or less than one hour **Go to Q15**

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

G217_SQ_YHR3

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Office use only

G217_SQ_YJOB

Q11

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Q15. On which days of the week do you usually work (in your main job)?

G217_SQ_YDAY

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

Q16. Which of these best describes your current work schedule in your main job?

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

- G217_SQ_YWS1 ☐ A regular daytime shift
- G217_SQ_YWS2 ☐ A regular evening shift
- G217_SQ_YWS3 ☐ A regular night shift
- G217_SQ_YWS4 ☐ A rotating shift (changes from days to evenings to nights)
- G217_SQ_YWS5 ☐ Split shift
- G217_SQ_YWS6 ☐ On-call
- G217_SQ_YWS7 ☐ Irregular schedule
- G217_SQ_YWS8 ☐ Other - please describe _____

Q17. 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** response for rating **each** aspect).

		Dissatisfied							Satisfied	
		1	2	3	4	5	6	7	8	9 10
G217_SQ_JSS1	Your total pay	<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"/>
G217_SQ_JSS2	Your job security	<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"/>
G217_SQ_JSS3	The work itself (what you do)	<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"/>
G217_SQ_JSS4	The hours you work	<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"/>
G217_SQ_JSS5	The flexibility available to balance work and non-work commitments	<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"/>
G217_SQ_JSS6	All things considered, how satisfied are you with your job?	<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"/>



42566

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Q18. What do you currently spend most of your time doing?
(Please mark only **one** response, unless two or more responses apply equally)

- G217_SQ_YWK1** ☐ Full-time or part-time job (salary or own business)
- G217_SQ_YWK2** ☐ Voluntary work
- G217_SQ_YWK3** ☐ Looking for work
- G217_SQ_YWK4** ☐ Home duties / caring for children
- G217_SQ_YWK5** ☐ Studying
- G217_SQ_YWK6** ☐ Voluntarily out of the workforce
- G217_SQ_YWK7** ☐ Recovering from injury / illness
- G217_SQ_YWK8** ☐ Caring for an aged / disabled / ill person (friend or relative)
- G217_SQ_YWK10** ☐ Maternity/Paternity Leave
- G217_SQ_YWK11** ☐ Long Service Leave
- G217_SQ_YWK9** ☐ Other - please describe _____

Q19. 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_SQ_PWRK

- ☐ No partner **Go to Q27**
- ☐ No, does not have a job - not seeking work **Go to Q26**
- ☐ No, does not have a job - actively seeking work **Go to Q26**
- ☐ Yes, works for payment or profit
- ☐ Yes, does unpaid work in a family business
- ☐ Yes, does other unpaid work



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

G217_SQ_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?



42566

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

Job:

Not Scanned

Description:

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

G217_SQ_PHR1

☐ None or less than one hour

G217_SQ_PHR5

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

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Q23. Does your partner's paid job involve working at home?

G217_SQ_PHR2

☐ None or less than one hour

G217_SQ_PHR3

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

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Q24. On which days of the week does your partner usually work (in his/her main job)?

G217_SQ_PDAY

☐ Monday to Friday

☐ Nine day fortnight

☐ Days vary from week to week

☐ Days vary from month to month

☐ Other - please specify _____

Q25. 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_SQ_PWS1

☐ A regular daytime shift

G217_SQ_PWS2

☐ A regular evening shift

G217_SQ_PWS3

☐ A regular night shift

G217_SQ_PWS4

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

G217_SQ_PWS5

☐ Split shift

G217_SQ_PWS6

☐ On-call

G217_SQ_PWS7

☐ Irregular schedule

G217_SQ_PWS8

☐ Other - please describe _____

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PJ

Q21

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Q26. 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_SQ_PWK1** Full-time or part-time job (salary or own business)
- ☐ **G217_SQ_PWK2** Voluntary work
- ☐ **G217_SQ_PWK3** Looking for work
- ☐ **G217_SQ_PWK4** Home duties / caring for children
- ☐ **G217_SQ_PWK5** Studying
- ☐ **G217_SQ_PWK6** Voluntarily out of the workforce
- ☐ **G217_SQ_PWK7** Recovering from injury / illness
- ☐ **G217_SQ_PWK8** Caring for an aged / disabled / ill person (friend or relative)
- ☐ **G217_SQ_PWK9** Maternity/Paternity Leave
- ☐ **G217_SQ_PWK10** Long Service Leave
- ☐ **G217_SQ_PWK11** Other - please describe _____

Q27. What is your total family income (before tax) per year now? (include income from investments, rent assistance, maintenance, family supplement etc).

G217_SQ_MON1

(Please mark only **one** response)

- ☐ \$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 (>\$2001 per week)

Q28. Which words best describe your family's money situation?

(Please mark only **one** response)

G217_SQ_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

Q29. How many people does this income support?

G217_SQ_MON2

G217_SQ_MON3

Adults and children aged 14 years and over:

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Children:

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Q30. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please mark only **one** response)

G217_SQ_MON6

- ☐ 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

The next two questions are about the neighbourhood in which you live.

Q31. To what extent do you agree or disagree with these statements about your neighbourhood (Please mark only **one** response for each statement)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Rural Area
G217_SQ_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_SQ_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_SQ_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_SQ_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_SQ_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"/>

Q32 Over the last two years, have any of the following been a problem in your neighbourhood? (Please mark only **one** response for each item)

		Yes	No	Don't Know	Rural Area
G217_SQ_NH6	Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH7	House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH8	Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH9	Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH10	Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH11	Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH12	Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_NH13	Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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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 questions to a minimum but some things that affect parents may also affect their children.

Q33. In general how would you describe your health?

	Excellent	Very Good	Good	Fair	Poor
G217_SQ_MH9 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_FH9 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_PH9 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34. 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_SQ_MH11 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_FH8 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_PH8 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q35. Has the study teenager's mother **ever** had post-natal depression?

G217_SQ_EM16

☐ No **Go to Q37**

☐ Yes



Q36. When did you/she have post-natal depression?

(Please mark all responses that apply)	No	Yes	Don't Know/ Unsure	N/A
G217_SQ_EM12 With child(ren) born before the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM14 With child(ren) born after the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM15 Associated with the birth of the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37. Have you **ever** been treated for an emotional or mental problem (other than post-natal depression)?

	Yes	No
G217_SQ_EM1 Teenager's Mother	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM5 Teenager's Father	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM9 Your Partner	<input type="radio"/>	<input type="radio"/>

Q38. 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_SQ_EM2 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM6 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM10 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39. **Ever** been hospitalised for an emotional or mental health problem?

	Yes	No	N/A (never had a treated emotional problem)
G217_SQ_EM3 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM7 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_EM11 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q40. Do you smoke cigarettes? ☐ No **Go to Q44**

G217_SQ_SM2 ☐ Yes



Q41. How many cigarettes do you smoke a day **now**?

- G217_SQ_SM4
- ☐ Less than 1 daily
 - ☐ 1-5 daily
 - ☐ 6-10 daily
 - ☐ 11-15 daily
 - ☐ 16-20 daily
 - ☐ More than 20 daily

	Yes	No
G217_SQ_SM12 42. Do you smoke inside your house?	<input type="radio"/>	<input type="radio"/>
G217_SQ_SM13 43. Do you smoke in the car?	<input type="radio"/>	<input type="radio"/>

Q44a. Does your study teenager smoke?

G217_SQ_SM23

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

Q44b. Does anyone else in your house smoke cigarettes? *(other than you and the study teenager)*

G217_SQ_SM16

- ☐ No **Go to Q48**
☐ Yes



Q45. 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)*

G217_SQ_SM17

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

G217_SQ_SM18

Q46. Do they smoke inside your house?

Yes No

☐

☐

G217_SQ_SM19

Q47. Do they smoke in the car?

☐

☐

Q48. Does anyone at your home smoke/use any other substances?
(Please do include pipe, cigars, marijuana and any other drugs, etc)

G217_SQ_SM20

- ☐ No **Go to Q50**
☐ Yes



Q49. Which other substances do they smoke/use? *(Please mark **one** response for each item)*

G217_SQ_SM26

Pipe

☐

☐

☐

☐

G217_SQ_SM27

Cigars

☐

☐

☐

☐

G217_SQ_SM28

Marijuana

☐

☐

☐

☐

G217_SQ_SM29

Other

☐

☐

☐

☐

If other is selected, please specify the other substance(s) _____



42566

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Q50. 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_SQ_AH4 Monday <input type="radio"/>	
G217_SQ_AH6 Tuesday <input type="radio"/>	
G217_SQ_AH8 Wednesday <input type="radio"/>	
G217_SQ_AH10 Thursday <input type="radio"/>	
G217_SQ_AH12 Friday <input type="radio"/>	
G217_SQ_AH14 Saturday <input type="radio"/>	
G217_SQ_AH16 Sunday <input type="radio"/>	

Q51. Does this level of consumption reflect a typical week?

☐ No




















☐ 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_SQ_AH??

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 (Q52 - Q54) are about the physical activity you did last week, DO NOT count what you did as part of your job.

Q52. 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_SQ_E1

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

Q53. 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_SQ_E2

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

Q54. 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_SQ_E3

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Q55. Does the level of activity detailed above reflect a typical week?

G217_SQ_E4

☐ No☐ Yes

	Yes	No
G217_SQ_PN17 56. Have you ever had back pain?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN9 57. Have you ever had neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN38 58. Have you ever had low back pain?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN25 59. Did you seek health professional advice/treatment for back pain?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN34 60. Did you take medication to relieve the back pain?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN35 61. Did your back pain stop you from going to work?	<input type="radio"/>	<input type="radio"/>
G217_SQ_PN36 62. Did the back pain interfere with your normal activities?	<input type="radio"/>	<input type="radio"/>

Q63. 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.

(1 = Completely DISAGREE; 5 = Completely AGREE)		Disagree			Agree	
		1	2	3	4	5
G217_SQ_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_SQ_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_SQ_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_SQ_P32	Doctors cannot do anything for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_P33	A bad back should be exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_P34	Back trouble makes everything in life worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_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_SQ_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_SQ_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_SQ_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_SQ_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_SQ_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_SQ_P41	Back trouble must be rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_P42	Later in life back trouble gets progressively worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q64. Do you belong to any of the following? (Please mark **all** responses that apply to you)

(Please mark all responses that apply to you)		Yes
G217_SQ_E5A	A sports club	<input type="radio"/>
G217_SQ_E5B	An exercise club	<input type="radio"/>
G217_SQ_E5C	An outdoor recreation club or group	<input type="radio"/>
G217_SQ_E5D	None of these	<input type="radio"/>



42566

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Q65. Do you do any physical activity? *(Please include activity done in your job, housework, in caring for children)*

☐ No

Go to Q68

☐ Yes



Q66. What are the **MAIN** reason(s) for you doing physical activity?
*(Please mark **all** responses that apply to you)*

- ☐ **G217_SQ_E6A** Improve appearance
- ☐ **G217_SQ_E6B** Enjoy doing the activity
- ☐ **G217_SQ_E6C** Maintain or lose weight
- ☐ **G217_SQ_E6D** Social interaction and friendships
- ☐ **G217_SQ_E6E** Reduce my risk of heart disease
- ☐ **G217_SQ_E6F** Feel more relaxed
- ☐ **G217_SQ_E6G** Tone my muscles
- ☐ **G217_SQ_E6H** Improve my fitness
- ☐ **G217_SQ_E6I** Feel better about myself
- ☐ **G217_SQ_E6J** Have more energy
- ☐ **G217_SQ_E6K** Sleep better
- ☐ **G217_SQ_E6L** Prevent joint stiffness
- ☐ **G217_SQ_E6M** Other reason
- ☐ **G217_SQ_E6N** No reason

Q67. Who normally does physical activity with you? *(Please mark **all** responses that apply to you)*

- ☐ **G217_SQ_E7A** Spouse/Partner
- ☐ **G217_SQ_E7B** The teenager in the study
- ☐ **G217_SQ_E7C** Another of your children
- ☐ **G217_SQ_E7D** Friend
- ☐ **G217_SQ_E7E** Workmate
- ☐ **G217_SQ_E7F** Neighbour
- ☐ **G217_SQ_E7G** Sports or health club member
- ☐ **G217_SQ_E7H** No-one
- ☐ **G217_SQ_E7I** Children other than your own (eg coaching)
- ☐ **G217_SQ_E7J** Pets
- ☐ **G217_SQ_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.

Q68. Do you intend to be more active than you have been over the last week?

G217_SQ_E8

- ☐ No
- ☐ Yes
- ☐ Unsure

Q69. What reasons would you give for not being **more** physically active?
(Please mark **all** responses that apply to you)

- ☐ G217_SQ_E9A I haven't got time
- ☐ G217_SQ_E9B My health is not good enough
- ☐ G217_SQ_E9C There is no one to do it with
- ☐ G217_SQ_E9D I've lost contact with friends/family
- ☐ G217_SQ_E9E I can't afford it
- ☐ G217_SQ_E9F I'm too old
- ☐ G217_SQ_E9G There are no suitable facilities
- ☐ G217_SQ_E9H Traffic is too heavy
- ☐ G217_SQ_E9I I'm not the sporty type
- ☐ G217_SQ_E9J No motivation
- ☐ G217_SQ_E9K Can't be bothered
- ☐ G217_SQ_E9L Too fat - overweight
- ☐ G217_SQ_E9M I need to rest and relax in my spare time
- ☐ G217_SQ_E9N I don't put priority on physical activity
- ☐ G217_SQ_E9O I've got young children to look after
- ☐ G217_SQ_E9P I might get injured or damage my health
- ☐ G217_SQ_E9Q I don't enjoy physical activity
- ☐ G217_SQ_E9R I'm active enough
- ☐ G217_SQ_E9S Other - please describe _____
- ☐ G217_SQ_E9T No reason



42566

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Q70. 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_SQ_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_SQ_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_SQ_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_SQ_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_SQ_E14	Moderate exercise that increases your heart rate slightly can improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q71. On average, how many hours per day (at work **and** at home) do you...

		Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
G217_SQ_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_SQ_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_SQ_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_SQ_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"/>

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

Q72. How often do **you** eat the following foods? (Please mark **one** response for **each** statement)

		6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G217_SQ_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_SQ_F013	Gravy, creamy sauces or cheese sauces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_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_SQ_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_SQ_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_SQ_F08	Hot potato chips or french fries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F05	Pastries, cakes, sweet biscuits or croissants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F09	Chocolate, chocolate biscuits or sweet snack bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_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_SQ_F014	Ice cream (any variety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F011	Cream or sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_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"/>

Q73. How much of the following do **you** usually eat? (Please mark **one** response for **each** statement)

		Most or all	Some	None	I don't eat meat/chicken
G217_SQ_F015	Fat (on meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F07	Skin (on chicken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q74. How often do **you** eat the following foods? (Please mark **one** response for **each** statement)

		6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G217_SQ_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_SQ_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_SQ_F084	Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q75. What type of milk do **you** usually drink? (Please mark only **one** response)

G217_SQ_F16P

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

Q76. How much butter/margarine do **you** usually use on bread? (Please mark only **one** response)

G217_SQ_F029

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

Q77. 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_SQ_F030 Beef/lamb/pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F031 Sausages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F032 Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F033 Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_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 the circles of those that you eat at least once a week (on average) when they are in season.

Q78. **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)

G217_SQ_F0??

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| 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 | <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 | |

G217_SQ_FOF

Please specify any other fruit _____

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Q79. **Vegetables** - include all forms of vegetables eg. fresh, frozen, canned, salads

G217_SQ_F0??

(Please mark **all** the vegetables that **you** eat at least once a week)

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

G217_SQ_F0V

Please specify any other vegetables _____

Please select the most appropriate response to the following questions.

Q80. Do you know your weight?

G217_SQ_W1

☐ No

Go to Q81

☐ Yes



What is your current weight?

. kg

or

stone/lb

Q81. Do you know your height?

G217_SQ_H1

☐ No

Go to Q82

☐ Yes



What is your current height?

. cm

or

/ feet/inches

Q82. Are you worried about your weight?

G217_SQ_W3

☐ Not at all

☐ A little

☐ Moderately

☐ Very

Q83. Do you consider yourself to be...

G217_SQ_W4

☐ Underweight?

☐ Normal weight?

☐ A bit overweight?

☐ Very overweight?

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G217_SQ_W2

CC

G217_SQ_H2

Q80

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Q81

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Section 3

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

ABOUT YOUR TEENAGER - STRICTLY CONFIDENTIAL

Q84. On average how much time do you spend 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_SQ_M8 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F8 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_P8 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q85. On average how much time do you spend 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_SQ_M9 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_F9 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SQ_P9 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q86. How would you compare the physical activity level of your teenager with that of **other teenagers of the same age**?

G217_SQ_AC11

- ☐ 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

Q87. How does your teenager's level of activity **now** compare with **12 months ago**?

G217_SQ_AC10

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



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Q88. This questionnaire has been completed by the teenager's...

G217_SQ_DNBY

- ☐ Mother (who lives with the teenager)
- ☐ Father (who lives with the teenager)
- ☐ Mother (who does not live with the teenager)
- ☐ Father (who does not live with the teenager)
- ☐ Stepmother
- ☐ Stepfather
- ☐ Adoptive mother
- ☐ Adoptive father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Foster mother
- ☐ Foster father
- ☐ Other person (eg aunt, uncle, sister, brother...)

Please specify who this other person is...

Not Scanned

Q89. Please indicate the date you completed this questionnaire:

G217_SQ_DNWN

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Q90. Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

Not Scanned

THANK YOU

WE APPRECIATE THE TIME THAT YOU HAVE SPENT
COMPLETING THIS QUESTIONNAIRE

Office use only

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