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## **RAINE STUDY**

### **CARDIOVASCULAR FOLLOW-UP QUESTIONNAIRE**

Thank you for continuing to help us with the Raine Study.

The purpose of this questionnaire is to obtain information on your child's health and development since the last follow-up at five to six years of age. There are some questions that are about you, the parents. We have tried to keep these to a minimum but some things that affect parents may also affect their children. Most of the questions are about your child directly. They will either be about what has happened to your child since the last follow-up at five to six years of age or about what he/she is doing now.

*PLEASE READ EACH QUESTION CAREFULLY.*

Fill in the spaces provided or circle the option that is most appropriate.

*PLEASE TAKE YOUR TIME*

If you are not sure of an answer, then leave it blank and discuss it with one of the Raine Study people who will help you with it.

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Please complete this questionnaire as soon as possible.

**Please find names of variables related to questions in Red.**

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

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

### YOUR HOME AND FAMILY - STRICTLY CONFIDENTIAL

**G208\_HOMY** Q1. How old is your house/flat (approximately)? \_\_\_\_\_ years

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**G208\_BEDS** Q2. How many bedrooms are there? \_\_\_\_\_

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**G208\_BATH** Q3. How many bathrooms are there? \_\_\_\_\_

--

**G208\_HOM** Q4. Have you moved house since your child's fifth/sixth birthday?

--

N No

Y Yes *how many times?* \_\_\_\_\_ **G208\_HOME**

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

First name	Age yrs	Sex M/F	Relationship to study child
------------	---------	---------	-----------------------------

eg. Hoa	35	F	mother
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eg. David	28	M	stepfather
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.....	.....	.....	.....	
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.....	<b>G208_AAG1</b>	<b>G208_ASX1</b>	<b>G208_ARL1</b>	
.....	<b>G208_AAG2</b>	<b>G208_ASX2</b>	<b>G208_ARL2</b>	

.....	<b>G208_AAG3</b>	<b>G208_ASX3</b>	<b>G208_ARL3</b>	
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.....	<b>G208_AAG4</b>	<b>G208_ASX4</b>	<b>G208_ARL4</b>	
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.....	<b>G208_AAG5</b>	<b>G208_ASX5</b>	<b>G208_ARL5</b>	
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.....	<b>G208_AAG6</b>	<b>G208_ASX6</b>	<b>G208_ARL6</b>	
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.....	.....	.....	.....	
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.....	.....	.....	.....	
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Q6. How many children under 14 years live in your home? (Please include the study child.)

First name	Age yrs	Sex M/F	Relationship to study child
eg. Alexander	10	M	brother
eg. Kyle	8	M	no relationship
eg. Hannah	2	F	stepsister
.....	.....	.....	.....
	G208_CAG1	G208_CSX1	G208_CRL1
	G208_CAG2	G208_CSX2	G208_CRL2
	G208_CAG3	G208_CSX3	G208_CRL3
	G208_CAG4	G208_CSX4	G208_CRL4
	G208_CAG5	G208_CSX5	G208_CRL5
	G208_CAG6	G208_CSX6	G208_CRL6
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Q7. Does the study child have any other brothers or sisters not mentioned in Q6 or Q7? ☐

G208\_SIB N No Go to Q8

Y Yes



First name	Age yrs	Sex M/F	Relationship to study child
eg. Rachel	18	F	sister
eg. Simon	22	M	stepbrother
.....	.....	.....	.....
	G208_OAG1	G208_OSX1	G208_ORL1
	G208_OAG2	G208_OSX2	G208_ORL2
	G208_OAG3	G208_OSX3	G208_ORL3
	G208_OAG4	G208_OSX4	G208_ORL4
	G208_OAG5	G208_OSX5	G208_ORL5
	G208_OAG6	G208_OSX6	G208_ORL6
.....	.....	.....	.....
.....	.....	.....	.....

Q8. Is the father (mother) of the study child living with you?

☐

**G208\_FHOM**    Y    Yes    Go to Q12

          N    No

↓

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

☐

**G208\_FSOC**    N    No

          Y    Yes

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

☐

**G208\_FMON**    N    No

          Y    Yes

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

☐

**G208\_PTNR**    N    No

          Y    Yes

Q12. Are you or your partner receiving a benefit?

☐

**G208\_BNF**    N    No    Go to Q14

          Y    Yes

↓

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

☐

**G208\_BNF1**

1	Parenting payment
2	Newstart allowance
3	Disability support pension
4	Workers compensation
5	Sickness allowance
6	Austudy/Abstudy
7	Other <i>Please specify</i> .....

Q14. Are you currently in paid employment?

☐

**G208\_YWK**    N    No

          Y    Yes

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Q15. Describe your current occupation(s). (Include housework but indicate whether it is paid outside the home or at your home only. Give title of job, description of work in detail and hours per week.)

☐ ☐

G208\_YJOB 1. Job ..... Hours per week .....

☐ ☐

G208\_YHRS

Description .....

.....

2. Job ..... Hours per week .....

Description .....

.....

Any comments? .....

Q16. Is your partner currently in paid employment?

☐

G208\_PWRK

N No

Y Yes

8 Not applicable - no partner Go to Q18

Q17. Describe your partner's current occupation(s). (Include housework but indicate whether it is paid outside the home or at your home only. Give title of job, description of work in detail and hours per week.)

☐ ☐

G208\_PJOB 1. Job ..... Hours per week .....

☐ ☐

G208\_PHRS

Description .....

.....

2. Job ..... Hours per week .....

Description .....

.....

Any comments? .....

Q18. What is your total family income (before tax) per year now? (Please include rent assistance, maintenance, family supplement, etc)

☐

G208\_MON1

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

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Q18 contd.

How many people does this income support?:

 
Adults and children 14 years and over: G208\_MON2 Children under 14 years: G208\_MON3If you don't know the total income, what is the family take home pay per week? \$           

Q19. Have you ever smoked?

N No Go to Q24

G208\_SM1

Y Yes Please fill in Q20 OR Q21 below

Q20. Yes, and I am currently smoking ..... cigarettes per day

 

OR ..... grams of tobacco per week

  

G208\_SM4

G208\_SM5

G208\_SM3

G208\_SM6

OR ..... cigars per week

 
*I have been smoking this amount for ..... years*
 

Q21. Yes, I used to smoke ..... cigarettes per day

 

G208\_SM9

G208\_SM7

G208\_SM8

G208\_SM11

G208\_SM10

OR ..... grams of tobacco per week

  

OR ..... cigars per week

 
*from ..... years of age, but I have not smoked for ..... years*
   

Q22. Do you smoke inside your house?

N No

G208\_SM12

Y Yes

N/A Not applicable, as I no longer smoke.

Q23. Do you smoke in the car?

N No

G208\_SM13

Y Yes

N/A Not applicable, as I no longer smoke.

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Q24. Does anyone else living in your house smoke?

☐

G208\_SM16      N      No      Go to Q28

Y      Yes



Q25. Yes, they smoke ..... cigarettes per day

G208\_SM17

G208\_SM14

G208\_SM15

OR

..... grams of tobacco per week

OR

..... cigars per week

Q26. Do they smoke inside your house?

☐

G208\_SM18      N      No

Y      Yes

Q27. Do they smoke in the car?

☐

G208\_SM19      N      No

Y      Yes

Q28. Does anyone at your home smoke any substances other than cigarettes, pipe or cigars?

☐

- G208\_SM20      0      No
- 1      Yes - once a week or less
- 2      Yes - more than once weekly but not every day
- 3      Yes - every day

What do they smoke? .....

Q29. Does your child smoke cigarettes?

☐

G208\_SM23      0      No, definitely not      Go to Q31

1      No, not as far as I know      Go to Q31

2      Yes



Q30. How many cigarettes does he/she smoke a day now?

☐

- G208\_SM25      0      Less than 1 daily
- 1      1 - 5 daily
- 2      6 - 10 daily
- 3      11 - 15 daily
- 4      16 - 20 daily
- 5      More than 20 daily

G208\_SM24

He/she has been smoking this amount for ..... years

☐



**These questions (Q31-Q32) apply to the child's biological mother and father only.**

**Q31.** Have you or your child's father (mother) had any of the following health problems?  
(Please circle Yes or No as appropriate)

	<u>In the last 8yrs</u>		<u>Prior to the last 8 yrs</u>		
	mother	father	mother	father	
High blood pressure	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
High blood pressure during a pregnancy	Yes No		Yes No		<input type="checkbox"/>
Diabetes	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Heart attack	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
High cholesterol	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Stroke	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Blocked arteries in your legs	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Other heart disease	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
please describe .....					
.....					
.....					
.....					

**Q32.** Have any of your **child's grandparents** had any of the following health problems?  
(Please circle Yes or No as appropriate)

	<u>Mother's parents</u>		<u>Father's parents</u>		
	mother	father	mother	father	
High blood pressure	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High blood pressure during a pregnancy	Yes No		Yes No		<input type="checkbox"/> <input type="checkbox"/>
Diabetes	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heart attack	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High cholesterol	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stroke	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q32 contd.

		<u>Mother's parents</u>		<u>Father's parents</u>					
		mother		father		mother		father	
		Yes	No	Yes	No	Yes	No	Yes	No
G208_MM7	Blocked arteries in	Yes	No	Yes	No	Yes	No	Yes	No
G208_MFH6	your legs								
G208_FM7									
G208_FF6	Other heart disease	Yes	No	Yes	No	Yes	No	Yes	No
G208_MM8									
G208_MFH7	<i>please describe</i> .....								
G208_FM8	.....								
G208_FF7	.....								

**YOUR CHILD'S GENERAL HEALTH - STRICTLY CONFIDENTIAL**

Q33. In the last year has your child been regularly involved in any organised sport at school or with a club?

☐

G208\_AC7      N      No  
                      Y      Yes

Q34. How often does your child ride a bicycle?

☐

G208\_AC72      0      Never  
                      1      Once a week or less  
                      2      More than once weekly but not every day  
                      3      Every day

Q35. How would you classify your child's current level of activity?

☐

G208\_AC6      0      Sedentary      Gets very little exercise, eg. walks or runs less than 1 km per day; spends most of his/her free time sitting, watching TV, or reading.

                     1      Slightly active      Gets some exercise, eg. walks or runs 1 - 2 km per day; when not in school he/she spends more time in active play than reading or watching TV.

                     2      Active      Is involved in an organised activity 2 or 3 times per week or walks/runs 2 km or more per day.

Q36. How much time does your child usually spend watching TV?

☐

G208\_AC4      0      None  
                      1      Less than 3 hours a week  
                      2      Up to 1 hour a day (3 to 7 hrs a week)  
                      3      Between 1 and 2 hours a day (7 to 14 hrs a week)  
                      4      Between 2 and 3 hours a day (14 to 21 hrs a wk)  
                      5      More than 3 hours a day (more than 21 hrs a wk)

Q37. How would you rate the overall health of your child?

☐

- G208\_OALL**
- |   |  |
|---|--|
| 0 | Excellent (nearly always well)                   |
| 1 | OK, could be better (mostly well)                |
| 2 | So-so (he/she is ill as often as he/she is well) |
| 3 | Poor (seldom well)                               |

Q38. Is your child limited in any physical activities (eg. running, biking, climbing stairs, lifting, dressing) because of health problems?

☐

**G208\_LIM1**      N      No      Go to Q40

Y      Yes



Q39. How long has your child been limited in this way?

☐

- G208\_LIM2**
- |   |                     |
|---|---------------------|
| 0 | < 6 months          |
| 1 | 6 months to 2 years |
| 2 | More than 2 years   |

Q40. In the past month how often has your child had pain or discomfort?

☐

- G208\_PAN1**
- |   |                               |           |
|---|-------------------------------|-----------|
| 0 | Not at all                    | Go to Q42 |
| 1 | Once or twice                 |           |
| 2 | A few times                   |           |
| 3 | Fairly often                  |           |
| 4 | Very often                    |           |
| 5 | Every day or almost every day |           |



Q41. In the past month how much pain or discomfort has your child had?

☐

- G208\_PAN2**
- |   |             |
|---|-------------|
| 0 | Very mild   |
| 1 | Mild        |
| 2 | Moderate    |
| 3 | Severe      |
| 4 | Very Severe |

Q42. In the last three months has your child had three or more episodes of abdominal pain severe enough to interfere with his/her activities?

☐

**G208\_AB1**      N      No      Go to Q45

Y      Yes



Q43. How often does your child experience this pain?

☐

- G208\_AB2**
- |   |  |
|---|--|
| 0 | Daily  |
| 1 | Several times per week                       |
| 2 | Several times per month                      |
| 3 | Less frequently than several times per month |

Q44. Has this pain been diagnosed by a doctor as?

☐

- G208\_AB3**
- 0 Abdominal migraine
  - 1 Psychological
  - 2 Gastro esophageal reflux
  - 3 Constipation
  - 4 Peptic ulcer
  - 5 Other *please specify* .....

Q45. How often does your child have a bowel action?

☐

- G208\_BWL1**
- 0 Three or more times a day
  - 1 One to two times per day
  - 2 Every second day
  - 3 Every three to four days
  - 4 Less than once a week

Q46. Does your child vomit regularly?

☐

- G208\_VMT7**
- 0 Daily
  - 1 Several times per week
  - 2 Several times per month
  - 3 Less frequently than several times per month
  - 4 Never

Q47. Does your child experience headaches?

☐

- G208\_HEAD**
- 0 Never or hardly ever
  - 1 Less than once a month
  - 2 Approximately every two weeks
  - 3 Every week
  - 4 More than once a week

Q48. Does your child complain of pains in the arms or legs (growing pains)?

☐

- G208\_GROW**
- N No
  - Y Yes

Q49. Have you ever been told by a doctor your child has a heart condition?

☐

- G208\_HART**
- N No
  - Y Yes

	No	Yes-in the past	Yes-now
a. Anxiety problems	1	2	3
b. Arthritis or joint problems	1	2	3
c. Asthma	1	2	3
d. Attentional problems	1	2	3
e. Behavioural problems	1	2	3
f. Chronic respiratory or breathing problems	1	2	3
g. Co-ordination or clumsiness difficulties	1	2	3
h. Depression	1	2	3
i. Hay fever or some other allergy	1	2	3
j. Hearing impairment or deafness	1	2	3
k. Heart condition	1	2	3
l. Intellectual disability	1	2	3
m. Learning problems	1	2	3
n. Migraine or severe headache?	1	2	3
o. Sleep disturbance	1	2	3
p. Speech problems	1	2	3
q. Vision problems	1	2	3
r. Any other medical condition or health problem not mentioned above	1	2	3

G208\_CH1  
G208\_CH2  
G208\_CH3  
G208\_CH4  
G208\_CH5  
G208\_CH6  
G208\_CH7  
G208\_CH8  
G208\_CH9  
G208\_CH10  
G208\_CH11  
G208\_CH12  
G208\_CH13  
G208\_CH14  
G208\_CH15  
G208\_CH16  
G208\_CH17  
G208\_CH18

Q51. If you have answered "Yes" to any of the above, please describe the condition or problem below in more detail (e.g. is long sighted - wears glasses for reading, diagnosed with Attention Deficit Disorder, asthma requiring occasional medication, spina bifida)

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

G208_MDC	
G208_MD1	.....
G208_MD2	
G208_MD3	
G208_MD4	.....
G208_MD5	
G208_MD6	
G208_MD7	.....
G208_MD8	
G208_MD9	.....
G208_MD10	

Q52. Has your child had any accidents or injuries since the last follow-up at five to six years of age which required you to take him/her to a **doctor (GP) hospital or clinic**?

N      No      Go to Q53

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

*(Please list every accident/injury separately.)*

G208\_INJ  
G208\_INF1  
G208\_INF2  
G208\_INF3  
G208\_INF4  
G208\_INF5  
G208\_INF6  
G208\_INC1  
G208\_INC2  
G208\_INC3  
G208\_INC4  
G208\_INC5  
G208\_INC6


Q53. Has your child been **admitted** to a hospital since the last follow-up at five to six years of age?

N      No      Go to Q54

Y      Yes  
    ⇓

*(Please list each admission separately.)*

which hospital? ..... date?

what for? .....

which hospital? ..... date?

what for? .....

which hospital? ..... date?

what for? .....

which hospital? ..... date?

what for? .....

G208\_HO  
G208\_HOH1  
G208\_HOH2  
G208\_HOH3  
G208\_HOH4  
G208\_HOH5  
G208\_HOH6  
G208\_HOD1  
G208\_HOD2  
G208\_HOD3  
G208\_HOD4  
G208\_HOD5  
G208\_HOD6  
G208\_HOF1  
G208\_HOF2  
G208\_HOF3  
G208\_HOF4  
G208\_HOF5  
G208\_HOF6  
G208\_HOC1  
G208\_HOC2  
G208\_HOC3  
G208\_HOC4  
G208\_HOC5  
G208\_HOC6

1

↓

	Yes (now completed)	Yes (still attending)	
GP or family doctor	Yes	Yes	<input type="checkbox"/>
Accident and emergency	Yes	Yes	<input type="checkbox"/>
Hospital outpatients (department or clinic)	Yes	Yes	<input type="checkbox"/>
Private medical specialist	Yes	Yes	<input type="checkbox"/>
Dentist / Dental therapist	Yes	Yes	<input type="checkbox"/>
School nurse	Yes	Yes	<input type="checkbox"/>
Optician / Optometrist	Yes	Yes	<input type="checkbox"/>
Dietician / Nutritionist	Yes	Yes	<input type="checkbox"/>
Physiotherapist	Yes	Yes	<input type="checkbox"/>
Occupational therapist (OT)	Yes	Yes	<input type="checkbox"/>
Speech therapist	Yes	Yes	<input type="checkbox"/>
Psychologist / Psychiatrist	Yes	Yes	<input type="checkbox"/>
Podiatrist	Yes	Yes	<input type="checkbox"/>
Chiropractor	Yes	Yes	<input type="checkbox"/>
Alternative therapist (e.g. homeopathy)	Yes	Yes	<input type="checkbox"/>



Y Yes which medication(s)?

Y Yes which medication(s)?

G208_FO17	0	Never
	1	Less than once a week
	2	1 - 2 times a week
	3	3 - 5 times a week
	4	6 or more times a week



Q61. How is your meat usually cooked?

☐

- G208\_FO10**
- |   |   |
|---|---|
| 0 | Eat meat occasionally or never              |
| 1 | Grilled or roasted without added oil or fat |
| 2 | Grilled or roasted with added oil or fat    |
| 3 | Stewed                                      |
| 4 | Fried                                       |

Q62. How many times a week does your child eat sausages, salamis, meat pies, hamburgers or bacon?

☐

- G208\_FO1**
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q63. How does your child spread butter/margarine on his/her bread?

☐

- G208\_FO3**
- |   |            |
|---|------------|
| 0 | Do not use |
| 1 | Thinly     |
| 2 | Medium     |
| 3 | Thickly    |

Q64. How many times a week does your child eat chips or french fries?

☐

- G208\_FO8**
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q65. How often does your child eat pastries, cakes, sweet biscuits or croissants?

☐

- G208\_FO5**
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q66. How many times a week does your child eat chocolate, chocolate biscuits or sweet snack bars?

☐

- G208\_FO9**
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q67. How many times a week does your child eat potato crisps, corn chips or nuts?

☐

- G208\_FO12
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q68. How often does he/she eat cream?

☐

- G208\_FO11
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q69. How often does he/she eat ice cream?

☐

- G208\_FO14
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q70. How many times a week does your child eat cheese?

☐

- G208\_FO6
- |   |                        |
|---|------------------------|
| 0 | Never                  |
| 1 | Less than once a week  |
| 2 | 1 - 2 times a week     |
| 3 | 3 - 5 times a week     |
| 4 | 6 or more times a week |

Q71. What type of milk does your child drink or use in Milo and other drinks?

☐

- G208\_FO16
- |   |                                    |
|---|------------------------------------|
| 0 | Skim or none                       |
| 1 | Reduced fat (Hi-Lo)                |
| 2 | Reduced fat (Hi-Lo) and full-cream |
| 3 | Full-cream                         |
| 4 | Condensed                          |

Q72. How much of the skin on chicken does he/she eat?

☐

- G208\_FO7
- |   |             |
|---|-------------|
| 0 | None        |
| 1 | Some        |
| 2 | Most or all |

Q73. How much of the fat on meat does your child eat?

☐

- G208\_FO15
- |   |             |
|---|-------------|
| 0 | None        |
| 1 | Some        |
| 2 | Most or all |

**YOU AND YOUR CHILD ASTHMA AND ALLERGIES - STRICTLY CONFIDENTIAL****These questions (Q74 - Q82) apply to the child's biological mother and father only.**

Q74. Have you or your child's father (mother) had any of the following respiratory health problems?  
 (Please circle Yes or No as appropriate)

		<u>Since last assessment</u>		<u>Prior to last assessment</u>							
		mother		father		mother		father			
	Chronic cough (more than 3 months of a year)	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_MS1	Hay fever - seasonal	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS1											
G208_MS2	- all year	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS2											
G208_MS3	Bronchitis (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS3											
G208_MS4	Asthma (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS4											
G208_MS5	Emphysema (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS5											
G208_MS7	Wheeze or cough with exertion	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS7											
G208_MS8	Wheeze or cough with temperature change	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS8											
G208_MS9	Other respiratory	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
G208_FS9											
G208_MS11											
G208_FS11											

*please describe* .....

.....

.....

.....

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Q75. Have any blood related brothers or sisters of the study child ever suffered from a respiratory problem?

☐

**G208\_SS1** N No Go to Q76

Y Yes  
↓

**G208\_SS2**  
**G208\_SS3**  
**G208\_SS4**  
**G208\_SS5**  
**G208\_SS6**  
**G208\_SS7**  
**G208\_SS8**  
**G208\_SS9**  
**G208\_SS10**  
**G208\_SS11**  
**G208\_SS12**  
**G208\_SS13**

First name	Respiratory problem(s)
eg. Alexander	bronchiolitis, asthma
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....


Q76. Have you or your child's father (mother) ever wheezed? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out.)

☐

**G208\_MFS1** N No Go to Q81

Y Yes  
↓

		mother		father	
When you have a cold?	<b>G208_MFS1</b>	Yes	No	Yes	No
Occasionally apart from colds?	<b>G208_MS19</b>	Yes	No	Yes	No
Most days or nights?	<b>G208_FS19</b>	Yes	No	Yes	No
With exercise?	<b>G208_MS20</b>	Yes	No	Yes	No
With a change in temperature?	<b>G208_FS20</b>	Yes	No	Yes	No
	<b>G208_MS21</b>	Yes	No	Yes	No
	<b>G208_FS21</b>	Yes	No	Yes	No
	<b>G208_MS22</b>	Yes	No	Yes	No
	<b>G208_FS22</b>	Yes	No	Yes	No
	<b>G208_MS23</b>	Yes	No	Yes	No

Q77. For how many years has this wheezing been present?

<b>G208_MS24</b>	mother	years? ____	N/A (never wheezed)
<b>G208_FS24</b>	father	years? ____	N/A (never wheezed)



Q78. Has this wheezing caused shortness of breath?

**G208\_MS25** **mother** Yes No N/A (never wheezed)

**G208\_FS25** **father** Yes No N/A (never wheezed)

Q79. Have you or your child's father (mother) had 3 or more episodes of wheezing since the age of one year?

**G208\_MS26** **mother** Yes No N/A (never wheezed)

**G208\_FS26** **father** Yes No N/A (never wheezed)

Q80. Have you or your child's father (mother) wheezed in the last 12 months?

**G208\_MS27** **mother** Yes No N/A (never wheezed)

**G208\_FS27** **father** Yes No N/A (never wheezed)

Q81. Have you or your child's father (mother) ever had eczema?

**G208\_MS51** **mother** Yes No

**G208\_FS28** **father** Yes No

Q82. Do you or your child's father (mother) still have eczema?

**G208\_MS52** **mother** Yes No N/A

**G208\_FS29** **father** Yes No N/A

Q83. Have any blood related brothers or sisters of the study child ever had eczema?

**G208\_SS27** N No Go to Q84

Y Yes  
↓

**First name** **Where does/did it occur?**

eg. Simon wrists, behind the knees

.....

.....

.....

.....

.....

.....

.....

.....

**G208\_SS28**  
**G208\_SS29**  
**G208\_SS30**  
**G208\_SS31**

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Q84. Are there any pets at home?

☐

N No Go to Q86

G208\_PT1

Y Yes

↓

Q85. How many pets are there? *(Please write number in space provided)*

G208\_PT4

Inside

Outside

Total

G208\_PT3

cats

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G208\_PT7

dogs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G208\_PT6

G208\_PT10

G208\_PT9

birds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G208\_PT11

G208\_PT12

How many other pets inside? \_\_\_\_\_ What type? .....How many other pets outside? \_\_\_\_\_ What type? .....



Q86. Does your child have any regular contact with pets elsewhere?  
(eg. relatives, neighbours, friends, day care, or family day care)☐

N No

G208\_PT13

Y Yes What type? .....

G208\_PT13A

G208\_PT13B

G208\_PT13C

G208\_PT13D

G208\_PT13E

G208\_PT13F

G208\_PT13G

G208\_PT13H

G208\_PT13I

--	--	--	--	--

Q87. How many colds has your child had in the last 12 months?

--	--

G208\_RE10 how many? \_\_\_\_\_

Q88. How many colds has your child had in the last month?

--	--

G208\_RE31 how many? \_\_\_\_\_

Q89. Does your child usually cough when he/she gets a cold these days?

☐

N No

G208\_RE1

Y Yes

Q90. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?

☐

N No

G208\_RE3

Y Yes

Q91. Has your child ever wheezed at any time in his/her life? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out.)

☐

**G208\_RE40** N No Go to Q101

Y Yes

↓

Q92. How old was your child when he/she first wheezed?

☐

**G208\_RE32** \_\_\_\_\_ years or \_\_\_\_\_ months

Q93. How many attacks of wheezing has your child had since the age of one?

☐

**G208\_RE33**

0	None
1	1 to 2
2	3 to 12
3	More than 12

Q94. Has your child ever wheezed in the last 12 months?

☐

**G208\_RE34** N No Go to Q101

Y Yes

Q95. How many attacks of wheezing has your child had in the last 12 months?

☐

**G208\_RE35**

0	None
1	1 to 2
2	3 to 12
3	More than 12

Q96. In the last 12 months, how often, on average has your child's sleep been disturbed due to wheezing?

☐

**G208\_RE36**

0	Never woken with wheezing
1	Less than one night per week
2	One or more nights per week

Q97. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

☐

**G208\_RE39**

N	No
Y	Yes

Q98. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

☐

**G208\_RE8**

N	No
Y	Yes

Q99. Has your child ever wheezed in the last month?

G208\_RE38      N      No      Go to Q101

Y      Yes

↓

Q100. In the last month, has wheezing ever been severe enough to limit your child's speech to words or phrases only?

G208\_RE37      0      No - child talks in full sentences

1      Phrases only

2      Words only

Q101. In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

G208\_RE2      N      No      Go to Q103

Y      Yes

↓

Q102. In the last month, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

G208\_RE27      N      No

Y      Yes

Q103. Since the age of five, has your child had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week?

G208\_RE28      N      No

G208\_RE29      Y      Yes - without wheezing      *how many times?* \_\_\_\_\_

G208\_RE30           - with wheezing      *how many times?* \_\_\_\_\_

Q104. Do you think your child has ever had asthma?

G208\_AS1      N      No

Y      Yes

Q105. Has anyone ever told you that your child has asthma?

N      No

G208\_AS2      Y      Yes      *who? (e.g. paediatrician, GP, child health nurse, naturopath, friend, relative)*

G208\_AS3

.....  
*when (at what age)?* .....



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Q106. Has your child had hayfever in the last 12 months?☐

G208\_RE24

N No Go to Q109

Y Yes

Q107. In which of the past 12 months did this hayfever occur? (Please tick all months which apply)

G208\_RE25

January \_\_

February \_\_

March \_\_

April \_\_

May \_\_

June \_\_

July \_\_

August \_\_

September \_\_

October \_\_

November \_\_

December \_\_

☐Q108. Has your child had hayfever in the last month?☐

G208\_RE26

N No

Y Yes

Q109. Has your child had eczema in the last 12 months?☐

G208\_RH1

N No Go to Q111

Y Yes

Q110. Has your child had eczema in the last month?☐

G208\_RH9

N No

Y Yes

Q111. Does you child have any current allergies?

☐

G208\_RE18

N No

Y Yes *please describe* .....

.....

.....

.....

☐

**YOUR CHILD'S SCHOOL AND LEISURE ACTIVITIES - STRICTLY CONFIDENTIAL**

Q112. The following questions ask about your child's speech and language development.  
(Please circle the number which best describes your child's behaviour)

	Always	Mostly	Sometimes	Never	
a. My child uses 'grown-up' words. (eg. 'actually' 'unfortunately')	1	2	3	4	G208_SP15
b. My child pronounces sounds correctly. (eg. /th/, /r/ )	1	2	3	4	G208_SP16
c. My child can talk about a movie, story or event and others can understand what happened	1	2	3	4	G208_SP17
d. My child can understand a story that involves a 'trick'. (eg. Where a character tells lies or deceives to get what he wants)	1	2	3	4	G208_SP18
e. My child can explain how to play a game. ('Snakes' and 'Ladders', 'T-ball')	1	2	3	4	G208_SP19
f. My child can use polite language when appropriate. (eg. 'excuse me')	1	2	3	4	G208_SP20
g. My child uses Slang or popular words when playing with friends. (eg. 'cool', 'wicked')	1	2	3	4	G208_SP21
h. My child understands and enjoys telling jokes.	1	2	3	4	G208_SP22
i. I often have to repeat long instructions so that my child understands.	1	2	3	4	G208_SP23
j. My child often 'misses the point' in conversations.	1	2	3	4	G208_SP24
k. My child is attentive in conversations with others. (eg. looks at the other person most of the time)	1	2	3	4	G208_SP25
l. My child is interested in new words and asks the name of things.	1	2	3	4	G208_SP26
m. My child stutters when talking.	1	2	3	4	G208_SP3
n. My child understands expressions like "I put my foot down", "I've got a frog in my throat".	1	2	3	4	G208_SP27

Q113. Did your child attend Kindergarten, Preschool or Pre-primary in the year that he/she turned four?

N No  
Y Yes

G208\_ED1



Q114. Did your child attend Kindergarten, Preschool or Pre-primary in the year that he/she turned five? ☐

G208\_ED4      N      No  
Y      Yes

Q115. In what year did your child begin Year 1/Grade 1 at school? 19 \_\_\_\_ ☐

G208\_ED8

Q116. What year/grade is your child in at school now? Year/Grade \_\_\_\_ ☐

G208\_ED9

Q117. Has your child ever repeated a year/grade at school? ☐

G208\_ED10      N      No  
Y      Yes      which year/grade? \_\_\_\_

Q118. How satisfied are you with the standard of education offered at your child's school? ☐

G208\_ED11      0      Very satisfied  
1      Satisfied  
2      Neither satisfied or dissatisfied  
3      Dissatisfied  
4      Very dissatisfied

Q119. How would you describe your child's academic performance in school during the past six months? ☐

G208\_ED12      0      Excellent  
1      Very good  
2      Average  
3      Below average  
4      Poor

Q120. Is your child limited in the kind or amount of school work he/she does because of physical problems? (e.g. vision, hearing, clumsiness, limited movement) ☐

G208\_LIM3      N      No      Go to Q122  
Y      Yes

Q121. How long has your child been limited in this way? ☐

G208\_LIM4      0      < 6 months  
1      6 months to 2 years  
2      More than 2 years

Q122. Is your child limited in the kind or amount of school work he/she does because of emotional or behavioural problems? (e.g. attentional problem, disruptive behaviour, anxiety)

☐

G208\_LIM5      N      No      Go to Q124

Y      Yes



Q123. How long has your child been limited in this way?

☐

G208\_LIM6      0      < 6 months  
                          1      6 months to 2 years  
                          2      More than 2 years

Q124. Is your child limited in the kind or amount of school work he/she does because of learning problems? (e.g. speech difficulty, reading problem, writing problem)

☐

G208\_LIM7      N      No      Go to Q126

Y      Yes



Q125. How long has your child been limited in this way?

☐

G208\_LIM8      0      < 6 months  
                          1      6 months to 2 years  
                          2      More than 2 years

Q126. Has your child ever received any of the following types of special education or special teaching:

☐

	No	Yes, full-time	Yes, part-time	
a. For children with visual or hearing difficulties?	1	2	3	G208_SED1
b. For children who are intellectually handicapped?	1	2	3	G208_SED2
c. For children with emotional or behavioural problems?	1	2	3	G208_SED3
d. For children who are intellectually gifted?	1	2	3	G208_SED4
e. For children with remedial education needs?	1	2	3	G208_SED5
				G208_SED6

☐
☐
☐
☐
☐

Q127. During the past six months has your child (or have you on your child's behalf) had contact with a school psychologist, counsellor or guidance officer?

☐

N      No

G208\_AT14

Y      Yes      How many times? \_\_\_\_\_

Q128. During the past six months has your child (or have you on your child's behalf) had contact with a teacher for a behavioural problem or a learning problem?

☐ ☐

G208\_AT18

N No

Y Yes *How many times?* \_\_\_\_\_

Q129. Compared with other children how easy or difficult is your child to manage?  
(Please circle the number which best represents your feelings)

☐

G208\_MANA

- 0 Much easier than average  
1 A little easier than average  
2 Average  
3 A little more difficult than average  
4 Much more difficult

Q130. Do you have any concerns or worries about your child's health or development?  
(eg. speech, language development, physical development, emotional development)

☐

N No

☐ ☐ ☐ ☐

Y Yes *what are they?* .....

.....

.....

.....

.....

.....

.....

.....

.....

G208\_WOR

Q130 Parent worries about child (yes/no)

G208\_WORA

Q130 Concerns about child's health problems

G208\_WORB

Q130 Concerns about child's speech/language problems

G208\_WORC

Q130 Concerns about child's physical development

G208\_WORD

Q130 Concerns about child's emotional development/behaviour

G208\_WORE

Q130 Concerns about child's nutrition

G208\_WORF

Q130 Concerns about child's intellectual development

G208\_WORG

Q130 Concerns about child's hearing problem

G208\_WORH

Q130 Concerns about child's vision problem

G208\_WORI

Q130 Concerns about child's problems - others, not named

G208\_WORJ

Q130 Concerns about child's delayed fine motor skills

G208\_WORK

Q130 Concerns about child's gross motor delay (clumsiness)

G208\_WORL

Q130 Concerns about child's sleep problems

G208\_WORM

Q130 Concerns about child's abuse (sexual or otherwise)

**CHILD BEHAVIOUR CHECKLIST - STRICTLY CONFIDENTIAL**

This is called the Child Behaviour Checklist (for ages 4 to 18 years); it asks for information on the health, behaviour and social activities of your child. 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. For each item that describes your child **now or within the past 6 months** please circle 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	1.	Acts too young for his/her age	G208_C2	0	1	2	31.	Fears he/she might think or do something bad	G208_C117
0	1	2	2.	Allergy (describe): _____	G208_C103						
						0	1	2	32.	Feels he/she has to be perfect	G208_C118
						0	1	2	33.	Feels or complains that no one loves him/h	G208_C119
0	1	2	3.	Argues a lot	G208_C104	0	1	2	34.	Feels others are out to get him/her	G208_C120
0	1	2	4.	Asthma	G208_C105	0	1	2	35.	Feels worthless or inferior	G208_C121
0	1	2	5.	Behaves like opposite sex	G208_C106	0	1	2	36.	Gets hurt a lot, accident-prone	G208_C34
0	1	2	6.	Bowel movements outside toilet	G208_C107	0	1	2	37.	Gets in many fights	G208_C35
0	1	2	7.	Bragging, boasting	G208_C108	0	1	2	38.	Gets teased a lot	G208_C122
0	1	2	8.	Can't concentrate, can't pay attention for long	G208_C5	0	1	2	39.	Hangs around with others who get in trouble	G208_C123
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	G208_C109	0	1	2	40.	Hears sounds or voices that aren't there (describe): _____	G208_C124
0	1	2	10.	Can't sit still, restless, or hyperactive	G208_C6	0	1	2	41.	Impulsive or acts without thinking	G208_C125
0	1	2	11.	Clings to adults or too dependent	G208_C10	0	1	2	42.	Would rather be alone than with others	G208_C126
0	1	2	12.	Complains of loneliness	G208_C110	0	1	2	43.	Lying or cheating	G208_C127
0	1	2	13.	Confused or seems to be in a fog	G208_C111	0	1	2	44.	Bites fingernails	G208_C128
0	1	2	14.	Cries a lot	G208_C13	0	1	2	45.	Nervous, highstrung, or tense	G208_C47
0	1	2	15.	Cruel to animals	G208_C14	0	1	2	46.	Nervous movements or twitching (describe)	G208_C46
0	1	2	16.	Cruelty, bullying, or meanness to others	G208_C112						
G208_C113	0	1	17.	Day-dreams or gets lost in his/her thoughts		0	1	2	47.	Nightmares	G208_C48
G208_C114	0	1	18.	Deliberately harms self or attempts suicide		0	1	2	48.	Not liked by other kids	G208_C129
0	1	2	19.	Demands a lot of attention	G208_C96	0	1	2	49.	Constipated, doesn't move bowels	G208_C12
0	1	2	20.	Destroys his/her own things	G208_C17	0	1	2	50.	Too fearful or anxious	G208_C87
0	1	2	21.	Destroys things belonging to his/her family or others	G208_C18	0	1	2	51.	Feels dizzy	G208_C130
0	1	2	22.	Disobedient at home	G208_C20	0	1	2	52.	Feels too guilty	G208_C131
0	1	2	23.	Disobedient at school	G208_C115	0	1	2	53.	Overeating	G208_C49
0	1	2	24.	Doesn't eat well	G208_C24	0	1	2	54.	Overtired	G208_C50
0	1	2	25.	Doesn't get along with other kids	G208_C25	0	1	2	55.	Overweight	G208_C51
0	1	2	26.	Doesn't seem to feel guilty after misbehaving	G208_C27				56.	Physical problems without known medical cause:	
0	1	2	27.	Easily jealous	G208_C30	0	1	2	a.	Aches or pains ( <i>not</i> headaches)	G208_C1
0	1	2	28.	Eats or drinks things that are not food — don't include sweets (describe): _____	G208_C31	0	1	2	b.	Headaches	G208_C39
						0	1	2	c.	Nausea, feels sick	G208_C45
						0	1	2	d.	Problems with eyes (describe): _____	G208_C57
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	G208_C32	0	1	2	e.	Rashes or other skin problems	G208_C60
						0	1	2	f.	Stomachaches or cramps	G208_C78
0	1	2	30.	Fears going to school	G208_C116	0	1	2	g.	Vomiting, throwing up	G208_C93
						0	1	2	h.	Other (describe): _____	G208_C161



0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True					
0	1	2	57.	Physically attacks people	<u>G208_C53</u>	0	1	2	84.	Strange behavior (describe):	<u>G208_C80</u>
0	1	2	58.	Picks nose, skin, or other parts of body (describe):	<u>G208_C54</u>						
						0	1	2	85.	Strange ideas (describe):	<u>G208_C146</u>
0	1	2	59.	Plays with own sex parts in public	<u>G208_C132</u>						
0	1	2	60.	Plays with own sex parts too much	<u>G208_C55</u>	0	1	2	86.	Stubborn, sullen, or irritable	<u>G208_C81</u>
0	1	2	61.	Poor school work	<u>G208_C133</u>	0	1	2	87.	Sudden changes in mood or feelings	<u>G208_C82</u>
0	1	2	62.	Poorly coordinated or clumsy	<u>G208_C56</u>	0	1	2	88.	Sulks a lot	<u>G208_C83</u>
0	1	2	63.	Prefers being with older kids	<u>G208_C134</u>	0	1	2	89.	Suspicious	<u>G208_C147</u>
0	1	2	64.	Prefers being with younger kids	<u>G208_C135</u>	0	1	2	90.	Swearing or obscene language	<u>G208_C148</u>
0	1	2	65.	Refuses to talk	<u>G208_C136</u>	0	1	2	91.	Talks about killing self	<u>G208_C149</u>
0	1	2	66.	Repeats certain acts over and over; compulsions (describe):	<u>G208_C137</u>	0	1	2	92.	Talks or walks in sleep (describe):	<u>G208_C84</u>
	1	2	67.	Runs away from home	<u>G208_C95</u>	0	1	2	93.	Talks too much	<u>G208_C150</u>
0	1	2	68.	Screams a lot	<u>G208_C66</u>	0	1	2	94.	Teases a lot	<u>G208_C151</u>
0	1	2	69.	Secretive, keeps things to self	<u>G208_C138</u>	0	1	2	95.	Temper tantrums or hot temper	<u>G208_C85</u>
0	1	2	70.	Sees things that aren't there (describe):	<u>G208_C139</u>	0	1	2	96.	Thinks about sex too much	<u>G208_C152</u>
						0	1	2	97.	Threatens people	<u>G208_C153</u>
						0	1	2	98.	Thumb-sucking	<u>G208_C154</u>
						0	1	2	99.	Too concerned with neatness or cleanliness	<u>G208_C86</u>
0	1	2	71.	Self-conscious or easily embarrassed	<u>G208_C68</u>	0	1	2	100.	Trouble sleeping (describe):	<u>G208_C38</u>
0	1	2	72.	Sets fires	<u>G208_C140</u>						
0	1	2	73.	Sexual problems (describe):	<u>G208_C141</u>	0	1	2	101.	Truancy, skips school	<u>G208_C155</u>
						0	1	2	102.	Underactive, slow moving, or lacks energy	<u>G208_C89</u>
						0	1	2	103.	Unhappy, sad, or depressed	<u>G208_C90</u>
0	1	2	74.	Showing off or clowning	<u>G208_C142</u>	0	1	2	104.	Unusually loud	<u>G208_C91</u>
0	1	2	75.	Shy or timid	<u>G208_C73</u>	0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe):	<u>G208_C156</u>
0	1	2	76.	Sleeps less than most kids	<u>G208_C74</u>	0	1	2	106.	Vandalism	<u>G208_C157</u>
0	1	2	77.	Sleeps more than most kids during day and/or night (describe):	<u>G208_C143</u>	0	1	2	107.	Wets self during the day	<u>G208_C158</u>
						0	1	2	108.	Wets the bed	<u>G208_C159</u>
0	1	2	78.	Smears or plays with bowel movements	<u>G208_C75</u>	0	1	2	109.	Whining	<u>G208_C97</u>
0	1	2	79.	Speech problem (describe):	<u>G208_C76</u>	0	1	2	110.	Wishes to be of opposite sex	<u>G208_C160</u>
						0	1	2	111.	Withdrawn, doesn't get involved with others	<u>G208_C98</u>
0	1	2	80.	Stares blankly	<u>G208_C77</u>	0	1	2	112.	Worries	<u>G208_C99</u>
0	1	2	81.	Steals at home	<u>G208_C144</u>				113.	Please write in any problems your child has that were not listed above:	
0	1	2	82.	Steals outside the home	<u>G208_C145</u>	0	1	2		<u>G208_C100</u>	
0	1	2	83.	Stores up things he/she doesn't need (describe):	<u>G208_C79</u>	0	1	2			
						0	1	2			

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

UNDERLINE ANY YOU ARE CONCERNED ABOUT

**YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL**

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

Please circle all appropriate answers or leave blank if not applicable or you don't know.

Q244. In general how would you describe your health?

☐ ☐ ☐

	<b>G208_MH9</b>	<b>G208_FH9</b>	<b>G208_PH9</b>
	<b>mother</b>	<b>father</b>	<b>partner</b>
Excellent	1	1	1
Very Good	2	2	2
Good	3	3	3
Fair	4	4	4
Poor	5	5	5

Q245. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

☐ ☐ ☐

<b>mother</b>	Yes	No	<b>G208_MH11</b>
<b>father</b>	Yes	No	<b>G208_FH8</b>
<b>partner</b>	Yes	No	<b>G208_PH8</b>

Q246. Are you limited in any way in carrying out normal daily activities at home, at a job or in studying, because of a medical condition or health problem.

☐ ☐ ☐

<b>mother</b>	Yes	No	<b>G208_MH10</b>
<b>father</b>	Yes	No	<b>G208_FH10</b>
<b>partner</b>	Yes	No	<b>G208_PH10</b>

Q247. Have you ever been treated for an emotional or mental health problem?

☐ ☐ ☐

<b>mother</b>	Yes	No	<b>G208_EM1</b>
<b>father</b>	Yes	No	<b>G208_EM5</b>
<b>partner</b>	Yes	No	<b>G208_EM9</b>



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Q248. Have you been treated for an emotional or mental health problem within the last 6 months?

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<b>mother</b>	Yes	No	N/A	G208_EM2
<b>father</b>	Yes	No	N/A	G208_EM6
<b>partner</b>	Yes	No	N/A	G208_EM10

Q249. Have you ever been hospitalised for an emotional or mental health problem?

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<b>mother</b>	Yes	No	N/A	G208_EM3
<b>father</b>	Yes	No	N/A	G208_EM7
<b>partner</b>	Yes	No	N/A	G208_EM11

Q250. Have any of the following happened to you in the last year?  
(Please circle Y (Yes) or N (No) as appropriate)

G208_ST1	N	Y	Pregnancy problems	
G208_ST2	N	Y	Death of a close relative - which relative .....	
G208_ST3	N	Y	Death of a close friend	
G208_ST4	N	Y	Separation or divorce	
G208_ST5	N	Y	Marital problems	
G208_ST6	N	Y	Problems with your children	
G208_ST7	N	Y	Your own job loss (not voluntary)	
G208_ST8	N	Y	Your partner's job loss (not voluntary)	
G208_ST9	N	Y	Money problems	
G208_ST10	N	Y	Residential move	
G208_ST11	N	Y	Other (please describe) .....	


Q251. Have you undertaken any further education since your study child was born?

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<b>mother</b>	Yes	No	G208_ED16
<b>father</b>	Yes	No	G208_ED14
<b>partner</b>	Yes	No	G208_ED18

please describe .....

.....

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Q252. What is the highest qualification you have ever obtained?

	G208_ED15	G208_ED13	G208_ED17
	<b>mother</b>	<b>father</b>	<b>partner</b>
No qualification	0	0	0
TEE (or equivalent)	1	1	1
Trade/apprenticeship	2	2	2
Certificate from college, TAFE	3	3	3
Diploma (beyond year 12)	4	4	4
Bachelors degree	5	5	5
Postgraduate diploma / higher degree	6	6	6
Other	7	7	7

*please specify* .....

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Q253. The dots on the following lines represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship. (If you do not have a partner please leave this question and go to Q254)

•	•	•	•	•	•	•
1	2	3	4	5	6	7
<b>Extremely</b>	<b>Fairly</b>	<b>A little</b>	<b>Happy</b>	<b>Very</b>	<b>Extremely</b>	<b>Perfect</b>
<b>Unhappy</b>	<b>Unhappy</b>	<b>Unhappy</b>		<b>Happy</b>	<b>Happy</b>	

G208\_HAPP

Q254. This is called the Family Assessment Device; it was developed to give an idea of how families work together. Please circle the most correct answer.

**Item 1**

Below are statements about families and family relationships. Tick the category which best describes your family (only people living in your house). (Please circle one)

	Strongly Agree	Agree	Disagree	Strongly Disagree	
a. Planning family activities is difficult because we misunderstand each other	1	2	3	4	G208_FA1A
b. In times of crisis we can turn to each other for support	1	2	3	4	G208_FA1B
c. We cannot talk to each other about sadness we feel	1	2	3	4	G208_FA1C
d. Individuals (in the family) are accepted for what they are	1	2	3	4	G208_FA1D
e. We avoid discussing our fears and concerns	1	2	3	4	G208_FA1E
f. We express feelings to each other	1	2	3	4	G208_FA1F
g. There are lots of bad feelings in our family	1	2	3	4	G208_FA1G
h. We feel accepted for what we are	1	2	3	4	G208_FA1H
i. Making decisions is a problem in our family	1	2	3	4	G208_FA1I
j. We are able to make decisions about how to solve problems	1	2	3	4	G208_FA1J
k. We don't get on well together	1	2	3	4	G208_FA1K
l. We confide in each other	1	2	3	4	G208_FA1L
m. Drinking is a source of tension or disagreement in our family	1	2	3	4	G208_FA1M

**Item 2**

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

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

	Always	Sometimes	Never	
a. on top of the world?	2	1	0	
b. very lonely or remote from other people?	2	1	0	
c. particularly excited or interested in something?	2	1	0	
d. depressed or very unhappy?	2	1	0	G208_FA2A G208_FA2B G208_FA2C G208_FA2D
e. pleased about having accomplished something?	2	1	0	G208_FA2E G208_FA2F
f. bored?	2	1	0	G208_FA2G G208_FA2H G208_FA2I G208_FA2J
g. proud because someone complimented you on something?	2	1	0	
h. so restless you couldn't sit long in a chair?	2	1	0	
i. that things were going your way?	2	1	0	
j. upset because someone criticised you?	2	1	0	

**Item 3**

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

☐

G208\_FA3

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy

**Item 4**

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

☐

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy
- 4 No spouse/partner

G208\_FA4

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**THE QUESTIONNAIRE - STRICTLY CONFIDENTIAL**

These are questions about the questionnaire.

Please circle answer where applicable.

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Q255. This questionnaire has been completed by the child's:

G208\_DNBY

☐

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

please specify .....

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Q256. Please indicate the date you completed this questionnaire:

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G208\_DNWN  
G208\_QCO2

Q257. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

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G208\_QCO1

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**THANK YOU, WE APPRECIATE THE TIME THAT YOU HAVE**

**SPENT COMPLETING THIS QUESTIONNAIRE**

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