

| | | |
|----------------------------|--|---------|
| Family Contact Form | Name of Study Child: FIRST NAME | SURNAME |
| RESPONDENT ID | Name of Parent 1: FIRST NAME | SURNAME |

WAVE 1 CONTACT DETAILS:

| VISIT & PHONE CALLS – INITIAL FIELDWORK CONTACT (IFC) | | | | | | |
|---|---------------------------|-----|------|---------------|-----------------|----------|
| | Visit (V) or Phone (T) | Day | Date | Time (min) | Outcome of Call | Comments |
| 1 | | | // | | | |
| 2 | | | // | | | |
| 3 | | | // | | | |
| 4 | | | // | | | |
| 5 | | | // | | | |
| 6 | | | // | | | |
| 7 | | | // | | | |
| 8 | | | // | | | |
| 9 | | | // | | | |
| 10 | | | // | | | |
| 11 | | | // | | | |
| 12 | | | // | | | |

TOTAL CALLS LAST CONTACT DATE FINAL OUTCOME CODE

| | YES | NO | DK | COMMENTS |
|---|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 1. Has the family [child] moved? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| 2. If moved, Why? | | | <input type="checkbox"/> ₃ | |
| 3. Family located? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| 4. Spoke to the family? (P1 or P2) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| 5. LAF received? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | |
| 6. Responding family? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| 7. Likely to move in the next 12 months? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | |
| 8. Do the respondents Residential or Mailing details need to be updated? <i>Interviewer note:</i> record new contact details in “Keeping in touch” section | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | | |
| 9. Has the family participated in any other research in the past 12 months? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | If, “Yes”, record study name or study topic: |

OUTCOME OF VISIT CODES

| | |
|---|---|
| 1 Face to Face (no previous contact with household) NO ANSWER/Left calling card | 11 Telephone initial contact REFUSAL |
| 2 Face to Face APPOINTMENT MADE | 12 Telephone initial contact RESPONDENT NOT KNOWN (NO LONGER IN HOUSEHOLD/WRONG ADDRESS/MOVED) |
| 3 Face to Face initial contact REFUSAL | 13 Telephone NO ANSWER after appointment made |
| 4 Face to Face initial contact RESPONDENT NOT KNOWN (NO LONGER IN HOUSEHOLD/WRONG ADDRESS/MOVED) | 14 Telephone REFUSAL after appointment made |
| 5 Face to Face NO ANSWER after appointment made or initial contact made | 15 PO Box – no telephone details available NO CONTACT MADE |
| 6 Face to Face REFUSAL after appointment made | 17 Telephone APPOINTMENT MADE reschedule or reminder call |
| 7 Face to Face ASSISTANCE REQUIRED TO PROCEED (Language or Cultural Interpreter/disability services) | 18 Telephone REFUSAL after initial contact / attempt to make appointment |
| 8 Face to Face INTERVIEW | 19 Not included in sample (distance) |
| 16 Face to Face/Telephone CALL BACK | 20 Other specify |
| 9 Telephone (no previous contact with household) NO ANSWER | 99 Out of scope (overseas, deceased study child, etc) |
| 10 Telephone initial contact APPOINTMENT MADE | |

Refusal Questions

| | | | | | | | | | | | | | |
|---|---|--|---|--|--|---|---|--|---|---|--|--|--|
| <p>1. Sex of person refusing: Male <input type="checkbox"/>₁ Female <input type="checkbox"/>₂</p> | <p>6. Detailed Reason:</p> | | | | | | | | | | | | |
| <p>2. Age group: 15-24 <input type="checkbox"/>₁ 25-44 <input type="checkbox"/>₂ 45+ <input type="checkbox"/>₃</p> | | | | | | | | | | | | | |
| <p>Other Information</p> <p>3. NESB: Yes <input type="checkbox"/>₁ No <input type="checkbox"/>₂ Not Established/DK <input type="checkbox"/>₃</p> | <p>Follow up Appropriate?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No</p> | | | | | | | | | | | | |
| <p>4. ATSI: Yes <input type="checkbox"/>₁ No <input type="checkbox"/>₂ Not Established/DK <input type="checkbox"/>₃</p> | | | | | | | | | | | | | |
| <p>5. What was the <u>main</u> reason for refusal? Refusal Codes</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/>₂ Not interested</td> <td><input type="checkbox"/>₄ Confidentiality/security concerns</td> <td><input type="checkbox"/>₇ Major sickness or illness, death in family</td> </tr> <tr> <td><input type="checkbox"/>₂ Too busy, not convenient</td> <td><input type="checkbox"/>₅ Not capable</td> <td><input type="checkbox"/>₈ Partner did not want to take part</td> </tr> <tr> <td><input type="checkbox"/>₃ Privacy issues</td> <td><input type="checkbox"/>₆ Moving house, going overseas</td> <td><input type="checkbox"/>₉ Refusal to Office</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>₁₀ Other</td> </tr> </table> | | <input type="checkbox"/> ₂ Not interested | <input type="checkbox"/> ₄ Confidentiality/security concerns | <input type="checkbox"/> ₇ Major sickness or illness, death in family | <input type="checkbox"/> ₂ Too busy, not convenient | <input type="checkbox"/> ₅ Not capable | <input type="checkbox"/> ₈ Partner did not want to take part | <input type="checkbox"/> ₃ Privacy issues | <input type="checkbox"/> ₆ Moving house, going overseas | <input type="checkbox"/> ₉ Refusal to Office | | | <input type="checkbox"/> ₁₀ Other |
| <input type="checkbox"/> ₂ Not interested | <input type="checkbox"/> ₄ Confidentiality/security concerns | <input type="checkbox"/> ₇ Major sickness or illness, death in family | | | | | | | | | | | |
| <input type="checkbox"/> ₂ Too busy, not convenient | <input type="checkbox"/> ₅ Not capable | <input type="checkbox"/> ₈ Partner did not want to take part | | | | | | | | | | | |
| <input type="checkbox"/> ₃ Privacy issues | <input type="checkbox"/> ₆ Moving house, going overseas | <input type="checkbox"/> ₉ Refusal to Office | | | | | | | | | | | |
| | | <input type="checkbox"/> ₁₀ Other | | | | | | | | | | | |
| <p>Was an interpreter used:</p> <p><input type="checkbox"/>₁ Yes, member of the family or friend of family <input type="checkbox"/>₂ Yes, I-view employee <input type="checkbox"/>₃ Yes, professional interpreter <input type="checkbox"/>₄ No</p> | <p>If yes what language used:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/>₁ Arabic</td> <td><input type="checkbox"/>₆ Turkish</td> </tr> <tr> <td><input type="checkbox"/>₂ Vietnamese</td> <td><input type="checkbox"/>₇ Somali</td> </tr> <tr> <td><input type="checkbox"/>₃ Cantonese</td> <td><input type="checkbox"/>₈ Korean</td> </tr> <tr> <td><input type="checkbox"/>₄ Mandarin</td> <td><input type="checkbox"/>₉ Other specify: <input style="width: 100px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/>₅ Dinka</td> <td></td> </tr> </table> | <input type="checkbox"/> ₁ Arabic | <input type="checkbox"/> ₆ Turkish | <input type="checkbox"/> ₂ Vietnamese | <input type="checkbox"/> ₇ Somali | <input type="checkbox"/> ₃ Cantonese | <input type="checkbox"/> ₈ Korean | <input type="checkbox"/> ₄ Mandarin | <input type="checkbox"/> ₉ Other specify: <input style="width: 100px;" type="text"/> | <input type="checkbox"/> ₅ Dinka | | | |
| <input type="checkbox"/> ₁ Arabic | <input type="checkbox"/> ₆ Turkish | | | | | | | | | | | | |
| <input type="checkbox"/> ₂ Vietnamese | <input type="checkbox"/> ₇ Somali | | | | | | | | | | | | |
| <input type="checkbox"/> ₃ Cantonese | <input type="checkbox"/> ₈ Korean | | | | | | | | | | | | |
| <input type="checkbox"/> ₄ Mandarin | <input type="checkbox"/> ₉ Other specify: <input style="width: 100px;" type="text"/> | | | | | | | | | | | | |
| <input type="checkbox"/> ₅ Dinka | | | | | | | | | | | | | |

Introduction:

This Interviewer ID: _____ has some questions about your family, relationships, health, community support and use of services, as well as some specific questions about [child]'s health and development. All the information that you give us is confidential and will not be used in any way that can identify you, your child or your family.

Site:

Interview:

Date of interview:
D D M M Y Y

RESPONDENT I.D.

Start time:

End time:

SECTION A: Your Family - About your household

Firstly I would like to confirm the previous information we have recorded regarding yourself and the members of your household.

| Family Details | Parent 1 | Parent 2/Partner | Study Child | Person 4 |
|--|--|--|--|--|
| 1. First Name | | | | |
| 2. Male or female? | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person |
| 3. Are they still living in the household? | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, refer supervisor | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 |
| 4. When did ... stop living with (study child)? | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year | | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year go to next person |
| SHOW CARD A1 5. Why did ... stop living with (study child) (single response) | <input type="checkbox"/> ₁ Relationship breakdown (including trial separation) <input type="checkbox"/> ₂ Joint custody with another parent <input type="checkbox"/> ₃ Job related reasons <input type="checkbox"/> ₄ Hospital illness (including mental illness) <input type="checkbox"/> ₅ In gaol/custody <input type="checkbox"/> ₆ Deceased <input type="checkbox"/> ₇ Other (specify) | <input type="checkbox"/> ₁ Relationship breakdown (including trial separation) <input type="checkbox"/> ₂ Joint custody with another parent <input type="checkbox"/> ₃ Job related reasons <input type="checkbox"/> ₄ Hospital illness (including mental illness) <input type="checkbox"/> ₅ In gaol/custody <input type="checkbox"/> ₆ Deceased <input type="checkbox"/> ₇ Other (specify) | | |

| Family Details | Person 5 | Person 6 | Person 7 | Person 8 |
|--|--|--|--|---|
| 1. First Name | | | | |
| 2. Male or female? | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person |
| 3. Are they still living in the household? | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 | <input type="checkbox"/> ₁ Yes, go to next person <input type="checkbox"/> ₂ No, go to 4 |
| 4. When did ... stop living with (study child)? | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year go to next person | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year go to next person | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year go to next person | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year go to next person or go to 6 |

Now I'd like to take a few details about **changes** in your household since last time we spoke. Some of these may seem a bit detailed, but if we sort this information out now the rest of the interview will be quicker. For any new family members, we are interested in new family members who usually live here, even if they are away at present.

Interviewer note: 'usually' refers to family members who, when not working, spend at least 50% of their time residing at the household.

6. Have there been any changes in the study child's household structure since last time we spoke? (i.e. Wave 1 family members have left the household or there are new household members in Wave 2).

| | |
|-----|---|
| Yes | <input type="checkbox"/> ₁ → go to 7 |
| No | <input type="checkbox"/> ₂ → go to 16 (medical conditions/disability question) |

Interviewer instruction: Complete details for Wave 1 family members **still** in household in Wave 2 and **all new** household members in Wave 2.

For existing household member from Wave 1, assign Wave 1 person number. For new household members number persons from Person 21

| Family Details | Parent 1 | Parent 2/Partner Is there another parent of [child] living here (or your partner)? | Study Child Next the study child... (Enter [child]'s first name.) | Person <input type="text"/> Who else lives here? |
|--|--|---|--|---|
| 7. What is their first name? | | | | |
| 8. When did ... start living with (study child)? | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. | | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. |
| 9. Is ... male or female? | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person |
| 10. What was ... age last birthday? | <input type="text"/> <input type="text"/> Years | <input type="text"/> <input type="text"/> Years | | <input type="text"/> <input type="text"/> Years |
| 11. How is ...related to parent 1? | | <input type="checkbox"/> ₁ legal spouse <input type="checkbox"/> ₂ de-facto partner <input type="checkbox"/> ₃ other relative/in-law <input type="checkbox"/> ₄ boarder/housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative/in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult |

| Family Details | Parent 1 | Parent 2/Partner Is there another parent of [child] living here (or your partner)? | Study Child Next the study child... (Enter [child]'s first name.) | Person <input type="text"/> <input type="text"/> Who else lives here? |
|---|----------|---|--|--|
| 12. How is ... related to parent 2/partner? | | | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult |

Interviewer instruction: If Parent 1 or Parent 2 in Wave 2 new, go to 13. Else go to 16.

| Family Details | Parent 1 | Parent2/Partner |
|--|--|--|
| 13. In which country was ... born? | <input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ United Kingdom <input type="checkbox"/> ₃ New Zealand <input type="checkbox"/> ₄ Viet Nam <input type="checkbox"/> ₅ China <input type="checkbox"/> ₆ Philippines <input type="checkbox"/> ₇ Lebanon <input type="checkbox"/> ₈ India <input type="checkbox"/> ₉ South Africa <input type="checkbox"/> ₁₀ Malaysia <input type="checkbox"/> ₁₁ Fiji <input type="checkbox"/> ₁₂ Other | <input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ United Kingdom <input type="checkbox"/> ₃ New Zealand <input type="checkbox"/> ₄ Viet Nam <input type="checkbox"/> ₅ China <input type="checkbox"/> ₆ Philippines <input type="checkbox"/> ₇ Lebanon <input type="checkbox"/> ₈ India <input type="checkbox"/> ₉ South Africa <input type="checkbox"/> ₁₀ Malaysia <input type="checkbox"/> ₁₁ Fiji <input type="checkbox"/> ₁₂ Other |
| 14. Does ... speak a language other than English at home? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No |
| 15. Is ... of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, T/Strait Islander <input type="checkbox"/> ₄ Yes, both | <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, T/Strait Islander <input type="checkbox"/> ₄ Yes, both |

| Family Details | Person <input type="text"/> <input type="text"/> Who else lives here? | Person <input type="text"/> <input type="text"/> Who else lives here? | Person <input type="text"/> <input type="text"/> Who else lives here? | Person <input type="text"/> <input type="text"/> Who else lives here? |
|---|--|--|--|--|
| 7. What is their first name? | | | | |
| 8. When did ... start living with (study child)? | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. | <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="checkbox"/> ₃ existing household member from Wave 1. |
| 9. Is ... male or female? | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person | <input type="checkbox"/> ₁ male <input type="checkbox"/> ₂ female <input type="checkbox"/> ₃ No person |
| 10. What was ... age last birthday? | <input type="text"/> <input type="text"/> Years | <input type="text"/> <input type="text"/> Years | <input type="text"/> <input type="text"/> Years | <input type="text"/> <input type="text"/> Years |
| 11. How is...related to parent 1? | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult |
| 12. How is ... related to parent 2/partner? | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult | <input type="checkbox"/> ₆ biological child <input type="checkbox"/> ₇ adopted child <input type="checkbox"/> ₈ step child <input type="checkbox"/> ₉ foster child <input type="checkbox"/> ₁₀ grandchild <input type="checkbox"/> ₁₁ niece / nephew <input type="checkbox"/> ₁₂ cousin <input type="checkbox"/> ₃ other relative /in-law <input type="checkbox"/> ₁₃ unrelated child <input type="checkbox"/> ₁₄ sibling <input type="checkbox"/> ₁₅ parent <input type="checkbox"/> ₁₆ grandparent <input type="checkbox"/> ₁₇ aunt / uncle <input type="checkbox"/> ₄ boarder / housemate <input type="checkbox"/> ₅ unrelated adult |

16. SHOWCARD A2 Does [child] have any medical conditions and/or disabilities that have lasted or are likely to last for six months or more?

₁ No → go to 18

₂ Yes

17. If yes, write codes.

→ code up to 2 conditions

| | | |
|--|--|--|
| | | 1 st |
| | | 2 nd (if no second condition code 99) |

Interviewer note: If [child] suffers more than 2 conditions please rank according to effect on [child]'s daily life. i.e. include those conditions that Parent feels has the most impact on [child]'s wellbeing.

About You

Now I'd like to ask a few questions about your education...

| 18. Are you currently attending or enrolled in any courses at school, college or university? | |
|--|---------------------------------------|
| Yes – full time | <input type="checkbox"/> ₁ |
| Yes – part-time | <input type="checkbox"/> ₂ |
| No | <input type="checkbox"/> ₃ |

If parent 1 same as wave 1, go to 19. If new parent 1, go to 20

| 19. Have you completed any level of education since we last spoke? (that is school, trade certificate or any other educational qualification) | |
|---|--|
| School year 12 or equivalent | <input type="checkbox"/> ₁ |
| School year 11 or equivalent | <input type="checkbox"/> ₂ |
| School year 10 or equivalent | <input type="checkbox"/> ₃ |
| School year 9 or equivalent | <input type="checkbox"/> ₄ |
| School year 8 or below | <input type="checkbox"/> ₅ |
| A postgraduate diploma, or higher | <input type="checkbox"/> ₆ |
| Graduate diploma/Graduate certificate | <input type="checkbox"/> ₇ |
| A bachelor degree (with or without honours) | <input type="checkbox"/> ₈ |
| Advanced diploma/diploma | <input type="checkbox"/> ₉ |
| Certificate III/IV (including trade certificate) | <input type="checkbox"/> ₁₀ |
| Other (please specify) | <input type="checkbox"/> ₁₁ |
| No | <input type="checkbox"/> ₁₂ |

Ask questions 20-22 only if Parent 1 new. - Go to 23 'About Your Partner' if P1 same.

| 20. What is the highest year of primary or secondary school that you have completed? | |
|--|---------------------------------------|
| School year 12 or equivalent | <input type="checkbox"/> ₁ |
| School year 11 or equivalent | <input type="checkbox"/> ₂ |
| School year 10 or equivalent | <input type="checkbox"/> ₃ |
| School year 9 or equivalent | <input type="checkbox"/> ₄ |
| School year 8 or below | <input type="checkbox"/> ₅ |
| Never attended school | <input type="checkbox"/> ₆ |
| Still at school | <input type="checkbox"/> ₇ |

| 21. Have you completed a trade certificate or any other educational qualification? | |
|--|--|
| No | <input type="checkbox"/> ₁ → go to 23 |
| No, still studying for first qualification | <input type="checkbox"/> ₂ → go to 23 |
| Yes, trade certificate / apprenticeship | <input type="checkbox"/> ₃ |
| Yes, other qualification | <input type="checkbox"/> ₄ |

| 22. What is the level of highest qualification that you have ever completed? | |
|--|---------------------------------------|
| A postgraduate diploma, or higher | <input type="checkbox"/> ₁ |
| Graduate diploma / Graduate certificate | <input type="checkbox"/> ₂ |
| A bachelor degree (with or without honours) | <input type="checkbox"/> ₃ |
| Advanced diploma / diploma | <input type="checkbox"/> ₄ |
| Certificate III/IV (including trade certificate) | <input type="checkbox"/> ₅ |
| Other | <input type="checkbox"/> ₆ |

About your partner - Ask all P1

| 23. What is your legal or registered marital status? | |
|--|---------------------------------------|
| Married | <input type="checkbox"/> ₁ |
| Separated | <input type="checkbox"/> ₂ |
| Divorced | <input type="checkbox"/> ₃ |
| Widowed | <input type="checkbox"/> ₄ |
| Never been married | <input type="checkbox"/> ₅ |

24. Interviewer note : Is there a Parent 2?

Yes ₁ → go to 25

No ₂ → go to 30

| 25. Is your partner currently attending or enrolled in any courses at school, college or university? | |
|--|---------------------------------------|
| Yes – full-time | <input type="checkbox"/> ₁ |
| Yes – part-time | <input type="checkbox"/> ₂ |
| No | <input type="checkbox"/> ₃ |

Interviewer note :If Parent 2 same as Wave 1 go to 26, if new Parent 2 go to 27a

| 26. Has Parent 2 completed any level of education since we last spoke? (that is school, trade certificate or any other educational qualification) | |
|---|--|
| School year 12 or equivalent | <input type="checkbox"/> ₁ |
| School year 11 or equivalent | <input type="checkbox"/> ₂ |
| School year 10 or equivalent | <input type="checkbox"/> ₃ |
| School year 9 or equivalent | <input type="checkbox"/> ₄ |
| School year 8 or below | <input type="checkbox"/> ₅ |
| A postgraduate diploma, or higher | <input type="checkbox"/> ₆ |
| Graduate diploma/Graduate certificate | <input type="checkbox"/> ₇ |
| A bachelor degree (with or without honours) | <input type="checkbox"/> ₈ |
| Advanced diploma/diploma | <input type="checkbox"/> ₉ |
| Certificate III/IV (including trade certificate) | <input type="checkbox"/> ₁₀ |
| Other (please specify) <input type="text"/> | <input type="checkbox"/> ₁₁ |
| No | <input type="checkbox"/> ₁₂ |

Go to 33, 'Paid Work'.

If Parent 2 new, ask questions 27a - 28

27a. What year did you start living with [Parent 2/Partner]?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Year

| 27b. What is the highest year of primary or secondary school that your partner has completed? | |
|---|---------------------------------------|
| School year 12 or equivalent | <input type="checkbox"/> ₁ |
| School year 11 or equivalent | <input type="checkbox"/> ₂ |
| School year 10 or equivalent | <input type="checkbox"/> ₃ |
| School year 9 or equivalent | <input type="checkbox"/> ₄ |
| School year 8 or below | <input type="checkbox"/> ₅ |
| Never attended school | <input type="checkbox"/> ₆ |
| Still at school | <input type="checkbox"/> ₇ |

| 27c. Has your partner completed a trade certificate or any other educational qualification? | |
|---|--|
| No | <input type="checkbox"/> ₁ → go to 29 |
| No, still studying for first qualification | <input type="checkbox"/> ₂ → go to 29 |
| Yes, trade certificate / apprenticeship | <input type="checkbox"/> ₃ |
| Yes, other qualification | <input type="checkbox"/> ₄ |

| 28. What is the highest level of other qualifications that your partner has completed? | |
|--|---------------------------------------|
| A postgraduate diploma, or higher | <input type="checkbox"/> ₁ |
| Graduate diploma / Graduate certificate | <input type="checkbox"/> ₂ |
| A bachelor degree (with or without honours) | <input type="checkbox"/> ₃ |
| Advanced diploma / diploma | <input type="checkbox"/> ₄ |
| Certificate III/IV (including trade certificate) | <input type="checkbox"/> ₅ |
| Other | <input type="checkbox"/> ₆ |

29. **Interviewer note** :Is partner study child's other (biological/ adopted) parent?

Yes ₁ → go to 31

No ₂ → go to 30

30. Did you ever live with [child]'s other (biological/adopted) parent?

Yes ₁ → go to 31

No ₂ → go to 33

31. When did you start living with [child]'s other (biological/adopted) parent?

| | | | | |
|----------------------|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | Month | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |

32. When did you stop living with [child]'s other (biological/adopted) parent?

| | | | | |
|----------------------|----------------------|----------------------|----------------------|------|
| <input type="text"/> | <input type="text"/> | Month | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Year |

Paid Work

Now we have some questions about you (and your partner's) paid work...

| | Parent 1 | Parent 2/Partner |
|--|---|--|
| 33. Last week, did you do any work at all in a job, business or farm? | <input type="checkbox"/> ₁ Yes → Go to 36 <input type="checkbox"/> ₂ No → Go to 34 <input type="checkbox"/> ₃ Permanently unable to work → Go to 39 <input type="checkbox"/> ₄ Permanently not intending to work (if aged 65 +only) → Go to 39 | <input type="checkbox"/> ₁ Yes → Go to 36 <input type="checkbox"/> ₂ No → Go to 34 <input type="checkbox"/> ₃ Permanently unable to work → Go to 39 <input type="checkbox"/> ₄ Permanently not intending to work (if aged 65 + only) → Go to 39 |
| 34. Last week, did you do any work <u>without</u> pay for a family business? | <input type="checkbox"/> ₁ Yes → Go to 36 <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₁ Yes → Go to 36 <input type="checkbox"/> ₂ No |

| | Parent 1 | Parent 2/Partner |
|---|---|--|
| 35. Did you have a job, business or farm that you were away from because of holidays, sickness or any other reason? (include casual, on-call or agency work) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Go to 37 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Go to 37 |
| 36. How many hours do you usually work each week in (that job/that business/all jobs/all businesses)? (If irregular hours, average over last 4 weeks. Do not include travel time) | <input type="checkbox"/> 1 hour or more → Write number <input type="checkbox"/> Less than 1 hour → go to 37 | <input type="checkbox"/> 1 hour or more → Write number <input type="checkbox"/> Less than 1 hour → go to 37 |
| 37. At any time during the last 4 weeks, have you been looking for full-time or part-time work? (Mark all that apply) | <input type="checkbox"/> ₁ Yes, full-time work <input type="checkbox"/> ₂ Yes, part-time work <input type="checkbox"/> ₃ Yes, casual work <input type="checkbox"/> ₄ No → Go to 39 <input type="checkbox"/> ₅ Don't know → Go to 39 | <input type="checkbox"/> ₁ Yes, full-time work <input type="checkbox"/> ₂ Yes, part-time work <input type="checkbox"/> ₃ Yes, casual work <input type="checkbox"/> ₄ No → Go to 39 <input type="checkbox"/> ₅ Don't know → Go to 39 |
| 38. If you had found a job, could you have started work last week? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No |
| 39. When did you last work for two weeks or more? | <input type="checkbox"/> ₁ Within the last three months <input type="checkbox"/> ₂ 3 up to 6 months ago <input type="checkbox"/> ₃ 6 up to 12 months ago <input type="checkbox"/> ₄ 1 up to 2 years ago <input type="checkbox"/> ₅ 2 up to 5 years ago <input type="checkbox"/> ₆ More than 5 years ago <input type="checkbox"/> ₇ Has never worked for 2 weeks or more → Go to 40 (if no Parent 2) | <input type="checkbox"/> ₁ Within the last three months <input type="checkbox"/> ₂ 3 up to 6 months ago <input type="checkbox"/> ₃ 6 up to 12 months ago <input type="checkbox"/> ₄ 1 up to 2 years ago <input type="checkbox"/> ₅ 2 up to 5 years ago <input type="checkbox"/> ₆ More than 5 years ago <input type="checkbox"/> ₇ Has never worked for 2 weeks or more |

SECTION B: Your child

| | |
|---|--|
| <p>The next series of questions are about [child], particularly his/her health and development over the past 12 months.</p> <p>40a. INTERVIEWER NOTE: Was the child still being Breastfed in Wave 1?</p> <input type="checkbox"/> ₁ Yes → Go to 40b <input type="checkbox"/> ₂ No → Go to 42 | |
| 40b. Is [child] still being breastfed? | <input type="checkbox"/> ₁ Yes → Go to 42 <input type="checkbox"/> ₂ No → Go to 41 |
| 41. How old was [child] when he/she completely stopped being breastfed? (Include expressed breast milk). | <input type="checkbox"/> ₁ <input type="text"/> <input type="text"/> months OR <input type="checkbox"/> ₂ <input type="text"/> <input type="text"/> years <input type="checkbox"/> ₃ Don't know |
| <p>SHOW CARD B1</p> <p>42. Is [child] up to date with his/her immunisations, that is, needles or injections?</p> | <input type="checkbox"/> ₁ Yes, completely up to date <input type="checkbox"/> ₂ No, but has had most <input type="checkbox"/> ₃ No, but has had some <input type="checkbox"/> ₄ No, hasn't had any <input type="checkbox"/> ₅ Don't know |

SHOW CARD B2

43. In general, how would you say your child's health is?
(Mark a cross in one box only).

- ₁ Excellent
₂ Very Good
₃ Good
₄ Fair
₅ Poor

44. In the past 12 months, how many times did your child need medical attention from a doctor or hospital because the child was hurt or injured?

SHOW CARD B3

I am now going to ask you a series of questions about [child]'s behaviour and feelings. These questions allow us to follow [child's] development over the years. It is not unusual for children almost three to three years olds to have little or no skills, as yet, in some of these areas.

45. In the past one month, how often would you say that [child] has had a problem with:

| | Never | Almost never | Sometimes | Often | Almost always | Not sure |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Walking? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (b) Running? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (c) Taking part in active play or exercise? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (d) Lifting something heavy? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (e) Bathing? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (f) Helping pick up his/her toys? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (g) Having hurts or aches? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (h) Having a low energy level/tired? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (i) Feeling afraid or scared? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (j) Feeling sad or blue? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (k) Feeling angry? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (l) Trouble sleeping? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (m) Worrying? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (n) Playing with other children | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (o) Other children not wanting to play with him/her? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (p) Getting teased by other children? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (q) Not being able to do things that other children his/her age can do? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (r) Keeping up when playing with other children? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (s) Doing the same activities as other children? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

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46. Overall, compared to other children of the same age, do you think this child is...? (Mark a cross in one box only)

- ₁ Easier than average ₂ About average ₃ More difficult than average

SHOW CARD B4

I am again going to ask you some questions about [child]'s behaviour. These questions also allow us to follow [child]'s development over the years. It is not unusual for children almost three to three years old to have little or no skills, as yet, in some of these areas.

47. How often does [child]...

| | Never | Sometimes | Always |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Carry out a simple instruction? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (b) Ask for a question to be repeated? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (c) Follow a conversation? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (d) Pass on simple messages? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (e) Clearly explain things? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| (f) Use speech that is easily understood? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

SHOW CARD B5

48. In the past week, on how many days have you or an adult in your family done the following with [child]?

| | None | 1 or 2 days | 3-5 days | Every day (6-7) |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Read to [study child] from a book? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (b) Drawn pictures or did other craft activities with [the child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (c) Played music, sang songs, danced or did other musical activities with [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (d) Played a game outdoors or exercised together like walking, swimming, cycling? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

SECTION C: Parents:

Parenting

This section is about being a parent. There are no right or wrong answers, we are just asking about parents' views on child rearing. Please indicate the best answer for each question.

SHOW CARD C1

49. Thinking about [child] over the last six months, how often did you...

| | Never or almost never | Rarely | Sometimes | Often | Always or almost always |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Hug or hold [child] for no particular reason? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) Talk it over and reason with [child] when he/she misbehaved? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) Tell [child] how happy he/she makes you? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) Give [child] reasons why rules should be obeyed? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) Explain to child why he/she was being corrected? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (f) Have warm, close times together with [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (g) Enjoy listening to [child] and doing things with him/her? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (h) Feel close to [child], both when he/she was happy and when he/she was upset? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (i) Express affection by hugging, kissing and holding [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD C2

When parents spend time with their children, sometimes things go well and sometimes they don't.

50. SHOWCARD C2 In the past six months how often would you say that: (Mark a cross in one box for each question)

| | Not at all | -----> | | | | | | | | All the time |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| (a) You have been angry with your [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ |
| (b) You have raised your voice with or shouted at [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ |
| (c) When [child] cries, he/she gets on your nerves? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ |
| (d) You have lost your temper with [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ |
| (e) You have left [child] alone in his/her bedroom when he/she was particularly irritable or upset? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ |

SHOW CARD C1

51. How often...(Mark a cross in one box per row)

| | Never or almost never | Rarely | Sometimes | Often | Always or almost always |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Does [child] behave in a manner different from the way you want him/her to? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) Do you think that [child]'s behaviour is more than you can handle? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) Do you feel that you are good at getting [child] to do what you want him/her to do? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) Do you feel that you are in control and on top of things when caring for [child]? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) Do you try to protect [child] from life's difficulties? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (f) Do you put [child]'s wants and needs before your own? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (g) Does leaving [child] with other people upset you, no matter how well you know them? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD C3

52. Overall as a parent, do you feel you are...(Mark a cross in one box only)

| | |
|--|---------------------------------------|
| (a) A very good parent? | <input type="checkbox"/> ₁ |
| (b) A better than average parent? | <input type="checkbox"/> ₂ |
| (c) An average parent? | <input type="checkbox"/> ₃ |
| (d) A person who has some trouble at being a parent? | <input type="checkbox"/> ₄ |
| (e) Not very good at being a parent? | <input type="checkbox"/> ₅ |

Co-parenting and family relationships

53. INTERVIEWER NOTE: Is Parent 2 a spouse/defacto?

₁ Yes → Go to 54

₂ No → Go to 56

₃ No P2 → Go to 56

SHOW CARD C4

54. Which best describes the degree of happiness, all things considered, in your relationship with your partner?

| Perfectly happy | Extremely happy | Very happy | Happy | A little unhappy | Fairly unhappy | Extremely unhappy |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

SHOW CARD C5

55. How often... (Mark a cross in one box for each row)

| | Never | Rarely | Sometimes | Often | Always |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Do you and your partner disagree about basic child-rearing issues? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) Is your conversation with your partner awkward or stressful? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) Do you and your partner argue? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) Is there anger and hostility between you and your partner? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD C6

56. Sometimes family members may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another? (For family members in this household) - (Mark a cross in one box only)

| Excellent | Very good | Good | Fair | Poor |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Parent Health

This section is about your own health and feelings about life in general

SHOW CARD C6

57. In general, is your health: (Mark a cross in one box only)

| Excellent | Very good | Good | Fair | Poor |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD C6b

58. How often do you have 5 or more standard drinks on one occasion (if female) or 7 or more standard drinks on one occasion (if male)?

| Every day | 4-6 times a week | 2-3 times a week | Once a week | 2-3 times a month | Monthly or less | Never drink or don't drink this much on any occasion |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

59. Do you currently smoke cigarettes?

₁ Yes → Go to 60 ₂ No → Go to 61.

60. How many cigarettes do you usually smoke in one day? Cigarettes

61. How many people who live with you smoke inside the house (including yourself)?

| | | | | | |
|--|---|---|---|---|---|
| None <input type="checkbox"/> ₀ | 1 <input type="checkbox"/> ₁ | 2 <input type="checkbox"/> ₂ | 3 <input type="checkbox"/> ₃ | 4 <input type="checkbox"/> ₄ | 5 or more <input type="checkbox"/> ₅ |
|--|---|---|---|---|---|

62. In the last 12 months has alcohol caused any problems in your household?

₁ Yes ₂ No

The next questions are about feelings you may have experienced over the past four weeks.

SHOW CARD C7

63a. In the past 4 weeks how often did you feel... (Mark a cross in one box only for each question)

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Nervous? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) Hopeless? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) Restless or fidgety? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) That everything was an effort? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) So sad that nothing could cheer you up? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (f) Worthless? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD C8

63b. Since we last spoke to you, have any of the following happened to you or your partner? (Mark a cross in box for all that apply)

| | You? | Your partner? |
|--|--|--|
| a) birth of a child/ pregnancy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₁ |
| b) you or your partner suffered a serious illness, injury or assault | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₂ |
| c) a serious illness, injury or assault happened to a close relative | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₃ |
| d) a parent, partner or child died | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₄ |
| e) a close family friend or other relative (e.g. aunt, cousin, grandparent) died | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₅ |
| f) you or your partner broke off a steady romantic relationship | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₆ |
| g) you had someone new (other than a baby) move into the household (e.g. new stepchild, foster child, other relative, friend or boarder) | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₇ |
| h) you or your partner had a serious problem with a close friend, neighbour or family member | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₈ |
| i) you or your partner had a major financial crisis | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₉ |
| j) you or your partner had a crisis or serious disappointment in your work career | <input type="checkbox"/> ₁₀ | <input type="checkbox"/> ₁₀ |
| k) you thought that you would soon lose your job; your partner thought that he/she would soon lose his/her job | <input type="checkbox"/> ₁₁ | <input type="checkbox"/> ₁₁ |
| l) you lost your job, not from choice (e.g. sacked, made redundant, contract ended); your partner lost his/her job, not from choice | <input type="checkbox"/> ₁₂ | <input type="checkbox"/> ₁₂ |
| m) you or your partner were seeking work unsuccessfully for more than one month | <input type="checkbox"/> ₁₃ | <input type="checkbox"/> ₁₃ |
| n) you or your partner had problems with the police or had a court appearance | <input type="checkbox"/> ₁₄ | <input type="checkbox"/> ₁₄ |
| o) something you valued was lost or stolen; something your partner valued was lost or stolen | <input type="checkbox"/> ₁₅ | <input type="checkbox"/> ₁₅ |
| p) someone in your household had a drug or alcohol problem | <input type="checkbox"/> ₁₆ | <input type="checkbox"/> ₁₆ |
| q) got married | <input type="checkbox"/> ₁₇ | <input type="checkbox"/> ₁₇ |
| r) promoted at work | <input type="checkbox"/> ₁₈ | <input type="checkbox"/> ₁₈ |
| s) major improvement in financial situation (e.g. won lottery, received an inheritance) | <input type="checkbox"/> ₁₉ | <input type="checkbox"/> ₁₉ |

SECTION D: Service use

Child care

The next few questions are specifically about child care services that you may have used for [child].

64. Over the past one month has [child] been looked after at regular times during the week by anyone other than you (or Parent 2/Partner)? (Include care by non-resident parents but not occasional babysitting).

₁ Yes → Go to 66

₂ No → Go to 65

65. What is the main reason [child] does not have any regular child care arrangements at present? **Interviewer note:** Apply most correct reason from verbatim response and repeat to respondent to confirm – mark one box only.

| | | |
|---|--|-----------|
| (a) Child does not need it | <input type="checkbox"/> ₁ | →Go to 70 |
| (b) Problems with getting child care places | <input type="checkbox"/> ₂ | →Go to 70 |
| (c) Not available locally | <input type="checkbox"/> ₃ | →Go to 70 |
| (d) Unsuitable location for work | <input type="checkbox"/> ₄ | →Go to 70 |
| (e) Unsuitable location for home | <input type="checkbox"/> ₅ | →Go to 70 |
| (f) Transport problems | <input type="checkbox"/> ₆ | →Go to 70 |
| (g) Can't afford it - cost too high | <input type="checkbox"/> ₇ | →Go to 70 |
| (h) Concerned with quality of care | <input type="checkbox"/> ₈ | →Go to 70 |
| (i) Parent is available, other care not needed | <input type="checkbox"/> ₉ | →Go to 70 |
| (j) Child has disability or special needs | <input type="checkbox"/> ₁₀ | →Go to 70 |
| (k) Does not suit culture or ethnic beliefs | <input type="checkbox"/> ₁₁ | →Go to 70 |
| (l) Do not want child cared for by strangers | <input type="checkbox"/> ₁₂ | →Go to 70 |
| (m) Other - please specify <input type="text"/> | <input type="checkbox"/> ₁₃ | →Go to 70 |

SHOW CARD D1

| 66a. What is the <u>main</u> type of care that [child] has? | | (Single Response) | 66b. Number of hours spent in care type each week | | |
|---|---|--|---|----------------------|----------------------|
| a) | Day care centre | <input type="checkbox"/> ₁ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) | Family day care | <input type="checkbox"/> ₂ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) | Occasional care | <input type="checkbox"/> ₃ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d) | Gym, leisure or community care | <input type="checkbox"/> ₄ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e) | Mobile care unit | <input type="checkbox"/> ₅ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f) | Grandparent | <input type="checkbox"/> ₆ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g) | Other relative | <input type="checkbox"/> ₇ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h) | Nanny | <input type="checkbox"/> ₈ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i) | Child's parent living elsewhere | <input type="checkbox"/> ₉ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j) | Other person (includes friend or neighbour) | <input type="checkbox"/> ₁₀ | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SHOW CARD D1

| 67. Over the past month, what other types of care did [child] have on a regular basis? | | | 67b. Number of hours spent in care type each week | | |
|--|---|--|---|----------------------|----------------------|
| a) | Day care centre | <input type="checkbox"/> ₁ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) | Family day care | <input type="checkbox"/> ₂ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) | Occasional care | <input type="checkbox"/> ₃ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d) | Gym, leisure or community care | <input type="checkbox"/> ₄ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e) | Mobile care unit | <input type="checkbox"/> ₅ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f) | Grandparent | <input type="checkbox"/> ₆ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g) | Other relative | <input type="checkbox"/> ₇ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h) | Nanny | <input type="checkbox"/> ₈ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i) | Child's parent living elsewhere | <input type="checkbox"/> ₉ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j) | Other person (includes friend or neighbour) | <input type="checkbox"/> ₁₀ | <input type="text"/> | <input type="text"/> | <input type="text"/> |

68. How many hours IN TOTAL does [child] spend being looked after by someone other than you (or Parent 2/Partner) each week?

Interviewer note: Convert fortnightly or other regular arrangements to a weekly figure. hours

SHOW CARD D2

69. How satisfied are you with the main care arrangement? (Care with the highest weekly hours is considered main care arrangement)

| Very Satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Now I would like to ask you about specific services that [child] may have used or needed over the past 12 months.

70. Please indicate if you have needed any of these services for [child] in the past 12 months. If [child] did use a service, please advise how many times the service was used over the year and your satisfaction level for the service. If you were dissatisfied with the service please mark all the reasons that apply. Likewise, if you needed but could not access a service for your child, please mark all the reasons that apply.

| SHOW CARD S1a Question 70 | | Section 1 (S1) | | | Section 2 (S2) | Section 3 (S3) | Section 4 (S4) Show Card S4 | | | | |
|------------------------------|--|---|--|---|------------------|--|--|--|--|--|--|
| | | Needed services? | | | Frequency of use | Satisfaction | Why were you dissatisfied with ... (service) (mark all that apply) | | | | |
| | | Not needed | Needed but couldn't use | Needed and used | | Showcard D2 | 1 | 2 | 3 | 4 | 5 |
| a | Playgroup or parent-child group | <input type="checkbox"/> ₁ → go to (b) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (b) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| b | Maternal & child health nurse | <input type="checkbox"/> ₁ → go to (c) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (c) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| c | Hospital emergency ward | <input type="checkbox"/> ₁ → go to (d) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (d) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| d | Hospital outpatients clinic | <input type="checkbox"/> ₁ → go to (e) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (e) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| e | GP services | <input type="checkbox"/> ₁ → go to (S5) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (f) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| f | Speech therapy | <input type="checkbox"/> ₁ → go to (g) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (g) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| g | Dental services | <input type="checkbox"/> ₁ → go to (h) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (h) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| h | Pediatrician | <input type="checkbox"/> ₁ → go to (i) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (i) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| i | Other psychiatric or behavioural services (such as a psych-ologist or social worker) | <input type="checkbox"/> ₁ → go to (j) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (j) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| j | Other medical services | <input type="checkbox"/> ₁ → go to (k) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (k) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| k | Early childhood education program such as kindergarten or preschool | <input type="checkbox"/> ₁ → go to (l) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (l) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| l | Other child services: (please specify) | <input type="checkbox"/> ₁ → go to (71) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (71) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |

Interviewer note: Where services are used on a regular basis convert weekly, fortnightly or monthly (etc) access to a 12-month period. (i.e. weekly => 52 times per year, monthly => 12 times per year)

| | | | | | | Section 5 (S5) Show Card S5 | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|
| | | | | | | Why couldn't you access ... (service) (mark all that apply) | | | | | | | | |
| 6 | 7 | 8 | 9 | 10 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (b) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (b) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (c) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (c) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (d) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (d) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (e) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (e) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (f) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (f) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (g) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (g) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (h) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (h) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (i) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (i) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (j) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (j) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (k) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (k) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (l) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (l) | <input type="checkbox"/> → | <input type="checkbox"/> → |
| <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (71) | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → | <input type="checkbox"/> → go to (71) | <input type="checkbox"/> → | <input type="checkbox"/> → |

The previous questions were about [child]. The next questions are about services that other members of your family might have needed.

71. Please indicate if anyone in your family (other than [child]) has needed any of these services in the past 12 months. If a family member did use a service, please advise how many times the service was used over the year and your satisfaction level for that service. If you were dissatisfied with the service please mark all the reasons that apply. Likewise, if you needed but could not access a service for your family, please mark all the reasons that apply.

| SHOW CARD S1b Question 71 | | Section 1 (S1) | | | Section 2 (S2) | Section 3 (S3) | Section 4 (S4) Show Card S4 | | | | |
|------------------------------|---|--|--|--|------------------|--|--|--|--|--|--|
| | | Needed services? | | | Frequency of use | Satisfaction | Why were you dissatisfied with ... (service) (mark all that apply) | | | | |
| | | Not needed | Needed but couldn't use | Needed and used | | Showcard D2 | 1 | 2 | 3 | 4 | 5 |
| a) | Parenting education courses or programs | <input type="checkbox"/> ₁ → go to (b) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (b) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| b) | Other counselling services | <input type="checkbox"/> ₁ → go to (c) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (c) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| c) | Parent support groups, Parentline | <input type="checkbox"/> ₁ → go to (d) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (d) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| d) | Drug or alcohol services | <input type="checkbox"/> ₁ → go to (e) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (e) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| e) | Adult/mental health services | <input type="checkbox"/> ₁ → go to (f) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (f) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| f) | Migrant or ethnic resources services | <input type="checkbox"/> ₁ → go to (g) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (g) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| g) | Housing services | <input type="checkbox"/> ₁ → go to (h) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (h) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| h) | Disability services | <input type="checkbox"/> ₁ → go to (i) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (i) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| j) | Family/domestic violence or other violence services | <input type="checkbox"/> ₁ → go to (k) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (k) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| k) | Specialist medical services | <input type="checkbox"/> ₁ → go to (l) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (l) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| l) | Church or religious groups | <input type="checkbox"/> ₁ → go to (m) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (m) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |
| m) | Other family support services: (please specify) | <input type="checkbox"/> ₁ → go to (72) | <input type="checkbox"/> ₂ → go to (S5) | <input type="checkbox"/> ₃ → go to (S2) | → go to (S3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 if 1 to 3 go to (72) if 4 or 5 go to S4→ | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → |

Interviewer note: Where services are used on a regular basis convert weekly, fortnightly or monthly (etc) access to a 12-month period. (i.e. weekly => 52 times per year, monthly => 12 times per year)

| | | | | | | Show Card S5 | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| 6 | 7 | 8 | 9 | 10 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (b) | | | | | | | | go to (b) | go to (b) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (c) | | | | | | | | go to (c) | go to (c) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (d) | | | | | | | | go to (d) | go to (d) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (e) | | | | | | | | go to (e) | go to (e) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (f) | | | | | | | | go to (f) | go to (f) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (g) | | | | | | | | go to (g) | go to (g) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (h) | | | | | | | | go to (h) | go to (h) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (i) | | | | | | | | go to (i) | go to (i) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (k) | | | | | | | | go to (k) | go to (k) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (l) | | | | | | | | go to (l) | go to (l) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (m) | | | | | | | | go to (m) | → go to (m) | |
| <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | <input type="checkbox"/> ₉ → | <input type="checkbox"/> ₁₀ → | | <input type="checkbox"/> ₁ → | <input type="checkbox"/> ₂ → | <input type="checkbox"/> ₃ → | <input type="checkbox"/> ₄ → | <input type="checkbox"/> ₅ → | <input type="checkbox"/> ₆ → | <input type="checkbox"/> ₇ → | <input type="checkbox"/> ₈ → | |
| | | | | go to (72) | | | | | | | | go to (72) | go to (72) | |

Q71.1 Do you think your use of services has changed since we last spoke to you?

Interviewer prompt:

- These will be use of services for child, P1 and anyone else in the household.

- Changes include issues relating to access, satisfaction issues, increased knowledge/information and ability to seek help

₁ Yes **If so, please explain** _____

₂ No _____

72. SHOWCARD D2 In general, how satisfied are you with the amount of information available in the community about services?

| Very Satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD D3

73. Please indicate how much you agree or disagree with the following statement: If I need information about services in the community I know where to find that information.

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SECTION E: Community embeddedness

SHOW CARD E1

74. Thinking about yourself, how often do you see, talk to or email the following people? Interviewer note: We are interested in the most frequent contact - e.g. if the respondent talks to their mother every day and father once a week, record every day.

| | No contact | Rarely | A few times a year | At least every month | At least every week | Every day | Don't have |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Your parents? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (b) Your in-laws (If parent 1 does not live with partner/spouse, mark 'don't have' and do not read out) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (c) Other family members? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (d) Friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (e) Neighbours? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

75. Now, thinking about [child], how often does [child] get together with, see or spend time with the following people?

| | No contact | Rarely | A few times a year | At least every month | At least every week | Every day | Don't have |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Grandparents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (b) Other family members? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (c) Your friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (d) Your neighbours? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| (e) Other young children (outside of child care or school) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

76. Do you or parent 2/partner participate in any ongoing community service activity? (e.g. volunteering at school, coaching a sports team, or working with a church or neighbourhood association)

₁ Yes → Go to 77

₂ No → Go to 78

77. In total how many hours per week do you and/or parent 2/partner spend in ongoing community service activity?

Parent 1 hours

Parent 2/partner hours

Sometimes parents need help or support of various kinds.

SHOW CARD E2

78. How often do the following people support you in raising your child (ren)?

Interviewer note: If Parent 1 does NOT live with Parent 2/Partner, mark not applicable and then go to c

| | Never | Rarely | Sometimes | Often | Always | Not applicable |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Your partner/spouse | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (b) Your spouse or partner's parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

| Q 78. Continued.... | Rarely | Sometimes | Sometimes | Often | Always | Not applicable |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (c) <i>Your parents</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (d) <i>Other family</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (e) <i>Your friends</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (f) <i>Your neighbours</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| (g) <i>Community organisations</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

SHOW CARD E3

79. How often do you feel that you need support or help but can't get it from anyone?

| Very often | Often | Sometimes | Never |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Now some questions about your local community.

SHOW CARD E4

80. How do you feel about your neighbourhood as a place to bring up children?

| Very good | Good | Fair | Poor | Very poor |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₆ |

81. Would you currently like to move away from your neighbourhood? ₁ Yes (if yes Why? _____)
₂ No _____

Interviewer instruction: read all and cross boxes for all that apply

| 82. Have you attended any of these community events in your local community over the past 12 months? | |
|--|---------------------------------------|
| Community fetes/fairs | <input type="checkbox"/> ₁ |
| Community cultural festivals | <input type="checkbox"/> ₂ |
| Community markets | <input type="checkbox"/> ₃ |
| Community sports festivals | <input type="checkbox"/> ₄ |
| Community workshops/self help groups | <input type="checkbox"/> ₅ |
| Community safety groups | <input type="checkbox"/> ₆ |
| Other please specify: _____ | <input type="checkbox"/> ₇ |
| None | <input type="checkbox"/> ₈ |

Q82.1 Has your involvement in community events and activities changed since we last spoke to you?

Interviewer prompt: Have you met new friends in the community, got to know your neighbours, are more mobile, started to be involved in fetes, festivals, etc.

₁ Yes If so, please explain _____ ₂ No

SHOW CARD E5

83. How much do you agree with these statements?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) <i>People around here are willing to help neighbours?</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) <i>This is a close-knit neighbourhood</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) <i>People in this neighbourhood can be trusted?</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) <i>People in this neighbourhood generally don't get along with each other?</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) <i>People in this neighbourhood do not share the same values?</i> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD E6

84. How strongly do you agree or disagree with these statements about your neighbourhood?

| In rural/remote areas, "neighbourhood" means your local area. In city/urban areas, "neighbourhood" means your suburb within 1 or 2 kilometres from your home. | Strongly agree | Agree | Disagree | Strongly disagree | Don't know/not applicable |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) This is a safe neighbourhood. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (b) This is a clean neighbourhood. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (c) There are good parks, playgrounds and play spaces in this neighbourhood. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (d) There is access to close, affordable, regular public transport in this neighbourhood. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (e) There is access to basic shopping facilities in this neighbourhood | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (f) There is access to basic services such as banks, medical clinics etc. in this neighbourhood. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| (g) It is safe for children to play outside on their own during the day. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SECTION F: Income and housing

About your household

Now I am going to ask a few questions about your housing and financial arrangements. Once again your answers are confidential. Please be assured we are not checking up on you, we just need to ensure that we have a broad range of Australian families included in our study.

SHOW CARD F1

| | Parent 1 | Parent 2/Partner | | |
|--|---|---|--|--|
| 85. Could you tell me if you or Parent 2/Partner receive income from any of these sources? (Mark all that apply) | <input type="checkbox"/> ₁ Wages or salary <input type="checkbox"/> ₂ Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> ₃ Any government pension, benefit or allowance <input type="checkbox"/> ₄ Any other regular source <input type="checkbox"/> ₅ None of the above → go to P2 or 88a | <input type="checkbox"/> ₁ Wages or salary <input type="checkbox"/> ₂ Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> ₃ Any government pension, benefit or allowance <input type="checkbox"/> ₄ Any other regular source <input type="checkbox"/> ₅ None of the above → go to 88a | | |
| 86. Before income tax is taken out, how much do you usually receive [from this source/these sources] in total? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ₁ Nil <input type="checkbox"/> ₂ Loss <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Days ← | Dollars What period does this cover? <input type="checkbox"/> ₁ Week <input type="checkbox"/> ₂ Fortnight <input type="checkbox"/> ₃ Four weeks <input type="checkbox"/> ₄ Calendar month <input type="checkbox"/> ₅ Year <input type="checkbox"/> ₆ Other | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ₁ Nil <input type="checkbox"/> ₂ Loss <input type="checkbox"/> ₃ Don't know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Days ← | Dollars What period does this cover? <input type="checkbox"/> ₁ Week <input type="checkbox"/> ₂ Fortnight <input type="checkbox"/> ₃ Four weeks <input type="checkbox"/> ₄ Calendar month <input type="checkbox"/> ₅ Year <input type="checkbox"/> ₆ Other |
| 87. What is your main source of income? | <input type="checkbox"/> ₁ Wages or salary <input type="checkbox"/> ₂ Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> ₃ Any government pension, benefit or allowance <input type="checkbox"/> ₄ Any other regular source <input type="checkbox"/> ₅ None of the above | <input type="checkbox"/> ₁ Wages or salary <input type="checkbox"/> ₂ Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> ₃ Any government pension, benefit or allowance <input type="checkbox"/> ₄ Any other regular source <input type="checkbox"/> ₅ None of the above | | |

88a. Are there persons aged 15 years or over (other than Parent 1 and Parent 2/Partner) in the household?

₁ Yes – Go to 88b

₂ No – Go to 89

88b. The next question is about the income of members of your household aged 15 years or over, excluding yourself (and Parent 2/Partner).
Before income tax is taken out, how much income in total do these people usually receive from these sources?

Dollars
 ₁ Nil
 ₂ Loss
 ₃ Don't know
 Days ←

Dollars
What period does this cover?
 ₁ Week
 ₂ Fortnight
 ₃ Four weeks
 ₄ Calendar month
 ₅ Year
 ₆ Other

SHOW CARD F2

89. Suppose you had only one week to raise \$2,000 for an emergency. Which of the following best describes how hard it would be for you to get that money?

- ₁ I could easily raise the money
- ₂ I could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)
- ₃ I would have to do something drastic to raise the money (e.g. selling an important possession)
- ₄ I don't think I could raise the money

About your housing situation

90a. Are you living in the same house (as last time we spoke)?

- ₁ Yes - go to 91 if same P1 as Wave 1.
- ₂ Yes - go to 90b if new P1
- ₃ No - go to 90b

90b. How long have you (or your partner) lived in this current home?
 (Record longest period for either partner)

Years

Months

90c. What is your current postcode?

91. Do you...

- ₁ Own your own home outright?
- ₂ Have a mortgage on it?
- ₃ Pay rent?
- ₄ Live rent free?
- ₅ Other, please specify:
- ₆ Don't know

91a. How many bedrooms are there ... ?

Please count all bedrooms even if not currently used as such (e.g. studies). (If living in a caravan or cabin, enter 00)

92. How many times have you moved during [child]'s life?

Interviewer instruction: If no moves, go to 94. If 1 or more moves, go to 93.

SHOW CARD F3

| 93. Has the number of places this child has lived in had a positive or negative affect on him/her (currently)? | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very negative | Negative | Neither negative nor positive | Positive | Very positive |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

SHOW CARD F4

| 94. In comparison with other children in Australia, would you say this child is better off or worse off because of: | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | Much worse off | Somewhat worse off | Neither worse off nor better off | Somewhat better off | Much better off |
| The financial situation of your family? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| The area in which he/she lives? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

95. Is there anything else you would like us to know about your family, or [child]?

| |
|--|
| |
| |
| |
| |
| |
| |

SECTION G: Consent

Thank you for your time in completing the interview.

I now have to obtain your formal consent for this study, and I have to read to you the following statement:

You and your family are being asked to take part in *Stronger Families in Australia*, a study run by the Australian Institute of Family Studies in conjunction with the Social Policy Research Centre at the University of New South Wales. The study will follow the development of a large group of families with a child aged two in 2006 over three years, to measure changes in child, family and community outcomes. *Stronger Families in Australia* is being conducted on behalf of the Australian Government and the Australian Institute of Family Studies have contracted I-view to collect the data on their behalf.

All the information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). Information that identifies you will only be disclosed to I-view for the purposes of administering the *Stronger Families in Australia* study. Identifying material is removed from the study data before it is made available for evaluation and research. Only combined results from the study will be discussed and published.

Participation in this study is voluntary. You may choose not to answer some of the questions and you are free to withdraw from the study at any time.

Please feel free to contact either Ilan Katz (02) 9385 7810 (Social Policy Research Centre) or Matthew Gray (03) 9214 7888 (Australian Institute of Family Studies) if you have any questions or comments at any time during the project. If you have any concerns or complaints about your involvement in the study, you can contact the Ethics Secretariat at the University of New South Wales (Sydney, 2052) by writing or ringing on (02) 9385 4234 quoting this reference number: HREC 05326.

I will ask you to sign this form saying that at this stage you have agreed to take part in the study. I will also give you an information statement that confirms what you have consented to.

I agree to take part in the *Stronger Families in Australia* study and for the researchers to contact me in the future about taking part in the next round of interviews.

Name:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

First name (PLEASE PRINT) *Surname*

Signature:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Date:

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| D | D | M | M | Y | Y |

 Time: ____ / ____ / ____

SECTION H: Keeping in touch

One last thing before we finish. Sometimes we can lose touch with members of a study. To help avoid this it would be helpful if you give us contact details for yourself and for some relatives or friends who are likely to know your contact details if we were unable to contact you in the future.

Interviewer note: *If applicable, obtain work contact details for parent if parent agrees.*
CHECK ALL DETAILS FROM SAMPLE FORM AND ONLY RECORD THOSE THAT CHANGE.

Respondent Details

| | | |
|----------------------|----------------------------------|--------------------|
| Name: | | |
| | <i>First name (PLEASE PRINT)</i> | <i>Surname</i> |
| Residential Address: | | |
| | <i>Street number</i> | <i>Street name</i> |
| Suburb /Town | | |
| | <i>State</i> | <i>Postcode</i> |

SAME AS RESIDENTIAL

| | | |
|------------------|----------------------|--------------------|
| Mailing Address: | | |
| | <i>Street number</i> | <i>Street name</i> |
| Suburb /Town | | |
| | <i>State</i> | <i>Postcode</i> |

| | | |
|----------|----------------------|----------------------|
| Parent 1 | | |
| | <i>P1 Home Phone</i> | <i>P1 Work Phone</i> |
| | <i>P1 Mobile</i> | |
| | <i>P1 Work email</i> | <i>P1 Home email</i> |

| | | |
|----------|----------------------|----------------------|
| Parent 2 | | |
| | <i>P2 Home Phone</i> | <i>P2 Work Phone</i> |
| | <i>P2 Mobile</i> | |
| | <i>P2 Work email</i> | <i>P2 Home email</i> |

CHECK ALL DETAILS FROM SAMPLE FORM AND ONLY RECORD THOSE THAT CHANGE or WHERE THE PARENT WOULD LIKE TO CHANGE OR ADD THE NOMINATED CONTACT PERSON.

Other Contacts

| | | |
|---------------------|----------------------------------|--------------------|
| Name of contact 1: | | |
| | <i>First name (PLEASE PRINT)</i> | <i>Surname</i> |
| Address: | | |
| | <i>Street number</i> | <i>Street name</i> |
| Suburb /Town | | |
| | <i>State</i> | <i>Postcode</i> |
| Phone number | | |
| Relationship to you | | |

| | | |
|---------------------|----------------------------------|--------------------|
| Name of contact 2: | | |
| | <i>First name (PLEASE PRINT)</i> | <i>Surname</i> |
| Address: | | |
| | <i>Street number</i> | <i>Street name</i> |
| Suburb /Town | | |
| | <i>State</i> | <i>Postcode</i> |
| Phone number | | |
| Relationship to you | | |

Neighbourhood Observation Questions

1. Type of dwelling

- ₁ Separate house
- ₂ Semi-detached house/row or terrace house/townhouse etc with one storey
- ₃ Semi-detached house/row or terrace house/ townhouse with two storeys
- ₄ In a one-storey block (flats/units/apartments)
- ₅ In a two-storey block (flats/units/apartments)
- ₆ In a three-storey block (flats/units/apartments)
- ₇ In a four to nine storey block (flats/units/apartments)
- ₈ In a 10 or more storey block (flats/units/apartments)
- ₉ Attached to a house
- ₁₀ Caravan/Cabin in a caravan park
- ₁₁ Caravan/Cabin elsewhere
- ₁₂ House or flat attached to shop, office etc
- ₁₃ Farm
- ₁₄ Other

2. How would you characterise the land use on this street?

- ₁ Primarily residential (houses and apartments)
- ₂ Primarily commercial (shops and businesses)
- ₃ Primarily industrial (warehouses and factories)
- ₄ Primarily vacant blocks or undeveloped open space
- ₅ Mixed residential and commercial
- ₆ Mixed residential and industrial
- ₇ Mixed residential and vacant blocks
- ₈ Other

3. External condition of this dwelling?

- ₁ Badly deteriorated
- ₂ Poor condition with peeling paint and need of repair
- ₃ Fair condition
- ₄ Well kept with good repair and exterior surface

4. How would you rate the general condition of most of the buildings nearby, say within 100 metres of the respondent's house

- ₁ Poor condition with peeling paint and need of repair
- ₂ Fair condition
- ₃ Well kept with good repair and exterior surface
- ₄ No other dwellings nearby

5. How many high-rise (more than 4 storeys) blocks of flats are visible from this dwelling?

- ₁ A lot- more than 50% of structures
- ₂ A fair bit –more than 20% of structures
- ₃ One or two structures
- ₄ None
- ₅ Not sighted

6. Is there rubbish, litter, or broken glass on the street or footpath, in front yards or vacant lots?

- ₁ None
- ₂ A little
- ₃ Some
- ₄ A lot
- ₅ Not applicable (no streets, footpaths or yards)

7. Are there cigarettes or discarded cigarette packages on the street or footpath, in yards or gutters?

- ₁ None
- ₂ A little
- ₃ Some
- ₄ A lot
- ₅ Not applicable (no streets, footpaths or yards)

8. Are there empty beer cans or empty bottles of alcohol on the street or footpaths or in yards?

- ₁ None
- ₂ A little
- ₃ Some
- ₄ A lot
- ₅ Not applicable (no streets, footpaths or yards)

9. Is there graffiti on buildings, footpaths, walls or signs?

- ₁ None
- ₂ A little
- ₃ Some
- ₄ A lot
- ₅ Not applicable (no streets, footpaths or yards)

10. Is there public transport (e.g. bus stop) near this street?

- ₁ Yes
- ₂ No

11. Are there trees lining the street?

- ₁ None
- ₂ A few
- ₃ Some
- ₄ Many

12. How many houses have a front yard that children could play in?

- ₁ None
- ₂ A few
- ₃ Some
- ₄ Many
- ₅ All
- ₆ Not applicable

13. How many lanes of traffic are there on this street or road? (e.g. a normal two way street has 1 lane of traffic)

Number of lanes []

14. What is the traffic flow on this street or road?

- ₁ Very light
- ₂ Light
- ₃ Moderate
- ₄ Heavy
- ₅ Very heavy

15. What are the noise levels like in the street or road?

- ₁ Quiet
- ₂ A little noisy
- ₃ Noisy

16. How far is the dwelling from a highway or major road (e.g. 2 lane road)?

- ₁ The street is a highway or a major road
- ₂ Less than 100 metres
- ₃ About 100-300 metres
- ₄ Over 300 metres

17. How would you rate the condition of the footpaths (for walking)?

- ₁ Very poor
- ₂ Fair
- ₃ Good
- ₄ Very good
- ₅ Under construction
- ₆ Not applicable

18. How would you rate the condition of the street surface (for driving)?

- ₁ Very poor
- ₂ Fair
- ₃ Good
- ₄ Very good
- ₅ Under construction

19. How many houses/apartments have well-kept front yards and gardens?

- ₁ None
- ₂ Very
- ₃ Some
- ₄ Many
- ₅ All
- ₆ No other dwellings nearby

20. What kinds of recreational facilities are in this street?

- ₁ Park
- ₂ Playground
- ₃ Sports ground/tennis courts/swimming pool
- ₄ Other, please specify _____
- ₅ None

21. Did you see any adults engaged in physical exercise (walking, jogging, riding a bike)?

- ₁ Yes
- ₂ No

22. Did you see any adults talking to each other on the footpath or in their front yards?

- ₁ Yes
- ₂ No

23. Did you see any teenagers on the street or road?

- ₁ Yes
- ₂ No

24. Did you see any children on the street?

- ₁ Playing in the front yard
- ₂ Playing on the footpath or in the street
- ₃ Under adult supervision/accompanied by an adult
- ₄ Saw children but not in above activities
- ₅ Did not see any children

25. How did people on the street regard you?

- ₁ Paid little or no attention by those around
- ₂ Treated with suspicion
- ₃ Friendly responses, greetings, helpful...
- ₄ Asked you about what you were doing in the street
- ₅ No people around

Time of day and date you visited this street

Date :

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| D | D | M | M | Y | Y |

time:

How many times have you visited the dwelling?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Interviewer Note:

All work is confidential. Under the Code of Professional Behaviour of the Market Research Society of Australia, you cannot disclose any information about respondents to any third party not related to the study.

Date Interview completed:

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| D | D | M | M | Y | Y |

Interviewer Declaration:

I have conducted the interview. It is a full and, to the best of my knowledge, an accurate recording and has been completed in accordance with my interviewing and ICC/ESOMAR guidelines.

Signature: _____

Interviewer ID: _____