



IN CONFIDENCE

3.5K09



Study child's name:

Thank you for your ongoing participation in *Growing Up in Australia*, the Longitudinal Study of Australian Children. The study is being run by the Australian Institute of Family Studies on behalf of the Australian Government.

All information collected will be kept strictly confidential. Participation in this study is voluntary.



Please complete this form with regard to the child named above.

- If your child is in shared care, please answer for the time that your child is with you
- Use **black pen**
- Keep each number or tick within the response box provided, for example

	5	9	or	✓
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- If a mistake is made, please correct it this way

✗	1		✓	2	
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6	4	2	5	4	2
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- Where appropriate, you can record '0' in the response box. However, do not use 'nil', 'n/a' or '-'
- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, Sydney NSW 2000)

If you have any questions or want more information, please call **1800 005 508**.

Your child's schooling

1 Since the beginning of the school year, how often have you or another adult in the household...

	Very often	Often	Occasionally	Never
(a) Visited your child's class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Contacted your child's teacher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Talked to parents of other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Attended a school event in which your child participated (e.g. sporting event, musical performance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Volunteered in your child's class or helped with a class excursion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Attended a meeting of a parent-school committee	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(g) Attended an individual parent-teacher meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2 How much do you agree with each of the following?

	Strongly agree	Agree	Disagree	Strongly disagree
(a) I feel welcome when visiting my child's school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) I feel that my child's teacher cares about my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) I am comfortable talking to my child's teacher about my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) I know how to help my child do well in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3 How satisfied are you with:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
(a) The school your child attends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) The quality of education your child receives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) How your child is progressing with reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) How your child is progressing with maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) How your child is progressing overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4 How would you describe your child's overall achievement at school?

Excellent	Above average	Average	Below average	Well below average	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

5 How often do you or another adult in your household help with your child's homework?

- 1 5 or more days a week
- 2 3 to 4 days a week
- 3 1 or 2 days a week
- 4 Less than once a week
- 5 Never
- 6 Child does not have any homework

6 Are there family rules for your child about when to do homework?

- 1 Yes
- 2 No
- 3 Child does not have homework

7 Does your child have a special place to do homework?

- 1 Yes
- 2 No
- 3 Child does not have homework

8 Who provides regular care for your child after school? Please tick all the types of care that your child receives.

- 1 I do
- 2 My spouse/partner who lives with me
- 3 After school care **at school**
- 4 Child care centre, or outside school hours care centre not at school
- 5 Family Day Care provider
- 6 Occasional care centre (e.g. gym, leisure or community centre)
- 7 Maternal grandparent
- 8 Paternal grandparent
- 9 Parent who lives elsewhere
- 10 Other relative 18 years and over (including siblings)
- 11 Other person 18 years and over (e.g. nanny, friend, neighbour)
- 12 Relative under 18 years (including siblings)
- 13 Other person under 18 years
- 14 Child cares for self

Your child's health

9 In general, how would you say your child's current health is?

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

10 In the last 12 months, how many times did your child need medical attention from a doctor or hospital because he/she was hurt or injured?

- 1 None times

11 Does your child go to bed at a regular time?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

12 On a school night, about what time does your child usually...

- | | Hours | : | Minutes |
|------------------------|----------------------|---|----------------------|
| Go to bed | <input type="text"/> | : | <input type="text"/> |
| Fall asleep | <input type="text"/> | : | <input type="text"/> |
| Wake up in the morning | <input type="text"/> | : | <input type="text"/> |

13 On a non-school night, about what time does your child usually...

- | | | | |
|------------------------|----------------------|---|----------------------|
| Go to bed | <input type="text"/> | : | <input type="text"/> |
| Fall asleep | <input type="text"/> | : | <input type="text"/> |
| Wake up in the morning | <input type="text"/> | : | <input type="text"/> |

14 Would you say that your child's rapid growth in height (growth spurt)...

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

15 Would you say that his/her body hair growth...

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

16 Have you noticed any skin changes, especially pimples?

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

17 Male child: Have you noticed a deepening of your child's voice?

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

18 Male child: Has your child begun to grow hair on his face?

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

19 Female child: Have you noticed that your child's breasts have begun to grow?

- 1 Has not started yet
 2 Has barely started
 3 Has definitely started

20 Female child: Has your child begun to menstruate (have periods)?

- 1 No
 2 Yes ▶ How old was she when she had her first period?

years months

21 In the last 12 months, have any of the following happened to you (or your current spouse/partner)? (Tick all that apply)

- 1 Birth of a child/pregnancy
 2 Suffered a serious illness, injury or assault
 3 A serious illness, injury or assault happened to a close relative
 4 A parent, partner or child died
 5 A close family friend or another relative (*aunt, cousin, grandparent*) died
 6 Separated from a partner/spouse
 7 Broke off a steady romantic relationship
 8 Started living with a new partner/spouse
 9 Had someone new (*other than a new baby, or partner*) move into the household (*e.g. new step or foster child, other relative, friend or boarder*)
 10 Had a serious problem with a close friend, neighbour or family member
 11 Had a major financial crisis
 12 Had a crisis or serious disappointment in your work career
 13 Thought you would soon lose your job
 14 Lost your job, but not from choice (*e.g. sacked, redundant, contract ended*)
 15 Were seeking work unsuccessfully for more than one month
 16 Had problems with the police or a court appearance
 17 Something you valued was lost or stolen
 18 Someone in your household had an alcohol or drug problem
 19 Changed jobs or returned to work
 20 Increased work hours
 21 Decreased work hours
 22 Moved house
 23 Been away from home a lot
 24 Lived in a drought-affected area
 25 Your home or local area was affected by bushfire, flooding or a severe storm
 26 **Please tick this** if none of the above happened

Your child's use of media and technology in your home

22 Which of the following does your child have access to at your home?

	In his/her bedroom	In the rest of your home	None at home
(a) Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Pay TV (e.g. Foxtel, Austar, Optus, TransACT)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) DVD players	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Video, DVD or hard-drive recorder to record TV programs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Computer/laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Electronic games systems (e.g. Gameboy, PSP, Nintendo, Playstation, X-box, Wii)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

23 How often does your child use the computer at your home to/for...

	Never	Less than once a week	1-2 times a week	3-4 times a week	5 or more times a week	Unsure	Does not apply
(a) Entertainment (watch DVDs, listen to music CDs, listen to radio etc.)	<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) Work for school (e.g. homework or projects)	<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) Find information from the internet (not for 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
(d) Play games not on the internet	<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) Play games on the internet, including with other players	<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
(f) Visit social networking websites (e.g. Facebook, MySpace, YouTube, etc.)	<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
(g) Send or receive emails	<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
(h) Chat/message online	<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
(i) Download or upload music or music video clips, movies, cartoons, TV content, etc.	<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

24 About how many hours per week does your child spend doing each of the following at home?

Round to nearest hour or half hour (.5), e.g. 2.0, 2.5

	Total time Mon to Fri	Total time Sat and Sun	Does not apply
(a) Watching television programs (including free-to-air and pay TV)	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> ₁
(b) Watching DVDs or videos	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> ₂
(c) Using a computer/laptop	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> ₃
(d) Playing with an electronic game system	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> ₄
(e) Listening to music (e.g. CDs, iPod, MP3, etc.)	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> <input type="text"/> . <input type="text"/> hrs	<input type="text"/> ₅

25 Does your child have a mobile phone for their own use?

₁ Yes

₂ No

26 To communicate with friends, how often does your child use...

	Never	Less than once a week	1-2 times a week	3-4 times a week	5 or more times a week	Unsure
(a) A home (fixed line) phone	<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) A mobile phone to talk	<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) A mobile phone to send/receive text messages (e.g. SMS)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

27 How often is a TV on...

	Always	Often	Sometimes	Rarely	Never	Does not apply
(a) During meals	<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) Even if no one is watching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

28 Thinking about your family, are there rules about...

	Yes	No	Does not apply
(a) What TV programs your child can watch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) How many hours of TV, videos and DVDs your child can watch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(c) When your child watches TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(d) What your child does on the computer/internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(e) How much time your child uses the computer/internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

29 How often do you make sure your child follows the rules about...

	All the time	Most of the time	About half the time	Less than half the time	Never	Does not apply
(a) TV use	<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) Computer use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

30 When your child is...

	All the time	Most of the time	About half the time	Less than half the time	Never	Does not apply
(a) Watching TV, DVDs or videos, how often is an adult watching with them	<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) Playing electronic or computer games, how often is an adult in the room with them	<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) Playing electronic or computer games, how often is an adult playing with them	<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) Using a computer, how often is an adult helping them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

31 Overall, how concerned are you about your child's current...

	Not concerned	Fairly concerned	Very concerned	Does not apply
(a) TV watching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) DVD or video watching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Electronic or computer game playing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Use of the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Use of a mobile phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

32 How easy do you find managing your child's...

	Very easy	Fairly easy	Fairly difficult	Very difficult	Does not apply
(a) TV watching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) DVD or video watching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Electronic or computer game playing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Use of the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Use of a mobile phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

33 How much do you think your child's food choice and eating habits are influenced by ads he/she sees on TV?

	A lot	Somewhat	Only a little	Not at all	Does not apply
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

34 How often does your child want to buy food or other products they have seen on TV?

	Often	Sometimes	Hardly ever	Never	Does not apply
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Travel to school

35 During the school term, about how many days a week does your child mainly...

	To school	From school
(a) Walk	<input type="text"/> days per week	<input type="text"/> days per week
(b) Ride a bike or scooter	<input type="text"/> days per week	<input type="text"/> days per week
(c) Take public transport	<input type="text"/> days per week	<input type="text"/> days per week
(d) Go by car	<input type="text"/> days per week	<input type="text"/> days per week

36 When going to and from school, does your child usually travel...
(Tick all that apply)

Alone	With adults	With other children
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

37 About how far is it, to the nearest kilometre, from your home to your child's school? Please write your best guess, if unsure.

1 Less than 1 kilometre km

38 Please tell us something about your child that makes you proud.

39 Who completed this form?

1 Child's mother / female guardian 2 Child's father / male guardian 3 Someone else

Name: (please print)

Signature:

Date: / /

Please provide email addresses for any adults living at this address:

**Thank you for taking the time to fill in this form.
Please return in reply paid envelope supplied.**