



## **RAINE STUDY**

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

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

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

*PLEASE READ EACH QUESTION CAREFULLY.*

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

*PLEASE TAKE YOUR TIME*

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

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Please complete this questionnaire as soon as possible.

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

Office use only

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

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

**YOUR HOME AND FAMILY - STRICTLY CONFIDENTIAL**

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

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

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

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

N No

Y Yes how many times? \_\_\_\_\_ **G208\_HOM**  
E

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

First name	Age yrs	Sex M/F	Relationship to study child	
eg. Hoa	35	F	mother	<input type="checkbox"/>
eg. David	28	M	stepfather	<input type="checkbox"/>
.....	.....	.....	.....	<input type="checkbox"/>
.....	<b>G208_AAG1</b>	<b>G208_AXS1</b>	<b>G208_ARL1</b>	<input type="checkbox"/>
.....	<b>G208_AAG2</b>	<b>G208_AXS2</b>	<b>G208_ARL2</b>	<input type="checkbox"/>
.....	<b>G208_AAG3</b>	<b>G208_AXS3</b>	<b>G208_ARL3</b>	<input type="checkbox"/>
.....	<b>G208_AAG4</b>	<b>G208_AXS4</b>	<b>G208_ARL4</b>	<input type="checkbox"/>
.....	<b>G208_AAG5</b>	<b>G208_AXS5</b>	<b>G208_ARL5</b>	<input type="checkbox"/>
.....	<b>G208_AAG6</b>	<b>G208_AXS6</b>	<b>G208_ARL6</b>	<input type="checkbox"/>
.....	.....	.....	.....	<input type="checkbox"/>
.....	.....	.....	.....	<input type="checkbox"/>
.....	.....	.....	.....	<input type="checkbox"/>

Q6. How many children under 14 years live in your home? (Please include the study child.)

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

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

G208\_SIB N No Go to Q8

Y Yes  
↓

First name	Age yrs	Sex M/F	Relationship to study child
eg. Rachel	18	F	sister
eg. Simon	22	M	stepbrother
.....	.....	.....	.....
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	G208_OAG1	G208 OSX1	G208_ORL1
	G208_OAG2	G208 OSX2	G208_ORL2
	G208_OAG3	G208 OSX3	G208_ORL3
	G208_OAG4	G208 OSX4	G208_ORL4
	G208_OAG5	G208 OSX5	G208_ORL5
	G208_OAG6	G208 OSX6	G208_ORL6
.....	.....	.....	.....
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
.....	.....	.....	.....
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
.....	.....	.....	.....
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

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

N    No  
↓

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

**G208\_FSOC**    N    No

Y    Yes

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

**G208\_FM0N**    N    No

Y    Yes

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

**G208\_PTNR**    N    No

Y    Yes

Q12. Are you or your partner receiving a benefit?

**G208\_BNF**    N    No    Go to Q14

Y    Yes  
↓

Q13. Which benefit(s) are you or your partner receiving?

(Please circle all appropriate answers)

- G208\_BNF1**
- 1    Parenting payment
  - 2    Newstart allowance
  - 3    Disability support pension
  - 4    Workers compensation
  - 5    Sickness allowance
  - 6    Austudy/Abstudy
  - 7    Other *Please specify* .....

Q14. Are you currently in paid employment?

**G208\_YWK**    N    No

Y    Yes

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

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

G208\_YHRS *Description* .....  
.....

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

*Description* .....  
.....

Any comments? .....

Q16. Is your partner currently in paid employment?

G208\_PWRK N No  
Y Yes  
8 Not applicable - no partner Go to Q18

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

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

G208\_PHRS *Description* .....  
.....

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

*Description* .....  
.....

Any comments? .....

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

G208\_MON1 0 \$1 to \$8,000 per year  
1 \$8,001 to \$16,000 per year  
2 \$16,001 to \$25,000 per year  
3 \$25,001 to \$30,000 per year  
4 \$30,001 to \$35,000 per year  
5 \$35,001 to \$40,000 per year  
6 \$40,001 to \$50,000 per year  
7 \$50,001 to \$60,000 per year  
8 \$60,001 to \$70,000 per year  
9 \$70,001 or more per year

Q18 contd.

How many people does this income support?: Adults and children 14 years and over: G208\_MON2 Children under 14 years: G208\_MON3If you don't know the total income, what is the family take home pay per week? \$ Q19. Have you ever smoked? 

N No Go to Q24

G208\_SM1Y Yes Please fill in Q20 OR Q21 below

||

Q20. Yes, and I am currently smoking ..... cigarettes per day  OR ..... grams of tobacco per week   G208\_SM4G208\_SM5G208\_SM3G208\_SM6OR ..... cigars per week  *I have been smoking this amount for ..... years*  Q21. Yes, I used to smoke ..... cigarettes per day  G208\_SM9G208\_SM7G208\_SM8G208\_SM11G208\_SM10OR ..... grams of tobacco per week   OR ..... cigars per week  *from ..... years of age, but I have not smoked for ..... years*    Q22. Do you smoke inside your house? 

N No

G208\_SM12

Y Yes

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

Q23. Do you smoke in the car? 

N No

G208\_SM13

Y Yes

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

Q24. Does anyone else living in your house smoke?

G208\_SM16      N      No      Go to Q28

Y      Yes

↓

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

G208\_SM17

G208\_SM14

G208\_SM15

OR

..... grams of tobacco per week

OR

..... cigars per week

Q26. Do they smoke inside your house?

G208\_SM18      N      No

Y      Yes

Q27. Do they smoke in the car?

G208\_SM19      N      No

Y      Yes

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

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

*What do they smoke?* .....

Q29. Does your child smoke cigarettes?

G208\_SM23      0      No, definitely not      Go to Q31  
 1      No, not as far as I know      Go to Q31  
 2      Yes  
 ↓

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

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

G208\_SM24

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

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

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

	<u>In the last 8yrs</u>				<u>Prior to the last 8 yrs</u>			
	mother		father		mother		father	
High blood pressure	Yes	No	Yes	No	Yes	No	Yes	No
G208_MH1								
G208_FH1								
G208_MH2								
G208_MH3								
G208_FH2								
G208_MH4								
G208_FH3								
G208_MH5								
G208_FH4								
G208_MH6								
G208_FH5								
G208_MH7								
G208_FH6								
G208_MH8								
G208_FH7								
Stroke	Yes	No	Yes	No	Yes	No	Yes	No
Blocked arteries in your legs	Yes	No	Yes	No	Yes	No	Yes	No
Other heart disease	Yes	No	Yes	No	Yes	No	Yes	No

*please describe .....*

[View Details](#) | [Edit](#) | [Delete](#)

.....

	<u>Mother's parents</u>		<u>Father's parents</u>			
	mother	father	mother	father		
G208_MMH1						
G208_MFH1						
G208_FMH1						
G208_FFH1						
G208_MMH2						
G208_FMH2						
G208_MMH3	High blood pressure	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_MFH2						<input type="checkbox"/> <input type="checkbox"/>
G208_FMH3	High blood pressure during a pregnancy	Yes No		Yes No		
G208_FFH2						
G208_MMH4	Diabetes	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_MFH3						
G208_FMH4						
G208_FFH3						
G208_MMH5	Heart attack	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_MFH4						
G208_FMH5						
G208_FFH4	High cholesterol	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_MMH6						
G208_MFH5						
G208_FMH6	Stroke	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_FFH5						

Q32 contd.

		<u>Mother's parents</u>		<u>Father's parents</u>		
		mother	father	mother	father	
G208_MMH7	Blocked arteries in your legs	Yes	No	Yes	No	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_MFH6						
G208_FMH7	Other heart disease	Yes	No	Yes	No	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_FFH6						
G208_MMH8	<i>please describe .....</i>					
G208_MFH7						
G208_FMH8						
G208_FFH7						

**YOUR CHILD'S GENERAL HEALTH - STRICTLY CONFIDENTIAL**Q33. In the last year has your child been regularly involved in any organised sport at school or with a club? 

G208\_AC7 N No

Y Yes

Q34. How often does your child ride a bicycle? 

- G208\_ACT2
- 0 Never
  - 1 Once a week or less
  - 2 More than once weekly but not every day
  - 3 Every day

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

- G208\_AC6
- 0 Sedentary Gets very little exercise, eg. walks or runs less than 1 km per day; spends most of his/her free time sitting, watching TV, or reading.
  - 1 Slightly active Gets some exercise, eg. walks or runs 1 - 2 km per day; when not in school he/she spends more time in active play than reading or watching TV.
  - 2 Active Is involved in an organised activity 2 or 3 times per week or walks/runs 2 km or more per day.

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

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

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

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

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

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

Y      Yes

↓

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

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

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

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

↓

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

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

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

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

Y      Yes

↓

Q43. How often does your child experience this pain?

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

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

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

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

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

Q46. Does your child vomit regularly?

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

Q47. Does your child experience headaches?

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

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

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

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

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

Q50. Does your child have now, or has your child had in the past, any of the following **health professional diagnosed** medical conditions or health problems? (Please circle the appropriate numbers)

	No	Yes-in the past	Yes-now	
a. Anxiety problems	1	2	3	
b. Arthritis or joint problems	1	2	3	
c. Asthma	1	2	3	G208_CH1
d. Attentional problems	1	2	3	G208_CH2
e. Behavioural problems	1	2	3	G208_CH3
f. Chronic respiratory or breathing problems	1	2	3	G208_CH4
g. Co-ordination or clumsiness difficulties	1	2	3	G208_CH5
h. Depression	1	2	3	G208_CH6
i. Hay fever or some other allergy	1	2	3	G208_CH7
j. Hearing impairment or deafness	1	2	3	G208_CH8
k. Heart condition	1	2	3	G208_CH9
l. Intellectual disability	1	2	3	G208_CH10
m. Learning problems	1	2	3	G208_CH11
n. Migraine or severe headache?	1	2	3	G208_CH12
o. Sleep disturbance	1	2	3	G208_CH13
p. Speech problems	1	2	3	G208_CH14
q. Vision problems	1	2	3	G208_CH15
r. Any other medical condition or health problem not mentioned above	1	2	3	G208_CH16

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

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

G208\_MDC

.....

G208\_MD1

.....

G208\_MD2

.....

G208\_MD3

.....

G208\_MD4

.....

G208\_MD5

.....

G208\_MD6

.....

G208\_MD7

.....

G208\_MD8

.....

G208\_MD9

.....

G208\_MD10

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

N      No      Go to Q53

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

G208\_INJ

G208\_INF1

G208\_INF2

G208\_INF3

G208\_INF4

G208\_INF5

G208\_INF6

G208\_INC1

G208\_INC2

G208\_INC3

G208\_INC4

G208\_INC5

G208\_INC6

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

.....

.....

.....

.....

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

N      No      Go to Q54

Y      Yes

↓

(*Please list each admission separately.*)

G208\_HO

G208\_HOH1

G208\_HOH2

G208\_HOH3

G208\_HOH4

G208\_HOH5

G208\_HOH6

G208\_HOD1

G208\_HOD2

G208\_HOD3

G208\_HOD4

G208\_HOD5

G208\_HOD6

G208\_HOF1

G208\_HOF2

G208\_HOF3

G208\_HOF4

G208\_HOF5

G208\_HOF6

G208\_HOC1

G208\_HOC2

G208\_HOC3

G208\_HOC4

G208\_HOC5

G208\_HOC6

.....

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which hospital? ..... date? .....

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which hospital? ..... date? .....

what for? .....

.....

Q54. Has your child attended any of the following in the past 12 months: (Please circle all appropriate answers)

N No Go to Q55

Y Yes

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

G208\_PMED  
G208\_PMD1  
G208\_PMD1A  
G208\_PMD1B  
G208\_PMD1C  
G208\_PMD1D  
G208\_PMD1E  
G208\_PMD1F  
G208\_PMD1G  
G208\_PMD1H  
G208\_PMD1I  
G208\_PMD1J  
G208\_PMD1K  
G208\_PMD1L  
G208\_PMD1M  
G208\_PMD1P  
G208\_PMD1Q  
G208\_PMD1R

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Q55. In the past six months has your child taken/used any prescription medication(s)?

N      No

Y      Yes    which medication(s)?

.....     
.....     
.....

Q56. In the past six months has your child taken/used any 'over the counter' medication(s)?

N      No

Y      Yes    which medication(s)?

.....      
.....      
.....

**The following questions are about your child's diet.**

Q57. How often does your child eat fried food with a batter or breadcrumb coating?

G208\_FO2      0      Never

- 1      Less than once a week
- 2      1 - 2 times a week
- 3      3 - 5 times a week
- 4      6 or more times a week

G208\_CMED  
G208\_CMD1  
G208\_CMD2  
G208\_CMD1A  
G208\_CMD1B  
G208\_CMD1C  
G208\_CMD1D  
G208\_CMD1E  
G208\_CMD1F  
G208\_CMD1G  
G208\_CMD1H  
G208\_CMD1I  
G208\_CMD1J  
G208\_CMD1K  
G208\_CMD1L  
G208\_CMD1M  
G208\_CMD1P  
G208\_CMD1Z

Q58. How often does your child eat gravy, cream sauces or cheese sauces?

G208\_FO13      0      Never

- 1      Less than once a week
- 2      1 - 2 times a week
- 3      3 - 5 times a week
- 4      6 or more times a week

Q59. How often do you add butter, margarine, oil or sour cream to vegetables, cooked rice or spaghetti?

G208\_FO4      0      Never

- 1      Less than once a week
- 2      1 - 2 times a week
- 3      3 - 5 times a week
- 4      6 or more times a week

Q60. How often do you eat vegetables that are fried or roasted with fat or oil?

G208\_FO17      0      Never

- 1      Less than once a week
- 2      1 - 2 times a week
- 3      3 - 5 times a week
- 4      6 or more times a week

Q61. How is your meat usually cooked?

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

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

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

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

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

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

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

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

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

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

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

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

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

Q68. How often does he/she eat cream?

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

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

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

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

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

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

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

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

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

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

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

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

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

	<u>Since last assessment</u>		<u>Prior to last assessment</u>			
	mother	father	mother	father		
Chronic cough (more than 3 months of a year)	Yes	No	Yes	No	Yes	No
Hay fever - seasonal - all year	Yes	No	Yes	No	Yes	No
Bronchitis (diagnosed by Dr)	Yes	No	Yes	No	Yes	No
Asthma (diagnosed by Dr)	Yes	No	Yes	No	Yes	No
Emphysema (diagnosed by Dr)	Yes	No	Yes	No	Yes	No
Wheeze or cough with exertion	Yes	No	Yes	No	Yes	No
Wheeze or cough with temperature change	Yes	No	Yes	No	Yes	No
Other respiratory	Yes	No	Yes	No	Yes	No

*please describe .....*

.....

.....

.....

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

N No Go to Q76

**G208\_SS1**

Y Yes  
↓

First name	Respiratory problem(s)	
eg. Alexander	bronchiolitis, asthma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS2	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS3	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS4	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS5	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS6	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS7	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS8	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS9	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS10	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS11	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS12	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G208_SS13	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

N No Go to Q81

**G208\_MFS1**

Y Yes  
↓

	mother	father	
When you have a cold?	G208_MFS1 G208_MS19 G208_FS19	Yes No	Yes No
Occasionally apart from colds?	G208_MS20 G208_FS20	Yes No	Yes No
Most days or nights?	G208_MS21 G208_FS21	Yes No	Yes No
With exercise?	G208_MS22 G208_FS22	Yes No	Yes No
With a change in temperature?	G208_MS23	Yes No	Yes No
Q77. For how many years has this wheezing been present?			<input type="checkbox"/> <input type="checkbox"/>
G208_MS24	mother	years? _____	N/A (never wheezed)
G208_FS24	father	years? _____	N/A (never wheezed)

Q78. Has this wheezing caused shortness of breath?

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

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

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

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

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

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

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

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

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

G208\_MS51      **mother**      Yes    No

G208\_FS28      **father**      Yes    No

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

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

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

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

G208\_SS27      N      No      Go to Q84

Y      Yes

↓

<b>First name</b>	<b>Where does/did it occur?</b>
-------------------	---------------------------------

eg. Simon      wrists, behind the knees

.....      .....

G208\_SS28

.....      .....

G208\_SS29

.....      .....

G208\_SS30

.....      .....

G208\_SS31

.....      .....

Q84. Are there any pets at home?

N No Go to Q86

**G208\_PT1**

Y Yes

↓

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

	Inside	Outside	Total
<b>G208_PT4</b>			
<b>G208_PT3</b>			
<b>G208_PT7</b>			
<b>G208_PT6</b>			
<b>G208_PT10</b>			
<b>G208_PT9</b>			
<b>G208_PT11</b>			
<b>G208_PT12</b>			



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


N No

**G208\_PT13**

Y Yes What type? .....

**G208\_PT13A**  
**G208\_PT13B**  
**G208\_PT13C**  
**G208\_PT13D**  
**G208\_PT13E**  
**G208\_PT13F**  
**G208\_PT13G**  
**G208\_PT13H**  
**G208\_PT13I**

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

--	--

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

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

--	--

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

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

**G208\_RE1** N No

Y Yes

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

**G208\_RE3** N No

Y Yes

--	--

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

G208\_RE40      N      No      Go to Q101

Y      Yes

↓

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

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

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

G208\_RE33      0      None  
                  1      1 to 2  
                  2      3 to 12  
                  3      More than 12

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

G208\_RE34      N      No      Go to Q101  
                  Y      Yes

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

G208\_RE35      0      None  
                  1      1 to 2  
                  2      3 to 12  
                  3      More than 12

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

G208\_RE36      0      Never woken with wheezing  
                  1      Less than one night per week  
                  2      One or more nights per week

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

G208\_RE39      N      No  
                  Y      Yes

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

G208\_RE8      N      No  
                  Y      Yes

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

**G208\_RE38**    N    No    Go to Q101

Y    Yes

↓

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

**G208\_RE37**    0    No - child talks in full sentences

1    Phrases only

2    Words only

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

**G208\_RE2**    N    No    Go to Q103

Y    Yes

↓

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

N    No

**G208\_RE27**

Y    Yes

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

**G208\_RE28**    N    No

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

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



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

**G208\_AS1**    N    No

Y    Yes

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

N    No

**G208\_AS2**

**G208\_AS3**    Y    Yes    *who? (e.g. paediatrician, GP, child health nurse, naturopath, friend, relative)*

.....

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

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

**G208\_RE24**      N      No      Go to Q109

Y      Yes  
↓

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

**G208\_RE25**

January _	February _	March _	April _
May _	June _	July _	August _
September _	October _	November _	December _

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

**G208\_RE26**      N      No  
Y      Yes

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

**G208\_RH1**      N      No      Go to Q111  
Y      Yes  
↓

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

**G208\_RH9**      N      No  
Y      Yes

Q111. Does you child have any current allergies?

**G208\_RE18**      N      No  
Y      Yes      *please describe .....*

.....  
.....  
.....

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

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

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

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

N      No  
Y      Yes

G208\_ED1

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

G208\_ED4 N No

Y Yes

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

G208\_ED8

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

G208\_ED9

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

G208\_ED10 N No

Y Yes which year/grade? \_\_\_\_\_

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

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

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

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

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

G208\_LIM3 N No Go to Q122

Y Yes

↓

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

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

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

G208\_LIM5      N      No      Go to Q124

Y      Yes  
↓

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

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

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

G208\_LIM7      N      No      Go to Q126

Y      Yes  
↓

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

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

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

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

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

G208\_AT14      N      No

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

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

**G208\_AT18**

N No

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

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

**G208\_MANA**

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

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

N No   Y Yes *what are they?* .....

.....

.....

.....

.....

.....

.....

.....

.....

**G208\_WOR**

Q130 Parent worries about child (yes/no)

**G208\_WORA**

Q130 Concerns about child's health problems

**G208\_WORB**

Q130 Concerns about child's speech/language problems

**G208\_WORC**

Q130 Concerns about child's physical development

**G208\_WORD**

Q130 Concerns about child's emotional development/behaviour

**G208\_WORE**

Q130 Concerns about child's nutrition

**G208\_WORF**

Q130 Concerns about child's intellectual development

**G208\_WORG**

Q130 Concerns about child's hearing problem

**G208\_WORH**

Q130 Concerns about child's vision problem

**G208\_WORI**

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

**G208\_WORJ**

Q130 Concerns about child's delayed fine motor skills

**G208\_WORK**

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

**G208\_WORL**

Q130 Concerns about child's sleep problems

**G208\_WORM**

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

## CHILD BEHAVIOUR CHECKLIST - STRICTLY CONFIDENTIAL

This is called the Child Behaviour Checklist (for ages 4 to 18 years); it asks for information on the health, behaviour and social activities of your child. Its purpose is to help us to describe different patterns of behaviour and to understand how these affect the health, education, and well-being of children. For each item that describes your child **now or within the past 6 months** please circle your response as:

0=not true (as far as you know)    1=somewhat or sometimes true    2=very true or often true

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

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

**YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL**

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

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

Q244. In general how would you describe your health?

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

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

mother	Yes	No	G208_MH11
father	Yes	No	G208_FH8
partner	Yes	No	G208_PH8

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

mother	Yes	No	G208_MH10
father	Yes	No	G208_FH10
partner	Yes	No	G208_PH10

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

mother	Yes	No	G208_EM1
father	Yes	No	G208_EM5
partner	Yes	No	G208_EM9

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

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

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

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

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

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

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

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

*please describe .....*

.....

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

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

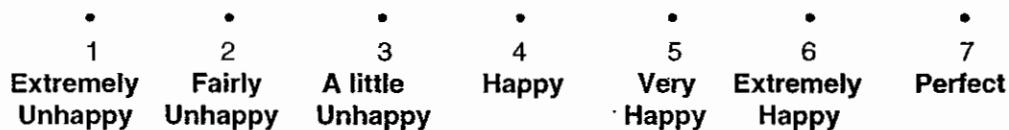
*please specify .....*

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



**G208\_HAPP**

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

**Item 1**

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

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

**Item 2**

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

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

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

**Item 3**

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

**G208\_FA3**

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

**Item 4**

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

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

**G208\_FA4**

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**THE QUESTIONNAIRE - STRICTLY CONFIDENTIAL**

These are questions about the questionnaire.

Please circle answer where applicable.

**ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Q255. This questionnaire has been completed by the child's:  G208\_DNBY

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

please specify .....

.....

Q256. Please indicate the date you completed this questionnaire:

\_\_\_\_/\_\_\_\_/\_\_\_\_

G208\_DNWN  
G208\_QCO2

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

G208\_QCO1

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

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