

Please find names of variables related to questions in red.

Office use only

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Section 1

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

Please circle answer where applicable.

HOUSING - STRICTLY CONFIDENTIAL

Q1. How old is your house/flat (approximately)? ^{G205_HOMY} ___ years

Q2. How many bedrooms are there? ^{G205_BEDS} ___

Q3. How many bathrooms are there? ^{G205_BATH} ___

Q4. How many toilets are there? ^{G205_LOOS} ___

Q5. Is your home airconditioned?

N No Go to Q8

Y Yes
↓

^{G205_AIR1}



Q6. How many rooms are airconditioned?

^{G205_AIR2}

- 0 One room
- 1 Two rooms
- 2 Three rooms
- 3 More than three rooms

Q7. Is it 'evaporative' airconditioning?

^{G205_AIR3}

- N No
- Y Yes
- 0 Don't know

Q8. How is your home heated? (Please circle all appropriate answers)

^{G205_HEA}
^{G205_HEA1}

- 0 Not heated at all
- 1 Electric bar radiator, fan or column heater ^{G205_HEA4}
- 2 Kerosene heater ^{G205_HEA3A}
- 3 Gas heater ^{G205_HEA2A}
- 4 Wood fire/slow combustion heater ^{G205_HEA5}
- 5 Reverse cycle airconditioning ^{G205_HEA6}
- 6 Fully ducted heating ^{G205_HEA7}

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Q9. Is your gas heater flued or unflued? (ie. is there a chimney)

G205_HEA2

☐

- N No - not flued
 Y Yes - flued
 8 Not applicable - no gas heater

Q10. Is your kerosene heater flued or unflued? (ie. is there a chimney)

G205_HEA3

☐

- N No - not flued
 Y Yes - flued
 8 Not applicable - no kerosene heater

Q11. Do you have gas cooking in your home?

G205_GAS

☐

- 1 Yes
 2 No

Q12. Have you moved house since your child's third birthday?

G205_HOME
G205_HOMN☐

- N No
 Y Yes *how many times?* ____

FAMILY - STRICTLY CONFIDENTIAL

Q13. 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	
eg. David	28	M	stepfather	
.....	G205_AAG1	G205_ASX1	G205_ARL1	<input type="checkbox"/>
.....	G205_AAG2	G205_ASX2	G205_ARL2	<input type="checkbox"/>
.....	G205_AAG3	G205_ASX3	G205_ARL3	<input type="checkbox"/>
.....	G205_AAG4	G205_ASX4	G205_ARL4	<input type="checkbox"/>
.....	G205_AAG5	G205_ASX5	G205_ARL5	<input type="checkbox"/>
.....	G205_AAG6	G205_ASX6	G205_ARL6	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Q14. How many children under 14 years live in your home? (Please include your 5 year old 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
------------	---	---	------------

.....	G205_CAG1	G205_CSX1	G205_CRL1	<input type="text"/>
.....	G205_CAG2	G205_CSX2	G205_CRL2	<input type="text"/>
.....	G205_CAG3	G205_CSX3	G205_CRL3	<input type="text"/>
.....	G205_CAG4	G205_CSX4	G205_CRL4	<input type="text"/>
.....	G205_CAG5	G205_CSX5	G205_CRL5	<input type="text"/>
.....	G205_CAG6	G205_CSX6	G205_CRL6	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

Q15. Does your five year old child have any other brothers or sisters not mentioned in Q13 or Q14? ☐

N No Go to Q16 G205_SIB

Y Yes
↓

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

eg. Rachel	18	F	sister
------------	----	---	--------

eg. Simon	22	M	stepbrother
-----------	----	---	-------------

.....	G205_OAG1	G205_OSX1	G205_ORL1	<input type="text"/>
.....	G205_OAG2	G205_OSX2	G205_ORL2	<input type="text"/>
.....	G205_OAG3	G205_OSX3	G205_ORL3	<input type="text"/>
.....	G205_OAG4	G205_OSX4	G205_ORL4	<input type="text"/>
.....	G205_OAG5	G205_OSX5	G205_ORL5	<input type="text"/>
.....	G205_OAG6	G205_OSX6	G205_ORL6	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>
.....	<input type="text"/>

Q16. Is the father (mother) of this child (your 5 year old) living with you?

G205_FHOM

☐

Y Yes Go to Q20

N No
↓

Q17. Do you have any social contact with him/her?

G205_FSOC

☐

Y Yes

N No

Q18. Does he/she provide any financial support for the care of your child?

G205_FMON

☐

Y Yes

N No

Q19. Do you have another partner who lives with you?

G205_FTNR

☐

Y Yes

N No

Q20. Are you or your partner receiving a benefit?

G205_BNF

☐

N No Go to Q22

Y Yes
↓

Q21. Which benefit(s) are you or your partner receiving?
(Please circle all appropriate answers)

G205_BNF1

☐

- 1 Supporting parents benefit
- 2 Unemployment benefit
- 3 Disability allowance
- 4 Workers compensation
- 5 Sickness benefit
- 6 Austudy
- 7 Other Please specify

Q22. Are you currently in paid employment?

G205_YWRK_YN

☐

N No

Y Yes

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- Q23. 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.)

☐ ☐

G205_YJOB_CODE

G205_YHRS

1. Job Hours per week

☐ ☐

Description G205_YHRS_CAT

0 hours =0

1 - 15 hours =1

16 - 24 hours =2

25 - 34 hours =3

35 - 39 hours =4

40 hours =5

41 - 48 hours =6

49 - 55 hours =7

more than 55 hours =8

Not applicable =888

Not stated =999

Any comments?

- Q24. Is your partner currently in paid employment?

G205_PWRK

☐

Y Yes

N No

8 Not applicable - no partner Go to Q26

- Q25. 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.)

☐ ☐

G205_PJOB

G205_PHRS

1. Job Hours per week

☐ ☐

Description

.....

2. Job Hours per week

Description

.....

Any comments?

- Q26. What is your total family income (before tax) per year now? (Please include rent assistance, maintenance, family supplement, etc)

☐

G205_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 \$40,000 per year
 4 \$40,001 or more per year
 5 unknown

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Q26 contd.

How many people does this income support?:

G205_MON2
G205_MON3☐

Adults and children over 14 yrs: ____ Children: ____

If you don't know the total income, what is the family take home pay per week? \$ ____

Q27. Do you smoke cigarettes?

G205_SM2

☐

N No Go to Q31

Y Yes
↓Q28. How many cigarettes do you smoke a day now?

G205_SM4

☐

- 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

Q29. Do you smoke inside your house?

G205_SM12

☐

N No

Y Yes *please comment*

Q30. Do you smoke in the car?

G205_SM13

☐

N No

Y Yes *please comment*

Q31. Does anyone else living in your house smoke cigarettes?

G205_SM17

☐

N No Go to Q35

Y Yes
↓Q32. How many do they smoke a day now? (If more than one person at home smokes, please circle the total number of cigarettes smoked.)

G205_SM16

☐

- 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

Q33. Do they smoke inside your house?

G205_SM18

N No

Y Yes *please comment*

Q34. Do they smoke in the car?

G205_SM19

N No

Y Yes *please comment*

Q35. Does anyone at your home smoke any other substances? (Please include pipe or cigars, marijuana, etc.)

G205_SM20

0 No

G205_SM21

1 Yes - once a week or less

G205_SM22

2 Yes - more than once weekly but not every day

3 Yes - every day

What do they smoke?

Most of the following questions (Q36-Q55) apply to the child's biological mother and father only.

Q36. 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 5yrs</u>				<u>Prior to the last 5 yrs</u>				
	mother		father		mother		father		
									G205_FS1
									G205_MS1
									G205_FS2
Chronic cough (more than 3 months of a year)	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS2
									G205_FS3
Hay fever - seasonal	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS3
									G205_FS4
- all year	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS4
									G205_FS5
Bronchitis (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS5
									G205_FS6
Asthma (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS6
									G205_FS7
Pneumonia	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS7
									G205_FS8
Emphysema (diagnosed by Dr)	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS8
									G205_FS9
Wheeze or cough with exertion	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS9
									G205_FS10
Wheeze or cough with temperature change	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS10
									G205_FS11
Whooping cough	Yes	No	Yes	No	Yes	No	Yes	No	G205_MS11

Q36 contd.

	<u>In the last 5yrs</u>				<u>Prior to the last 5 yrs</u>				
	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>
Other respiratory									<input type="checkbox"/>

please describe the problem(s).....

.....

.....

.....

Q37. Have any blood related brothers or sisters of the study child ever suffered from a respiratory problem?

☐

N No Go to Q38 G205_SS1

Y Yes
↓

First name	Respiratory problem(s)
eg. Alexander	bronchiolitis, asthma
G205_SS2	G205_SS8
.....
G205_SS3	G205_SS9
.....
G205_SS4	G205_SS10
.....
G205_SS5	G205_SS11
.....
G205_SS6	G205_SS12
.....
G205_SS7	G205_SS13
.....

G205_SS1A

G205_SS1B

G205_SS1C

G205_SS1D

G205_SS1E

G205_SS1F

G205_SS1G

G205_SS1H

G205_SS1I

G205_SS1J

G205_SS1K

G205_SS1L

G205_SS1M

G205_SS1N

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Q38. Do you or your child's father (mother) usually have a cough? (Please circle the appropriate answers)

	mother		father		
With colds?	Yes	No	Yes	No	G205_FS12 G205_MS12 <input type="checkbox"/>
Apart from colds?	Yes	No	Yes	No	G205_FS13 G205_MS13 <input type="checkbox"/>
With exercise?	Yes	No	Yes	No	G205_FS14 G205_MS14 <input type="checkbox"/>

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Q39. Do you or your child's father (mother) cough on 4 or more days of the week for as much as three months of the year?

☐ ☐

G205_MS15

mother Yes No

G205_FS15

father Yes No

Q40. Do you or your child's father (mother) usually seem congested in the chest or bring up phlegm (spit)?

mother**father**

G205_FS16

G205_MS16

With colds?

Yes No

Yes No

G205_FS17

G205_MS17

☐ ☐

Apart from colds?

Yes No

Yes No

☐ ☐

Q41. Do you or your child's father (mother) get attacks of increased cough, chest congestion, or phlegm (spit) lasting for one week or more each year?

☐ ☐

G205_MS18

G205_FS18

mother Yes No

father Yes No

Q42. 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 Q47

G205_MFS1

G205_MW1

G205_FW1

Y Yes



When you have a cold?

mother

Yes No

father

Yes No

G205_MS19

G205_FS19

☐ ☐

Occasionally apart from colds?

Yes No

Yes No

G205_MS20

G205_FS20

☐ ☐

Most days or nights?

Yes No

Yes No

G205_MS21

G205_FS21

☐ ☐

With exercise?

Yes No

Yes No

G205_MS22

G205_FS22

☐ ☐

With a change in temperature?

Yes No

Yes No

G205_MS23

G205_FS23

☐ ☐

Q43. For how many years has this wheezing been present?

mother years? ____ N/A (never wheezed)

G205_MS24

father years? ____ N/A (never wheezed)

G205_FS24

☐ ☐
☐ ☐

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Q44. Has this wheezing caused shortness of breath?

mother	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

G205_MS25

G205_FS25

father	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

Q45. Have you or your child's father (mother) had 3 or more episodes of wheezing since the age of one year?

mother	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

G205_MS26

G205_FS26

father	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

Q46. Have you or your child's father (mother) wheezed in the last 12 months?

mother	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

G205_MS27

G205_FS27

father	Yes	No	N/A (never wheezed)
---------------	-----	----	---------------------

Q47. Has a doctor ever said that you or your child's father (mother) have asthma?

mother	No	Yes	at what age did it appear? _____
---------------	----	-----	----------------------------------

G205_MS28

G205_MS28A

G205_MS28B

G205_FS28

G205_FS28A

father	No	Yes	at what age did it appear? _____
---------------	----	-----	----------------------------------

G205_FS28B

Q48. Do you or your child's father (mother) have asthma now?

mother	Yes	No	if you have previously had asthma but no longer
---------------	-----	----	---

do so, at what age did it stop? _____

G205_MS29

G205_MS29A

G205_MS29B

G205_FS29

G205_FS29A

G205_FS29B

father	Yes	No	if you have previously had asthma but no longer
---------------	-----	----	---

do so, at what age did it stop? _____

Q49. Do you or your child's father (mother) take medication for any respiratory problem?

mother	Yes	No
---------------	-----	----

G205_MMD1 G205_MMD2F G205_MMD2M

G205_MMD2 G205_MMD2G G205_MMD2P

G205_MMD2A G205_MMD2H G205_MMD2Q

G205_MMD2B G205_MMD2I G205_MMD2R

G205_MMD2C G205_MMD2J G205_MMD2S

G205_MMD2D G205_MMD2K G205_MMD2T

G205_MMD2E G205_MMD2L G205_MMD2U

if Yes please specify what medication

father	Yes	No
---------------	-----	----

G205_FMD1 G205_FMD2C G205_FMD2G G205_FMD2K

G205_FMD2 G205_FMD2D G205_FMD2H G205_FMD2L

G205_FMD2A G205_FMD2E G205_FMD2I G205_FMD2M

G205_FMD2B G205_FMD2F G205_FMD2J G205_FMD2P

G205_FMD2C G205_FMD2Q

G205_FMD2R

G205_FMD2S

G205_FMD2T

G205_FMD2U

if Yes please specify what medication

Q50. Do you or your child's father (mother) have any allergies?

mother

No

G205_MS30

☐

Yes



To what?	Age first occurred?	Age stopped?	Who told you?	What reaction(s)?
eg. ryegrass	2 years	hasn't	paediatrician	runny nose, itchy eyes
eg. cow's milk	6 months	4 years	self diagnosed	vomiting, diarrhoea
eg. animal fur	12 months	hasn't	GP	coughing, wheezing
G205_MS31	G205_MS35	G205_MS39	G205_MS43	G205_MS47
G205_MS32	G205_MS36	G205_MS40	G205_MS44	G205_MS48
G205_MS33	G205_MS37	G205_MS41	G205_MS45	G205_MS49
G205_MS34	G205_MS38	G205_MS42	G205_MS46	G205_MS50
.....
.....

☐
☐
☐
☐

father

No

G205_FS30

☐

Yes



To what?	Age first occurred?	Age stopped?	Who told you?	What reaction(s)?
eg. ryegrass	2 years	hasn't	paediatrician	runny nose, itchy eyes
eg. cow's milk	6 months	4 years	self diagnosed	vomiting, diarrhoea
eg. animal fur	12 months	hasn't	GP	coughing, wheezing
G205_FS31	G205_FS35	G205_FS39	G205_FS43	G205_FS47
G205_FS32	G205_FS36	G205_FS40	G205_FS44	G205_FS48
G205_FS33	G205_FS37	G205_FS41	G205_FS45	G205_FS49
G205_FS34	G205_FS38	G205_FS42	G205_FS46	G205_FS50
.....
.....

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Q51. Have any blood related brothers or sisters of the study child ever had an allergy? ☐

N No Go to Q52

G205_SS14

Y Yes
↓

First name	What reaction(s) did he/she have?	
eg. Rachel	runny nose, wheezing	
G205_SS15	G205_SS21	G205_SS14A
G205_SS16	G205_SS22	G205_SS14B
G205_SS17	G205_SS23	G205_SS14C
G205_SS18	G205_SS24	G205_SS14D
G205_SS19	G205_SS25	G205_SS14E
G205_SS20	G205_SS26	G205_SS14F
		G205_SS14G
		G205_SS14H
		G205_SS14I
		G205_SS14J
		G205_SS14K
		G205_SS14L

☐☐☐☐☐☐Q52. Have you or your child's father (mother) ever had eczema?

mother Yes No

G205_MS51

G205_FS51

☐

father Yes No

☐

Q53. Do you or your child's father (mother) still have eczema?

mother Yes No N/A

G205_MS52

G205_FS52

☐

father Yes No N/A

☐

7

G205 SS27

↓

□ □ □ □ □ □

G205 PT1



↓

	Inside	Outside	Total	
				G205_PT4
cats	_____	_____	_____	G205_PT3
				G205_PT7
dogs	_____	_____	_____	G205_PT6
birds	_____	_____	_____	G205_PT10
				G205_PT9

[illegible]

How many other pets inside? ____ What type? G205_PT11

How many other pets outside? ____ What type? G205_PT12

7

G205 PT13

G205 PT14

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Q58. Have any of the following happened to you in the last year?
(Please circle Y (Yes) or N (No) as appropriate)

N	Y	Pregnancy problems	G205_ST1	<input type="checkbox"/>
N	Y	Death of a close relative	G205_ST2	<input type="checkbox"/>
		- which relative	G205_ST3	<input type="checkbox"/>
			G205_ST4	<input type="checkbox"/>
N	Y	Death of a close friend	G205_ST5	<input type="checkbox"/>
N	Y	Separation or divorce	G205_ST6	<input type="checkbox"/>
N	Y	Marital problems	G205_ST7	<input type="checkbox"/>
N	Y	Problems with your children	G205_ST8	<input type="checkbox"/>
N	Y	Your own job loss (not voluntary)	G205_ST9	<input type="checkbox"/>
N	Y	Your partner's job loss (not voluntary)	G205_ST10	<input type="checkbox"/>
N	Y	Money problems	G205_ST11	<input type="checkbox"/>
N	Y	Residential move		<input type="checkbox"/>
N	Y	Other (please describe)		<input type="checkbox"/>

Section 2

These are questions about your child **AFTER 3 YEARS OF AGE**.

Please circle answer where applicable.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q59. Does your child regularly eat any of the following foods: (eg. at least once a week, or every day at times) (Please circle yes or no as appropriate)

G205_FO22

Peanuts
(Including peanut paste) Yes No

Eggs Yes No

Dairy (cow's milk) products Yes No

Margarine Yes No

↓

does it contain canola oil?

Yes No



Q60. Do you restrict your child's diet in any way? (Please circle all appropriate answers)

☐

N No Go to Q61

G205_FD5

☐

Y Yes

G205_FD8

☐

↓

G205_FD9

A dairy products

B wheat/gluten

G205_FD5A

C fruit(s)

D sugar/sweet foods

G205_FD5B

E fat

F salt

G205_FD5C

G food colouring/preservatives

H eggs

G205_FD5D

Z some other specific food(s)

G205_FD5E

G205_FD5F

G205_FD5G

G205_FD5H

G205_FD5I

name

.....

Q61. Does your child have any unusual reactions to certain foods?

☐

N No

G205_FD6

G205_FD6F

G205_FD7

G205_FD6G

G205_FD6A

G205_FD6H

Y Yes name food

G205_FD6B

G205_FD6I

G205_FD6C

G205_FD6J

G205_FD6D

G205_FD6K

G205_FD6E

G205_FD6L

describe reaction

.....

Q62. Have you had to give your child any special treatment for constipation in the past two years?

☐

G205_BWL3

0 No

1 Yes - once or twice

2 Yes - more than twice

3 Yes - at least every month

Q63. Does your child wet the bed at night?

☐

G205_WET1

0 Often - twice a week or more

1 Sometimes - once a week

2 Occasionally - less than once a week

3 Rarely - less than once a month

4 Never



Q64. Does your child ever soil (poo) his/her pants?

☐

G205_SOIL

0 Often - twice a week or more

1 Sometimes - once a week

2 Occasionally - less than once a week

3 Rarely - less than once a month

4 Never

Q65. Does your child usually sleep in their own room or does he/she share a room with others? *(Please circle all appropriate answers)*

☐

G205_SLP1

- A In his/her own room
 B In a room with other children *how many children?*
 C In a room with parent(s)

Q66. Does your child usually sleep in their own bed or does he/she share a bed with others? *(Please circle all appropriate answers)*

☐

G205_SLP4

- A In his/her own bed
 B In a bed with other children *how many children?*
 C In a bed with parent(s)

Q67. What does your child usually do in his/her spare time?
(Please circle all appropriate answers)

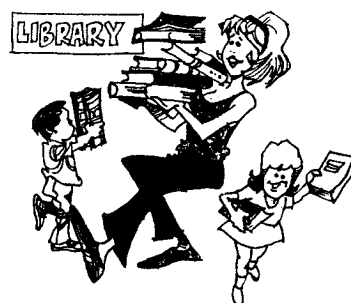
☐

G205_AC1

- | | | | |
|---|---|---|------------|
| A | Outdoor play | B | Reading |
| C | Building/blocks | D | Television |
| E | Video games | F | Dolls |
| G | Pretending (eg. mothers & fathers, firemen) | | |
| H | Drawing/painting | | |
| I | Other <i>(Please describe)</i> | | |

Q68. How often does your child read/look at a book?

- 0 Less than once a week
 1 Once a week
 2 Two or three times a week
 3 Most days
 4 More than once a day

☐

G205_AC2

Q69. How often do you (or someone else at home) read a story to your child?

- 0 Less than once a week
 1 Once a week
 2 Two or three times a week
 3 Most days
 4 More than once a day

☐

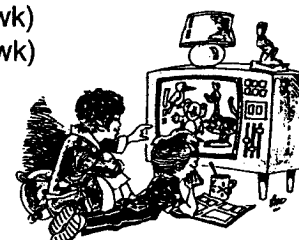
G205_AC3

Q70. How much time does your child usually spend watching TV?

- 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)

☐

G205_AC4



Office use only

Q71. List the three TV programs your child watches most frequently?

G205_AC5

☐

1.

2.

3.

Q72. In the last year has your child been regularly involved in an organised sport at school or with a club?

G205_AC7

☐

N No

Y Yes *which sport(s)?*

.....

Q73. Has your child attended swimming lessons in the last year?

G205_AC8

☐

N No

Y Yes *how often?*

.....

Q74. In the last year has your child been regularly involved in any other organised activity (eg. music, dancing, Kindy gym, other clubs)?

G205_AC9

☐

N No

Y Yes *which activity(s)?*

.....



Q75. 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. People who don't know my child find his/her speech difficult to understand.	1	2	3	4	G205_SP1 G205_SP28 G205_SP17
b. My child uses long sentences containing words such as 'if', 'because', 'so', and 'when' ie. forms sentences together with words other than 'and'.	1	2	3	4	G205_SP29 G205_SP30 G205_SP3
c. My child can retell a story without needing constant prompting.	1	2	3	4	G205_SP31 G205_SP23 G205_SP32
d. My child can relate familiar experiences to other people explaining who, what and where.	1	2	3	4	G205_SP33 G205_SP26
e. My child can answer questions beginning with 'why' eg. because	1	2	3	4	G205_SP25
f. My child stutters when he/she is talking.	1	2	3	4	
g. My child enjoys and pays attention to long stories.	1	2	3	4	
h. My child needs to have instructions and questions repeated because he/she doesn't understand.	1	2	3	4	
i. My child misses out words in sentences (eg. talks like this - 'daddy go shop and get toy').	1	2	3	4	
j. My child is interested in written words he/she sees around him/her eg. street signs.	1	2	3	4	
k. My child is interested in new words and asks the name of things.	1	2	3	4	
l. My child is attentive in conversations with others eg. looks at the other person most of the time.	1	2	3	4	

Q76. Has your child ever attended child care or playgroup?

G205_CC1

☐

N No Go to Q79

Y Yes

Q77. What age was your child at first attendance?

G205_CC4

___ years or ___ months

- Q78. For each age group below, how many months was your child in a **Child Care Centre (Creche)** or **Family Day Care** and how many hours a week did your child usually attend? Please also note if your child attended **Playgroup** other than through day care.

EXAMPLE: between 2 and 3 years attended a playgroup for a 6 month period for 2 hours a week, and between 3 and 4 years attended a child care centre for 11 months for 24 hours a week

Age group	Months and Hours(per week) Attended	
	Child Care Centre Family Day Care	Playgroup
0-6 mnths	__mnths__hrs	__mnths__hrs
7-12 mnths	__mnths__hrs	__mnths__hrs
1-2 years	__mnths__hrs	__mnths__hrs
2-3 years	__mnths__hrs	6 mnths 2 hrs
3-4 years	11 mnths 24 hrs	__mnths__hrs
4-5 years	__mnths__hrs	__mnths__hrs
5-6 years	__mnths__hrs	__mnths__hrs

EXAMPLE ONLY

YOU FILL IN THIS SECTION (Please leave sections blank if not applicable)

Age group	Months and Hours(per week) Attended	
	Child Care Centre Family Day Care	Playgroup
0-6 mnths	__mnths__hrs	__mnths__hrs
7-12 mnths	__mnths__hrs	__mnths__hrs
1-2 years	__mnths__hrs	__mnths__hrs
2-3 years	__mnths__hrs	__mnths__hrs
3-4 years	__mnths__hrs	__mnths__hrs
4-5 years	__mnths__hrs	__mnths__hrs
5-6 years	__mnths__hrs	__mnths__hrs

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G205_CC5

G205_CC6

G205_CC7

G205_CC8

G205_CC9

G205_CC10

G205_CC11

G205_CC12

G205_CC13

G205_CC14

G205_CC15

G205_CC16

G205_CC17

G205_CC18

G205_CC19

G205_CC20

G205_CC21

G205_CC22

G205_CC23

G205_CC24

G205_CC25

G205_CC26

G205_CC27

G205_CC28

G205_CC29

G205_CC30

G205_CC31

G205_CC32

Q79. Did your child attend Kindergarten, Preschool or Pre-primary in the year that he/she turned four? ☐

N No Go to Q82

G205_ED1

Y Yes
↓

Q80. How many months of the year did your child attend?

G205_ED2

___ months

Q81. How many hours per week did your child usually attend?

G205_ED3

___ hours per week

Q82. Did/is your child attend/ing Kindergarten, Preschool or Pre-primary in the year that he/she turned five? ☐

G205_ED4

N No Go to Q85

Y Yes
↓

Q83. How many months of the year did/has your child attend/ed?

G205_ED5

___ months

Q84. How many hours per week did/does your child usually attend?

G205_ED6

___ hours per week

Q85. Is your child attending Grade 1 at school now? ☐

G205_ED7

N No

G205_ED19

Y Yes What date did he/she start? ___/___/___



Q86. Has your child had the following immunisations? (Diphtheria, tetanus and whooping cough are usually combined in the 'triple antigen')
(Please tick all appropriate answers)

2 months	diphtheria __ tetanus __ whooping cough __ polio __	G205_IM1 G205_IM2 G205_IM3 G205_IM4 G205_IM9 G205_IM10	<input type="checkbox"/>
4 months	diphtheria __ tetanus __ whooping cough __ polio __		<input type="checkbox"/>
6 months	diphtheria __ tetanus __ whooping cough __ polio __		<input type="checkbox"/>
12 months	measles __ mumps __ rubella __		<input type="checkbox"/>
18 months	diphtheria __ tetanus __ whooping cough __		<input type="checkbox"/>
5 years	diphtheria __ tetanus __ whooping cough __ polio __		<input type="checkbox"/>
			<input type="checkbox"/>

Q87. Has your child been immunised for meningitis (Hib)?

N No Go to Q89
Y Yes
↓

G205_IM7
G205_IM7A

Q88. How many doses of Hib vaccine has your child received?
(Please tick appropriate box)

G205_IM7B

one dose ☐ two doses ☐ three doses ☐ four doses ☐

Q89. Has your child had other immunisations not already mentioned above
(eg. hepatitis B, tuberculosis (BCG), homeopathic)?

G205_IM11
G205_IM11A
G205_IM11B
G205_IM11C
G205_IM11D
G205_IM11E

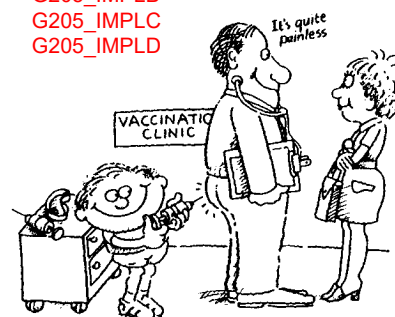
N No

Y Yes *describe*

Q90. Where did your child receive his/her immunisations?
(Please circle all appropriate answers)

G205_IMPL
G205_IMPLA
G205_IMPLB
G205_IMPLC
G205_IMPLD

- 0 Local doctor (GP)
1 Community health centre/clinic
2 Mobile immunisation clinic
3 Homeopathic/naturopathic practitioner
8 Not immunised



Q91. Does your child have any chronic (long term) medical conditions or health problem(s). ☐
(eg. cerebral palsy, Down's syndrome, developmental delay, heart condition).

N No Go to Q92

Y Yes



(Please list and describe every condition or problem separately.)

G205_MDC
G205_MD11
G205_MD12
G205_MD13
G205_MD1
G205_MD2
G205_MD3

.....	<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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q92. Has your child had any illnesses or problems **since his/her third birthday** which required you to **take him/her to a doctor (GP), hospital, or clinic?** ☐

(Please list every illness separately. Check your diary to jog your memory.)

N No Go to Q93

Y Yes



(Please write down the date the illness started (if you can), what the illness was, the duration of the illness, and any treatment suggested. Please give us as much detail as you can.)

G205_IL

G205_IF1	G205_IC1	G205_IL15	
G205_IF2	G205_IC2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF3	G205_IC3		
G205_IF4	G205_IC4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF5	G205_IC5		
G205_IF6	G205_IC6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF7	G205_IC7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF8	G205_IC8		
G205_IF9	G205_IC9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF10	G205_IC10		
G205_IF11	G205_IC11		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF12	G205_IC12		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF13	G205_IC13		
G205_IF14	G205_IC14		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G205_IF15	G205_IC15		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Office use only

Q93. Has your child had any accidents or injuries **since his/her third birthday** which required you to **take him/her to a doctor (GP) hospital or clinic?** ☐

(Please list every accident/injury separately. Check your diary to jog your memory.)

N No Go to Q94

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

G205_INJ

G205_INF1

G205_INF2

G205_INF3

G205_INF4

G205_INC1

G205_INC2

G205_INC3

G205_INC4

G205_INJ4

☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

Q94. Has your child been **admitted** to a hospital **since his/her third birthday?** ☐

(Please list each admission separately. Check your diary to jog your memory.)

N No Go to Q95

G205_HO

Y Yes
↓

G205_HOH1

G205_HOD1

G205_HOF1

G205_HOC1

G205_HO8

G205_HOH2

G205_HOD2

G205_HOF2

G205_HOC2

G205_HOH3

G205_HOD3

G205_HOF3

G205_HOC3

G205_HOH4

G205_HOD4

G205_HOF4

G205_HOC4

G205_HOH5

G205_HOD5

G205_HOF5

G205_HOC5

which hospital?

G205_HOH6

G205_HOD6

G205_HOF6

G205_HOC6

what for?.....

G205_HOH7

G205_HOD7

G205_HOF7

G205_HOC7

G205_HOH8

G205_HOD8

G205_HOF8

G205_HOC8

☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

which hospital? date?

what for?.....

☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

which hospital? date?

what for?.....

☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

which hospital? date?

what for?.....

☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

which hospital? date?

what for?.....

☐ ☐ ☐ ☐ ☐ ☐

Office use only

Q95. Has your child ever had (in his/her life)
- otitis media (middle ear infection)?

☐ ☐

N No

G205_OM1
G205_OM1A
G205_OM1B

Y Yes How many times? ____

- glue ear?

☐

N No

G205_OM2

Y Yes

- fits (convulsions or seizures)?

☐ ☐

N No

G205_CVLN
G205_CVLNA
G205_CVLNB

Y Yes How many times? ____

- urine infections?

☐ ☐

N No

G205_UTI
G205_UTIA
G205_UTIB

Y Yes How many times? ____

Q96. Have you ever been told that your child has a problem with his/her eyesight? (eg. lazy eye (squint), short sighted, astigmatism, other)

☐

N No

G205_EYE1

G205_EYE2

G205_EYE3

Y Yes who told you? (eg. child health nurse, GP, optometrist,
eye specialist)

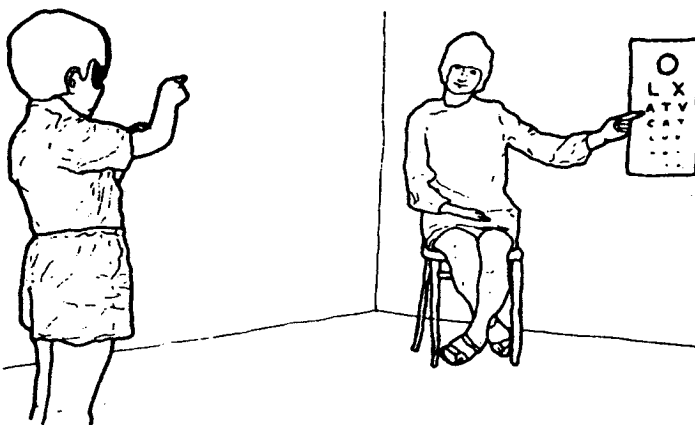
G205_EYE4

☐

what was the problem (diagnosis)?

☐ ☐ ☐ ☐

what treatment was suggested?

☐


Office use only

Q97. Have you ever been told that your child has a hearing problem?

G205_EAR1
G205_EAR2
G205_EAR3
G205_EAR4☐

N No

Y Yes who told you? (eg. child health nurse, GP, audiologist)

☐.....
what was the problem (diagnosis)?.....☐☐☐☐.....
what treatment was suggested?☐Q98. Has your child ever attended any of the following: (Please circle all appropriate answers)

N No Go to Q99

Y Yes
↓G205_AT1
G205_AT2
G205_AT3
G205_AT4
G205_AT5
G205_AT6
G205_AT7☐

	YES (now completed)	YES (still attending)	
Physiotherapy	Yes	Yes	<input type="checkbox"/>
Occupational therapy (OT)	Yes	Yes	<input type="checkbox"/>
Speech therapy	Yes	Yes	<input type="checkbox"/>
Psychologist/ Psychiatrist	Yes	Yes	<input type="checkbox"/>
Chiropractor	Yes	Yes	<input type="checkbox"/>
Naturopathy	Yes	Yes	<input type="checkbox"/>
Homeopathy	Yes	Yes	
Iridology	Yes	Yes	
Aromatherapy	Yes	Yes	
please describe			
.....			

Q99. How many colds has your child had in the last 12 months?

G205_RE10

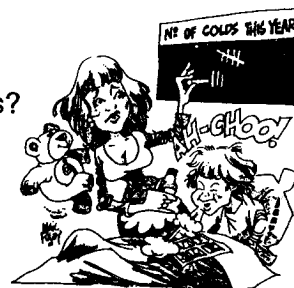
how many? ____

Q100. Does your child usually cough when he/she gets a cold these days?

G205_RE1

N No

Y Yes



Q101. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?

G205_RE3

N No

Y Yes

Q102. 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.)

G205_RE40

N No Go to Q110

Y Yes

Q103. How old was your child when he/she first wheezed?

G205_RE32

____ years or ____ months

Q104. How many attacks of wheezing has your child had since the age of one?

G205_RE33

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q105. Has your child ever wheezed in the last 12 months?

G205_RE34

N No Go to Q110

Y Yes

Q106. How many attacks of wheezing has your child had in the last 12 months?

G205_RE35

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q107. In the last 12 months, how often, on average has your child's sleep been disturbed due to wheezing? ☐

G205_RE36

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

Q108. 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? ☐

G205_RE39

- N No
Y Yes

Q109. In the last 12 months, has your child's chest sounded wheezy during or after exercise? ☐

G205_RE8

- N No
Y Yes

Q110. 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? ☐

G205_RE21

- N No
Y Yes

Q111. Since the age of three, has your child had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week? ☐

G205_RE4

G205_RE30

G205_RE29

- N No
Y Yes - without wheezing how many times? ____
- with wheezing how many times? ____

Q112. Do you think your child has ever had asthma? ☐

G205_AS1

- N No
Y Yes

Q113. Has anyone ever told you that your child has asthma? ☐

G205_AS2

G205_AS3

- N No
Y Yes who? (e.g. paediatrician, GP, child health nurse, naturopath, friend, relative)

.....

when (at what age)?

--	--

Office use only

Q114. Is your child taking/using any of the following asthma medications regularly:
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

ventolin, respolin, nuelin, theo-dur, bricanyl?

N No

Y Yes which medication(s)?

G205_AS4
G205_AS5
G205_AS5A
G205_AS5B
G205_AS5C
G205_AS5D
G205_AS5E
G205_AS6

.....

Q115. Is your child taking/using any of the following asthma medications occasionally:
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

ventolin, respolin, nuelin, theo-dur, bricanyl?

N No

Y Yes which medication(s)?

G205_AS10
G205_AS11
G205_AS12

.....

Q116. Is your child taking/using any of the following asthma medications regularly:
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

intal or intal forte, becotide, becloforte, pulmicort, aldecin, serevent, prednisolone?

N No

Y Yes which medication(s)?

G205_AS7
G205_AS8
G205_AS9

.....

Q117. Is your child taking/using any of the following asthma medications occasionally:
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

intal or intal forte, becotide, becloforte, pulmicort, aldecin, serevent, prednisolone?

N No

Y Yes which medication(s)?

G205_AS13
G205_AS14
G205_AS15

.....

Q118. Is your child taking/using any other prescription medication(s) either regularly
or on occasion (including creams and lotions)?
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

N No

Y Yes which medication(s)?

G205_PM1	G205_PM13
G205_PM2	G205_PM14
G205_PM3	G205_PM15
G205_PM4	G205_PM23
G205_PM5	G205_PM24
G205_PM6	G205_PM25
G205_PM7	G205_PM27
G205_PM8	G205_PM28
G205_PM9	G205_PM29
G205_PM12	G205_PM30

.....



Office use only

Q119. Is your child taking/using any 'over the counter' medication(s) either regularly or on occasion (eg. vitamins, pain-killers, tonics, health food products, creams and lotions)?

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

N No

G205_CMED
G205_CMD1
G205_CMD2

Y Yes *which medication(s)?*

.....

The following questions (Q120-Q124) are about problems which occurred when your child DID NOT have a cold or the flu.

Q120. Has your child ever had a problem with sneezing or a runny or blocked nose when he/she DID NOT have a cold or the flu?

☐

G205_RE62

N No Go to Q125

Y Yes

Q121. In the past 12 months, has your child had a problem with sneezing or a runny or blocked nose when he/she DID NOT have a cold or the flu?

☐

G205_RE11

N No Go to Q125

Y Yes

Q122. In the past 12 months, was this nose problem accompanied by itchy-watery eyes?

☐

G205_RE63

N No

Y Yes

Q123. In which of the past 12 months did this nose problem occur? (Please tick all months which apply)

☐ ☐

G205_RE61
G205_RE61A

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

Q124. In the past 12 months how much did this nose problem interfere with your child's daily activities?

☐

G205_RE64

0 Not at all
 1 A little
 2 A moderate amount
 3 A lot

Q125. Do you think your child has ever had hayfever (allergic rhinitis)?

☐

G205_RE41

N No

Y Yes

Q126. Has anyone ever told you that your child has hayfever (allergic rhinitis)?

☐

N No

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

G205_RE24A
G205_RE24
G205_RE24B
G205_RE42

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

☐

Q127. Has your child ever had an itchy rash which was coming and going for at least six months?

☐

G205_RH1

N No Go to Q133

Y Yes

Q128. Has your child had this itchy rash at any time in the last 12 months?

☐

N No

G205_RH2

Y Yes

Q129. Has this itchy rash at any time affected any of the following places; the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes?

☐

G205_RH3

N No

Y Yes

Q130. At what age did this itchy rash first occur?

☐

0 Under 2 years

1 Age 2-4 years

2 Age 5 or more

G205_RH4

Q131. Has this rash cleared completely at any time during the last 12 months?

☐

N No

G205_RH5

Y Yes

1

0 Never in the last 12 months
1 Less than one night per week
2 One or more nights per week

G205 RH7

N	No
Y	Yes

G205_RH8
G205_RH8A
G205_RH8B
G205_RH10

N	No
Y	Yes <i>who? (e.g. paediatrician, GP, child health nurse, naturopath, friend, relative)</i>

when (at what age)?

G205 RE17

N	No
Y	Yes

G205 RE18

N No Go to Q137

Y Yes

↓

To what?	Age first occurred?	Age stopped?	Who told you?	What reaction(s)?
eg. ryegrass	2 years	hasn't	paediatrician	runny nose, itchy eyes
eg. cow's milk	6 months	4 years	self diagnosed	vomiting, diarrhoea
eg. animal fur	12 months	hasn't	GP	coughing, wheezing
G205_RE20	G205_RE53	G205_RE57	G205_RE19	G205_RE49
G205_RE46	G205_RE54	G205_RE58	G205_RE43	G205_RE50
G205_RE47	G205_RE55	G205_RE59	G205_RE44	G205_RE51
G205_RE48	G205_RE56	G205_RE60	G205_RE45	G205_RE52

Q137. Have you taken your child to see a paediatrician since his/her third birthday?

☐

N No

G205_AT9

Y Yes *who?*

.....

Q138. Have you taken your child to your local doctor (GP) since his/her third birthday?

☐

N No

G205_AT8

Y Yes *who?*

.....

Q139. Have you taken your child to a Child Health Clinic since his/her third birthday?

☐

N No

G205_AT10

Y Yes *which one?*

.....

Q140. Do you have any concerns or worries about your child's health or development?
(eg. speech, language development, physical development, emotional development)

☐

N No

G205_WOR
G205_WOR1

☐ ☐ ☐ ☐

Y Yes *what are they?*

.....

.....

.....

.....

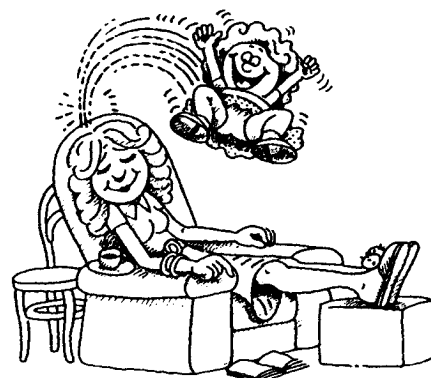
.....

Q141. Compared with other children how easy or difficult is your child to manage?
(Please circle the number which best represents your feelings)

☐

G205_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



Q142. How would you rate the overall health of your child?

☐

G205_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)

In order to align this variable across all years, values of G205_OALL have been recoded to
 ""Excellent (nearly always well)""=1,
 ""OK, could be better (mostly well)""=2,
 ""So-so (is ill as often as is well)""=3,
 ""Poor (seldom well)""=4,
 ""Not applicable""=888,
 ""Not stated""=999

Section 3

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.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

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	G205_FA1A G205_FA1B G205_FA1C
b. In times of crisis we can turn to each other for support	1	2	3	4	G205_FA1D
c. We cannot talk to each other about sadness we feel	1	2	3	4	G205_FA1E G205_FA1F G205_FA1G
d. Individuals (in the family) are accepted for what they are	1	2	3	4	G205_FA1H G205_FA1I G205_FA1J
e. We avoid discussing our fears and concerns	1	2	3	4	G205_FA1K G205_FA1L G205_FA1M
f. We express feelings to each other	1	2	3	4	
g. There are lots of bad feelings in our family	1	2	3	4	
h. We feel accepted for what we are	1	2	3	4	
i. Making decisions is a problem in our family	1	2	3	4	
j. We are able to make decisions about how to solve problems	1	2	3	4	
k. We don't get on well together	1	2	3	4	
l. We confide in each other	1	2	3	4	
m. Drinking is a source of tension or disagreement in our family	1	2	3	4	

Item 2

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

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

	Always	Sometimes	Never
a. on top of the world?	2	1	0
b. very lonely or remote from other people?	2	1	0
c. particularly excited or interested in something?	2	1	0
d. depressed or very unhappy?	2	1	0
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?

☐

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

G205_FA3

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

G205_FA4

Section 4**ALL ANSWERS ARE 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 | G205_C2 | 0 | 1 | 2 | 31. | Fears he/she might think or do something bad | G205_C117 |
| 0 | 1 | 2 | 2. | Allergy (describe): | G205_C103 | | | | | | |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 3. | Argues a lot | G205_C104 | 0 | 1 | 2 | 32. | Feels he/she has to be perfect | G205_C118 |
| 0 | 1 | 2 | 4. | Asthma | G205_C105 | 0 | 1 | 2 | 33. | Feels or complains that no one loves him/her | G205_C119 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 5. | Behaves like opposite sex | G205_C106 | 0 | 1 | 2 | 34. | Feels others are out to get him/her | G205_C120 |
| 0 | 1 | 2 | 6. | Bowel movements outside toilet | G205_C107 | 0 | 1 | 2 | 35. | Feels worthless or inferior | G205_C121 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 7. | Bragging, boasting | G205_C108 | 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone | G205_C34 |
| 0 | 1 | 2 | 8. | Can't concentrate, can't pay attention for long | G205_C5 | 0 | 1 | 2 | 37. | Gets in many fights | G205_C35 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 9. | Can't get his/her mind off certain thoughts; obsessions (describe): | G205_C109 | 0 | 1 | 2 | 38. | Gets teased a lot | G205_C122 |
| | | | | | | | | | | | G205_C123 |
| | | | | | | 0 | 1 | 2 | 39. | Hangs around with others who get in trouble | |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive | G205_C6 | 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): | G205_C124 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent | G205_C10 | 0 | 1 | 2 | 41. | Impulsive or acts without thinking | G205_C125 |
| 0 | 1 | 2 | 12. | Complains of loneliness | G205_C110 | 0 | 1 | 2 | 42. | Would rather be alone than with others | G205_C126 |
| | | | | | | 0 | 1 | 2 | 43. | Lying or cheating | G205_C127 |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog | G205_C111 | 0 | 1 | 2 | 44. | Bites fingernails | G205_C128 |
| 0 | 1 | 2 | 14. | Cries a lot | G205_C13 | 0 | 1 | 2 | 45. | Nervous, highstrung, or tense | G205_C47 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 15. | Cruel to animals | G205_C14 | 0 | 1 | 2 | 46. | Nervous movements or twitching (describe): | G205_C46 |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others | G205_C113 G205_C114 | | | | | | |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts | | 0 | 1 | 2 | 47. | Nightmares | G205_C48 |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide | | | | | | | |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 19. | Demands a lot of attention | G205_C96 | 0 | 1 | 2 | 48. | Not liked by other kids | G205_C129 |
| 0 | 1 | 2 | 20. | Destroys his/her own things | G205_C17 | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels | G205_C12 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others | G205_C18 | 0 | 1 | 2 | 50. | Too fearful or anxious | G205_C87 |
| 0 | 1 | 2 | 22. | Disobedient at home | G205_C20 | 0 | 1 | 2 | 51. | Feels dizzy | G205_C130 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 23. | Disobedient at school | G205_C115 | 0 | 1 | 2 | 52. | Feels too guilty | G205_C131 |
| 0 | 1 | 2 | 24. | Doesn't eat well | G205_C24 | 0 | 1 | 2 | 53. | Overeating | G205_C49 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids | G205_C25 | 0 | 1 | 2 | 54. | Overtired | G205_C50 |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving | G205_C27 | 0 | 1 | 2 | 55. | Overweight | G205_C51 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 27. | Easily jealous | G205_C30 | | | | 56. | Physical problems without known medical cause: | |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food – don't include sweets (describe): | G205_C31 | 0 | 1 | 2 | a. | Aches or pains (not headaches) | G205_C1 |
| | | | | | | 0 | 1 | 2 | b. | Headaches | G205_C39 |
| | | | | | | 0 | 1 | 2 | c. | Nausea, feels sick | G205_C45 |
| | | | | | | 0 | 1 | 2 | d. | Problems with eyes (describe): | G205_C57 |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): | G205_C32 | 0 | 1 | 2 | e. | Rashes or other skin problems | G205_C60 |
| | | | | | | 0 | 1 | 2 | f. | Stomachaches or cramps | G205_C78 |
| | | | | | | 0 | 1 | 2 | g. | Vomiting, throwing up | G205_C93 |
| 0 | 1 | 2 | 30. | Fears going to school | G205_C116 | 0 | 1 | 2 | h. | Other (describe): | G205_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	G205_C53	0	1	2	84.	Strange behavior (describe):	G205_C80
0	1	2	58.	Picks nose, skin, or other parts of body (describe):	G205_C54						
						0	1	2	85.	Strange ideas (describe):	G205_C146
0	1	2	59.	Plays with own sex parts in public	G205_C132						
0	1	2	60.	Plays with own sex parts too much	G205_C55	0	1	2	86.	Stubborn, sullen, or irritable	G205_C81
0	1	2	61.	Poor school work	G205_C133	0	1	2	87.	Sudden changes in mood or feelings	G205_C82
0	1	2	62.	Poorly coordinated or clumsy	G205_C56	0	1	2	88.	Sulks a lot	G205_C83
0	1	2	63.	Prefers being with older kids	G205_C134	0	1	2	89.	Suspicious	G205_C147
0	1	2	64.	Prefers being with younger kids	G205_C135	0	1	2	90.	Swearing or obscene language	G205_C148
0	1	2	65.	Refuses to talk	G205_C136	0	1	2	91.	Talks about killing self	G205_C149
0	1	2	66.	Repeats certain acts over and over; compulsions (describe):	G205_C137	0	1	2	92.	Talks or walks in sleep (describe):	G205_C84
0	1	2	67.	Runs away from home	G205_C95	0	1	2	93.	Talks too much	G205_C150
0	1	2	68.	Screams a lot	G205_C66	0	1	2	94.	Teases a lot	G205_C151
						0	1	2	95.	Temper tantrums or hot temper	G205_C85
0	1	2	69.	Secretive, keeps things to self	G205_C138 G205_C139	0	1	2	96.	Thinks about sex too much	G205_C152
0	1	2	70.	Sees things that aren't there (describe):		0	1	2	97.	Threatens people	G205_C153
						0	1	2	98.	Thumb-sucking	G205_C154
						0	1	2	99.	Too concerned with neatness or cleanliness	
0	1	2	71.	Self-conscious or easily embarrassed	G205_C68	0	1	2	100.	Trouble sleeping (describe):	G205_C86 G205_C38
0	1	2	72.	Sets fires	G205_C140						
0	1	2	73.	Sexual problems (describe):	G205_C141	0	1	2	101.	Truancy, skips school	G205_C155 G205_C89
						0	1	2	102.	Underactive, slow moving, or lacks energy	
						0	1	2	103.	Unhappy, sad, or depressed	G205_C90
						0	1	2	104.	Unusually loud	G205_C91
0	1	2	74.	Showing off or clowning	G205_C142	0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe):	G205_C156
0	1	2	75.	Shy or timid	G205_C73	0	1	2	106.	Vandalism	G205_C157
0	1	2	76.	Sleeps less than most kids	G205_C74	0	1	2	107.	Wets self during the day	G205_C158
0	1	2	77.	Sleeps more than most kids during day and/or night (describe):	G205_C143	0	1	2	108.	Wets the bed	G205_C159
						0	1	2	109.	Whining	G205_C97
0	1	2	78.	Smears or plays with bowel movements	G205_C75	0	1	2	110.	Wishes to be of opposite sex	G205_C160
0	1	2	79.	Speech problem (describe):	G205_C76	0	1	2	111.	Withdrawn, doesn't get involved with others	
						0	1	2	112.	Worries	G205_C98 G205_C99
0	1	2	80.	Stares blankly	G205_C77				113.	Please write in any problems your child has that were not listed above:	
0	1	2	81.	Steals at home	G205_C144						
0	1	2	82.	Steals outside the home	G205_C145	0	1	2			G205_C100
0	1	2	83.	Stores up things he/she doesn't need (describe):	G205_C79	0	1	2			G205_C101
						0	1	2			G205_C102

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

UNDERLINE ANY YOU ARE CONCERNED ABOUT.

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Section 5

These are questions about the questionnaire.

Please circle answer where applicable.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q143. This questionnaire has been completed by the child's:

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

please specify G205_DNBY

.....

Q144. Please indicate the date you completed this questionnaire:

--	--	--	--	--	--	--

G205_DNWN
G205_VAL3

___/___/___

Q145. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

G205_QCO1

.....

.....

.....

.....

.....

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

--	--	--	--	--



