



9616



THE RAINÉ STUDY

Not for Completion

**Primary Caregiver
Questionnaire**

16 year Follow-up



9616



Not for Completion



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Primary Caregiver Questionnaire

The purpose of this questionnaire is to obtain information about your teenager's home life, leisure activities, schooling, behaviour and general health since we were last in contact.

The questionnaire is similar to those you have completed in the past, but there are additional questions about your health and happiness and level of physical activity. If you are able to answer questions about your teenager's other biological parent please do so.

Terms of Reference

For the purpose of this questionnaire the following terms apply:

Your Teenager	The 16/17 year old Raine Study teenager
Teenager's Mother	The teenager's biological/birth mother
Teenager's Father	The teenager's biological father
Your Partner	The partner of the teenager's biological parent (eg. stepmother, stepfather)
Teenager's Siblings	The teenager's biological brothers and sisters (also half-brothers and half-sisters but not stepbrothers and stepsisters)
Your Family	The people living in your house

**Please take your time
You may complete the questionnaire over 1-2 days if necessary**

If you are uncomfortable about a question or unsure of an answer, please leave it blank and discuss it with one of the Raine Study staff when you come in or phone us on 9489 7937 or 9489 7796.

**Please complete this questionnaire independently
(without discussing it with your Raine Study Teenager)**

Remember ALL answers are confidential

If you are coming in for an appointment, please bring your completed questionnaire with you on the day.

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire.

If possible, could you please return your completed questionnaire to us by:

/ /

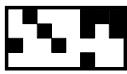
Western Australian Pregnancy Cohort (RAINE) Study

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Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



Please do not use crosses



Please do not use ticks





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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.

HOUSING AND FAMILY - STRICTLY CONFIDENTIAL

- Q1. How old (in years) is your house/flat (approximately)? **G217_PQ_HOMY**

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- Q2. How many bedrooms are there? **G217_PQ_BEDS**

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- Q3. How many bathrooms are there? **G217_PQ_BATH**

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- Q4. Have you moved house/flat since the last Raine Study followup (*ie in the last three years*)?
G217_PQ_HOME No
 Yes If yes, how many times? **G217_PQ_HOMN**

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- Q5. If you live in Australia, what is your current residential postcode? **G217_PQ_PCOD**

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- Q6. If you live overseas, in which country do you live? _____
- Q7. How many adults and children live in your home? (*Please include your study teenager(s) and yourself. Children less than one year of age - Age (years) = 0. If there are more than 10 people living in your home please write their information on the very last page of your questionnaire*)

First name	Age (years)	Sex (M/F)	Relationship to study teenager		
eg Elizabeth	42	F	MOTHER		
David	35	M	STEP FATHER		
Jessica	16	F	STUDY TEENAGER		
Hannah	2	F	STEP SISTER		
G217_PQ_PAG1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			G217_PQ_PSX1 <input type="radio"/> M <input type="radio"/> F	G217_PQ_PRL1
	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<input type="radio"/> M <input type="radio"/> F	
	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<input type="radio"/> M <input type="radio"/> F	
	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<input type="radio"/> M <input type="radio"/> F	
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	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<input type="radio"/> M <input type="radio"/> F	
G217_PQ_PAG10	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			G217_PQ_PSX10 <input type="radio"/> M <input type="radio"/> F	G217_PQ_PRL10

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G217_PQ_RL1**G217_PQ_RL10**

CN	HEM	1	5	10
Q6	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	Q7	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>
		G217_PQ_CNTY	G217_PQ_HEMI	



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Q8. Does your study teenager have any other brothers or sisters not mentioned in Q7?
(Please include your study teenager here if he/she does not live at home)

No

Go to Q9

G217_PQ_SIB

Yes



First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Rachel	18	F	SISTER
Simon	22	M	STEP BROTHER
Tom	3	M	HALF BROTHER
	G217_PQ_OAG1	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> M <input type="radio"/> F G217_PQ OSX1
		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> M <input type="radio"/> F
		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> M <input type="radio"/> F
		<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> M <input type="radio"/> F
	G217_PQ_OAG6	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> M <input type="radio"/> F G217_PQ OSX6

Q9. Is your 16 year old teenager's father/mother living with you?

Yes

Go to Q13

G217_PQ_FHOM

Not applicable - father/mother deceased

Go to Q12

No



Q10. Do you have any social contact with him/her? G217_PQ_FSOC No Yes NA

Q11. Does he/she provide any financial support for the care of your teenager? G217_PQ_FMON No Yes NA

Q12. Do you have another partner that lives with you? G217_PQ_PTNR No Yes NA

Q13. Are you **or** your partner receiving a benefit? (*please include workers compensation*)

G217_PQ_BNF No

Go to Q15

Yes



Q14. Which benefit(s) are you **or** your partner receiving?

(Please mark all responses that apply to you and your partner)

G217_PQ_BN12 Age pension Rent assistance G217_PQ_BN17

G217_PQ_BN8 Austudy/Abstudy Sickness benefit G217_PQ_BN7

G217_PQ_BN5 Carer payment - caring for child/relative Tax Benefit Part A G217_PQ_BN15

G217_PQ_BN4 Disability support pension - self/partner Tax Benefit Part B G217_PQ_BN16

G217_PQ_BN11 Newstart allowance Widow allowance G217_PQ_BN13

G217_PQ_BN2 Parenting payment Workers compensation G217_PQ_BN6

G217_PQ_BN14 Remote area allowance Other - please specify G217_PQ_BN9



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- Q15. Do you currently have a full-time or part-time job of any kind (excluding home duties)?
(Please mark only one response - the main job)

G217_PQ_YWRK

 No, do not have a job - not seeking work**Go to Q24** No, do not have a job - actively seeking work **Go to Q24**

G217_PQ_YWRK_YN

Variable label:

"Are you currently in a paid employment? Yes/No"

Values:

0/1/3/4 of G217_PQ_YWRK corresponds to 0=No in

G217_PQ_YWRK_YN, and 2

of G217_PQ_YWRK corresponds to 1=Yes in

G217_PQ_YWRK_YN.

 Yes, do work for payment or profit Yes, do unpaid work in a family business Yes, do other unpaid work

- Q16. In your main job (if you have more than one job, then 'main job' refers to the job in which you usually work the most hours) are you...
(Please mark only one response)

G217_PQ_YEMP

 A salary or wage earner? A helper not receiving wages? Conducting your own business - with employees? Conducting your own business - without employees?

- Q17. Describe your current main job.

(Please give details of job and description of work in detail)

Job:

G217_PQ_YJOB

G217_PQ_YJOB_CODE

not scanned

Description:

G217_PQ_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

- Q18. How many hours do you usually work in all jobs?

 None or less than one hour

G217_PQ_YHR1

 One or more hours per week. Please specify hours ...

G217_PQ_YHRS

- Q19. Of the total number of hours you usually work in all jobs (as above, but excluding home duties), how many of those hours do you usually work at home?

G217_PQ_YHR2

 None or less than one hour **Go to Q21**

G217_PQ_YHR3

 One or more hours per week. Please specify hours ...

G217_PQ_ORL1

G217_PQ_ORL6

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1

3

6

Q8

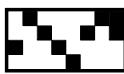
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Q17

YJ

G217_PQ_YJOB

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Q21. On which days of the week do you usually work (in your main job)?

G217 PQ YDAY

- Monday to Friday
 - Nine day fortnight
 - Days vary from week to week
 - Days vary from month to month
 - Other - please specify _____

Q22. Which of these best describes your current work schedule in your main job?
(Please mark all responses that apply to you)

G217_PQ_YWS1 ○ A regular daytime shift

G217_PQ_YWS2 ○ A regular evening shift

G217_PQ_YWS3 ○ A regular night shift

G217_PQ_YWS4 O A rotating shift (changes from days to evenings to nights)

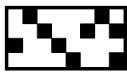
G217_PQ_YWS5 O Split shift

G217_PQ_YWS6 ○ On-call

G217_PQ_YWS7 O Irregular schedule

G217 PQ YWS8 Other - please describe

Q23. For the following aspects of your job select the number between 1 and 10 that indicates how satisfied or dissatisfied you are with the following aspects of your job. The more satisfied you are the higher the number you should select. The less satisfied you are the lower the number you should select. (*Please mark only one circle for rating each aspect*).



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Q24. What do you currently spend most of your time doing?

(Please mark only one response, unless two or more responses apply equally)

G217_PQ_YWK1 Full-time or part-time job (salary or own business)

G217_PQ_YWK2 Voluntary work

G217_PQ_YWK3 Looking for work

G217_PQ_YWK4 Home duties / caring for children

G217_PQ_YWK5 Studying

G217_PQ_YWK6 Voluntarily out of the workforce

G217_PQ_YWK7 Recovering from injury / illness

G217_PQ_YWK8 Caring for an aged / disabled / ill person (friend or relative)

G217_PQ_YWK10 Maternity/Paternity Leave

G217_PQ_YWK11 Long Service Leave

G217_PQ_YWK9 Other - please describe _____

Q25. Does your partner currently have a full-time or part-time job of any kind (excluding home

duties)? (Please mark only one response - the main job)

No partner

Go to Q33

G217_PQ_PWRK

No, does not have a job - not seeking work

Go to Q32

No, does not have a job - actively seeking work

Go to Q32

Yes, works for payment or profit

Yes, does unpaid work in a family business

Yes, does other unpaid work

Q26. In your partner's main job (if he/she has more than one job, then 'main job' refers to the job in which he/she usually works the most hours) is your partner...

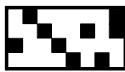
(Please mark only one response)

G217_PQ_PEMP A salary or wage earner?

A helper not receiving wages?

Conducting his/her own business - with employees?

Conducting his/her own business - without employees?



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Q27. Describe your partner's current main job.
(Please give details of job and description of work in detail)

Job:

not scanned

Description:

Q28. How many hours does your partner usually work in all jobs?

G217_PQ_PHR1

None or less than one hour

G217_PQ_PHRS

One or more hours per week. Please specify hours ...

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Q29. Does your partner's paid job involve working at home?

G217_PQ_PHR2

None or less than one hour

G217_PQ_PHR3

One or more hours per week. Please specify hours ...

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Q30. On which days of the week does your partner usually work (in his/her main job)?

G217_PQ_PDAY

Monday to Friday

Nine day fortnight

Days vary from week to week

Days vary from month to month

Other - please specify _____

Q31. Which of these best describes the current work schedule in your partner's main job?

(Please mark all responses that apply to your partner)

G217_PQ_PWS1 A regular daytime shift

G217_PQ_PWS2 A regular evening shift

G217_PQ_PWS3 A regular night shift

G217_PQ_PWS4 A rotating shift (changes from days to evenings to nights)

G217_PQ_PWS5 Split shift

G217_PQ_PWS6 On-call

G217_PQ_PWS7 Irregular schedule

G217_PQ_PWS8 Other - please describe _____

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PJ G217_PQ_PJOB

Q27

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Q32. What does your partner currently spend most of his/her time doing?
(Please mark only one response, unless two or more responses apply equally)

- [G217_PQ_PK1](#) Full-time or part-time job (salary or own business)
[G217_PQ_PK2](#) Voluntary work
[G217_PQ_PK3](#) Looking for work
[G217_PQ_PK4](#) Home duties / caring for children
[G217_PQ_PK5](#) Studying
[G217_PQ_PK6](#) Voluntarily out of the workforce
[G217_PQ_PK7](#) Recovering from injury / illness
[G217_PQ_PK8](#) Caring for an aged / disabled / ill person (friend or relative)
[G217_PQ_PK10](#) Maternity/Paternity Leave
[G217_PQ_PK11](#) Long Service Leave
[G217_PQ_PK9](#) Other - please describe _____

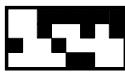
Q33. What is your total family income (before tax) per year now? (include income from investments, rent assistance, maintenance, family supplement etc).
(Please mark only one response)

[G217_PQ_MON1](#)

- \$1 to \$8,000 per year (\$1-154 per week)
 \$8,001 to \$16,000 per year (\$155-308 per week)
 \$16,001 to \$25,000 per year (\$309-481 per week)
 \$25,001 to \$30,000 per year (\$482-577 per week)
 \$30,001 to \$35,000 per year (\$578-673 per week)
 \$35,001 to \$40,000 per year (\$674-769 per week)
 \$40,001 to \$50,000 per year (\$770-962 per week)
 \$50,001 to \$60,000 per year (\$963-1154 per week)
 \$60,001 to \$70,000 per year (\$1155-1346 per week)
 \$70,001 to \$78,000 per year (\$1347-1500 per week)
 \$78,001 to \$104,000 per year (\$1501-2000 per week)
 \$104,001 or more per year (>\$2001 per week)

Q35. Which words best describe your family's money situation?
(Please mark only one response)

- [G217_PQ_MON4](#) We are spending more money than we get
 We have just enough money to get us through to the next pay day
 There's some money left over each week, but we just spend it
 We can save a bit every now and again
 We can save a lot



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Q34. How many people does this income support? **G217_PQ_MON2** **G217_PQ_MON3**

Adults and children aged 14 years and over:

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 Children:

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Q35. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please mark only one response)

- Being paid off by you (or your spouse/partner)
- Owned outright by you (or your spouse/partner)
- Rented by you (or your spouse/partner)
- Being purchased under a rent/buy (or shared equity) scheme by you (or your spouse/partner) Occupied under a life tenure scheme
- None of these
- Don't know

G217_PQ_MON6

The next two questions are about the neighbourhood in which you live.

Q36. To what extent do you agree or disagree with these statements about your neighbourhood (Please mark only one response for each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Rural Area
G217_PQ_NH1	<input type="radio"/>					
G217_PQ_NH2	<input type="radio"/>					
G217_PQ_NH3	<input type="radio"/>					
G217_PQ_NH4	<input type="radio"/>					
G217_PQ_NH5	<input type="radio"/>					

Q37 Over the last two years, have any of the following been a problem in your neighbourhood?

(Please mark all responses that apply)	Yes	No	Don't Know	Rural Area
G217_PQ_NH6 Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH7 House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH8 Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH9 Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH10 Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH11 Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH12 Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH13 Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q38. Have you ever had any of the following happened to you?
(Please mark only one response for each line)

		Four or more times	Two or three times	Once	Never
G217_PQ_NH14	You have been treated with less courtesy than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH15	You have been treated with less respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH16	You have received poorer service than other people at restaurants or shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH17	People have acted as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH18	People have acted as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH19	People have acted as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH20	People have acted as if they are better than you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH21	You have been called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH22	You have been threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_NH23	You have been followed around in shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39. If any of the above events (Q38) have happened to you, what do you think was the main reason for this/these experiences? (Please mark all responses that apply to you)

G217_PQ_NH25 Your ancestry or national origins

G217_PQ_NH26 Your gender

G217_PQ_NH27 Your race

G217_PQ_NH28 Your age

G217_PQ_NH29 Your religion

G217_PQ_NH30 Your height or weight

G217_PQ_NH31 Your shade of skin colour

G217_PQ_NH32 Your sexual orientation

G217_PQ_NH33 Your education or income level

G217_PQ_NH34 A physical disability

G217_PQ_NH35 The way you look

G217_PQ_NH36 Other - please describe _____

G217_PQ_NH37 None of these events have ever happened to me



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YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about the health and wellbeing of the study teenager'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 teenager is no longer living with you. We have tried to keep these to a minimum but some things that affect parents may also affect their children.

Q40. In general how would you describe your health?

	Excellent	Very Good	Good	Fair	Poor	
G217_PQ_MH9	Teenager's Mother	<input type="radio"/>				
G217_PQ_FH9	Teenager's Father	<input type="radio"/>				
G217_PQ_PH9	Your Partner	<input type="radio"/>				

Q41. Please answer **both** parts of this question below:

- a) Do you have any medical conditions or health problems of a permanent or long term nature (that is, going to last for more than 6 months, eg diabetes, chronic back pain)?
- b) Do these health problems or medical conditions limit you in any way in carrying out normal daily activities at home, at a job or in studying?

a) Have health problems

b) Limited in daily activities

	Yes	No	Yes	No	N/A (no health problems)
G217_PQ_MH11	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_PQ_MH10
G217_PQ_FH8	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_PQ_FH10
G217_PQ_PH8	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G217_PQ_PH10

Q42. Has the study teenager's mother **ever** had post-natal depression?

No

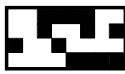
Go to Q44

Yes



Q43. When did you/she have post-natal depression?

(Please mark all responses that apply)	No	Yes	Don't Know/ Unsure	N/A	
G217_PQ_EM12	With child(ren) born before the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM14	With child(ren) born after the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM15	Associated with the birth of the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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Q44. Have you **ever** been treated for an emotional or mental problem (other than post-natal depression)?

	Yes	No
G217_PQ_EM1 Teenager's Mother	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM5 Teenager's Father	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM9 Your Partner	<input type="radio"/>	<input type="radio"/>

Q45. Have you been treated for an emotional or mental health problem within the **last 6 months**?

	Yes	No	N/A (never had a treated emotional problem)
G217_PQ_EM2 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM6 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM10 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46. Have you **ever** been **hospitalised** for an emotional or mental health problem?

	Yes	No	N/A (never had a treated emotional problem)
G217_PQ_EM3 Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM7 Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_EM11 Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47. Do you smoke cigarettes?

[G217_PQ_SM2](#)

No

[Go to Q51](#)

Yes



Q48. How many cigarettes do you smoke a day **now**?

Less than 1 daily

[G217_PQ_SM4](#)

1-5 daily

6-10 daily

11-15 daily

16-20 daily

More than 20 daily

Yes	No
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G217_PQ_SM12 Q49. Do you smoke inside your house?

G217_PQ_SM13 Q50. Do you smoke in the car?



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Q51a. Does your study teenager smoke?

 No, definitely not[G217_PQ_SM23](#) No, not as far as I know Yes Don't knowQ51b. Does anyone else in your house smoke cigarettes? (*other than you and your study teenager*) No**Go to Q55**[G217_PQ_SM16](#) YesQ52. How many cigarettes do they smoke a day now? (*If more than one person at home smokes, please mark the total number of cigarettes smoked by these people*) Less than 1 daily[G217_PQ_SM17](#) 1-5 daily 6-10 daily 11-15 daily 16-20 daily More than 20 daily**Yes****No**[G217_PQ_SM18](#)

Q53. Do they smoke inside your house?

[G217_PQ_SM19](#)

Q54. Do they smoke in the car?

Q55. Does anyone at your home smoke/use any other substances?
(Please include pipe, cigars, marijuana and any other drugs, etc)[G217_PQ_SM20](#) No**Go to Q57** YesQ56. Which other substances do they smoke/use? (*Please mark **one** response for each item*)

	No	Once a week or less	More than once weekly, but not every day	Every day
G217_PQ_SM26	<input type="radio"/> Pipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_SM27	<input type="radio"/> Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_SM28	<input type="radio"/> Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_SM29	<input type="radio"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other is selected, please specify the other substance(s) ** Need new variable*



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- Q57. Please indicate, as accurately as possible, the type and amount of alcohol that **you** consumed each day during the past week. Please refer to the guide to standard drinks at the bottom of this page while completing this question.

Start with yesterdays drinks and work back through the whole week marking the circle next to the days you consumed some alcohol. If you did not consume alcohol on a particular day, do not mark the circle and write NIL in the "Type of Alcohol & Amount Consumed" column.

Day			Type of Alcohol & Amount consumed (eg. 2 cans of light beer, 4 Bundy/cola pre-mix cans, 1 glass of wine at a restaurant)
G217_PQ_AH4	Monday	<input type="radio"/>	
G217_PQ_AH6	Tuesday	<input type="radio"/>	
G217_PQ_AH8	Wednesday	<input type="radio"/>	
G217_PQ_AH10	Thursday	<input type="radio"/>	
G217_PQ_AH12	Friday	<input type="radio"/>	
G217_PQ_AH14	Saturday	<input type="radio"/>	
G217_PQ_AH16	Sunday	<input type="radio"/>	

- Q58. Does this level of consumption reflect a typical week?

No

G217_PQ_AH18

Yes

Type of alcohol examples:	Beer (please specify brand and strength) Wine (Sherry, Claret, Chardonnay, etc) Spirits (Gin, Whiskey, Baileys, etc)										
Amount consumed:	Please indicate the number of glasses, cans, stubbies, nips or mls (if you know it), etc...whatever measures you are most familiar with.										
Standard Drinks Guide											
	1.5	375ml Full Strength Beer 4.9% Alc/Vol		1	375ml Mid Strength Beer 3.5% Alc/Vol		0.8	375ml Light Beer 2.7% Alc/Vol		1.5	375ml Full Strength Beer 4.9% Alc/Vol
	1.5	375ml Pre-mix Spirits 5% Alc/Vol		1.5	340ml Alcoholic Soda 5.5% Alc/Vol		1	30ml Spirit Nip 40% Alc/Vol		22	700ml Bottle of Spirits 40% Alc/Vol
* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner											
	0.9	60ml Port/Sherry Glass 18% Alc/Vol		1	100ml Standard Serve of Wine 12% Alc/Vol		1.8	180ml Average Restaurant Serve of Wine 12% Alc/Vol		7	750ml Bottle of Wine 12% Alc/Vol
	38	4 Litres Cask Wine 12% Alc/Vol									

Office use only G217_PQ_AH??

Q57

M	19	20	21	5 --	T	22	23	24	7 --	W	25	26	27	9 --	T	28	29	30	11 --
F	31	32	33	13 --	S	34	35	36	15 --	S	37	38	39	17 --					



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Section 2

**The next few questions (Q59 - Q61) are about the physical activity you did last week,
DO NOT count what you did as part of your job.**

- Q59. In the last week, how many times have you walked continuously for at least 10 minutes for recreation/exercise, or to get to and from places?

G217_PQ_E1

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The next question excludes household chores, gardening or yard work.

- Q60. In the last week, how many times did you do any moderate/vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis)

G217_PQ_E2

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The next question includes household chores, gardening or yard work.

- Q61. In the last week, how many times did you do any moderate/vigorous household chores, gardening or heavy work around the yard which made you breathe harder or puff and pant?

G217_PQ_E3

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- Q62. Does the level of activity detailed above reflect a typical week?

No

Yes

	Yes	No	
G217_PQ_PN17	Q63. Have you ever had back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN9	Q64. Have you ever had neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN38	Q65. Have you ever had low back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN25	Q66. Did you seek health professional advice/treatment for back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN34	Q67. Did you take medication to relieve the back pain?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN35	Q68. Did your back pain stop you from going to work?	<input type="radio"/>	<input type="radio"/>
G217_PQ_PN36	Q69. Did the back pain interfere with your normal activities?	<input type="radio"/>	<input type="radio"/>



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Q70. We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer **all** items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

(1 = Completely DISAGREE; 5 = Completely AGREE)	Disagree					Agree	
	1	2	3	4	5		
There is no real treatment for back trouble	<input type="radio"/>	○	○				
Back trouble will eventually stop your participation in physical activity	<input type="radio"/>	○	○				
Back trouble means periods of pain for the rest of one's life	<input type="radio"/>	○	○				
Doctors cannot do anything for back trouble	<input type="radio"/>	○	○				
A bad back should be exercised	<input type="radio"/>	○	○				
Back trouble makes everything in life worse	<input type="radio"/>	○	○				
Surgery is the most effective way to treat back trouble	<input type="radio"/>	○	○				
Back trouble may mean you end up in a wheelchair	<input type="radio"/>	○	○				
Alternative treatments are the answer to back trouble	<input type="radio"/>	○	○				
Back trouble means long periods of time off school/work	<input type="radio"/>	○	○				
Medication is the only way of relieving back trouble	<input type="radio"/>	○	○				
Once you have had back trouble there is always a weakness	<input type="radio"/>	○	○				
Back trouble must be rested	<input type="radio"/>	○	○				
Later in life back trouble gets progressively worse	<input type="radio"/>	○	○				

Q71. Do you belong to any of the following?

(Please mark all responses that apply to you)	Yes
A sports club	<input type="radio"/>
An exercise club	<input type="radio"/>
An outdoor recreation club or group	<input type="radio"/>
None of these	<input type="radio"/>



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Q72. Do you do any physical activity? (Please include activity done in your job, housework, in caring for children)

No **Go to Q75**

[G217_PQ_E60](#)

Yes



Q73. What are the **MAIN** reason(s) for you doing physical activity?
(Please mark all responses that apply to you)

[G217_PQ_E6A](#) Improve appearance

[G217_PQ_E6B](#) Enjoy doing the activity

[G217_PQ_E6C](#) Maintain or lose weight

[G217_PQ_E6D](#) Social interaction and friendships

[G217_PQ_E6E](#) Reduce my risk of heart disease

[G217_PQ_E6F](#) Feel more relaxed

[G217_PQ_E6G](#) Tone my muscles

[G217_PQ_E6H](#) Improve my fitness

[G217_PQ_E6I](#) Feel better about myself

[G217_PQ_E6J](#) Have more energy

[G217_PQ_E6K](#) Sleep better

[G217_PQ_E6L](#) Prevent joint stiffness

[G217_PQ_E6M](#) Other reason

[G217_PQ_E6N](#) No reason

Q74. Who normally does physical activity with you? (Please mark all responses that apply to you)

[G217_PQ_E7A](#) Spouse/Partner

[G217_PQ_E7B](#) The teenager in the study

[G217_PQ_E7C](#) Another of your children

[G217_PQ_E7D](#) Friend

[G217_PQ_E7E](#) Workmate

[G217_PQ_E7F](#) Neighbour

[G217_PQ_E7G](#) Sports or health club member

[G217_PQ_E7H](#) No-one

[G217_PQ_E7I](#) Children other than your own (eg coaching)

[G217_PQ_E7J](#) Pets

[G217_PQ_E7K](#) Other - please specify _____



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The following statements are about the amount of exercise you intend to do in the near future.

Q75. Do you intend to be more active than you have been over the last week?

[G217_PQ_E8](#) No

Yes

Unsure

Q76. What reasons would you give for not being **more** physically active?

(Please mark all responses that apply to you)

[G217_PQ_E9A](#) I haven't got time

[G217_PQ_E9B](#) My health is not good enough

[G217_PQ_E9C](#) There is no one to do it with

[G217_PQ_E9D](#) I've lost contact with friends/family

[G217_PQ_E9E](#) I can't afford it

[G217_PQ_E9F](#) I'm too old

[G217_PQ_E9G](#) There are no suitable facilities

[G217_PQ_E9H](#) Traffic is too heavy

[G217_PQ_E9I](#) I'm not the sporty type

[G217_PQ_E9J](#) No motivation

[G217_PQ_E9K](#) Can't be bothered

[G217_PQ_E9L](#) Too fat - overweight

[G217_PQ_E9M](#) I need to rest and relax in my spare time

[G217_PQ_E9N](#) I don't put priority on physical activity

[G217_PQ_E9O](#) I've got young children to look after

[G217_PQ_E9P](#) I might get injured or damage my health

[G217_PQ_E9Q](#) I don't enjoy physical activity

[G217_PQ_E9R](#) I'm active enough

[G217_PQ_E9S](#) Other - please describe _____

[G217_PQ_E9T](#) No reason



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Q77. To what extent do you agree or disagree with the following statements about physical activities? (Please mark **one** response for **each** statement)

		Agree	Neither Agree nor Disagree	Disagree
G217_PQ_E10	Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E11	Half an hour of brisk walking on most days is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
G217_PQ_E12	To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E13	Exercise doesn't have to be done all at one time - blocks of 10 minutes are okay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_E14	Moderate exercise that increases your heart rate slightly can improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q78. On average, how many hours per day (at work **and** at home) do you...

(Please mark one response for each item)	Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
G217_PQ_TV3	Watch TV or videos on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_TV4	Watch TV or videos on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CF3	Use a computer (eg for study/work, games, internet) on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CF4	Use a computer (eg for study/work, games, internet) on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please mark one response for each row of this question, that applies to your diet.

Q79. How often do **you** eat the following foods? (Please mark **one** response for each item)

	6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F07	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F08	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> </td	



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Q82. What type of milk do **you** usually drink? (Please mark only one response)

- None
- Skim
- Reduced fat (2%) eg hilo or reduced fat soy
- Full-cream
- Soy
- Condensed
- Other - please specify _____

G217_PQ_F028

Q83. How much butter/margarine do **you** usually use on bread? (Please mark only one response)

- G217_PQ_F029
- Thick spread
 - Medium spread
 - Thin spread
 - None

Q84. For each of the following foods **you** eat, mark the **most common** cooking method used for each (Please mark one response for each item)

	Boiled, steamed or Microwaved	Stewed or casseroled	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	I Don't eat this food
G217_PQ_F030	<input type="radio"/> Beef/lamb/pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F031	<input type="radio"/> Sausages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F032	<input type="radio"/> Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F033	<input type="radio"/> Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F034	<input type="radio"/> Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From the following two lists of fruit and vegetables, please mark those that you eat at least once a week (on average) when they are in season.

Q85. Fruits - include fresh and canned fruit but do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit desserts. (Please mark all the fruits that you eat at least once a week when they are in season)

37	<input type="radio"/> Apple	44	<input type="radio"/> Nectarine	48	<input type="radio"/> Rockmelon
43	<input type="radio"/> Apricot	35	<input type="radio"/> Orange	41	<input type="radio"/> Strawberry
39	<input type="radio"/> Banana	51	<input type="radio"/> Pawpaw	47	<input type="radio"/> Watermelon
40	<input type="radio"/> Grapes	45	<input type="radio"/> Peach	52	<input type="radio"/> Any others?
42	<input type="radio"/> Kiwifruit	38	<input type="radio"/> Pear	FOF	<input type="radio"/> None of these
36	<input type="radio"/> Mandarin	49	<input type="radio"/> Pineapple		
50	<input type="radio"/> Mango	46	<input type="radio"/> Plum		

Please specify any other fruit _____



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Q86. **Vegetables** - include all forms of vegetables eg. fresh, frozen, canned, salads
(Please mark all the vegetables that you eat at least once a week)

76	<input type="checkbox"/> Asparagus	60	<input type="checkbox"/> Chick peas	63	<input type="checkbox"/> Pumpkin
79	<input type="checkbox"/> Avocado	66	<input type="checkbox"/> Cucumber	54	<input type="checkbox"/> Sweet corn
57	<input type="checkbox"/> Baked beans	58	<input type="checkbox"/> Dried beans	70	<input type="checkbox"/> Silver beet
65	<input type="checkbox"/> Beetroot	81	<input type="checkbox"/> Eggplant	69	<input type="checkbox"/> Spinach
73	<input type="checkbox"/> Broccoli	56	<input type="checkbox"/> Green beans	78	<input type="checkbox"/> Sprouts
74	<input type="checkbox"/> Brussel Sprouts	55	<input type="checkbox"/> Green peas	64	<input type="checkbox"/> Sweet potato
62	<input type="checkbox"/> Carrot	59	<input type="checkbox"/> Lentils	61	<input type="checkbox"/> Tomato
71	<input type="checkbox"/> Cabbage	82	<input type="checkbox"/> Lettuce	80	<input type="checkbox"/> Zucchini
67	<input type="checkbox"/> Capsicum	77	<input type="checkbox"/> Mushroom	83	<input type="checkbox"/> Any others?
72	<input type="checkbox"/> Cauliflower	75	<input type="checkbox"/> Onion	FOV	<input type="checkbox"/> None of these
68	<input type="checkbox"/> Celery	53	<input type="checkbox"/> Potato		

Please specify any other vegetables _____

Please select the most appropriate responses to the following questions.

Q87. Do you know your weight?

No

[Go to Q88](#)

[G217_PQ_W1](#)

Yes



What is your current weight?

. kg

or

/ stone/lb

Q88. Do you know your height?

No

[Go to Q89](#)

[G217_PQ_H1](#)

Yes



What is your current height?

. cm

or

/ feet/inches

Q89. Are you worried about your weight?

Not at all

[G217_PQ_W3](#)

A little

Moderately

Very

Q90. Do you consider yourself to be...

Underweight?

[G217_PQ_W4](#)

Normal weight?

A bit overweight?

Very overweight?

Office use only

WTK

Q87

.

HTC

Q88

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Q91. Are you worried about your teenager's weight?

Not at all

A little

Moderately

Very

G217_PQ_W43

Q92. Do you consider your teenager to be...

Underweight?

G217_PQ_W44

Normal weight?

A bit overweight?

Very overweight?

Q93. How concerned are you that your teenager may become overweight in the future?

G217_PQ_W47

Unconcerned

A little concerned

Concerned

Fairly concerned

Very concerned

Q94. How much does your weight and shape influence how you....

	Not at all	A little	Moderately	Very
G217_PQ_W45	<input type="radio"/> Think about (judge) yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_W46	<input type="radio"/> Think about (judge) others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q95. Have any of the following happened to you in the last year?

	(Please mark all responses that apply to you)	Yes
G217_PQ_LST1	Pregnancy problems	<input type="radio"/>
G217_PQ_LST2	Death of a close relative - which relative _____	<input type="radio"/>
G217_PQ_LST3	Death of a close friend	<input type="radio"/>
G217_PQ_LST4	Separation or divorce	<input type="radio"/>
G217_PQ_LST5	Marital problems	<input type="radio"/>
G217_PQ_LST6	Problems with your children	<input type="radio"/>
G217_PQ_LST7	Your own job loss (not voluntary)	<input type="radio"/>
G217_PQ_LST8	Your partner's job loss (not voluntary)	<input type="radio"/>
G217_PQ_LST9	Money problems	<input type="radio"/>
G217_PQ_LST10	Residential move	<input type="radio"/>
G217_PQ_LST11	Other - please describe _____	<input type="radio"/>
G217_PQ_LST12	None of these	<input type="radio"/>



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Please read each statement and mark the response that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any one statement.

The rating scale is as follows:

- | | | |
|----|--|------------------------|
| 0. | <i>Did not apply to me at all</i> | G217_PQ_DASS_TOT_SCORE |
| 1. | <i>Applied to me to some degree, or some of the time</i> | G217_PQ_DASS_STR_SCORE |
| 2. | <i>Applied to me a considerable degree, or a good part of the time</i> | G217_PQ_DASS_DEP_SCORE |
| 3. | <i>Applied to me very much, or most of the time</i> | G217_PQ_DASS_ANX_SCORE |

		0	1	2	3	
1.	I found myself getting upset by quite trivial things	G217_PQ_DASS1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	I couldn't seem to get going	G217_PQ_DASS5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I had a feeling of faintness	G217_PQ_DASS15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I experienced breathing difficulties (eg. excessively rapid breathing, in the absence of physical exertion)	G217_PQ_DASS4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I felt sad and depressed	G217_PQ_DASS13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I found it hard to calm down after something else	G217_PQ_DASS29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I perspired noticeably (eg. sweaty hands) in the absence of high temperatures or physical exertion	G217_PQ_DASS19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting)	G217_PQ_DASS14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I found myself in situations which made me so anxious I was most relieved when they ended	G217_PQ_DASS9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I tend to over-react to situations	G217_PQ_DASS6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I found myself getting upset rather easily	G217_PQ_DASS11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I felt that I had nothing to look forward to	G217_PQ_DASS10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I couldn't seem to experience any positive feelings at all	G217_PQ_DASS3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I found that I was very irritable	G217_PQ_DASS27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	I was aware of dryness in my mouth	G217_PQ_DASS2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I felt that I had lost interest in just about everything	G217_PQ_DASS16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I could see nothing in the future to be hopeful about	G217_PQ_DASS37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I was aware of the action of my heart in the absence of physical exertion (eg. heart rate increase, missing a beat)	G217_PQ_DASS25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I felt scared without any good reason	G217_PQ_DASS20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I felt that life wasn't worthwhile	G217_PQ_DASS21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	I felt that I was rather touchy	G217_PQ_DASS18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I felt that I was using a lot of nervous energy	G217_PQ_DASS12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I couldn't seem to get enough enjoyment out of the things I did	G217_PQ_DASS24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I had a feeling of shakiness (eg. legs going to give way)	G217_PQ_DASS7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The rating scale is as follows:

0. *Did not apply to me at all*
1. *Applied to me to some degree, or some of the time*
2. *Applied to me a considerable degree, or a good part of the time*
3. *Applied to me very much, or most of the time*

	0	1	2	3
25. I felt downhearted and blue G217_PQ_DASS26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I found it difficult to work up the initiative to do something G217_PQ_DASS42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I found it hard to wind down G217_PQ_DASS22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I was intolerant of anything that kept me from getting on with what I was doing G217_PQ_DASS35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I had difficulty in swallowing G217_PQ_DASS23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I feared that I could be "thrown" by some trivial but unfamiliar task G217_PQ_DASS30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I felt I was pretty worthless G217_PQ_DASS34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I was unable to become enthusiastic about anything G217_PQ_DASS31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I was worried about situations in which I might panic and make a fool of myself G217_PQ_DASS40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I was in a state of nervous tension G217_PQ_DASS33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I felt I was close to panic G217_PQ_DASS28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I felt I wasn't much as a person G217_PQ_DASS17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I found it difficult to relax G217_PQ_DASS8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I felt terrified G217_PQ_DASS36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I experienced trembling (eg in the hands) G217_PQ_DASS41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I found myself getting agitated G217_PQ_DASS39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I felt that life was meaningless G217_PQ_DASS38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I found it difficult to tolerate interruptions to what I was doing G217_PQ_DASS32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q96. Does this reflect a typical a week for you?

G217_PQ_DASS94

Yes

Go to Q98

No



Q97. Please describe the reason(s) for this not being a typical a week for you.

* Need new variable



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These questions are about how you have been feeling in the last four weeks.

(Please mark one response for each item)

Q98. In the past four weeks, about how often did you....

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
G217_PQ_FL44	Feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL45	Feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL46	Feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL47	Feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL48	Feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL49	Feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL50	Feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL51	Feel everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL52	Feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FL53	Feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your relationship with your partner. If you do not have a partner (living with you or otherwise) please leave these questions and Go to Q102.

Q99. Most people have disagreements in their relationships. Please indicate below the extent of agreement or disagreement between you and your partner for each of the following items.

	Always Agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
G217_PQ_REL1	Philosophy of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_REL2	Aims, goals and things believed to be important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_REL3	Amount of time spent together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q100. How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
G217_PQ_REL4	Have a stimulating exchange of ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_REL5	Calmly discuss something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_REL6	Work together on a project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q101. The points on the following question represent different degrees of happiness in your relationship with your partner.

The middle point, "happy", represents the degree of happiness of most relationships. Please mark the point which best represents the degree of happiness, all things considered, of your relationship with your partner.

Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
<input type="radio"/>						

Q102. Below are statements about families and family relationships.

Item 1

Please mark the category which best describes your family - the people living in your house.

	(Please mark one response for each item)	Strongly Agree	Agree	Disagree	Strongly Disagree
G217_PQ_FA1A	Planning family activities is difficult because we misunderstand each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1B	In times of crisis we can turn to each other for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1C	We cannot talk to each other about sadness we feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1D	Individuals (in the family) are accepted for what they are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1E	We avoid discussing our fears and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1F	We express feelings to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1G	There are lots of bad feelings in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1H	We feel accepted for what we are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1I	Making decisions is a problem in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1J	We are able to make decisions about how to solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1K	We don't get on well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1L	We confide in each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_FA1M	Drinking is a source of tension or disagreement in our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Item 2

Taking things all together, how would you say things are for...

	Not too Happy	Reasonably Happy	Very Happy	No spouse/partner
G217_PQ_FA3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G217_PQ_FA4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Item 3

Here are some situations you may encounter. How sure are you that you can manage when...

(Please mark one response for each item)	Not at all sure	A Little Sure	Somewhat Sure	Quite Sure	Very Sure
G217_PQ_CW1	<input type="radio"/>				
G217_PQ_CW2	<input type="radio"/>				
G217_PQ_CW3	<input type="radio"/>				
G217_PQ_CW5	<input type="radio"/>				
G217_PQ_CW6	<input type="radio"/>				
G217_PQ_CW7	<input type="radio"/>				
G217_PQ_CW10	<input type="radio"/>				
G217_PQ_CW11	<input type="radio"/>				
G217_PQ_CW12	<input type="radio"/>				
G217_PQ_CW13	<input type="radio"/>				
G217_PQ_CW15	<input type="radio"/>				
G217_PQ_CW16	<input type="radio"/>				
G217_PQ_CW17	<input type="radio"/>				
G217_PQ_CW18	<input type="radio"/>				
G217_PQ_CW19	<input type="radio"/>				
G217_PQ_CW20	<input type="radio"/>				
G217_PQ_CW21	<input type="radio"/>				
G217_PQ_CW22	<input type="radio"/>				
G217_PQ_CW23	<input type="radio"/>				
G217_PQ_CW24	<input type="radio"/>				
G217_PQ_CW26	<input type="radio"/>				
G217_PQ_CW27	<input type="radio"/>				



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The following questions ask about your friends and family with whom you communicate regularly.

Q103. How often do you have contact (including telephone) with **members of your family**, (do not include those living with you)?

	Not at all	Less than monthly	Once or twice a month	Approx. once a week	More often than once a week
G217_PQ_M2	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F2	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P2	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q104. How often do you have contact (including telephone) with **friends** (do not include those living with you)?

	Not at all	Less than monthly	Once or twice a month	Approx. once a week	More often than once a week
G217_PQ_M3	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F3	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P3	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q105. Among these family and friends, how many people are there who you feel close to and with whom you can talk frankly, without having to watch what you say?

	None	1 - 2 people	3 - 5 people	More than 5 people
G217_PQ_M1	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F1	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P1	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q106. Do any of these people live **within 10 minutes drive** of you?

	Yes	No	N/A (no-one to talk frankly with)
G217_PQ_M5	Teenager's Mother	<input type="radio"/>	<input type="radio"/>
G217_PQ_F5	Teenager's Father	<input type="radio"/>	<input type="radio"/>
G217_PQ_P5	Your Partner	<input type="radio"/>	<input type="radio"/>



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Section 3

These questions are mostly about your 16 year old study teenager.

ABOUT YOUR TEENAGER - STRICTLY CONFIDENTIAL

Q107. On average, how much time is spent with your teenager **each day from Monday to Friday** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)?

	None	Less than 1 hour	About 1 hour	About 1 to 3 hours	About 3 to 5 hours	More than 5 hours
G217_PQ_M8	Teenager's Mother	<input type="radio"/>				
G217_PQ_F8	Teenager's Father	<input type="radio"/>				
G217_PQ_P8	Your Partner	<input type="radio"/>				

Q108. On average, how much time is spent with your teenager **each day in the weekend** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)?

	None	Less than 1 hour	1 - 6 hours	6 to 10 hours	11 to 20 hours
G217_PQ_M9	Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_F9	Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_P9	Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q109. Compared with other teenagers, how easy or difficult is your teenager to manage?
(Please mark the response that best represents your feelings)

G217_PQ_MANA

- Much more difficult than average
- A little more difficult than average
- Average
- A little easier than average
- Much easier than average

Q110. How would you compare the physical activity level of your teenager with that of **other teenagers of the same age**?

G217_PQ_AC11

- I am unable to make a comparison
- My teenager is less active than other teenagers
- My teenager is as active as other teenagers
- My teenager is more active than other teenagers

Q111. How does your teenager's level of activity **now** compare to **12 months ago**?

G217_PQ_AC10

- Less active than 12 months ago
- About the same as 12 months ago
- More active than 12 months ago



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Q112. What does your teenager currently spend most of his/her time doing?

(Please only mark only one response, unless two or more answers apply equally)

- | | | |
|--------------|--|------------|
| G217_PQ_ED46 | <input type="radio"/> Studying - school | Go to Q113 |
| G217_PQ_ED47 | <input type="radio"/> Studying - TAFE | Go to Q118 |
| G217_PQ_ED48 | <input type="radio"/> Studying - University | |
| G217_PQ_ED49 | <input type="radio"/> Studying - Other | Go to Q118 |
| G217_PQ_ED50 | <input type="radio"/> Looking for work | |
| G217_PQ_ED51 | <input type="radio"/> Full-time or part-time job (salary or own business) | Go to Q121 |
| G217_PQ_ED52 | <input type="radio"/> Voluntary work | |
| G217_PQ_ED53 | <input type="radio"/> Home duties / caring for children | |
| G217_PQ_ED54 | <input type="radio"/> Voluntarily out of the workforce | |
| G217_PQ_ED55 | <input type="radio"/> Recovering from injury/illness | |
| G217_PQ_ED56 | <input type="radio"/> Caring for an aged / disabled / ill person (relative/friend) | Go to Q121 |
| G217_PQ_ED57 | <input type="radio"/> Other - please describe _____ | |

Q113. a) What is the name and suburb of the school your teenager is currently attending?

G217_PQ_SCOD

G217_PQ_ED9 b) What year/grade is your teenager in at school now?

G217_PQ_BRD1 c) Is your teenager boarding at school? No Yes

Q114. Has your teenager ever repeated a year/grade at school? (If preschool, then please print 95 in the area available) No

G217_PQ_E10A Yes. Which year/grade? G217_PQ_E10B

Q115. How satisfied are you with the standard of education offered at your teenager's current school?

G217_PQ_ED26 Very Dissatisfied Dissatisfied Neither Satisfied Very Satisfied

Q116. How would you describe your teenager's academic performance in school during the past 6 months?

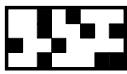
G217_PQ_ED12 Poor Below average Average Very good Excellent

G217_PQ_ED27 (WAS G217_PQ_ED12)

Q117. How satisfied are you with your teenager's progress at school in the following areas?

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
G217_PQ_ED35	<input type="radio"/> Having a high grade average	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_ED36	<input type="radio"/> Attending classes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_ED37	<input type="radio"/> Doing well even in hard subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_ED38	<input type="radio"/> Having others think of them as a good student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_ED39	<input type="radio"/> Deciding on a future career/education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to Q125



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Q118. How satisfied are you with the standard of education offered at your teenager's current TAFE or Uni?

G217_PQ_ED33	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
	<input type="radio"/>				

Q119. How would you describe your teenager's academic performance in TAFE or Uni during the past 6 months?

G217_PQ_ED34	Poor	Below average	Average	Very good	Excellent
	<input type="radio"/>				

Q120 How satisfied are you with your teenager's progress at school in the following areas?

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
G217_PQ_ED90	<input type="radio"/>				
G217_PQ_ED91	<input type="radio"/>				
G217_PQ_ED92	<input type="radio"/>				
G217_PQ_ED93	<input type="radio"/>				
G217_PQ_ED94	<input type="radio"/>				

Go to Q125

Q121. In which month and year did your teenager leave school?

G217_PQ_ED40	Month <input type="text"/> <input type="text"/>	and	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	G217_PQ_ED41 (4-digit year)
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Q122. What was the highest year of school your teenager completed?

- Year 12 (or equivalent)
- Year 11 (or equivalent)
- Year 10 (or equivalent)
- Other - please specify _____

Q123. How would you describe your teenager's performance at work or job seeking?

G217_PQ_ED65	Poor	Below average	Average	Very good	Excellent
	<input type="radio"/>				

Q124. How satisfied are you with your teenager's...

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
G217_PQ_ED44	<input type="radio"/>				
G217_PQ_ED45	<input type="radio"/>				

**** Additional questions are at the end of the questionnaire ****

Go to Q125



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Q125. Is your teenager limited in what he/she does because of physical problems?

G217_PQ_LIM_P

No **Go to Q127**

Yes



Q126. How long has your teenager been limited in this way?

G217_PQ_LIM_PT

Less than 6 months

6 months to 2 years

More than 2 years

Q127. Is your teenager limited in what he/she does because of emotional problems?

G217_PQ_LIM_E

No **Go to Q129**

Yes



Q128. How long has your teenager been limited in this way?

G217_PQ_LIM_ET

Less than 6 months

6 months to 2 years

More than 2 years

Q129. Is your teenager limited in what he/she does because of learning problems?

G217_PQ_LIM_L

No **Go to Q131**

Yes



Q130. How long has your teenager been limited in this way?

G217_PQ_LIM_LT

Less than 6 months

6 months to 2 years

More than 2 years

Q131. Is your teenager limited in what he/she does because of speech or language problems?

G217_PQ_LIM_LA

No **Go to Q133**

Yes



Q132. How long has your teenager been limited in this way?

G217_PQ_LIM_LAT

Less than 6 months

6 months to 2 years

More than 2 years



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Q133. Does your teenager take part in any of the following activities outside of school/TAFE/Uni/work hours?

(Please mark all applicable responses)		Yes
G217_PQ_AC65	Organised groups such as scouts, guides, church groups	<input type="radio"/>
G217_PQ_AC66	Organised sport like football, netball, little athletics	<input type="radio"/>
G217_PQ_AC67	Informal sporting activities like swimming, rollerblading	<input type="radio"/>
G217_PQ_AC68	Music, art, drama, dance	<input type="radio"/>
G217_PQ_AC69	Informal recreation like going to the movies or swimming pool	<input type="radio"/>
G217_PQ_AC70	Going to a friend's house (any friends not necessarily school friends)	<input type="radio"/>
G217_PQ_AC70A	None of these	<input type="radio"/>

Q134. How satisfied are you with the opportunities that your teenager has to take part in activities outside school/TAFE/Uni/Work?

Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
G217_PQ_AC71	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q135. How would you rate the overall health of your teenager?

G217_PQ_OALL

- 4 Poor (seldom well)
- 3 So-so (he/she is ill as often as he/she is well)
- 2 OK, could be better (mostly well)
- 1 Excellent (nearly always well)

Q136. Is your teenager limited in any physical activities (eg running, biking, climbing stairs, lifting, dressing) because of health problems?

G217_PQ_LIM_H
O No Go to Q138

O Yes



Q137. How long has your teenager been limited in this way?

- G217_PQ_LIM_HT
- Less than 6 months
 - 6 months to 2 years
 - More than 2 years



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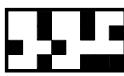
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Q138. Does your study teenager have now, or has he/she had in the past, any of the following **health professional diagnosed** medical conditions or health problems?

(Please mark one response for each item)	No	Yes, in the past	Yes, now	Yes, now and in the past
G217_PQ_CH22 Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH1 Anxiety problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH2 Arthritis or joint problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH3 Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH4 Attentional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH20 Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH5 Behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH23 Bladder control problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH6 Chronic respiratory or breathing problems (other than asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH27 Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH7 Co-ordination or clumsiness difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH8 Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH24 Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PQ_CH25 Eating disorder/Weight problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes..." to any of the above health professional diagnosed problem or condition, please describe the condition or problem in more detail below (eg. long sighted - wear glasses for reading; diagnosed with attention deficit disorder; asthma requiring medication).

Please list every medical condition/health problem separately - otherwise leave this blank.



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Q138 continued... Does your study teenager have now, or has he/she had in the past, any of the following **health professional diagnosed** medical conditions or health problems?

(Please mark one response for each item)	No	Yes, in the past	Yes, now	Yes, now and in the past
Hayfever or some other allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing impairment or deafness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine or severe headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech and/or language problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid gland problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other medical condition or health problem not mentioned here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have answered "Yes..." to any of the above or any other health professional diagnosed problem or condition, please describe the condition or problem in more detail below
Please list every medical condition/health problem separately - otherwise leave this blank.

Office use only G217_PQ_MD??

Q138		MD	2	3	4	
1	20	1 -----	21	2 -----	22	3 -----
5	24	5 -----	25	6 -----	26	7 -----
9	28	9 -----	29	10 -----	30	14 -----
13	32	16 -----	33	17 -----	34	18 -----
					35	19 -----



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Q139. Since the last follow-up at 13-14 years of age, has your study teenager had any accidents or injuries which required you to take him/her to a doctor (GP), hospital or clinic?

G217_PQ_INJ

 No

Go to Q140

 Yes

Please describe the accident, the injury and any treatment (eg. fell off bike, cut arm, 3 stitches), and list every accident/injury separately, giving as much detail as possible.

Injury	How did it happen?	When did it happen?	Treatment
eg. Sprained wrist	Fell down stairs	3 months ago	Physiotherapy/bandage
not scanned			

Q140. Since the last follow-up at 13-14 years of age, has your study teenager been admitted to a hospital/day surgery ?

G217_PQ_HO

 No

Go to Q141

 Yes

Please list each admission separately, giving as much detail as possible.

Date	Which hospital?	Reason for admission
eg. October 2005	McCourt St Day Surgery	Removal of impacted wisdom teeth

Office use only

G217_PQ_INF?

G217_PQ_INC?

G217_PQ_HOD?

G217_PQ_HOH?

G217_PQ_HOC?

I1	1	1 -----	H1	1 ----- / ----- / -----	1 -----	1 -----
I2	2	2 -----	H2	2 ----- / ----- / -----	2 -----	2 -----
I3	3	3 -----	H3	3 ----- / ----- / -----	3 -----	3 -----
I4	4	4 -----	H4	4 ----- / ----- / -----	4 -----	4 -----
5	5	5 -----	H5	5 ----- / ----- / -----	5 -----	5 -----



9616

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Q143. To your knowledge, has your teenager taken/used any prescription medication(s) in the **past 6 months?**

No

Go to Q144

G217_PQ_PMED

Yes

Which medication(s)?		
Name	Reason for taking it	Is he/she still taking it?
eg. Antibiotics Ventolin Cortisone cream	For acne For asthma For eczema	Yes Yes No
G217_PQ_PMEDI - NOT SCANNED		

Q144. In the **past 6 months** has your teenager taken/used any 'over the counter' medication(s) (*including vitamins, minerals and health food products?*)

No

Go to Q145

Yes

Which medication(s)?		
Name	Reason for taking it	Is he/she still taking it?
eg. Neurofen Antihistamine Fish oil capsules	For period pain For hayfever For ADD	Yes No Yes
G217_PQ_CMD1 - NOT SCANNED		

The following questions concern your housing environment

Q145. Is your home air-conditioned?

No

Go to Q148

Yes

Q146. How many rooms are air-conditioned?

- One room
- Two rooms
- Three rooms
- More than three rooms
- Portable air-conditioner

Q147. Is it evaporative air-conditioning?

or

Is it refrigerated air-conditioning?

No

Yes

No

Yes

Office use only

CMD1

Q144

10

20

Q144

G217_PQ_CM30



9616

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Q148. Is your home heated?

 No

Go to Q150

 Yes

Q149. How is your home heated?

(Please mark all applicable responses)

Is there a chimney (flue) attached?

Yes Yes No Don't know

G217_PQ_HEA2A	Gas heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_HEA2
G217_PQ_HEA3A	Kerosene heater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_HEA3
G217_PQ_HEA4A	Electric bar radiator, fan or column heater	<input type="radio"/>				
G217_PQ_HEA6A	Reverse cycle air-conditioning	<input type="radio"/>				
G217_PQ_HEA7A	Fully ducted heating	<input type="radio"/>				
G217_PQ_HEA5A	Wood fire/slow combustion heater	<input type="radio"/>				
G217_PQ_HEA0A	Other - please specify _____	<input type="radio"/>				

Q150. Do you have gas cooking in your home?

 No Yes No

Go to Q153

 Yes

Q151. Are there any pets at home?

 No Yes

Q152. How many pets are there? If you have no pets at home then please leave this section blank. If you have either no cats, no dogs or birds or no other pets, then print the number 0 in the spaces.
 (Please print the number neatly in the space provided)

	Inside	Outside	Total
Cats G217_PQ_PT4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Dogs G217_PQ_PT7	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Birds (include ducks, geese, chickens) G217_PQ_PT10	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other pets? How many other pets inside? G217_PQ_PT8	<input type="text"/> <input type="text"/>	What type? _____	
How many other pets outside? G217_PQ_PT9	<input type="text"/> <input type="text"/>	What type? _____	

Office use only

G217_PQ_PT?

In

Q152

15

17 ---

G217_PQ_P11?

Out

Q152

A

B

C

D

G217_PQ_PT?

In

Q152

16

18 ---

G217_PQ_P12?

Out

Q152

A

B

C

D



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Q153. Does your teenager have any regular contact with pets elsewhere? (eg relatives, neighbours, friends)

No

Go to Q155

G217_PQ_T13X

Yes



Q154. What types of animals?

(Please mark all applicable responses)

Yes

Dogs

Cats

Birds

Fish

Rodents (eg. guinea pigs, rabbits, rats/mice)

Reptiles/Amphibia

Other (eg.farm animals - sheep, horses cattle)

Please specify _____

Q155. Does your teenager usually cough when he/she gets a cold these days?

No

Yes

Don't know

Q156. Does your teenager seem congested or bring up phlegm (spit) from his/her chest with colds?

No

Yes

Don't know

Q157. Has your teenager wheezed at any time in his/her life? (wheeze is a whistling or rattling noise in the chest, best heard when breathing out)

No

Go to Q163

Yes



Q158. Has your teenager wheezed in the last 12 months?

No

Go to Q163

Yes



Q159. How many episodes of wheezing has your teenager had in the last 12 months?

1 to 2

3 to 12

More than 12

G217_PQ_RE35



9616

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Q160. In the last 12 months, how often on average has your teenager's sleep been disturbed due to wheezing?

Never woken with wheezing

Less than one night per week

One or more nights per week

Don't know

In the last 12 months has...

Yes

No

Don't
Know

Q161. Wheezing ever been severe enough to limit your teenager's speech to only one or two words at a time between breaths?

Q162. Your teenager's chest sounded wheezy during or after exercise?

Q163. Do you think your teenager has ever had asthma?

No

Yes

Don't know

Q164. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager has asthma?

No

Yes

Q165. Does your teenager still have asthma?

Not applicable - never had asthma

No

Yes

Don't know



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Q166. Has your teenager taken/used any of the following asthma medications in the **last 12 months?**

No

Go to Q167

Yes



(Please mark all applicable responses)

Ordered by Doctor

Yes

Yes

No

G217_PQ_AS18	Ventolin (Asmol, Airomir, etc)	<input type="radio"/>	G217_PQ_AS19	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS20	Respolin	<input type="radio"/>	G217_PQ_AS21	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS22	Nuelin	<input type="radio"/>	G217_PQ_AS23	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS24	Theo-dur	<input type="radio"/>	G217_PQ_AS25	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS26	Bricanyl	<input type="radio"/>	G217_PQ_AS27	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS30	Atrovent	<input type="radio"/>	G217_PQ_AS31	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS35	QVAR	<input type="radio"/>	G217_PQ_AS36	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS39	Flixotide	<input type="radio"/>	G217_PQ_AS40	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS41	Pulmacort	<input type="radio"/>	G217_PQ_AS42	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS43	Berotec	<input type="radio"/>	G217_PQ_AS44	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS50	OXIS	<input type="radio"/>	G217_PQ_AS51	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS52	Serevent	<input type="radio"/>	G217_PQ_AS53	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS54	Singulaire	<input type="radio"/>	G217_PQ_AS55	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS56	Accolate	<input type="radio"/>	G217_PQ_AS57	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS59	Seretide	<input type="radio"/>	G217_PQ_AS60	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS61	Symbacort	<input type="radio"/>	G217_PQ_AS62	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS63	Prednisolone	<input type="radio"/>	G217_PQ_AS64	<input type="radio"/>	<input type="radio"/>
G217_PQ_AS65	Other	<input type="radio"/>	G217_PQ_AS66	<input type="radio"/>	<input type="radio"/>
Please specify _____					



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The following questions are about problems which occurred when your teenager DID NOT have a cold or flu

Q167. Has your teenager **ever** had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or flu?

No **Go to Q175**

Yes



Q168. In the **last 12 months**, has your teenager had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or flu?

G217_PQ_RE69

No **Go to Q172**

Yes



Q169. In the **last 12 months**, was this nose problem accompanied by itchy-watery eyes?

No

Yes

Q170. In the **last 12 months**, how many episodes of **allergic** nose problem (including hayfever) has your teenager had?

G217_PQ_HF3

1 to 2

3 to 12

More than 12

Q171. In which of the **last 12 months** did this problem occur? (please mark all those applicable)

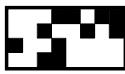
Yes		Yes			
G217_PQ_RE80	January	<input type="radio"/>	G217_PQ_RE86	July	<input type="radio"/>
G217_PQ_RE81	February	<input type="radio"/>	G217_PQ_RE87	August	<input type="radio"/>
G217_PQ_RE82	March	<input type="radio"/>	G217_PQ_RE88	September	<input type="radio"/>
G217_PQ_RE83	April	<input type="radio"/>	G217_PQ_RE89	October	<input type="radio"/>
G217_PQ_RE84	May	<input type="radio"/>	G217_PQ_RE90	November	<input type="radio"/>
G217_PQ_RE85	June	<input type="radio"/>	G217_PQ_RE91	December	<input type="radio"/>

Q172. Has a doctor (GP, paediatrician) ever told you that your teenager has an **allergic** nose problem (including hayfever)?

G217_PQ_RE24

No

Yes



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Q173. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

Grass

Pollen

Animal

Dust

Other - please specify _____

Don't know

Q174. Has your teenager taken/used any medication for an **allergic** nose problem (including hayfever) in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable response)

No

Go to Q175

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>

Office use only

G217_PQ_HF33

HF33

35

37

G217_PQ_HF40

39

Q174

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Q175. Has your teenager **ever** had a problem with red/watery or itchy eyes?

G217_PQ_RE70

No **Go to Q183**

Yes



Q176. Do you think that your teenager has ever had allergic reaction in the eyes (including hayfever)?

G217_PQ_C01

Yes

No

Don't know

Q177. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager had an allergic reaction in the eyes (including hayfever)?

G217_PQ_C02

Yes

No

Don't know

Q178. In the **last 12 months**, has your teenager suffered from an **allergic** reaction in the eyes (including hayfever)?

G217_PQ_C04

No **Go to Q183**

Yes



Q179. In the **last 12 months**, how many episodes of **allergic** reaction in the eyes (including hayfever) has your teenager had?

G217_PQ_C05

1 to 2

3 to 12

More than 12

Q180. In which of the **last 12 months** did this problem occur? (*please mark all those applicable*)

	Yes		Yes
G217_PQ_C021 January	<input type="radio"/>	G217_PQ_C027 July	<input type="radio"/>
G217_PQ_C022 February	<input type="radio"/>	G217_PQ_C028 August	<input type="radio"/>
G217_PQ_C023 March	<input type="radio"/>	G217_PQ_C029 September	<input type="radio"/>
G217_PQ_C024 April	<input type="radio"/>	G217_PQ_C030 October	<input type="radio"/>
G217_PQ_C025 May	<input type="radio"/>	G217_PQ_C031 November	<input type="radio"/>
G217_PQ_C026 June	<input type="radio"/>	G217_PQ_C032 December	<input type="radio"/>



Q181. What was the trigger/cause of these problems?

(Please mark all applicable responses)

Yes

- G217_PQ_CO6A** Grass

G217_PQ_CO6B Pollen

G217_PQ_CO6C Animal

G217_PQ_CO6D Dust

G217_PQ_CO6E Other - please specify _____

G217_PQ_CO6F Don't know

Q182. Has your teenager taken/used any medication for an allergic eye reaction (including hayfever) in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable circle)

o No

Go to Q183

Yes

1

Office use only

G217_PQ_CO49 G217_PQ_CO56

Q182



9616

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Q183. Has your teenager **ever** had eczema or an itchy rash which was coming and going for at least six months?

No **Go to Q194**

G217_PQ_RH1

Yes



Q184. Has this eczema/itchy rash at any time affected any one 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?

No

Yes

Q185. In the **last 12 months**, has your teenager had this eczema/itchy rash?

No **Go to Q188**

G217_PQ_RH2

Yes



Q186. In the **last 12 months**, how often, on average, has your teenager been kept awake at night by this itchy rash?

Never in the last 12 months

Less than one night per week

One or more nights per week

Q187. Has this rash cleared completely during the **last 12 months**?

No

Yes

Q188. Do you think that your teenager has **ever had eczema**?

Yes

No

Don't know

G217_PQ_RH7

Q189. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that your teenager has eczema?

G217_PQ_RH11

Yes

No

Don't know



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Q190. In the **last 12 months**, has your teenager suffered from **eczema**?

No **Go to Q194**

G217_PQ_RH12

Yes



Q191. In the **last 12 months**, how many episodes of **eczema** has your teenager had?

1 to 2

G217_PQ_RH13

3 to 12

More than 12

Q192. In which of the **last 12 months** did this problem occur? (Please mark all those applicable)

	Yes		Yes
G217_PQ_RH28 January	<input type="radio"/>	G217_PQ_RH34 July	<input type="radio"/>
G217_PQ_RH29 February	<input type="radio"/>	G217_PQ_RH35 August	<input type="radio"/>
G217_PQ_RH30 March	<input type="radio"/>	G217_PQ_RH36 September	<input type="radio"/>
G217_PQ_RH31 April	<input type="radio"/>	G217_PQ_RH37 October	<input type="radio"/>
G217_PQ_RH32 May	<input type="radio"/>	G217_PQ_RH38 November	<input type="radio"/>
G217_PQ_RH33 June	<input type="radio"/>	G217_PQ_RH39 December	<input type="radio"/>

Q193. Has your teenager taken/used any medication for eczema in the **last 12 months**?
(Please write the medication in the space provided and then mark the applicable response)

G217_PQ_RH49

No **Go to Q194**

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>

Office use only

G217_PQ_RH62 64 66 68 70 G217_PQ_RH71

Q193								
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9616

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Q194. On average how many serves **each week** does your teenager have of.....

	None	1 - 5 serves	6 - 10 serves	11 - 15 serves	More than 15 serves	
G217_PQ_F019	Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<i>(one serve of fruit = one piece of fresh fruit, or a 30 gram pack of sultanas, or five dried apricots, do not include juice)</i>				
G217_PQ_F020	Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<i>(one serve of vegetables = half a cup of vegetables, or salad, or beans/lentils)</i>				
G217_PQ_F018	High fibre bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<i>(one serve of high fibre bread = one slice of wholemeal, or multi-grain, or high fibre white breads)</i>				

Q195. On average how many times **each week** does your teenager have a high fibre breakfast cereal (*cereals such as Weetbix, Mini-Wheats, Just Right, Sustain, Weeties, Muesli*)?

G217_PQ_F021

- Not at all
- 1 to 5 times
- 6 to 8 times
- More than 8 times

Q196. On average, how many muesli or health bars does your teenager have **each week**?

G217_PQ_F023

- None
- 1 to 4 bars
- 5 to 8 bars
- 9 to 15 bars
- More than 15 bars

Q197. On average how many serves of rice or pasta does your teenager have **each week**?
(one serve = one cup)

G217_PQ_F024

- None
- 1 to 4
- 5 to 8
- More than 8



9616

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Q198. Does your teenager have any food allergies?

O No

Go to Q199

Yes



(Please mark all the applicable responses and print within the spaces provided)

Food Type	Yes	What starts it? (eg. eating, skin contact)	What reaction(s)? (eg. difficulty breathing, diarrhoea)	Severity of the reaction (eg. mild, moderate, severe)
1. Peanut Products	<input type="radio"/>			
2. Wheat/Yeast	<input type="radio"/>			
3. Dairy	<input type="radio"/>			
4. Fruit	<input type="radio"/>			
5. Eggs	<input type="radio"/>			
6. Seafood	<input type="radio"/>			
7. Preservatives/Colouring	<input type="radio"/>			
8. Other	<input type="radio"/>			
(please specify)				

Office use only

G217 PQ FD1

G217 PQ FD2

G217_PQ_FD3D3

G217_PQ_FD4

G217_PQ_FD5

G217_PQ_FD6

G217_PQ_FD7

G217_PQ_FD8



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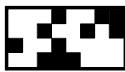
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The following questions (Q199-Q202) apply to your study teenager's biological family only.

Q199. This question asks about your biological family's history of asthma, allergic nose and eye reactions and eczema **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
					No Yes	
Has the teenager's mother had... G217_PQ_H1?						
Asthma	<input type="checkbox"/> A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> B	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="checkbox"/> C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> D	<input type="radio"/>
Allergic eye reaction	<input type="checkbox"/> E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> F	<input type="radio"/>
Eczema	<input type="checkbox"/> G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> H	<input type="radio"/>
Has the teenager's father had... G217_PQ_H2?						
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have any of the teenager's biological brothers or sisters (siblings) had... G217_PQ_H4?						
Sibling 1	G217_PQ_H4?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 2	G217_PQ_H5?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 3	G217_PQ_H6?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 4	G217_PQ_H7?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 5	G217_PQ_H8?					
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic nose reaction (incl hayfever)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergic eye reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If the study teenager has more than 5 biological siblings please write their information on the very last page of your questionnaire)



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Q200. This question asks about your biological family's history of diabetes, kidney and heart conditions and arthritis **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
	No	Yes				
Has the teenager's mother had... G217_PQ_H1?						
Diabetes	<input type="checkbox"/> I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> J	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/> K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> L	<input type="checkbox"/>
Arthritis	<input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/> O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P	<input type="checkbox"/>
Has the teenager's father had... G217_PQ_H2?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the teenager's biological brothers or sisters (siblings) had... G217_PQ_H4?						
Sibling 1 G217_PQ_H4?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 2 G217_PQ_H5?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 3 G217_PQ_H6?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 4 G217_PQ_H7?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 5 G217_PQ_H8?						
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal conditions (Kidney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac conditions (Heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If the study teenager has more than 5 biological siblings please write their information on the very back page of your questionnaire)



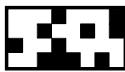
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Q201. This question asks about your biological family's history of depression, cholesterol problems and high blood pressure **and** whether or not it was diagnosed by a doctor.

(Please mark all applicable responses)	No	Yes In the past	Yes Now	Yes Now and in the past	Diagnosed by a doctor	
	No	Yes				
Has the teenager's mother had... G217_PQ_H1?						
Depression needing treatment	<input type="checkbox"/> Q	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> R	<input type="radio"/>
Cholesterol problems	<input type="checkbox"/> S	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> T	<input type="radio"/>
High blood pressure	<input type="checkbox"/> U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> V	<input type="radio"/>
Has the teenager's father had... G217_PQ_H2?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have any of the teenager's biological brothers or sisters (siblings) had... G217_PQ_H3?						
Sibling 1 G217_PQ_H4?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 2 G217_PQ_H5?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 3 G217_PQ_H6?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 4 G217_PQ_H7?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 5 G217_PQ_H8?						
Depression needing treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If the study teenager has more than 5 biological siblings please write their information on the very back page of your questionnaire)

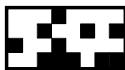


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Q202. This question asks about your biological family's history of coeliac disease and hemochromatosis (iron overload disease) **and** whether or not it was diagnosed by a doctor. (Please include half-brothers and half-sisters but not step-brothers or step-sisters)

(Please mark all applicable responses)	No	Yes	Don't Know	Diagnosed by a doctor	
	No	Yes		No	Yes
Does the teenager's mother have...	G217_PQ_H1?				
Coeliac disease	<input type="checkbox"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> X
Hemochromatosis (iron overload)	<input type="checkbox"/> Y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Z
Does the teenager's father have...	G217_PQ_H2?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do any of the teenager's biological brothers or sisters (siblings) have...					
Sibling 1	G217_PQ_H4?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 2	G217_PQ_H5?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 3	G217_PQ_H6?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 4	G217_PQ_H7?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling 5	G217_PQ_H8?				
Coeliac disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemochromatosis (iron overload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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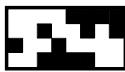
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This is called the Child Behaviour Checklist (for ages 4-18 years). It asks for information on the health, behaviour and social activities of your teenager. Its purpose is to help us to describe different patterns of behaviour and to understand how these affect the health, education and well being of children.

Please answer all items as well as you can, even if some do not seem to apply to your teenager.

For each item that describes your teenager now, or within the past six months, please mark the circle of 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	0	1	2	
G217_PQ_C2	1. Acts too young for his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C117
G217_PQ_C103	2. Allergy (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C118
G217_PQ_C104	3. Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C119
G217_PQ_C105	4. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C120
G217_PQ_C106	5. Behave like opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C121
G217_PQ_C107	6. Bowel movements outside toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C34
G217_PQ_C108	7. Bragging, boasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C35
G217_PQ_C5	8. Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C122
G217_PQ_C109	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C123
G217_PQ_C6	10. Can't sit still, restless, hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C124
G217_PQ_C10	11. Clings to adults or too dependent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C125
G217_PQ_C110	12. Complains of loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C126
G217_PQ_C111	13. Confused or seems to be in a fog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C127
G217_PQ_C13	14. Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C128
G217_PQ_C14	15. Cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C47
G217_PQ_C112	16. Cruelty, bullying or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C46
G217_PQ_C113	17. Day-dreams or gets lost in his/her thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C48
G217_PQ_C114	18. Deliberately harms self or attempts suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C129
G217_PQ_C96	19. Demands a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C12
G217_PQ_C17	20. Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C87
G217_PQ_C18	21. Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C130
G217_PQ_C20	22. Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C49
G217_PQ_C115	23. Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C50
G217_PQ_C24	24. Doesn't eat well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C51
G217_PQ_C25	25. Doesn't get along with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C1
G217_PQ_C27	26. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a. Aches or pains (not headaches)	<input type="radio"/>	<input type="radio"/>	G217_PQ_C39
G217_PQ_C30	27. Easily jealous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Headaches	<input type="radio"/>	<input type="radio"/>	G217_PQ_C45
G217_PQ_C31	28. Eats or drinks things that are not food (don't include sweets - describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Nausea, feels sick	<input type="radio"/>	<input type="radio"/>	G217_PQ_C57
G217_PQ_C32	29. Fears certain animals, situations or places, other than school (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Problems with eyes (describe):	<input type="radio"/>	<input type="radio"/>	G217_PQ_C60
G217_PQ_C116	30. Fears going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. Rashes or other skin problems	<input type="radio"/>	<input type="radio"/>	G217_PQ_C78
				f. Stomach aches or cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C93
				g. Vomiting, throwing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_161
				h. Other (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



	0=Not True (as far as you know)	1=Somewhat or Sometimes True			2=Very true or Often true				
		0	1	2	0	1	2		
G217_PQ_53	57. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	85. Strange ideas (describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C146
G217_PQ_C54	58. Picks nose, skin or other parts of body (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	86. Stubborn, sullen or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C81
G217_PQ_C132	59. Plays with own sex parts in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	87. Sudden changes in mood or feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C82
G217_PQ_C55	60. Plays with own sex parts too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	88. Sulks a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C83
G217_PQ_C133	61. Poor school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	89. Suspicious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C147
G217_PQ_C56	62. Poorly coordinated or clumsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	90. Swearing or obscene language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C148
G217_PQ_C134	63. Prefers being with older kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	91. Talks about killing self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C149
G217_PQ_C135	64. Prefers being with younger kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	92. Talks or walks in sleep (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C84
G217_PQ_C136	65. Refuses to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	93. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C150
G217_PQ_C137	66. Repeats certain acts over and over; compulsions (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	94. Teases a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C151
G217_PQ_C95	67. Runs away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	95. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C85
G217_PQ_C66	68. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	96. Thinks about sex too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C152
G217_PQ_C138	69. Secretive, keeps things to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	97. Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C153
G217_PQ_C139	70. Sees things that aren't there (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	98. Thumb sucking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C154
G217_PQ_C68	71. Self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	99. Too concerned about neatness or cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C86
G217_PQ_C140	72. Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	100. Trouble sleeping (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C38
G217_PQ_C141	73. Sexual problems (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	101. Truancy, skips school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C155
G217_PQ_C142	74. Showing off or clowning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	102. Under active, slow moving or lacks energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C89
G217_PQ_C73	75. Shy or timid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	103. Unhappy, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C90
G217_PQ_C74	76. Sleeps less than most kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	104. Unusually loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C91
G217_PQ_C143	77. Sleeps more than most kids during the day and/or at night (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	105. Uses alcohol or drugs for non-medical purposes (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C156
G217_PQ_C75	78. Smears or plays with bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	106. Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C157
G217_PQ_C76	79. Speech problem (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	107. Wets self during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C158
G217_PQ_C77	80. Stares blankly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	108. Wets the bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C159
G217_PQ_C144	81. Steals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	109. Whining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C97
G217_PQ_C145	82. Steals outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	110. Wishes to be of opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C160
G217_PQ_C79	83. Stores up things he/she doesn't need (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	111. Withdrawn, doesn't get involved with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C98
G217_PQ_C80	84. Strange behaviour (describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	112. Worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C99
					113. Please write in any problems your teenager has that were not listed above: _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_PQ_C100



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Q203. Do you have any concerns or worries about your teenager's health or development? (eg speech, language development, physical development, emotional development)

No

Go to Q204

G217_PQ_WOR

Yes



Please tell us about these concerns if you wish to do so

G217_PQ_WOR1 - Not Scanned

Q204. This questionnaire has been completed by the teenager's...

G217_PQ_DNBY

- Mother (who lives with the teenager)
- Father (who lives with the teenager)
- Mother (who does not live with the teenager)
- Father (who does not live with the teenager)
- Grandmother
- Grandfather
- Stepmother
- Stepfather
- Adoptive mother
- Adoptive father
- Foster mother
- Foster father
- Other person (eg aunt, uncle, sister, brother...)

Please specify who this other person is...

Q205. Please indicate the date you completed this questionnaire:

G217_PQ_DNWN

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G217_PQ_QC02

G217_PQ_VAL2

G217_PQ_WI

Office use only

G217_PQ_WORA

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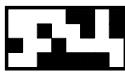
G217_PQ_WORR

AT

QM

WI

Q203



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Q206. Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

G217_PQ_QC01 - Not Scanned

THANK YOU

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



** Additional Questions - Teen Currently - Other		Yes	No
G217_PQ_ED66	Teen currently - other - hoping to get into TAFE		
G217_PQ_ED67	Teen currently - other - hoping to get into uni		
G217_PQ_ED68	Teen currently - other - planning other study		
G217_PQ_ED69	Teen currently - other - planning to look for a job but hasn't yet		
G217_PQ_ED70	Teen currently - other - taking time off to travel/gap year		
G217_PQ_ED71	Teen currently - other - looking after own child or other family member		
G217_PQ_ED72	Teen currently - other - other		

Not for Completion