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TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH

**WESTERN AUSTRALIAN
PREGNANCY COHORT (RAINE) STUDY**

13 YEAR FOLLOW UP QUESTIONNAIRE

Primary Caregiver

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

The purpose of this questionnaire is to obtain information about your child'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

❖ **Please read each question carefully.**

Write your answers in the space provided or circle the most appropriate option.

❖ **Please take your time.**

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 at 9489 7794, 9489 7793 or 9489 7796.

❖ **Remember all answers are STRICTLY confidential.**

❖ **Please complete this questionnaire as soon as possible.**

If you are coming in for an appointment, please bring your completed questionnaire with you on the day. If you are unable to attend, please return the questionnaire in the Reply Paid envelope provided by: _____

Section 1

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

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

HOUSING AND FAMILY - STRICTLY CONFIDENTIAL

- Q1. How old is your house/flat (approximately)? _____ years G214_PQ_HOMY

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- Q2. How many bedrooms are there? _____ G214_PQ_BEDS

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- Q3. How many bathrooms are there? _____ G214_PQ_BATH

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- Q4. Have you moved house since the last time you completed a Raine Study questionnaire? (i.e. in the last three years) G214_PQ_HOME

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0 No

1 Yes

How many times?

G214_PQ_HOMEN

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Q5a. If you live in Australia, what is your current residential postcode? G214_PQ_PCOD

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Q5b. If you live overseas, please indicate which country G214_PQ_CTRY

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Q6. How many adults and children live in your home?
(Please include your study child and yourself)

First name	Age yrs	Sex M/F	Relationship to study child
eg. Elizabeth	42	F	mother
eg. David	35	M	stepfather
eg. Jessica	13	F	study child
eg. Hannah	2	F	stepsister

.....	G214_PQ_AG1	G214_PQ_SX1	G214_PQ_RL1
.....	G214_PQ_AG2	G214_PQ_SX2	G214_PQ_RL2
.....	G214_PQ_AG3	G214_PQ_SX3	G214_PQ_RL3
.....	G214_PQ_AG4	G214_PQ_SX4	G214_PQ_RL4
.....	G214_PQ_AG5	G214_PQ_SX5	G214_PQ_RL5
.....	G214_PQ_AG6	G214_PQ_SX6	G214_PQ_RL6
.....	G214_PQ_AG7	G214_PQ_SX7	G214_PQ_RL7
.....	G214_PQ_AG8	G214_PQ_SX8	G214_PQ_RL8
.....	G214_PQ_AG9	G214_PQ_SX9	G214_PQ_RL9
.....	G214_PQ_AG10	G214_PQ_SX10	G214_PQ_RL10
.....	G214_PQ_AG11	G214_PQ_SX11	G214_PQ_RL11
.....	G214_PQ_AG12	G214_PQ_SX12	G214_PQ_RL12

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

0 No Go to Q8

1 Yes


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First name	Age yrs	Sex M/F	Relationship to study child
eg. Rachel	18	F	sister
eg. Simon	22	M	stepbrother
e.g. Tom	3	M	half brother
.....	G214_PQ_OAG1	G214_PQ_OSX1 G214_PQ_ORL1
.....	G214_PQ_OAG2	G214_PQ_OSX2 G214_PQ_ORL2
.....	G214_PQ_OAG3	G214_PQ_OSX3 G214_PQ_ORL3
.....	G214_PQ_OAG4	G214_PQ_OSX4 G214_PQ_ORL4
.....	G214_PQ_OAG4	G214_PQ_OSX5 G214_PQ_ORL5
.....	G214_PQ_OAG5	G214_PQ_OSX6 G214_PQ_ORL6
.....	G214_PQ_OAG6	G214_PQ_OSX7 G214_PQ_ORL7

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Q8. Is the father (mother) of the study child (your 13 year old) living with you?

G214_PQ_FHOM


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2 Yes Go to Q12

1 Not applicable – father (mother) deceased Go to Q11

0 No Go to Q9



Q9. Do you have any social contact with him/her?		G214_PQ_FSOC
0	No	
1	Yes	
Q10. Does he/she provide any financial support for the care of your child?		
0	No	G214_PQ_FMON
1	Yes	
Q11. Do you have another partner who lives with you?		G214_PQ_PTNR
0	No	
1	Yes	

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Q12. Are you or your partner receiving a benefit? G214_PQ_BNF

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0 No Go to Q14

1 Yes



Q13. Which benefit(s) are you or your partner receiving?
(Please circle **all** appropriate answers)

- G214_PQ_BNF2 Sole parent's benefit
G214_PQ_BNF3 Unemployment benefit
G214_PQ_BNF4 Disability allowance – parent
G214_PQ_BNF5 Disability allowance – child
G214_PQ_BNF6 Workers compensation
G214_PQ_BNF7 Sickness benefit
G214_PQ_BNF8 Austudy/Abstudy
G214_PQ_BNF9 Other *Please specify*

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Q14. Do you currently have a full-time or part-time job of any kind (excluding home duties)?
(Please circle **one** answer only – the main job) G214_PQ_YWRK_1

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G214_PQ_YWRK_YN

Variable label:

"Are you currently in a paid employment?"

Yes/No"

Values:

0/1/3/4 of G214_PQ_YWRK corresponds to

0=No in G214_PQ_YWRK_YN, and 2

of G214_PQ_YWRK corresponds to 1=Yes in

G214_PQ_YWRK_YN.

- 0 No, do not have a job – not seeking work Go to Q18
1 No, do not have a job – actively seeking work Go to Q18
2 Yes, work for payment or profit
3 Yes, unpaid work in a family business
4 Yes, other unpaid work



Q15. 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: G214_PQ_YEMP
(Please circle **one** answer only)

- 0 A salary or wage earner
1 A helper not receiving wages
2 Conducting your own business – with employees
3 Conducting your own business – without employees

Q16. Describe your current main job. (Please give title of job and description of work in detail) G214_PQ_YJOB_CODE

Job

Description

.....

Q17. How many hours do you usually work in all jobs?

G214_PQ_YHRS

G214_PQ_YHRS_CAT

- 0 None or less than one hour 0 hours =0
1 One or more hours per week (Please specify) 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

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Q18. What do you currently spend most of your time doing? *(Please only circle one answer, unless two, or more, answers apply equally)*

- | | |
|----------------|---|
| G214_PQ_YWK1 | Full-time or part-time job (salary or own business) |
| G214_PQ_YWK2 | Voluntary work |
| G214_PQ_YWK3 | Looking for work |
| G214_PQ_YWK4 | Home duties / caring for children |
| G214_PQ_YWK5 | Studying |
| G214_PQ_YWK6 | Voluntarily out of the workforce / retired |
| G214_PQ_YWK7 | Recovering from injury / illness |
| G214_PQ_YWK8 | Caring for an aged / disabled / ill person |
| G214_PQ_YWK9 1 | Other (Please describe) |

Q19. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? (Please circle **one** answer only – the main job)

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- | | | |
|---|---|-----------|
| 0 | No partner | Go to Q24 |
| 1 | No, does not have a job – not seeking work | Go to Q23 |
| 2 | No, does not have a job – actively seeking work | Go to Q23 |
| 3 | Yes, works for payment or profit | |
| 4 | Yes, unpaid work in a family business | |
| 5 | Yes, other unpaid work | |



Q20. 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 he/she:
(Please circle **one** answer only)

- 0 A salary or wage earner
- 1 A helper not receiving wages
- 2 Conducting his/her own business – with employees
- 3 Conducting his/her own business – without employees

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Q21. Describe your partner's current main job. (Please give title of job and description of work in detail)

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Job G214_FQ_FJOB
 Description

Q22. How many hours does your partner usually work in all jobs? G214 PQ PHRS

- 0 None or less than one hour
1 One or more hours per week (*Please specify*)

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Q23. What does your partner currently spend most of his/her time doing? (Please circle one answer unless two, or more, answers apply equally)

- | | |
|--------------|---|
| G214_PQ_PWK1 | Full-time or part-time job (salary or own business) |
| G214_PQ_PWK2 | Voluntary work |
| G214_PQ_PWK3 | Looking for work |
| G214_PQ_PWK4 | Home duties / caring for children |
| G214_PQ_PWK5 | Studying |
| G214_PQ_PWK6 | Voluntarily out of the workforce / retired |
| G214_PQ_PWK7 | Recovering from injury / illness |
| G214_PQ_PWK8 | Caring for an aged / disabled / ill person |
| G214_PQ_PWK9 | Other (<i>Please describe</i>) |

[illegible]

Office use only

Q24. What is your total family income (before tax) per year now? (Please include income from investments, rent assistance, maintenance, family supplement, etc)

G214_PQ_MON1

0	\$1 to \$8,000 per year	(\$1 to \$154 per week)
1	\$8,001 to \$16,000 per year	(\$155 to \$308 per week)
2	\$16,001 to \$25,000 per year	(\$309 to \$481 per week)
3	\$25,001 to \$30,000 per year	(\$482 to \$577 per week)
4	\$30,001 to \$35,000 per year	(\$578 to \$673 per week)
5	\$35,001 to \$40,000 per year	(\$674 to \$769 per week)
6	\$40,001 to \$50,000 per year	(\$770 to \$962 per week)
7	\$50,001 to \$60,000 per year	(\$963 to \$1,154 per week)
8	\$60,001 to \$70,000 per year	(\$1,155 to \$1,346 per week)
9	\$70,001 to \$78,000 per year	(\$1,347 to \$1500 per week)
10	\$78,001 to \$104,000 per year	(\$1,501 to 2,000 per week)
11	\$104,000 or more per year	(>\$2,000 per week)

How many people does this income support?:

Adults and children over 14 yrs: G214_PQ_MON2

Children: G214_PQ_MON3

Q25. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please circle **one** answer only) G214_PQ_MON6

- Being paid off by you (or your spouse/partner)
- Owned outright by you (or your spouse/partner)
- Rented by you (or your 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

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

Q26. To what extent do you agree or disagree with these statements about your neighbourhood?

			Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
G214_PQ_NH1	1	This is a safe neighbourhood	4	3	2	1	0
G214_PQ_NH2	2.	This is a clean neighbourhood	4	3	2	1	0
G214_PQ_NH3	3.	There are good parks, playgrounds and play spaces in this neighbourhood	4	3	2	1	0
G214_PQ_NH4	4.	There is good street lighting in this neighbourhood	4	3	2	1	0
G214_PQ_NH5	5.	The state of the footpaths and roads is good in this neighbourhood	4	3	2	1	0

Q27. **Over the last two years**, have any of the following been a problem in your neighbourhood?
(Please circle **one** answer for each item)

		Yes	No	Don't Know
G214_PQ_NH6	a. Vandalism or graffiti	2	1	0
G214_PQ_NH7	b. House burglaries	2	1	0
G214_PQ_NH8	c. Car theft or damage	2	1	0
G214_PQ_NH9	d. Domestic violence	2	1	0
G214_PQ_NH10	e. Violence in the streets	2	1	0
G214_PQ_NH11	f. Drug or alcohol abuse	2	1	0
G214_PQ_NH12	g. Noisy or reckless driving	2	1	0
G214_PQ_NH13	h. Racist discrimination or abuse	2	1	0

YOUR HEALTH AND WELLBEING – STRICTLY CONFIDENTIAL

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

Q28. Do you smoke cigarettes? G214_PQ_SM2

☐

0 No Go to Q32

1 Yes



Q29. How many cigarettes do you smoke a day now? G214_PQ_SM4

☐

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

Q30. Do you smoke inside your house? G214_PQ_SM12

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- 0 No
- 1 Yes

Q31. Do you smoke in the car? G214_PQ_SM13

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- 0 No
- 1 Yes

Q32. Does anyone else living in your house smoke cigarettes? G214_PQ_SM16

☐

0 No Go to Q36

1 Yes



Q33. How many do they smoke a day now? (If more than one person at home smokes, please circle the total number of cigarettes smoked) G214_PQ_SM17

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

Q34. Do they smoke inside your house? G214_PQ_SM18

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- 0 No
- 1 Yes

Q35. Do they smoke in the car? G214_PQ_SM19

☐

- 0 No
- 1 Yes

Q36. Does anyone at your home smoke/use any other substances? (Please include pipe, cigars, marijuana, other drugs, etc) G214_PQ_SM20

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

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What do they smoke/use? G214_PQ_SM26... G214_PQ_SM27... G214_PQ_SM28... G214_PQ_SM29

Q37. In general how would you describe your health?

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	Mother	Father	Partner
	G214_PQ_MH9	G214_PQ_FH9	G214_PQ_PH9
Poor	0	0	0
Fair	1	1	1
Good	2	2	2
Very Good	3	3	3
Excellent	4	4	4

Q38. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

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Mother	G214_PQ_MH11	0	No	1	Yes
Father	G214_PQ_FH8	0	No	1	Yes
Partner	G214_PQ_PH8	0	No	1	Yes

Q39. Are you limited in any way in carrying out normal daily activities at home, at a job or in studying, because of a medical condition or health problem?

Mother G214_PQ_MH10 0 No 1 Yes

Father G214_PQ_FH10 0 No 1 Yes

Partner G214_PQ_PH10 0 No 1 Yes

Q40. Has the study child's mother ever had post-natal depression? (*Please circle all appropriate answers*)

No

G214_PQ_EM12 Yes, with a child(ren) born before the study child 0 No 1 Yes 3 Don't know, unsure

G214_PQ_EM14 Yes, with a child(ren) born after the study child 0 No 1 Yes 3 Don't know, unsure

G214_PQ_EM15 Yes, associated with the birth of the study child 0 No 1 Yes 3 Don't know, unsure
Don't know, unsure

Q41. Have you ever been treated for an emotional or mental health problem (other than post-natal depression)?

Mother G214_PQ_EM1 0 No 1 Yes

Father G214_PQ_EM5 0 No 1 Yes

Partner G214_PQ_EM9 0 No 1 Yes

Q42. Have you been treated for an emotional or mental health problem within the last 6 months?

Mother G214_PQ_EM2 0 No 1 Yes N/A (never had treatment)

Father G214_PQ_EM6 0 No 1 Yes N/A (never had treatment)

Partner G214_PQ_EM10 0 No 1 Yes N/A (never had treatment)

Q43. Have you ever been hospitalised for an emotional or mental health problem?

Mother G214_PQ_EM3 0 No 1 Yes N/A (never had treatment)

Father G214_PQ_EM7 0 No 1 Yes N/A (never had treatment)

Partner G214_PQ_EM11 0 No 1 Yes N/A (never had treatment)

Q44a. On average, over the past 6 months, about how many drinks of beer, wine, spirits or other alcoholic beverage have you taken.

	Mother	Father	Partner	
	G214_PQ_AH1	G214_PQ_AH2	G214_PQ_AH3	Go to Q. 45
Don't drink alcohol	0	0	0	
Less than 3 drinks a week	1	1	1	
3 - 6 drinks a week	2	2	2	
1 or 2 drinks a day	3	3	3	
3 - 6 drinks a day	4	4	4	
More than 6 drinks a day	5	5	5	

Q44b. Please indicate, as accurately as possible, the type and amount of alcohol consumed each day during the past week.

Type of alcohol: Examples: Beer (please specify **brand and strength**)
Wine (Sherry, Claret, Chardonnay, etc)
Spirits (Gin, Whiskey, Baileys, etc)

Amount Consumed: Indicate the number of glasses, cans, stubbies, nips, or mls (if you know it) etc...Whatever measures you are most familiar with.

Start with yesterdays drinks and work back through the whole week. If you didn't have anything to drink on a particular day, please write NIL in the "Amount Consumed" column.

DAY	TYPE OF ALCOHOL	AMOUNT CONSUMED	
Monday		G214_PQ_AH4 G214_PQ_AH5	<input type="text"/>
Tuesday		G214_PQ_AH6 G214_PQ_AH7	<input type="text"/>
Wednesday		G214_PQ_AH8 G214_PQ_AH9	<input type="text"/>
Thursday		G214_PQ_AH10 G214_PQ_AH11	<input type="text"/>
Friday		G214_PQ_AH12 G214_PQ_AH13	<input type="text"/>
Saturday		G214_PQ_AH14 G214_PQ_AH15	<input type="text"/>
Sunday		G214_PQ_AH16 G214_PQ_AH17	<input type="text"/>

Q44c. Does this level of consumption reflect a typical week? G214_PQ_AH17

0 No

1 Yes

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Q45. Have you ever had back pain?

G214_PQ_P17

0 No Go to Q50

1 Yes



Q46. Did you seek health professional advice/treatment?

G214_PQ_P25

0 No

1 Yes

Q47. Did you take medication to relieve the pain?

G214_PQ_P26

0 No

1 Yes

Q48. Did you miss work due to the pain?

G214_PQ_P27

0 No

1 Yes

Q49. Did the pain interfere with your normal activities?

G214_PQ_P28

0 No

1 Yes

Section 2

The next few questions (Q50-52a) are about the physical activity you did last week, outside of that which results from your work.

Q50. 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?

G214_PQ_E1

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

Q51. In the last week, how many times did you do any moderate/vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis)

G214_PQ_E2

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

Q52a. 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?

G214_PQ_E3

Q52b. Does the level of activity detailed in Questions 50-52a reflect a typical week? G214_PQ_E4

0 No

1 Yes

Q53. Do you belong to: *(Please circle **all** appropriate answers)*

A sports club	G214_PQ_E5A	0	No	1	Yes	<input type="checkbox"/>
An exercise club	G214_PQ_E5B	0	No	1	Yes	<input type="checkbox"/>
An outdoor recreation club or group	G214_PQ_E5C	0	No	1	Yes	<input type="checkbox"/>

Q54. What is the MAIN reason (s) for you doing physical activity?
*(Please circle **all** appropriate answers)*

G214_PQ_E6A	Improve appearance	<input type="checkbox"/>
G214_PQ_E6B	Enjoy doing the activity	<input type="checkbox"/>
G214_PQ_E6C	Maintain or lose weight	<input type="checkbox"/>
G214_PQ_E6D	Social interaction and friendships	<input type="checkbox"/>
G214_PQ_E6E	Reduce my risk of heart disease	<input type="checkbox"/>
G214_PQ_E6F	Feel more relaxed	<input type="checkbox"/>
G214_PQ_E6G	Tone my muscles	<input type="checkbox"/>
G214_PQ_E6H	Improve my fitness	<input type="checkbox"/>
G214_PQ_E6I	Feel better about my self	<input type="checkbox"/>
G214_PQ_E6J	Have more energy	<input type="checkbox"/>
G214_PQ_E6K	Sleep better	<input type="checkbox"/>
G214_PQ_E6L	Prevent joint stiffness	<input type="checkbox"/>
G214_PQ_E6M	Other	<input type="checkbox"/>
G214_PQ_E6N	No reason	<input type="checkbox"/>

Q55. Who normally does physical activity with you?
*(Please circle **all** appropriate answers)*

G214_PQ_E7A	Spouse/partner	<input type="checkbox"/>
G214_PQ_E7B	The child in the study	<input type="checkbox"/>
G214_PQ_E7C	Another of your children	<input type="checkbox"/>
G214_PQ_E7D	Friend	<input type="checkbox"/>
G214_PQ_E7E	Workmate	<input type="checkbox"/>
G214_PQ_E7F	Neighbour	<input type="checkbox"/>
G214_PQ_E7G	Sports or health club member	<input type="checkbox"/>
G214_PQ_E7H	No-one	<input type="checkbox"/>
G214_PQ_E7I	Children other than your own (coaching)	<input type="checkbox"/>
G214_PQ_E7J	Pets	<input type="checkbox"/>
G214_PQ_E7K	Other	<input type="checkbox"/>

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

Q56. Do you intend to be more active than you have been over the last week? **G214_PQ_E8**

- 0** No
1 Yes
2 Unsure

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Q57. What reasons would you give for not being more physically active? (*Please circle **all** appropriate answers*)

- G214_PQ_E9A** I haven't got time
G214_PQ_E9B My health is not good enough
G214_PQ_E9C There is no one to do it with
G214_PQ_E9D I've lost contact with friends/family
G214_PQ_E9E I can't afford it
G214_PQ_E9F I'm too old
G214_PQ_E9G There are no suitable facilities
G214_PQ_E9H Traffic is too heavy
G214_PQ_E9I I'm not the sporty type
G214_PQ_E9J No motivation
G214_PQ_E9K Can't be bothered
G214_PQ_E9L Too fat – overweight
G214_PQ_E9M I need to rest and relax in my spare time
G214_PQ_E9N I don't put priority on physical activity
G214_PQ_E9O I've got young children to look after
G214_PQ_E9P I might get injured or damage my health
G214_PQ_E9Q I don't enjoy physical activity
G214_PQ_E9R I'm active enough
G214_PQ_E9S Other (specify)
G214_PQ_E9T No reason

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To what extent do you agree or disagree with the following statement about physical activities?

Q58. Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health. **G214_PQ_E10**

- 0** Agree
1 Neither agree nor disagree
2 Disagree

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Q59. Half an hour of brisk walking on most days is enough to improve your health. **G214_PQ_E11**

- 0** Agree
1 Neither agree nor disagree
2 Disagree

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Q60. To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times per week.

G214_PQ_E12

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- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q61. Exercise doesn't have to be done all at one time – blocks of 10 minutes are okay.

G214_PQ_E13

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- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q62. Moderate exercise that increases your heart rate slightly can improve your health.

G214_PQ_E14

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- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q63a. On average how many hours per day do you spend watching television or videos?

G214_PQ_E15

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- 0 None at all
- 1 Up to one hour a day
- 2 1-2 hours a day
- 3 2-3 hours a day
- 4 4 hours or more a day

Q63b. On average how many hours per day do you spend using a computer?

G214_PQ_E16

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- 0 None at all
- 1 Up to one hour a day
- 2 1-2 hours a day
- 3 2-3 hours a day
- 4 4 hours or more a day

Please select the most appropriate response for the following questionsQ64. Do you know your weight? G214_PQ_W1

0 No Go to Q66

1 Yes

☐Q65. What is your current weight? G214_PQ_W2

.....kg orstone

Q66. Are you worried about your weight? G214_PQ_W3

0 Not at all

1 A little

2 Moderately

3 Very

☐Q67. Do you consider yourself to be? G214_PQ_W4

0 Underweight

1 Normal weight

2 A bit overweight

3 Very overweight

☐Q68. Are you worried about your child's weight? G214_PQ_W43

0 Not at all

1 A little

2 Moderately

3 Very

☐Q69. Do you consider your child to be? G214_PQ_W44

0 Underweight

1 Normal weight

2 A bit overweight

3 Very overweight

☐

Q70. How much does your weight and shape influence how you think about (judge) yourself?

0 Not at all

1 A little

2 Moderately

3 Very

G214_PQ_W45☐

Q71. How much does your weight and shape influence how you think about (judge) others?

0 Not at all

1 A little

2 Moderately

3 Very

G214_PQ_W46☐

Please select one number only for each question. Circle the number which applies to your diet.

Q72. How often do **you** eat the following foods?

		6 + times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G214_PQ_FO2	Fried food with a batter or breadcrumb coating	4	3	2	1	0
G214_PQ_FO13	Gravy, creamy sauces or cheese sauces	4	3	2	1	0
G214_PQ_FO4	Vegetables, rice or pasta with added butter, margarine, oil or sour cream	4	3	2	1	0
G214_PQ_FO17	Vegetables that are fried or roasted with fat or oil (don't count oil sprays eg Pure and Simple)	4	3	2	1	0
G214_PQ_FO1	Sausages, polony, salami, meat pies, pasties, hamburger or bacon	4	3	2	1	0
G214_PQ_FO8	Hot potato chips or French fries	4	3	2	1	0
G214_PQ_FO5	Pastries, cakes, sweet biscuits or croissants	4	3	2	1	0
G214_PQ_FO9	Chocolate, chocolate biscuits or sweet snack bars	4	3	2	1	0
G214_PQ_FO12	Potato crisps, corn chips, cheezels, twisties or nuts	4	3	2	1	0
G214_PQ_FO14	Ice cream (any variety)	4	3	2	1	0
G214_PQ_FO11	Cream or sour cream	4	3	2	1	0
G214_PQ_FO25	Cheddar, edam or other hard cheese, cream cheese or soft cheeses such as camembert or brie (but excluding ricotta or cottage cheese)	4	3	2	1	0

Q73. How much of the following do **you** usually eat?

		Most or all	Some	None	Don't eat this food
G214_PQ_FO15	Fat on meat	3	2	1	0
G214_PQ_FO7	Skin on chicken	3	2	1	0

Q74. How often do **you** eat the following foods?

		6 + times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
G214_PQ_FO26	Fruit , including fresh and canned fruit (do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit deserts)	4	3	2	1	0
G214_PQ_FO27	Vegetables . Include all forms of vegetables, e.g. fresh, frozen, canned and salads	4	3	2	1	0

Q75. What type of milk do **you** usually use? (Please circle **one** answer only).

- G214_PQ_FO28 1 Condensed ☐
 2 Full – cream
 3 Reduced fat (2%) e.g. hilo or reduced fat soy
 4 Skim
 5 None

Q76. How much butter/margarine do **you** usually use on bread? (Please circle **one** answer only).

- G214_PQ_FO29 1 Thick spread ☐
 2 Medium spread
 3 Thin spread
 4 None

Q77. For each one of the following foods **you** eat, circle the **most common** cooking method used. (Please circle **one** answer only for each item)

		Boiled, steamed or micro waved	Stewed or casseroled	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	Don't eat
G214_PQ_FO30	Beef/lamb/pork	4	3	2	1	0
G214_PQ_FO31	Sausages	4	3	2	1	0
G214_PQ_FO32	Poultry	4	3	2	1	0
G214_PQ_FO33	Fish	4	3	2	1	0
G214_PQ_FO34	Vegetables	4	3	2	1	0

Q78. From the following list, circle the fruits which **you** eat *at least once a week* (on average), when they are in season. Circle as many fruits as apply to you. Include fresh and canned fruit, but do *not* include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit deserts.

Orange G214_PQ_FO35 Mandarin _FO36 Apple _FO37 Pear _FO38 Banana _FO39 Grapes _FO40
 Strawberry G214_PQ_FO41 Kiwifruit _FO42 Apricot _FO43 Nectarine _FO44 Peach _FO45 Plum _FO46
 Watermelon G214_PQ_FO47 Rockmelon _FO48 Pineapple _FO49 Mango _FO50 Pawpaw _FO51
 Any others? (please specify) G214_PQ_FO52 _____

Q79. From the following list, circle the vegetables which **you** eat *at least once a week* (on average), when they are in season. Circle as many vegetables as apply to you. Include all forms of vegetables, e.g. fresh, frozen, canned, salads.

Potato G214_PQ_FO53 Sweet corn _FO54 Green peas _FO55 Green beans _FO56 Baked beans _FO57 Dried beans _FO58
 Lentils G214_PQ_FO59 Chick peas _FO60 Tomato _FO61 Carrot _FO62 Pumpkin _FO63 Sweet potato _FO64
 Beetroot G214_PQ_FO65 Cucumber _FO66 Capsicum _FO67 Celery _FO68 Spinach _FO69 Silver beet _FO70
 Cabbage G214_PQ_FO71 Cauliflower _FO72 Broccoli _FO73 Brussel sprouts _FO74 Onion _FO75 Asparagus _FO76
 Mushroom G214_PQ_FO77 Sprouts _FO78 Avocado _FO79 Zucchini _FO80 Eggplant _FO81 Lettuce _FO82

Any others? (please specify) G214_PQ_FO83 _____

Q80. Please read each statement and circle a number 0, 1, 2 or 3 which 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:

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

G214_PQ_DASS_ANX_CAT
G214_PQ_DASS_ANX_SCORE
G214_PQ_DASS_DEP_CAT
G214_PQ_DASS_DEP_SCORE
G214_PQ_DASS_STR_CAT
G214_PQ_DASS_STR_SCORE
G214_PQ_DASS_TOT_SCORE

1. I found myself getting upset by quite trivial things.	G214_PQ_DASS1	0	1	2	3
2. I just couldn't seem to get going.	G214_PQ_DASS5	0	1	2	3
3. I had a feeling of faintness.	G214_PQ_DASS15	0	1	2	3
4. I experienced breathing difficulties (eg. excessively rapid breathing, in the absence of physical exertion).	G214_PQ_DASS4	0	1	2	3
5. I felt sad and depressed.	G214_PQ_DASS13	0	1	2	3
6. I found it hard to calm down after something else.	G214_PQ_DASS29	0	1	2	3
7. I perspired noticeably (eg. hands sweaty) in the absence of high temperatures or physical exertion.	G214_PQ_DASS19	0	1	2	3
8. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting).	G214_PQ_DASS14	0	1	2	3
9. I found myself in situations which made me so anxious I was most relieved when they ended.	G214_PQ_DASS9	0	1	2	3
10. I tend to over-react to situations.	G214_PQ_DASS6	0	1	2	3
11. I found myself getting upset rather easily.	G214_PQ_DASS11	0	1	2	3
12. I felt that I had nothing to look forward to.	G214_PQ_DASS10	0	1	2	3
13. I couldn't seem to experience any positive feelings at all.	G214_PQ_DASS3	0	1	2	3
14. I found that I was very irritable.	G214_PQ_DASS27	0	1	2	3
15. I was aware of dryness in my mouth.	G214_PQ_DASS2	0	1	2	3
16. I felt that I had lost interest in just about everything.	G214_PQ_DASS16	0	1	2	3
17. I could see nothing in the future to be hopeful about.	G214_PQ_DASS37	0	1	2	3
18. I was aware of the action of my heart in the absence of physical exertion (eg. heart rate increase, missing a beat).	G214_PQ_DASS25	0	1	2	3
19. I felt scared without any good reason.	G214_PQ_DASS20	0	1	2	3
20. I felt that life wasn't worthwhile.	G214_PQ_DASS21	0	1	2	3
21. I felt that I was rather touchy.	G214_PQ_DASS18	0	1	2	3
22. I felt that I was using a lot of nervous energy.	G214_PQ_DASS12	0	1	2	3
23. I couldn't seem to get enough enjoyment out of the things I did.	G214_PQ_DASS24	0	1	2	3
24. I had a feeling of shakiness (eg. legs going to give way).	G214_PQ_DASS7	0	1	2	3

[illegible]

Q82. Which words best describe your family's money situation? **G214_PQ_MON4**
(Please circle **one** answer only)

☐

- 0** We are spending more money than we get.
- 1** We have just enough money to get us through to the next pay day.
- 2** There's some money left over each week, but we just spend it.
- 3** We can save a bit every now and again.
- 4** We can save a lot.

The following 3 questions ask about your relationship with your partner. If you do not have a partner (live in or otherwise) please leave these questions and go to Q86.

Q83. 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
G214_PQ_REL1	a. Philosophy of life.	5	4	3	2	1	0
G214_PQ_REL2	b. Aims, goals and things believed to be important	5	4	3	2	1	0
G214_PQ_REL3	c. Amount of time spent together.	5	4	3	2	1	0

Q84. 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
G214_PQ_REL4	a. Have a stimulating exchange of ideas.	0	1	2	3	4	5
G214_PQ_REL5	b. Calmly discuss something.	0	1	2	3	4	5
G214_PQ_REL6	c. Work together on a project.	0	1	2	3	4	5

Q85. The numbers on the following lines represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

G214_PQ_HAPP

- 0** **1** **2** **3** **4** **5** **6**
- Extremely Unhappy** **Fairly Unhappy** **A little Unhappy** **Happy** **Very Happy** **Extremely Happy** **Perfect**

Q86. This is called the Family Assessment Device; it was developed to give an idea of how families work together. *(Please circle **one** answer only for each item)*

Item 1

Below are statements about families and family relationships. Circle the category which best describes your family - **the people living in your house**.

		Strongly Agree	Agree	Disagree	Strongly Disagree
G214_PQ_FA1A	a. Planning family activities is difficult because we misunderstand each other	3	2	1	0
G214_PQ_FA1B	b. In times of crisis we can turn to each other for support	3	2	1	0
G214_PQ_FA1C	c. We cannot talk to each other about sadness we feel	3	2	1	0
G214_PQ_FA1D	d. Individuals (in the family) are accepted for what they are	3	2	1	0
G214_PQ_FA1E	e. We avoid discussing our fears and concerns	3	2	1	0
G214_PQ_FA1F	f. We express feelings to each other	3	2	1	0
G214_PQ_FA1G	g. There are lots of bad feelings in our family	3	2	1	0
G214_PQ_FA1H	h. We feel accepted for what we are	3	2	1	0
G214_PQ_FA1I	i. Making decisions is a problem in our family	3	2	1	0
G214_PQ_FA1J	j. We are able to make decisions about how to solve problems	3	2	1	0
G214_PQ_FA1K	k. We don't get on well together	3	2	1	0
G214_PQ_FA1L	l. We confide in each other	3	2	1	0
G214_PQ_FA1M	m. Drinking is a source of tension or disagreement in our family	3	2	1	0

Item 2

The following list describes some of the ways people feel at different times. During the past few weeks, how often have you felt:

		Always	Sometimes	Never
G214_PQ_FA2A	a. on top of the world?	2	1	0
G214_PQ_FA2B	b. very lonely or remote from other people?	2	1	0
G214_PQ_FA2C	c. particularly excited or interested in something?	2	1	0
G214_PQ_FA2D	d. depressed or very unhappy?	2	1	0
G214_PQ_FA2E	e. pleased about having accomplished something?	2	1	0
G214_PQ_FA2F	f. bored?	2	1	0
G214_PQ_FA2G	g. proud because someone complimented you on something?	2	1	0
G214_PQ_FA2H	h. so restless you couldn't sit long in a chair?	2	1	0
G214_PQ_FA2I	i. that things were going your way?	2	1	0
G214_PQ_FA2J	j. upset because someone criticised you?	2	1	0

Item 3

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

☐

G214_PQ_FA3

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

Item 4

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

☐

G214_PQ_FA4

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

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

Q87. How often do you have contact (including telephone) with members of your family, excluding those living with you?

☐

	Child's Mother	Child's Father	Your Partner
	G214_PQ_M2	G214_PQ_F2	G214_PQ_P2
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q88. How often do you have contact (including telephone) with friends, excluding those living with you?

☐

	Child's Mother	Child's Father	Your Partner
	G214_PQ_M3	G214_PQ_F3	G214_PQ_P3
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q89. 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?

☐

	Child's Mother	Child's Father	Your Partner
	G214_PQ_M1	G214_PQ_F1	G214_PQ_P1
None Go to Q91	0	0	0
1 – 2 people	1	1	1
3 – 5 people	2	2	2
More than 5 people	3	3	3

Q90. Do any of these people live within 10 minutes drive of you?

	Child's Mother G214_PQ_M5	Child's Father G214_PQ_F5	Your Partner G214_PQ_P5
No	0	0	0
Yes	1	1	1

Section 3

These questions are mostly about your 13 year old study child.

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

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q91. On average, how much time do you spend with your child **each day** from Monday to Friday (Include the time you spend interacting with each other, helping with homework, talking and just 'being together' – excluding sleeping).

	Child's Mother G214_PQ_M8	Child's Father G214_PQ_F8	Your Partner G214_PQ_P8
None	0	0	0
Less than 1 hour	1	1	1
About 1 hour	2	2	2
About 1 to 2 hours	3	3	3
About 3 to 5 hours	4	4	4
More than 5 hours	5	5	5

Q92. On average, how much time do you spend with your child **each day** in the weekend (Include the time you spend helping with homework, talking and interacting with each other – excluding sleeping).

	Child's Mother G214_PQ_M9	Child's Father G214_PQ_F9	Your Partner G214_PQ_P9
None	0	0	0
Less than 1 hour	1	1	1
1 to 5 hours	2	2	2
6 to 10 hours	3	3	3
11 to 20 hours	4	4	4

Q93a. How much time does your child usually spend watching TV or videos?

G214_PQ_AC4A	0	None
	1	Up to 1 hour a day (3 to 6 hrs a week)
	2	Between 1 and 2 hours a day (7 to 13 hrs a week)
	3	Between 2 and 3 hours a day (14 to 21 hrs a week)
	4	4 hours or more a day (21 hrs or more a week)

Q93b. How much time does your child usually spend using a computer (including Internet and chat use)? ☐

- G214_PQ_AC4B
- 0 None
 - 1 Up to 1 hour a day (3 to 6 hrs a week)
 - 2 Between 1 and 2 hours a day (7 to 13 hrs a week)
 - 3 Between 2 and 3 hours a day (14 to 21 hrs a week)
 - 4 4 hours or more a day (21 hrs or more a week)

Q94. How would **you** compare the physical activity level of your child with that of other children of the same age? ☐

- G214_PQ_AC11
- 0 I am unable to make the comparison
 - 1 My child is less active than other children
 - 2 My child is as active as other children
 - 3 My child is more active than other children

Q95. How does your child's level of activity now compare to 12 months ago? ☐

- G214_PQ_AC10
- 0 Less active than 12 months ago
 - 1 About the same as 12 months ago
 - 2 More active than 12 months ago

Q96. How would you rate the ability level of your child for each of the following skills?

			Poor	Below Average	Average	Above Average	Excellent
G214_PQ_AC54	a.	Running	0	1	2	3	4
G214_PQ_AC55	b.	Jumping	0	1	2	3	4
G214_PQ_AC56	c.	Hopping	0	1	2	3	4
G214_PQ_AC57	d.	Skiping	0	1	2	3	4
G214_PQ_AC58	e.	Throwing	0	1	2	3	4
G214_PQ_AC59	f.	Catching	0	1	2	3	4
G214_PQ_AC60	g.	Kicking	0	1	2	3	4
G214_PQ_AC61	h.	Striking/hitting	0	1	2	3	4
G214_PQ_AC62	i.	Dodging	0	1	2	3	4
G214_PQ_AC63	j.	Biking	0	1	2	3	4
G214_PQ_AC64	k.	Balancing	0	1	2	3	4

Q97. What year/grade is your child in at school now? Year/Grade _____ ☐

G214_PQ_ED9

Q98. Has your child ever repeated a year/grade at school? ☐

G214_PQ_ED10

- G214_PQ_ED32
- 0 No
 - 1 Yes Which year(s)/grade(s)? _____ ☐

Q99. How satisfied are you with the standard of education offered at your child's current school?

G214_PQ_ED26

- 0 Very dissatisfied
- 1 Dissatisfied
- 2 Neither satisfied or dissatisfied
- 3 Satisfied
- 4 Very satisfied

☐

Q100. How would you describe your child's academic performance in school during the past six months?

G214_PQ_ED27

- 0 Poor
- 1 Below average
- 2 Average
- 3 Very good
- 4 Excellent

☐

Q101. How satisfied are you with your child's progress at school in the following areas:

		Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
G214_PQ_ED28	a. Learning skills?	4	3	2	1	0
G214_PQ_ED29	b. Physical development, coordination?	4	3	2	1	0
G214_PQ_ED30	c. Getting on with other children?	4	3	2	1	0
G214_PQ_ED31	d. General behaviour?	4	3	2	1	0

Q102. Is your child limited in the kind or amount of school work he/she does because of physical problems?

G214_PQ_LIM3

0 No Go to Q104

1 Yes



Q103. How long has your child been limited in this way?

G214_PQ_LIM4

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

☐☐

Q104. Is your child limited in the kind or amount of school work he/she does because of emotional problems?

G214_PQ_LIM5

☐

0 No Go to Q106

1 Yes



Q105. How long has your child been limited in this way?

G214_PQ_LIM6

☐

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q106. Is your child limited in the kind or amount of school work he/she does because of learning problems?

G214_PQ_LIM7

☐

0 No Go to Q108

1 Yes



Q107. How long has your child been limited in this way?

G214_PQ_LIM8

☐

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q108. Is your child limited in the kind or amount of school work he/she does because of speech and/or language problems?

G214_PQ_LIM9

☐

0 No Go to Q110

1 Yes



Q109. How long has your child been limited in this way?

G214_PQ_LI10

☐

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q110. Has your child ever received any of the following types of special education or special teaching:

		No	Yes, Full-time	Yes, Part-time
G214_PQ_SED2	a. For children with visual or hearing difficulties?	0	1	2
G214_PQ_SED1	b. For children with speech and/or language problems?	0	1	2
G214_PQ_SED3	c. For children who are intellectually handicapped?	0	1	2
G214_PQ_SED4	d. For children with emotional or behavioural problems?	0	1	2
G214_PQ_SED5	e. For children who are intellectually gifted?	0	1	2
G214_PQ_SED6	f. For children with remedial education needs?	0	1	2

Q111. During the past six months has your child (or have you on your child's behalf) had contact with a school counsellor or guidance officer?

G214_PQ_AT14 ☐

0 No

G214_PQ_AT21 1 Yes How many times?

Q112. During the past six months has your child (or have you on your child's behalf) had contact with a teacher for a behavioural problem or a learning problem?

G214_PQ_AT18 ☐

0 No

G214_PQ_AT22 1 Yes How many times?

Q113. Does your child take part in any of the following activities outside of school hours:

		No	Yes
G214_PQ_AC65	a. Organised groups such as scouts, guides, church groups?	0	1
G214_PQ_AC66	b. Organised sport like football, netball, little athletics?	0	1
G214_PQ_AC67	c. Informal sporting activities like swimming, rollerblading?	0	1
G214_PQ_AC68	d. Music, art, drama, dance outside of school?	0	1
G214_PQ_AC69	e. Informal recreation like going to the movies or swimming pool?	0	1
G214_PQ_AC70	f. Going to friend's houses (any friends, not necessarily school friends)?	0	1

Q114. How satisfied are you with the opportunities that your child has to take part in activities outside school?

G214_PQ_AC71

☐

- 0 Very dissatisfied
- 1 Dissatisfied
- 2 Neither satisfied or dissatisfied
- 3 Satisfied
- 4 Very satisfied

Q115. How would you rate the overall health of your child?

G214_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)

Q116. Is your child limited in any physical activities (eg. running, biking, climbing stairs, lifting, dressing) because of health problems?

G214_PQ_LIM1

☐

0 No Go to Q118

1 Yes



Q117. How long has your child been limited in this way?

G214_PQ_LIM2

☐

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

Q118. On average, how many serves of fruit does your child have each week

G214_PQ_FO19 (One serve = one piece of fresh fruit, or a 30 gram pack of sultanas, or five dried apricots - do not count juice)?

☐

- 0 None
- 1 1 to 5
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

Q119. On average, how many serves of vegetables does your child have each week

G214_PQ_FO20 (One serve = half a cup of vegetables, or salad, or beans/lentils)?

☐

- 0 None
- 1 1 to 5
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

Q120. On average, how many times does your child have a high fibre breakfast cereal each week (such as Weetbix, Mini-wheats, Just Right, Sustain, Weeties, muesli)?

G214_PQ_FO21

- 0 Not at all
- 1 1 to 5 times
- 2 6 to 8 times
- 3 More than 8 times

☐

Q121. On average, how many muesli or health bars does your child have each week?

G214_PQ_FO23

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 9 to 15
- 4 More than 15

☐

Q122. On average, how many slices of high fibre bread (wholemeal, multi-grain, high fibre white) does your child have each week?

G214_PQ_FO18

- 0 None
- 1 1 to 5
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

☐

Q123. On average, how many serves of rice or pasta does your child have each week (One serve = one cup)?

G214_PQ_FO24

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 More than 8

☐

Q124. Does your child have now, or has your child had in the past, any of the following **health professional diagnosed** medical conditions or health problems?
(Please circle **all** appropriate answers)

		No	Yes- In the past	Yes- Now	Yes-Now and In the past
G214_PQ_CH1	a. Anxiety problems	0	1	2	3
G214_PQ_CH2	b. Arthritis or joint problems	0	1	2	3
G214_PQ_CH3	c. Asthma	0	1	2	3
G214_PQ_CH4	d. Attentional problems	0	1	2	3
G214_PQ_CH20	e. Back pain	0	1	2	3
G214_PQ_CH5	f. Behavioural problems	0	1	2	3
G214_PQ_CH6	g. Chronic respiratory or breathing problems (other than asthma)	0	1	2	3
G214_PQ_CH7	h. Co-ordination or clumsiness difficulties	0	1	2	3
G214_PQ_CH8	i. Depression	0	1	2	3
G214_PQ_CH9	j. Hay fever or some other allergy	0	1	2	3
G214_PQ_CH10	k. Hearing impairment or deafness	0	1	2	3
G214_PQ_CH11	l. Heart condition	0	1	2	3
G214_PQ_CH12	m. Intellectual disability	0	1	2	3
G214_PQ_CH13	n. Learning problems	0	1	2	3
G214_PQ_CH14	o. Migraine or severe headache?	0	1	2	3
G214_PQ_CH21	p. Neck pain	0	1	2	3
G214_PQ_CH15	q. Sleep disturbance	0	1	2	3
G214_PQ_CH16	r. Speech and/or language problems	0	1	2	3
G214_PQ_CH17	s. Vision problems	0	1	2	3
G214_PQ_CH18	t. Any other medical condition or health problem not mentioned above	0	1	2	3

Q125. If you have answered "Yes" to any of the above, or have any other health professional diagnosed problem or condition please describe the condition or problem below in more detail (eg. is longsighted - wears glasses for reading; diagnosed with Attention Deficit Disorder; asthma requiring occasional medication)
(Please list every medical condition/health problem separately - otherwise leave blank)

☐

G214_PQ_MDC

.....	G214_PQ_MD1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
.....	G214_PQ_MD2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
.....	G214_PQ_MD3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
.....	G214_PQ_MD4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to G214_PQ_MD10

Q126. Has your child had any accidents or injuries since the last follow-up at ten years of age which required you to take him/her to a **doctor (GP), hospital or clinic**?

G214_PQ_INJ

0 No Go to 127

☐

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

(Please list every accident/injury separately)	G214_PQ_INF1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INC1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INF2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INC2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INF3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INC3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INF4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	G214_PQ_INC4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

to G214_PQ_INF/C6

Q127. Has your child been **admitted** to a hospital since the last follow-up at ten years of age?

G214_PQ_HO

0 No Go to Q128

☐

1 Yes

(Please list each admission separately)	
which hospital?	G214_PQ_HOH1
date?	G214_PQ_HOD1
what for?.....	G214_PQ_HOC1
which hospital?	G214_PQ_HOH2
date?	G214_PQ_HOD2
what for?.....	G214_PQ_HOC2
which hospital?	G214_PQ_HOH3
date?	G214_PQ_HOD3
what for?.....	G214_PQ_HOC3
which hospital?	G214_PQ_HOH4
date?	G214_PQ_HOD4
what for?.....	G214_PQ_HOC4

through to...

G214_PQ_HOH8

G214_PQ_HOD8

G214_PQ_HOC8

Q128. Has your child attended any of the following in the past 12 months:

G214_PQ_AT1

0 No Go to Q129

1 Yes

☐

(Please circle **all** appropriate answers)

	Yes (Now completed)	Yes (Still attending either regularly or occasionally)
--	------------------------	--

G214_PQ_AT8

GP or family doctor

Yes

Yes

☐

G214_PQ_AT19

Accident and emergency

Yes

Yes

☐

G214_PQ_AT13

Hospital outpatient
(department or clinic)

Yes

Yes

☐

G214_PQ_AT20

Private medical specialist

Yes

Yes

☐

G214_PQ_AT11

Dentist/ Dental therapist/
Orthodontist

Yes

Yes

☐

G214_PQ_AT16

School nurse

Yes

Yes

☐

G214_PQ_AT15

Optician / Optometrist

Yes

Yes

☐

G214_PQ_AT12

Dietician / Nutritionist

Yes

Yes

☐

G214_PQ_AT2

Physiotherapist

Yes

Yes

☐

G214_PQ_AT3

Occupational therapist (OT)

Yes

Yes

☐

G214_PQ_AT4

Speech therapist

Yes

Yes

☐

G214_PQ_AT5

Psychologist/ Psychiatrist

Yes

Yes

☐

G214_PQ_AT17

Podiatrist

Yes

Yes

☐

G214_PQ_AT6

Chiropractor

Yes

Yes

☐

G214_PQ_AT7

Alternative therapist (eg. iridologist)

Yes

Yes

☐

Q129. In the past six months has your child taken/used any prescription medication(s)?

G214_PQ_PMED

0 No Go to Q130

1 Yes Which medication(s)?

☐

G214_PQ_PM1

.....

through to

.....

G214_PQ_PM35

.....

Q130. In the past six months has your child taken/used any 'over the counter' medication(s)?

G214_PQ_CMED

0 No Go to Q131

1 Yes Which medication(s)?

☐


G214_PQ_CM1

through to

G214_PQ_CM18

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

The following questions are concerned with your housing environment

Q131. Is your home air-conditioned?

G214_PQ_AIR1

0 No Go to Q134

1 Yes

☐


G214_PQ_AIR2

Q132. How many rooms are air-conditioned?

- 0 One room
- 1 Two rooms
- 2 Three rooms
- 3 More than three rooms
- 4 Portable air-conditioner

☐

G214_PQ_AIR3

Q133. Is it evaporative air-conditioning?

- 0 No
- 1 Yes

☐

Q134. How is your home heated? (Please circle **all** appropriate answers)

- | | | | |
|---------------|---|---|--------------|
| G214_PQ_HEA | 0 | Not heated at all |] Go to Q137 |
| G214_PQ_HEA4 | 1 | Electric bar radiator, fan or column heater | |
| G214_PQ_HEA6 | 2 | Reverse cycle air-conditioning | |
| G214_PQ_HEA7 | 3 | Fully ducted heating | |
| G214_PQ_HEA5 | 4 | Wood fire/slow combustion heater | |
| G214_PQ_HEA3A | 5 | Kerosene Heater | Go to Q136 |
| G214_PQ_HEA2A | 6 | Gas Heater | Go to Q135 |

☐
☐
☐
☐
☐
☐


Q135. Is your gas heater flued or unflued? (i.e. is there a chimney)

- | | | |
|--------------|---|----------------|
| G214_PQ_HEA2 | 0 | No – not flued |
| | 1 | Yes - flued |

☐

Q136. Is your kerosene heater flued or unflued? (i.e. is there a chimney)

G214_PQ_HEA3 0 No – not flued
1 Yes - flued

☐

Q137. Do you have gas cooking in your home?

G214_PQ_GAS 0 No
1 Yes

☐

Q138. Are there any pets at home?

G214_PQ_PT1 0 No Go to Q140
1 Yes

☐

Q139. How many pets are there? (please write number in space provided)

	Inside	Outside	Total
Cats	G214_PQ_PT4	G214_PQ_PT2	G214_PQ_PT3
Dogs	G214_PQ_PT7	G214_PQ_PT5	G214_PQ_PT6
Birds	G214_PQ_PT10	G214_PQ_PT8	G214_PQ_PT9

G214_PQ_PT15 How many other pets inside? _____ What type? ...G214_PQ_PT11A - 11D

--	--	--	--	--

G214_PQ_PT16 How many other pets outside? _____ What type? ...G214_PQ_PT12A - 12D

--	--	--	--	--

Q140. Does your child have any regular contact with pets elsewhere?
(e.g. relatives, neighbours, friends)

G214_PQ_T13X 0 No
1 Yes Please circle

☐

G214_PQ_T13A Dogs Cats G214_PQ_T13B

G214_PQ_T13C Birds Rodents G214_PQ_T13D

G214_PQ_T13E Fish Reptiles G214_PQ_T13F

G214_PQ_T13G Other(please specify)

Q141. How many colds has your child had in the last 12 months?

G214_PQ_RE10 How many? _____

--	--

Q142. Does your child usually cough when he/she gets a cold these days?

G214_PQ_RE1 0 No
1 Yes

☐

Q143. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?

G214_PQ_RE3 0 No
1 Yes

☐

Q144. Has your child wheezed at any time in his/her life? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out)

G214_PQ_RE40

0 No Go to Q155

☐

1 Yes



Q145. How old was your child when he/she first wheezed?

G214_PQ_RE32 ____years ____months

Q146. Has your child ever wheezed in the last 12 months?

G214_PQ_RE34 0 No Go to Q155

1 Yes

Q147. How many attacks of wheezing has your child had in the last 12 months? G214_PQ_RE35

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q148. Has your child had an episode of wheezing in the last month?

G214_PQ_RE38 0 No Go to Q152

1 Yes

Q149. How many attacks of wheezing has your child had in the last month? G214_PQ_RE65

0 None

1 1 to 2

2 3 to 12

3 More than 12

☐☐☐☐

Q150. Has your child had an episode of wheezing in the past week?

G214_PQ_RE66

0 No Go to Q152

1 Yes



Q151. How many attacks of wheezing has your child had in the past week? G214_PQ_RE67

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q152. In the last 12 months, how often, on average has your child's sleep been disturbed due to wheezing?

G214_PQ_RE36

0 Never woken with wheezing

1 Less than one night per week

2 One or more nights per week

Q153. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

G214_PQ_RE37

0 No

1 Yes

Q154. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

G214_PQ_RE8

0 No

1 Yes

Q155 In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

G214_PQ_RE68

0 No

1 Yes

Q156. Since the age of ten, has your child had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week?

G214_PQ_RE4

0 No

1 Yes - without wheezing how many times? G214_PQ_RE30

- with wheezing how many times? G214_PQ_RE29

G214 PQ AS1

- | | |
|---|------------|
| 0 | No |
| 1 | Yes |
| 2 | Don't know |

7

G214 PQ AS2

- | | |
|---|-----|
| 0 | No |
| 1 | Yes |

7

G214 PQ AS16

- | | |
|---|-----------------------------------|
| 8 | Not applicable – never had asthma |
| 0 | No |
| 1 | Yes |
| 2 | Don't know |

7

G214 PQ AS67

- | | |
|---|-------------------------|
| 0 | No (Go to question 161) |
| 1 | Yes |

7

	Type of Asthma Medication	Taken this Medication Yes	Ordered for your child by Doctor
G214_PQ_AS18	• Ventolin	<input type="checkbox"/>	G214_PQ_AS19 <input type="checkbox"/>
G214_PQ_AS20	• Respolin	<input type="checkbox"/>	G214_PQ_AS21 <input type="checkbox"/>
G214_PQ_AS22	• Nuelin	<input type="checkbox"/>	G214_PQ_AS23 <input type="checkbox"/>
G214_PQ_AS24	• Theo-dur	<input type="checkbox"/>	G214_PQ_AS25 <input type="checkbox"/>
G214_PQ_AS26	• Bricanyl	<input type="checkbox"/>	G214_PQ_AS27 <input type="checkbox"/>
G214_PQ_AS28	• Alupent	<input type="checkbox"/>	G214_PQ_AS29 <input type="checkbox"/>
G214_PQ_AS30	• Atrovent	<input type="checkbox"/>	G214_PQ_AS31 <input type="checkbox"/>
G214_PQ_AS33	• Intal or Intal Forte	<input type="checkbox"/>	G214_PQ_AS34 <input type="checkbox"/>
G214_PQ_AS35	• QVAR	<input type="checkbox"/>	G214_PQ_AS36 <input type="checkbox"/>
G214_PQ_AS37	• Becotide	<input type="checkbox"/>	G214_PQ_AS38 <input type="checkbox"/>
G214_PQ_AS39	• Flixotide	<input type="checkbox"/>	G214_PQ_AS40 <input type="checkbox"/>
G214_PQ_AS41	• Pulmacort	<input type="checkbox"/>	G214_PQ_AS42 <input type="checkbox"/>
G214_PQ_AS43	• Berotec	<input type="checkbox"/>	G214_PQ_AS44 <input type="checkbox"/>
G214_PQ_AS45	• Becloforte	<input type="checkbox"/>	G214_PQ_AS46 <input type="checkbox"/>
G214_PQ_AS47	• Tilade	<input type="checkbox"/>	G214_PQ_AS48 <input type="checkbox"/>
G214_PQ_AS50	• OXIS	<input type="checkbox"/>	G214_PQ_AS51 <input type="checkbox"/>
G214_PQ_AS52	• Serevent	<input type="checkbox"/>	G214_PQ_AS53 <input type="checkbox"/>
G214_PQ_AS54	• Singlulaire	<input type="checkbox"/>	G214_PQ_AS55 <input type="checkbox"/>
G214_PQ_AS56	• Accolate	<input type="checkbox"/>	G214_PQ_AS57 <input type="checkbox"/>
G214_PQ_AS59	• Seretide	<input type="checkbox"/>	G214_PQ_AS60 <input type="checkbox"/>
G214_PQ_AS61	• Symbacort	<input type="checkbox"/>	G214_PQ_AS62 <input type="checkbox"/>
G214_PQ_AS63	• Prednisolone	<input type="checkbox"/>	G214_PQ_AS64 <input type="checkbox"/>
G214_PQ_AS65	• Other	<input type="checkbox"/>	G214_PQ_AS66 <input type="checkbox"/>
	Please Specify		

[illegible]

The following questions (Q161-Q175) are about problems which occurred when your child **DID NOT** have a cold or the flu.

Q161. Has your child ever had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or the flu?

G214_PQ_RE62

0 No Go to Q176

☐

1 Yes



G214_PQ_RE69

Q162. In the past 12 months, has your child had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or the flu?

☐

0 No Go to Q165

1 Yes Go to Q163



G214_PQ_RE63

Q163. In the past 12 months, was this nose problem accompanied by itchy-watery eyes?

☐

0 No

1 Yes

G214_PQ_RE24

Q165. Has a doctor (GP, pediatrician) ever told you that your child has an **allergic** nose problem (including hayfever)?

☐

0 No

1 Yes

G214_PQ_HF3

Q168. How many episodes of **allergic** nose problem (including hayfever) has your child had in the last 12 months?

☐

0 None Go to Q176

1 1 to 2

2 3 to 12

3 More than 12

Q169. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

G214_PQ_RE80 - RE91

January	<u>80</u>	February	<u>81</u>	March	<u>82</u>	April	<u>83</u>
May	<u>84</u>	June	<u>85</u>	July	<u>86</u>	August	<u>87</u>
September	<u>88</u>	October	<u>89</u>	November	<u>90</u>	December	<u>91</u>

G214_PQ_RE26

Q170. Has your child had an **allergic** nose problem (including hayfever)? in the last month?

0 No Go to Q174

1 Yes



Q171. How many episodes has your child had in the last month?

G214_PQ_HF4

- 0 None
- 1 1 to 2
- 2 3 to 12
- 3 More than 12

☐☐

G214_PQ_HF5

Q172. Has your child had an **allergic** nose problem (including hayfever) in the past week?

0 No Go to Q174

1 Yes



Q173. How many episodes has your child had in the past week?

G214_PQ_HF6

- 0 None
- 1 1 to 2
- 2 3 to 12
- 3 More than 12

☐☐

Q174. What was the trigger/cause of these episodes? (*please circle*)

G214_PQ_HF7A Grass

G214_PQ_HF7B Pollen

G214_PQ_HF7C Animal

G214_PQ_HF7E Dust

G214_PQ_HF7D Other
 (Please specify)
 Don't Know

☐☐☐☐☐

G214_PQ_HF32

Q175. Has your child taken/used any medication for an **allergic** nose problem (including hayfever)?

☐

0 No

1 Yes



Type Of Medication

Not prescribed
by doctorPrescribed
by doctor

Between 0-7 days ago?	...Steriod spray.....	G214_PQ_HF20	0	1	G214_PQ_HF21
	...Nonsteriod spray.....	G214_PQ_HF22	0	1	G214_PQ_HF23
	...Antihistamine.....	G214_PQ_HF24	0	1	G214_PQ_HF25
	...Other.....	G214_PQ_HF30			G214_PQ_HF31
Between 8-30 days ago?	...Steriod spray.....	G214_PQ_HF14	0	1	G214_PQ_HF15
	...Nonsteriod spray.....	G214_PQ_HF16	0	1	G214_PQ_HF17
	...Antihistamine.....	G214_PQ_HF18	0	1	G214_PQ_HF19
	...Other.....	G214_PQ_HF28	0	1	G214_PQ_HF29
Between 31 days and 12 months?	...Steriod Spray.....	G214_PQ_HF8	0	1	G214_PQ_HF9
	...Nonsteriod Spray.....	G214_PQ_HF10	0	1	G214_PQ_HF11
	...Antihistamine.....	G214_PQ_HF12	0	1	G214_PQ_HF13
	...Other.....	G214_PQ_HF26	0	1	G214_PQ_HF27

Q176. Has your child ever had a problem with red/watery or itchy eyes?

G214_PQ_RE70

0 No Go to Q189

1 Yes



G214_PQ_CO1

Q177. Do you think your child has ever had **allergic** reaction in the eyes?

☐

0 No

1 Yes

2 Don't know

G214_PQ_CO2

Q178. Has a doctor (GP, pediatrician) ever told you that your child had an **allergic** reaction in the eyes ?

0 No

1 Yes

☐

G214_PQ_CO4

Q180. Has your child suffered from an **allergic** reaction in the eyes in the last 12 months?

0 No Go to Q189

1 Yes Go to Q181

☐

G214_PQ_CO5

Q181. How many episodes has your child had in the last 12 months?

- 0 None
1 1 to 2
2 3 to 12
3 More than 12

☐

G214_PQ_CO5

Q182. What was the cause of these episodes? (Please circle)

- G214_PQ_CO6A Grass Dust G214_PQ_CO6D
G214_PQ_CO6B Pollen Other (please specify) G214_PQ_CO6E
G214_PQ_CO6C Animals Don't know

G214_PQ_CO21 + CO32

Q183. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

January 21 February 22 March 23 April 24
May 25 June 26 July 27 August 28
September 29 October 30 November 31 December 32

G214_PQ_CO8

Q184. Has your child had an **allergic** reaction in the eyes in the last month?

☐

0 No Go to Q188

1 Yes



G214_PQ_CO9

Q185. How many episodes has your child had in the last month?

- 0 None
1 1 to 2
2 3 to 12
3 More than 12

☐

G214_PQ_CO10

Q186. Has your child had an **allergic** reaction in the eyes in the past week?

0 No Go to Q188

1 Yes



G214_PQ_CO11

Q187. How many episodes has your child had in the past week?

- 0 None
1 1 to 2
2 3 to 12
3 More than 12

☐

G214_PQ_CO48

Q188. Has your child taken/used any medication for the **allergic** reaction in the eyes? ☐

0 No

1 Yes

**Type Of Medication**Not prescribed
by doctorPrescribed
by doctor

Between 0-7 days ago? Eye drops G214_PQ_CO36 0 G214_PQ_CO37 1

Steroid tablets G214_PQ_CO38 0 G214_PQ_CO39 1

Antihistamine drops G214_PQ_CO40 0 G214_PQ_CO41 1

Other G214_PQ_CO46 G214_PQ_CO47

Between 8-30 days ago? Eye drops G214_PQ_CO18 0 G214_PQ_CO19 1

Steroid tablets G214_PQ_CO20 0 G214_PQ_CO33 1

Antihistamine drops G214_PQ_CO34 0 G214_PQ_CO35 1

Other G214_PQ_CO44 G214_PQ_CO45

Between 31 days and 12 months?

Eye drops G214_PQ_CO12 0 G214_PQ_CO13 1

Steroid tablets G214_PQ_CO14 0 G214_PQ_CO15 1

Antihistamine drops G214_PQ_CO16 0 G214_PQ_CO17 1

Other G214_PQ_CO42 G214_PQ_CO43

Q189. Has your child ever had eczema or an itchy rash, which was coming and going for at least six months?

0 No Go to Q204

1 Yes



G214_PQ_RH1

Q190. 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? ☐

G214_PQ_RH3

0 No

1 Yes

Q191. Has your child had this eczema/itchy rash any time in the last 12 months? ☐

G214_PQ_RH2

0 No Go to Q194

1 Yes

Q192 Has this rash cleared completely at any time during the last 12 months? ☐

G214_PQ_RH5

0 No

1 Yes

Q193. In the last 12 months, how often, on average, has your child been kept awake at night by this itchy rash? ☐

G214_PQ_RH6

0 Never in the last 12 months

1 Less than one night per week

2 One or more nights per week

G214_PQ_RH7

Q194. Do you think your child has ever had eczema?

- 0 No
1 Yes
2 Don't know

☐

G214_PQ_RH11

Q195. Has a doctor (GP, pediatrician) ever told you that your child has eczema?

- 0 No
1 Yes

☐

G214_PQ_RH12

Q196. Has your child suffered from eczema in the last 12 months?

- 0 No Go to Q204
8 Not applicable - has never had eczema Go to Q204
1 Yes

☐

Q197. How many episodes of eczema has your child had in the last 12 months?

G214_PQ_RH13

- 0 None
1 1 to 2
2 3 to 12
3 More than 12

☐

Q198. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

January	<u>28</u>	February	<u>29</u>	March	<u>30</u>	April	<u>31</u>
May	<u>32</u>	June	<u>33</u>	July	<u>34</u>	August	<u>35</u>
September	<u>36</u>	October	<u>37</u>	November	<u>38</u>	December	<u>39</u>

G214_PQ_RH28 - RH39

G214_PQ_RH9

Q199. Has your child had an episode of eczema in the last month?

- 0 No Go to Q203
1 Yes

☐

Q200. How many episodes of eczema has your child had in the last month?

G214_PQ_RH16

- 0 None
1 1 to 2
2 3 to 12
3 More than 12

☐

G214_PQ_RH17

Q201. Has your child had an episode of eczema in the past week?

0 No Go to Q203

1 Yes

☐

Q202. How many episodes of eczema has your child had in the past week?

☐

G214_PQ_RH18

- 0 None
- 1 1 to 2
- 2 3 to 12
- 3 More than 12

G214_PQ_RH49

Q203. Has your child taken/used any medication for eczema?

☐

0 No

1 Yes



Type Of Medication

Not prescribed by doctor

Prescribed by doctor

Between 0-7 days ago?	Moisturisers	G214_PQ_RH43	0	G214_PQ_RH44	1
	Steroid creams	G214_PQ_RH45		G214_PQ_RH46	
			0		1
	Oral steroids	G214_PQ_RH47		G214_PQ_RH48	
			0		1
	Tacrolimus cream	G214_PQ_RH58	0	G214_PQ_RH59	1
	Other eczema meds	G214_PQ_RH60		G214_PQ_RH61	
Between 8-30 days ago?	Moisturisers	G214_PQ_RH25	0	G214_PQ_RH26	1
	Steroid creams	G214_PQ_RH27		G214_PQ_RH40	
			0		1
	Oral steroids	G214_PQ_RH41		G214_PQ_RH42	
			0		1
	Tacrolimus cream	G214_PQ_RH54	0	G214_PQ_RH55	1
	Other eczema meds	G214_PQ_RH56		G214_PQ_RH57	
Between 31 days and 12 months?					
	Moisturisers	G214_PQ_RH19	0	G214_PQ_RH20	1
	Steroid creams	G214_PQ_RH21		G214_PQ_RH22	
			0		1
	Oral steroids	G214_PQ_RH23		G214_PQ_RH24	
			0		1
	Tacrolimus cream	G214_PQ_RH50	0	G214_PQ_RH51	1
	Other eczema meds	G214_PQ_RH52		G214_PQ_RH53	

Q204. Has your child ever had any food allergies?

G214_PQ_FAL

0 No Go to Q205

1 Yes

☐(Please tick **all** appropriate boxes and write in the spaces provided)

Food Type	Yes	What starts it (eg.eating/skin contact)	What reaction(s) (eg difficulty breathing)	Severity of the reaction ie mild moderate severe
Peanut Products	G214_PQ_FD1A <input type="checkbox"/>	G214_PQ_FD1B	G214_PQ_FD1C - FD1N	G214_PQ_FD1O
Wheat/Yeast	G214_PQ_FD2A <input type="checkbox"/>	G214_PQ_FD2B	G214_PQ_FD2C - FD2N	G214_PQ_FD2O
Dairy	G214_PQ_FD3A <input type="checkbox"/>	G214_PQ_FD3B	G214_PQ_FD3C - FD3N	G214_PQ_FD3O
Fruit	G214_PQ_FD4A <input type="checkbox"/>	G214_PQ_FD4B	G214_PQ_FD4C - FD4N	G214_PQ_FD4O
Eggs	G214_PQ_FD5A <input type="checkbox"/>	G214_PQ_FD5B	G214_PQ_FD5C - FD5N	G214_PQ_FD5O
Seafood	G214_PQ_FD6A <input type="checkbox"/>	G214_PQ_FD6B	G214_PQ_FD6C - FD6N	G214_PQ_FD6O
Preservatives/Colouring	G214_PQ_FD7A <input type="checkbox"/>	G214_PQ_FD7B	G214_PQ_FD7C - FD7N	G214_PQ_FD7O
Other (please specify below)	G214_PQ_FD8A <input type="checkbox"/>	G214_PQ_FD8B	G214_PQ_FD8C - FD8N	G214_PQ_FD8O

Q205. Has your child ever had any other allergies (excluding foods)?

G214_PQ_OAL

0 No Go to Q206

1 Yes

☐(Please tick **all** appropriate boxes and write in the spaces provided)

Allergic to?	Yes	What starts it (eg.skin contact/ breathing in/eating)	What reaction(s) (eg difficulty breathing)	Severity of the reaction ie mild moderate severe
House dust mites	G214_PQ_AL1A <input type="checkbox"/>	G214_PQ_AL1B - AL1E	G214_PQ_AL1F - AL1Q	G214_PQ_AL1R
Pollen	G214_PQ_AL2A <input type="checkbox"/>	G214_PQ_AL2B - AL2E	G214_PQ_AL2F - AL2Q	G214_PQ_AL2R
Moulds	G214_PQ_AL3A <input type="checkbox"/>	G214_PQ_AL3B - AL3E	G214_PQ_AL3F - AL3Q	G214_PQ_AL3R
Cat fur	G214_PQ_AL4A <input type="checkbox"/>	G214_PQ_AL4B - AL4E	G214_PQ_AL4F - AL4Q	G214_PQ_AL4R
Animal fur other than cats	G214_PQ_AL5A <input type="checkbox"/>	G214_PQ_AL5B - AL5E	G214_PQ_AL5F - AL5Q	G214_PQ_AL5R
Soaps/detergents	G214_PQ_AL6A <input type="checkbox"/>	G214_PQ_AL6B - AL6E	G214_PQ_AL6F - AL6Q	G214_PQ_AL6R
Insect bites	G214_PQ_AL7A <input type="checkbox"/>	G214_PQ_AL7B - AL7E	G214_PQ_AL7F - AL7Q	G214_PQ_AL7R
Antibiotics	G214_PQ_AL8A <input type="checkbox"/>	G214_PQ_AL8B - AL8E	G214_PQ_AL8F - AL8Q	G214_PQ_AL8R
Other medicines	G214_PQ_AL9A <input type="checkbox"/>	G214_PQ_AL9B - AL9E	G214_PQ_AL9F - AL9Q	G214_PQ_AL9R
Other (please specify below)	G214_PQ_AL0A <input type="checkbox"/>	G214_PQ_AL0B - AL0E	G214_PQ_AL0F - AL0Q	G214_PQ_AL0R

These questions (Q206-Q207) apply to the child's biological family only.

Q206. This question asks about your family's history of certain health problems.

(Please tick **all** appropriate responses)

	Asthma	Allergic Nose Reaction (incl hayfever)	Allergic Eye Reaction	Eczema
Has the child's mother had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child's father had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the child's brothers or sisters (siblings) had... <u>Health Problems</u> G214_PQ_H3				
Sibling 1.				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 2.				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 3.				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 4.				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling 5.				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q207. This question asks about your family's history of certain health problems.
(Please circle **all** appropriate responses)

	Diabetes	Renal Conditions (Kidney)	Arthritis	Cardiac Conditions (Heart)
Has the child's mother had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child's father had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the child's brothers or sisters (siblings) had...				
<i>Sibling 1.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 2.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 3.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 4.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 5.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q208. Compared with other children how easy or difficult is your child to manage?

(Please circle the number which best represents your feelings)

☐

G214_PQ_MANA

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

Q209. Do you have any concerns or worries about your child's health or development?

(eg. speech, language development, physical development, emotional development)

☐

G214_PQ_WOR

- 0 No
- 1 Yes *Please tell us about these concerns if you wish to do so*

.....	G214_PQ_WORA	Worry- Health problem	<input type="checkbox"/>
.....	G214_PQ_WORB	Worry- Speech/ language development	<input type="checkbox"/>
.....	G214_PQ_WORC	Worry- Physical development	<input type="checkbox"/>
.....	G214_PQ_WORD	Worry- Emotional development/ behaviour	<input type="checkbox"/>
.....	G214_PQ_WORE	Worry- Nutrition	<input type="checkbox"/>
.....	G214_PQ_WORF	Worry- Intellectual development/ learning	<input type="checkbox"/>
.....	G214_PQ_WORG	Worry- Hearing problem	<input type="checkbox"/>
.....	G214_PQ_WORH	Worry- Vision problem	<input type="checkbox"/>
.....	G214_PQ_WORI	Worry- Other	<input type="checkbox"/>
.....	G214_PQ_WORJ	Worry- Delayed fine motor	<input type="checkbox"/>
.....	G214_PQ_WORK	Worry- Delayed gross motor	<input type="checkbox"/>
.....	G214_PQ_WORL	Worry- Sleep problem	<input type="checkbox"/>
.....	G214_PQ_WORM	Worry- Abuse (sexual/other)	<input type="checkbox"/>

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Section 4

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These are questions about the questionnaire.*Please circle answer where applicable.***ALL ANSWERS ARE STRICTLY CONFIDENTIAL**

Q210. This questionnaire has been completed by the child's:

G214_PQ_DNBY

- 0 Mother
- 1 Father
- 2 Grandmother
- 3 Grandfather
- 4 Stepmother
- 5 Stepfather
- 6 Adoptive mother
- 7 Adoptive father
- 8 Other (eg. aunt, uncle, brother/sister)

☐
please specify

.....

Q211. Please indicate the date you completed this questionnaire:

G214_PQ_DNWN

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☐

___/___/___

Q212. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

G214_PQ_COMMENTS

☐

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.....

.....

.....

.....

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

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