



Stronger Families in Australia

Wave 1 Interview

Introduction:

This interview has some questions about your family, relationships, health, community support and use of services, as well as some specific questions about [child]'s health and development.

All the information that you give us is confidential and will not be used in any way that can identify you, your child or your family.

Site:

Interviewer ID:

Date of interview:
D D M M Y Y

RESPONDENT I.D.

Start time:

End time:

SECTION A: Your Family

Interviewer note: Please complete this questionnaire for the respondent's child that is 2 years old. If the respondent has more than one child aged 2 years, please answer for the oldest of these children.

To begin I would just like to confirm a couple of details about yourself and [child].

1. What is your (the respondent's) full name? First name Surname

2. What is [child]'s full name? First name Surname

3. What is [child]'s date of birth?
D D M M Y Y

About your household

Now I'd like to take a few details about yourself and other members of your household. Some of these may seem a bit detailed, but if we sort this information out now the rest of the interview will be quicker. We are interested in family members who *usually* live here, even if they are away at present.

Interviewer note: 'usually' refers to family members who, when not working, spend at least 50% of their time residing at the household.



Family Details	Parent 1 Let's start with you... <i>(Enter Parent 1 first name.)</i>	Parent 2/Partner Is there another parent of [child] living here (or your partner)?	Study Child Next the study child... <i>(Enter [child]'s first name)</i>	Person 4 Who else lives here?
4. What is their first name?				
5. Is ... male or female?	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person
6. What was ... age last birthday?	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years
7. How is ... related to parent 1?		<input type="checkbox"/> 1 Legal spouse <input type="checkbox"/> 2 De-facto partner <input type="checkbox"/> 3 Other relative/ in-law <input type="checkbox"/> 4 Boarder/ housemate <input type="checkbox"/> 5 Unrelated adult	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/ in-law <input type="checkbox"/> 13 Unrelated child	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/ in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/ housemate <input type="checkbox"/> 5 Unrelated adult
8. How is ... related to parent 2/partner?			<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/ in-law <input type="checkbox"/> 13 Unrelated child	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/ in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/ housemate <input type="checkbox"/> 5 Unrelated adult

Family Details	Person 5 Who else lives here?	Person 6 Who else lives here?	Person 7 Who else lives here?	Person 8 Who else lives here?
4. What is their first name?				
5. Is ... male or female?	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female <input type="checkbox"/> 3 No person
6. What was ... age last birthday?	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Years
7. How is ... related to parent 1?	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/housemate <input type="checkbox"/> 5 Unrelated adult	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/housemate <input type="checkbox"/> 5 Unrelated adult	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/housemate <input type="checkbox"/> 5 Unrelated adult	<input type="checkbox"/> 6 Biological child <input type="checkbox"/> 7 Adopted child <input type="checkbox"/> 8 Step child <input type="checkbox"/> 9 Foster child <input type="checkbox"/> 10 Grandchild <input type="checkbox"/> 11 Niece/nephew <input type="checkbox"/> 12 Cousin <input type="checkbox"/> 3 Other relative/in-law <input type="checkbox"/> 13 Unrelated child <input type="checkbox"/> 14 Sibling <input type="checkbox"/> 15 Parent <input type="checkbox"/> 16 Grandparent <input type="checkbox"/> 17 Aunt/uncle <input type="checkbox"/> 4 Boarder/housemate <input type="checkbox"/> 5 Unrelated adult
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Family Details	Parent 1	Parent 2/Partner	Study Child
9. In which country was ... born?	<input type="checkbox"/> 1 Australia <input type="checkbox"/> 2 United Kingdom <input type="checkbox"/> 3 New Zealand <input type="checkbox"/> 4 Vietnam <input type="checkbox"/> 5 China <input type="checkbox"/> 6 Philippines <input type="checkbox"/> 7 Lebanon <input type="checkbox"/> 8 India <input type="checkbox"/> 9 South Africa <input type="checkbox"/> 10 Malaysia <input type="checkbox"/> 11 Fiji <input type="checkbox"/> 12 Other	<input type="checkbox"/> 1 Australia <input type="checkbox"/> 2 United Kingdom <input type="checkbox"/> 3 New Zealand <input type="checkbox"/> 4 Vietnam <input type="checkbox"/> 5 China <input type="checkbox"/> 6 Philippines <input type="checkbox"/> 7 Lebanon <input type="checkbox"/> 8 India <input type="checkbox"/> 9 South Africa <input type="checkbox"/> 10 Malaysia <input type="checkbox"/> 11 Fiji <input type="checkbox"/> 12 Other	<input type="checkbox"/> 1 Australia <input type="checkbox"/> 2 United Kingdom <input type="checkbox"/> 3 New Zealand <input type="checkbox"/> 4 Vietnam <input type="checkbox"/> 5 China <input type="checkbox"/> 6 Philippines <input type="checkbox"/> 7 Lebanon <input type="checkbox"/> 8 India <input type="checkbox"/> 9 South Africa <input type="checkbox"/> 10 Malaysia <input type="checkbox"/> 11 Fiji <input type="checkbox"/> 12 Other
10. Does ... speak a language other than English at home?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
11. Is ... of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, Aboriginal <input type="checkbox"/> 3 Yes, T/Strait Islander <input type="checkbox"/> 4 Yes, both	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, Aboriginal <input type="checkbox"/> 3 Yes, T/Strait Islander <input type="checkbox"/> 4 Yes, both	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, Aboriginal <input type="checkbox"/> 3 Yes, T/Strait Islander <input type="checkbox"/> 4 Yes, both
SHOW CARD A1 12. Does [child] have any medical conditions and/or disabilities that have lasted or are likely to last for six months or more? If yes, write codes.	Intentionally left blank		<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes → code up to 2 conditions <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; width: 30px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 30px; height: 20px;"></div> </div> <i>Interviewer note: If [child] suffers more than 2 conditions, please rank according to effect on [child]'s daily life, i.e. include those conditions that Parent feels has the most impact on [child]'s wellbeing.</i>

About you

Now I'd like to ask a few questions about your education...

13. What is the highest year of primary or secondary school that you have completed?

- 1 School year 12 or equivalent
- 2 School year 11 or equivalent
- 3 School year 10 or equivalent
- 4 School year 9 or equivalent
- 5 School year 8 or below
- 6 Never attended school
- 7 Still at school

14. Have you completed a trade certificate or any other educational qualification?

- 1 No → Go to 16
- 2 No, still studying for first qualification → Go to 16
- 3 Yes, trade certificate/apprenticeship
- 4 Yes, other qualification

15. What is the level of highest qualification that you have ever completed?

- 1 A postgraduate diploma, or higher
- 2 Graduate diploma/Graduate certificate
- 3 A bachelor degree (with or without honours)
- 4 Advanced diploma/diploma
- 5 Certificate III/IV (including trade certificate)
- 6 Other

About your partner

16. What is your legal or registered marital status?

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never been married

17. Interviewer note: Is there a Parent 2?

- 1 Yes → Go to 18
- 2 No → Go to 22

18. Interviewer note: Is Parent 2 the partner of Parent 1?

- 1 Yes → Go to 19a
- 2 No → Go to 22

19a. What year did you start living with [Parent 2/Partner]?

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 Year

19b. What is the highest year of primary or secondary school that your partner completed?

- 1 School year 12 or equivalent
- 2 School year 11 or equivalent
- 3 School year 10 or equivalent
- 4 School year 9 or equivalent
- 5 School year 8 or below
- 6 Never attended school
- 7 Still at school

19c. Has your partner completed a trade certificate or any other educational qualification?

- 1 No → Go to 21
- 2 No, still studying for first qualification → Go to 21
- 3 Yes, trade certificate/apprenticeship
- 4 Yes, other qualification

20. What is the level of highest qualification that your partner has completed?

- 1 A postgraduate diploma, or higher
- 2 Graduate diploma/Graduate certificate
- 3 A bachelor degree (with or without honours)
- 4 Advanced diploma/diploma
- 5 Certificate III/IV (including trade certificate)
- 6 Other

21. Interviewer note: Is partner study child's other (biological or adopted from birth) parent?

- 1 Yes → Go to 25
- 2 No → Go to 22

22. Did you ever live with [child]'s other (biological or adopted from birth) parent?

- 1 Yes → Go to 23
- 2 No → Go to 25

23. When did you start living with [child]'s other parent?

Month				
Year				

24. When did you stop living with [child]'s other parent?

Month				
Year				

Paid Work

Now we have some questions about you (and your partner's) paid work...

	Parent 1	Parent 2/Partner
25. Last week, did you do any work at all in a job, business or farm?	<input type="checkbox"/> 1 Yes → Go to 28 <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Permanently unable to work → Go to 31 <input type="checkbox"/> 4 Permanently not intending to work (if aged 65+ only) → Go to 31	<input type="checkbox"/> 1 Yes → Go to 28 <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Permanently unable to work → Go to 31 <input type="checkbox"/> 4 Permanently not intending to work (if aged 65+ only) → Go to 31
26. Last week, did you do any work <i>without pay</i> in a family business?	<input type="checkbox"/> 1 Yes → Go to 28 <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Permanently not intending to work (if aged 65+ only) → Go to 31	<input type="checkbox"/> 1 Yes → Go to 28 <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Permanently not intending to work (if aged 65+ only) → Go to 31
27. Did you have a job, business or farm that you were away from because of holidays, sickness or any other reason? (include casual, on-call or agency work)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → Go to 29 <input type="checkbox"/> 3 Permanently not intending to work (if aged 65+ only) → Go to 31	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → Go to 29 <input type="checkbox"/> 3 Permanently not intending to work (if aged 65+ only) → Go to 31
28. How many hours do you usually work each week in (that job/those businesses/all jobs/all businesses)? (If irregular hours, average over last 4 weeks. Do not include travel time)	<input type="checkbox"/> → 1 hour or more Write number <input type="text"/> <input type="text"/> <input type="text"/> hours → go to P2 <input type="checkbox"/> → Less than 1 hour go to 29	<input type="checkbox"/> → 1 hour or more Write number <input type="text"/> <input type="text"/> <input type="text"/> hours → go to 32 <input type="checkbox"/> → Less than 1 hour go to 29
29. At any time during the last 4 weeks, have you been looking for full-time or part-time work? (Mark all that apply)	<input type="checkbox"/> 1 Yes, full-time work <input type="checkbox"/> 2 Yes, part-time work <input type="checkbox"/> 3 Yes, casual work <input type="checkbox"/> 4 No → Go to 31 <input type="checkbox"/> 5 Don't know → Go to 31	<input type="checkbox"/> 1 Yes, full-time work <input type="checkbox"/> 2 Yes, part-time work <input type="checkbox"/> 3 Yes, casual work <input type="checkbox"/> 4 No → Go to 31 <input type="checkbox"/> 5 Don't know → Go to 31
30. If you had found a job, could you have started work last week?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
31. When did you last work for two weeks or more?	<input type="checkbox"/> 1 Within the last three months <input type="checkbox"/> 2 3 up to 6 months ago <input type="checkbox"/> 3 6 up to 12 months ago <input type="checkbox"/> 4 1 up to 2 years ago <input type="checkbox"/> 5 2 up to 5 years ago <input type="checkbox"/> 6 More than 5 years ago <input type="checkbox"/> 7 Has never worked for 2 weeks or more → go to 32 (if no Parent 2)	<input type="checkbox"/> 1 Within the last three months <input type="checkbox"/> 2 3 up to 6 months ago <input type="checkbox"/> 3 6 up to 12 months ago <input type="checkbox"/> 4 1 up to 2 years ago <input type="checkbox"/> 5 2 up to 5 years ago <input type="checkbox"/> 6 More than 5 years ago <input type="checkbox"/> 7 Has never worked for 2 weeks or more

SECTION B: Your child

The next series of questions are about [child], particularly his/her health and development over the past couple of years, starting from when he/she was born.

32. What was [child]’s weight at birth?

grams OR

pounds AND ounces

-8 Don't know

33. After how many weeks of pregnancy was [child] born?

weeks

-8 Don't know

34. Was this child a single birth, or a twin, triplet or more?

- 1 Single birth
- 2 Twin
- 3 Triplet
- 4 More than triplets
- 5 Don't know

35. Was [child] ever breastfed? (Include colostrum in first few days after birth).

- 1 Yes → Go to 36
- 2 No → Go to 38
- 3 Don't know → Go to 38

36. Is [child] still being breastfed?

- 1 Yes → Go to 38
- 2 No → Go to 37

37. How old was [child] when he/she completely stopped being breastfed? (Include expressed breast milk).

1 Days OR

2 Weeks OR

3 Months

38. Is [child] up to date with his/her immunisations, that is, needles or injections?

- 1 Yes, completely up to date
- 2 No, but has had most
- 3 No, but has had some
- 4 No, hasn't had any
- 5 Don't know

39. In general, how would you say your child's health is? (Mark a cross in one box only).

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

40. In the past 12 months, how many times did your child need medical attention from a doctor or hospital because the child was hurt or injured?

SHOW CARD B1

I am now going to ask you a series of questions about [child]'s behaviour and feelings. These questions are designed for children aged two *and above* and allow us to follow their development over the years. It is quite usual, therefore, for two-year-old children to have little or no skills, as yet, in some of these areas.

41. In the past one month, how often would you say that [child] has had a problem with:

	Never	Almost never	Sometimes	Often	Almost always	Not sure
(a) Walking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Running?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Taking part in active play or exercise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Lifting something heavy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Bathing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Helping pick up his/her toys?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Having hurts or aches?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Having a low energy level/tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Feeling afraid or scared?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Feeling sad or blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(k) Feeling angry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(l) Trouble sleeping?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(m) Worrying?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(n) Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(o) Other children not wanting to play with him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(p) Getting teased by other children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(q) Not being able to do things that other children his/her age can do?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(r) Keeping up when playing with other children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(s) Doing the same activities as other children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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42. Overall, compared to other children of the same age, do you think this child is...?

(Mark a cross in one box only)

- 1 Easier than average
- 2 About average
- 3 More difficult than average

SHOW CARD B2

I am again going to ask you some questions about [child]’s behaviour. These questions also allow us to follow [child]’s development over the years. It is quite usual, therefore, for two-year-old children to have little or no skills, as yet, in some of these areas.

43. How often does [child]...

	Never	Sometimes	Always
(a) Carry out a simple instruction?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Ask for a question to be repeated?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Follow a conversation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Pass on simple messages?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Clearly explain things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Use speech that is easily understood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

44. In the past week, on how many days have you or an adult in your family done the following with [child]?

	None	1 or 2 days	3-5 days	Every day (6-7)
(a) Read to study child from a book?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Drawn pictures or did other craft activities with the child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Played music, sang songs, danced or did other musical activities with child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Played a game outdoors or exercised together like walking, swimming, cycling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

SECTION C: Parents

Parenting

This section is about being a parent. There are no right or wrong answers, we are just asking about parents’ views on child rearing. Please indicate the best answer for each question.

SHOW CARD C1

45. Thinking about [child] over the last six months, how often did you...

	Never or almost never	Rarely	Sometimes	Often	Always or almost always
(a) Hug or hold [child] for no particular reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk it over and reason with [child] when he/she misbehaved?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Tell [child] how happy he/she makes you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Give [child] reasons why rules should be obeyed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Explain to child why he/she was being corrected?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Have warm, close times together with [child]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Enjoy listening to [child] and doing things with him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Feel close to [child], both when he/she was happy and when he/she was upset?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Express affection by hugging, kissing and holding [child]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SHOW CARD C2

When parents spend time with their children, sometimes things go well and sometimes they don't.

46. In the past six months how often would you say that:

(Mark a cross in one box for each question)

	Not at all	—————→								All the time
(a) You have been angry with [child]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
(b) You have raised your voice with or shouted at [child]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
(c) When [child] cries, he/she gets on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
(d) You have lost your temper with [child]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
(e) You have left [child] alone in his/her bedroom when he/she was particularly irritable or upset?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

SHOW CARD C1

47. How often... (Mark a cross in one box per row)

	Never or almost never	Rarely	Sometimes	Often	Always or almost always
(a) Does [child] behave in a manner different from the way you want him/her to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Do you think that [child]'s behaviour is more than you can handle?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you feel that you are good at getting [child] to do what you want him/her to do?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Do you feel that you are in control and on top of things when caring for [child]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Do you try to protect [child] from life's difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Do you put [child]'s wants and needs before your own?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Does leaving [child] with other people upset you, no matter how well you know them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SHOW CARD C3

48. Overall as a parent, do you feel you are... (Mark a cross in one box only)

(a) A very good parent?	<input type="checkbox"/> 1
(b) A better than average parent?	<input type="checkbox"/> 2
(c) An average parent?	<input type="checkbox"/> 3
(d) A person who has some trouble at being a parent?	<input type="checkbox"/> 4
(e) Not very good at being a parent?	<input type="checkbox"/> 5

Co-parenting and family relationships

49. INTERVIEWER NOTE: Is Parent 2 a spouse/defacto?

1 Yes → Go to 50

2 No → Go to 52

SHOW CARD C4

50. Which best describes the degree of happiness, all things considered, in your relationship?

- Perfectly happy Extremely happy Very happy Happy A little unhappy Fairly unhappy Extremely unhappy
- 1 2 3 4 5 6 7

SHOW CARD C5

51. How often... (Mark a cross in one box for each row)

	Never	Rarely	Sometimes	Often	Always
(a) Do you and your partner disagree about basic child-rearing issues?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Is your conversation with your partner awkward or stressful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you and your partner argue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Is there anger and hostility between you and your partner?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Family Relationship Indicator (abbreviated from Family Environment Scale).

SHOW CARD C6

52. Sometimes family members may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another? (For family members in this household)

(Mark a cross in one box only)

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

Parent Health

This section is about your own health and feelings about life in general.

SHOW CARD C6

53. In general, is your health:

(Mark a cross in one box only)

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

54. How often do you have 5 or more standard drinks on one occasion (if female) or 7 or more standard drinks on one occasion (if male)?

- Every day 4-6 times a week 2-3 times a week Once a week 2-3 times a month Monthly or less Don't drink alcohol
- 1 2 3 4 5 6 7

55. Do you currently smoke cigarettes?

- ₁ Yes → Go to 56
 ₂ No → Go to 57

56. How many cigarettes do you usually smoke in one day?

Cigarettes

57. Including yourself, how many people who live with you smoke *inside* the house?

- None ₀ 1 ₁ 2 ₂ 3 ₃ 4 ₄ 5 or more ₅

58. In the last 12 months has alcohol caused any problems in your household?

- ₁ Yes
 ₂ No

The next questions are about feelings you may have experienced over the past four weeks.

SHOW CARD C7

59. In the past 4 weeks how often did you feel...

(Mark a cross in one box for each question)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) nervous?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(b) hopeless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(c) restless or fidgety?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(d) that everything was an effort?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(e) so sad that nothing could cheer you up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(f) worthless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION D: Service use

Child care

The next few questions are specifically about child care services that you may have used for [child].

60. Over the past one month has [child] been looked after at regular times during the week by anyone other than you (or Parent 2/Partner)? (Include care by non-resident parents but not occasional babysitting).

- ₁ Yes → Go to 62
 ₂ No

61. What is the main reason [child] does not have any regular child care arrangements at present?

Interviewer note: Apply most correct reason from verbatim response and repeat to respondent to confirm - mark one box only.

(a) Child does not need it	<input type="checkbox"/>	1 → Go to 65
(b) Problems with getting child care places	<input type="checkbox"/>	2 → Go to 65
(c) Not available locally	<input type="checkbox"/>	3 → Go to 65
(d) Unsuitable location for work	<input type="checkbox"/>	4 → Go to 65
(e) Unsuitable location for home	<input type="checkbox"/>	5 → Go to 65
(f) Transport problems	<input type="checkbox"/>	6 → Go to 65
(g) Can't afford it - cost too high	<input type="checkbox"/>	7 → Go to 65
(h) Concerned with quality of care	<input type="checkbox"/>	8 → Go to 65
(i) Parent is available, other care not needed	<input type="checkbox"/>	9 → Go to 65
(j) Child has disability or special needs	<input type="checkbox"/>	10 → Go to 65
(k) Does not suit culture or ethnic beliefs	<input type="checkbox"/>	12 → Go to 65
(l) Do not want child cared for by strangers	<input type="checkbox"/>	13 → Go to 65
Other - please specify	<input type="checkbox"/>	15 → Go to 65
(m) <input type="text"/>		

62. How many hours IN TOTAL does [child] spend being looked after by someone other than you (or Parent 2/Partner) each week?

Interviewer note: Convert fortnightly or other regular arrangements to a weekly figure.

hours

SHOW CARD D1

63. What type(s) of care does [child] have?

(a) Day care centre	<input type="checkbox"/>	1
(b) Family day care	<input type="checkbox"/>	2
(c) Occasional care	<input type="checkbox"/>	3
(d) Gym, leisure or community care	<input type="checkbox"/>	4
(e) Mobile care unit	<input type="checkbox"/>	5
(f) Grandparent	<input type="checkbox"/>	6
(g) Other relative	<input type="checkbox"/>	7
(h) Nanny	<input type="checkbox"/>	8
(i) Child's parent living elsewhere	<input type="checkbox"/>	9
(j) Other person (includes friend or neighbour)	<input type="checkbox"/>	10

SHOW CARD D2

64. How satisfied are you with this main care arrangement?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

Now I would like to ask you about specific services that [child] may have used or needed over the past 12 months.

SHOW CARD D2

65. Please indicate if you have needed any of these services for [child] in the past 12 months. If [child] did use a service, please advise how many times the service was used over the year and your satisfaction level for the service.

Interviewer note: Where services are used on a regular basis convert weekly, fortnightly or monthly (etc) access to a 12-month period. (i.e. weekly = 52 times per year, monthly = 12 times per year).

	Not needed	Needed but couldn't access	If used: How many times per year	Service satisfaction				
				Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
(a) Playgroup or parent-child group	<input type="checkbox"/> 1 → go to (b)	<input type="checkbox"/> 2 → go to (b)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Maternal and child health nurse	<input type="checkbox"/> 1 → go to (c)	<input type="checkbox"/> 2 → go to (c)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Hospital emergency ward	<input type="checkbox"/> 1 → go to (d)	<input type="checkbox"/> 2 → go to (d)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Hospital outpatients clinic	<input type="checkbox"/> 1 → go to (e)	<input type="checkbox"/> 2 → go to (e)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) GP services	<input type="checkbox"/> 1 → go to (f)	<input type="checkbox"/> 2 → go to (f)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Speech therapy	<input type="checkbox"/> 1 → go to (g)	<input type="checkbox"/> 2 → go to (g)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Dental services	<input type="checkbox"/> 1 → go to (h)	<input type="checkbox"/> 2 → go to (h)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Pediatrician	<input type="checkbox"/> 1 → go to (i)	<input type="checkbox"/> 2 → go to (i)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Other psychiatric or behavioural services (such as a psychologist or social worker)	<input type="checkbox"/> 1 → go to (j)	<input type="checkbox"/> 2 → go to (j)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Other medical services	<input type="checkbox"/> 1 → go to (k)	<input type="checkbox"/> 2 → go to (k)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Other child services: (Please specify)	<input type="checkbox"/> 1 → go to (66)	<input type="checkbox"/> 2 → go to (66)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The previous questions were about [child]. The next questions are about services that **other members of your family** might have needed.

SHOW CARD D2

66. Please indicate if anyone in your family (other than [child]) has needed any of these services in the past 12 months. If a family member did use a service, please advise how many times the service was used over the year and your satisfaction level for that service.

Interviewer note: Where services are used on a regular basis convert weekly, fortnightly or monthly (etc) access to a 12-month period. (i.e. weekly = 52 times per year, monthly = 12 times per year).

	Not needed	Needed but couldn't access	If used: How many times per year	Service satisfaction				
				Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
(a) Parenting education courses or programs	<input type="checkbox"/> 1 → go to (b)	<input type="checkbox"/> 2 → go to (b)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Other counselling services	<input type="checkbox"/> 1 → go to (c)	<input type="checkbox"/> 2 → go to (c)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Parent support groups, Parentline	<input type="checkbox"/> 1 → go to (d)	<input type="checkbox"/> 2 → go to (d)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Drug or alcohol services	<input type="checkbox"/> 1 → go to (e)	<input type="checkbox"/> 2 → go to (e)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Adult/mental health services	<input type="checkbox"/> 1 → go to (f)	<input type="checkbox"/> 2 → go to (f)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Migrant or ethnic resources services	<input type="checkbox"/> 1 → go to (g)	<input type="checkbox"/> 2 → go to (g)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Housing services	<input type="checkbox"/> 1 → go to (h)	<input type="checkbox"/> 2 → go to (h)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Disability services	<input type="checkbox"/> 1 → go to (i)	<input type="checkbox"/> 2 → go to (i)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Charities (e.g. Salvation Army)	<input type="checkbox"/> 1 → go to (j)	<input type="checkbox"/> 2 → go to (j)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Family/domestic violence or other violence services	<input type="checkbox"/> 1 → go to (k)	<input type="checkbox"/> 2 → go to (k)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Specialist medical services	<input type="checkbox"/> 1 → go to (l)	<input type="checkbox"/> 2 → go to (l)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Church or religious groups	<input type="checkbox"/> 1 → go to (m)	<input type="checkbox"/> 2 → go to (m)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) Other family support services: (please specify)	<input type="checkbox"/> 1 → go to (67)	<input type="checkbox"/> 2 → go to (67)	<input type="text"/> →	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input style="width: 100%; height: 20px;" type="text"/>								

SHOW CARD D2

67. In general, how satisfied are you with the amount of information available in the community about services?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

SHOW CARD D3

68. Please indicate how much you agree or disagree with the following statement: If I need information about services in the community I know where to find that information.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SECTION E: Community embeddedness

SHOW CARD E1

69. Thinking about yourself, how often do you see, talk to or email the following people?

Interviewer note: We are interested in the most frequent contact - e.g. if the respondent talks to their mother every day and father once a week, record every day.

	No contact	Rarely	A few times a year	At least every month	At least every week	Every day	Don't have
(a) Your parents?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(b) Your in-laws? (If Parent 1 does not live with a partner/spouse, mark 'don't have' and <u>do not read out</u>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(c) Other family members?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(d) Friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(e) Neighbours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

70. Now, thinking about [child], how often does [child] get together with, see or spend time with the following people?

	No contact	Rarely	A few times a years	At least every month	At least every week	Every day	Don't have
(a) Grandparents?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(b) Other family members?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(c) Your friends?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(d) Your neighbours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(e) Other young children (outside of child care or school)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

71. Do you or parent 2/partner participate in any ongoing community service activity? (e.g. volunteering at school, coaching a sports team, or working with a church or *neighbourhood* association)

- 1 Yes → Go to 72
- 2 No → Go to 73

72. In total how many hours per week do you and/or parent 2/partner spend in ongoing community service activity?

Parent 1 Hours
 Parent 2/partner Hours

Sometimes parents need help or support of various kinds.

SHOW CARD E2

73. How often do the following people support you in raising your child(ren)?

Interviewer note: If Parent 1 does NOT live with Parent 2/Partner, mark not applicable and then → go to c

(Mark a cross in one box per row only)	Never	Rarely	Sometimes	Often	Always	Not applicable
(a) Your partner/spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Your spouse or partner's parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Other family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Community organisations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

SHOW CARD E3

74. How often do you feel that you need support or help but can't get it from anyone?

Very often 1
 Often 2
 Sometimes 3
 Never 4

Now some questions about your local community.

SHOW CARD E4

75. How do you feel about your neighbourhood as a place to bring up children?

Very good 1
 Good 2
 Fair 3
 Poor 4
 Very poor 5

76. Would you currently like to move away from your neighbourhood?

1 Yes
 2 No

SHOW CARD E5

77. How much do you agree with these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(a) People around here are willing to help their neighbours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) This is a close-knit neighbourhood?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) People in this neighbourhood can be trusted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) People in this neighbourhood generally don't get along with each other?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) People in this neighbourhood do not share the same values?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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SHOW CARD E6

78. How strongly do you agree or disagree with these statements about your neighbourhood?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/ not applicable
<i>In rural/remote areas, "neighbourhood" means your local area. In city/urban areas, "neighbourhood" means your suburb within 1 or 2 kilometres from your home.</i>					
(a) This is a safe neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) This is a clean neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) There are good parks, playgrounds and play spaces in this neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) There is access to close, affordable, regular public transport in this neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) There is access to basic shopping facilities in this neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) There is access to basic services such as banks, medical clinics etc. in this neighbourhood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) It is safe for children to play outside on their own during the day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION F: Income and housing

About your household

Now I am going to ask a few questions about your housing and financial arrangements.

Once again your answers are confidential. Please be assured we are not checking up on you, we just need to ensure that we have a broad range of Australian families included in our study.

SHOW CARD F1

	Parent 1	Parent 2/Partner
79. Could you tell me if you or Parent 2/Partner receive income from any of these sources? <i>(Mark all that apply).</i>	<input type="checkbox"/> 1 Wages or salary <input type="checkbox"/> 2 Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> 3 Any government pension, benefit or allowance <input type="checkbox"/> 4 Any other regular source <input type="checkbox"/> 5 None of the above → go to P2 or 82	<input type="checkbox"/> 1 Wages or salary <input type="checkbox"/> 2 Profit or loss from own unincorporated business or share in partnership <input type="checkbox"/> 3 Any government pension, benefit or allowance <input type="checkbox"/> 4 Any other regular source <input type="checkbox"/> 5 None of the above → go to 82
80. Before income tax is taken out, how much do you usually receive [from this source/these sources] in total?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">dollars</div> </div> <div style="margin-left: 10px;"> What period does this cover? <input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Loss <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Fortnight <input type="checkbox"/> 3 Four weeks <input type="checkbox"/> 4 Calendar month <input type="checkbox"/> 5 Year <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Days ←</div> <input type="checkbox"/> 6 Other </div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">dollars</div> </div> <div style="margin-left: 10px;"> What period does this cover? <input type="checkbox"/> 1 Nil <input type="checkbox"/> 2 Loss <input type="checkbox"/> 3 Don't know <input type="checkbox"/> 1 Week <input type="checkbox"/> 2 Fortnight <input type="checkbox"/> 3 Four weeks <input type="checkbox"/> 4 Calendar month <input type="checkbox"/> 5 Year <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Days ←</div> <input type="checkbox"/> 6 Other </div> </div>
81. What is your main source of income?	<input type="checkbox"/> 1 Wages or salary <input type="checkbox"/> 2 Profit or loss from own unincorporated business or share in partnership. <input type="checkbox"/> 3 Any government pension, benefit or allowance. <input type="checkbox"/> 4 Any other regular source <input type="checkbox"/> 5 None of the above	<input type="checkbox"/> 1 Wages or salary <input type="checkbox"/> 2 Profit or loss from own unincorporated business or share in partnership. <input type="checkbox"/> 3 Any government pension, benefit or allowance. <input type="checkbox"/> 4 Any other regular source <input type="checkbox"/> 5 None of the above

Interviewer note: If household does not contain persons over 15 years of age (other than Parent 1 and Parent 2/Partner) → go to 83

82. The next question is about the income of members of your household aged 15 years or over, excluding yourself (and Parent 2/Partner). Before income tax is taken out, how much income in total do these people usually receive from these sources?

dollars

1 Nil

2 Loss

3 Don't know

What period does this cover?

1 Week

2 Fortnight

3 Four weeks

4 Calendar month

5 Year

6 Other

Days ←

SHOW CARD F2

83. Suppose you had only one week to raise \$2,000 for an emergency. Which of the following best describes how hard it would be for you to get that money?

- 1 I could easily raise the money
- 2 I could raise the money, but it would involve some sacrifices (e.g. reduced spending, selling a possession)
- 3 I would have to do something drastic to raise the money (e.g. selling an important possession)
- 4 I don't think I could raise the money

About your housing situation

84. How long have you (or your partner) lived in this current home?
(Record longest period for either partner)

Years

Months

85. Do you...

- 1 Own your own home outright?
- 2 Have a mortgage on it?
- 3 Pay rent?
- 4 Live rent free?
- 5 Other, please specify:
- 6 Don't know

86. What is the postcode of your previous home?

87. How many times have you moved during [child]'s life?

88. How many bedrooms are there in this house/flat unit? Please count all bedrooms even if not currently used as such (e.g. studies).
(If living in caravan or cabin, enter 00)

89. Is there anything else you would like us to know about your family, or [child]?

SECTION G: Consent

Thank you for your time in completing this questionnaire.

I now have to obtain your formal consent for this study, and I have to read to you the following statement:

You and your family are being asked to take part in *Stronger Families in Australia*, a study run by the Australian Institute of Family Studies in conjunction with the Social Policy Research Centre at the University of New South Wales. The study will follow the development of a large group of families with a child currently aged two over the next three years in order to measure changes in child, family and community outcomes. *Stronger Families in Australia* is being conducted on behalf of the Australian Government and the Australian Institute of Family Studies have contracted research consultants to collect the data on their behalf.

All the information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourselves or others). Information that identifies you will only be disclosed to research consultants for the purposes of administering the *Stronger Families in Australia* study. Identifying material is removed from the study data before it is made available for evaluation and research. Only combined results from the study will be discussed and published.

Participation in this study is voluntary. You may choose not to answer some of the questions and you are free to withdraw from the study at any time.

If you require further information or if you have any problems concerning this project or the way that it is being conducted, please contact the Australian Institute of Family Studies Ethics Committee on freecall 1800 352 275 and ask to speak to the Deputy Director (Research).

On this form I will ask you to sign that at this stage you have agreed to take part with the study. I will also give you a form that confirms what you have consented to.

I agree to take part in *Stronger Families in Australia* and for the researchers to contact me in the future about taking part in subsequent years of the study.

Name:

--	--

First name (PLEASE PRINT) Surname

Signature:

--

Date:

D	D	M	M	Y	Y

WITNESS:

Name:

--	--

First name (PLEASE PRINT) Surname

Signature:

--

Date:

D	D	M	M	Y	Y

INTERVIEWER NOTE: GO TO "KEEPING IN TOUCH" SECTION OF FAMILY CONTACT FORM AND COMPLETE CONTACT DETAILS FOR RESPONDENT'S RELATIVES AND FRIENDS.

IN CONFIDENCE

FAMILY CONTACT FORM



NAME OF STUDY CHILD:	FIRST NAME	SURNAME
NAME OF PARENT 1:	FIRST NAME	SURNAME

FTB SUPPLIED DETAILS

VISIT & PHONE CALLS - INITIAL FIELDWORK CONTACTS (IF)

	Visit (V) or phone (T)	Day	Date	Time (mins)	Outcome of call	Comments
1			/ /			
2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			
9			/ /			
10			/ /			
11			/ /			
12			/ /			

TOTAL CALLS LAST CONTACT DATE FINAL OUTCOME CODE

D D M M Y Y

	YES	NO	DK	COMMENTS
1. Has the family moved?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
2. Family located?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
3. FTB letter received?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
4. LAF received?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
5. Responding family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
6. Likely to move in next 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
7. Do the respondents Residential or Mailing details need to be updated?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		

OUTCOME OF VISIT CODES

<input type="checkbox"/> 1 Face to face (no previous contact with household) NO ANSWER / Left calling card	<input type="checkbox"/> 10 Telephone initial contact APPOINTMENT MADE
<input type="checkbox"/> 2 Face to Face APPOINTMENT MADE	<input type="checkbox"/> 11 Telephone initial contact REFUSAL
<input type="checkbox"/> 3 Face to Face initial contact REFUSAL	<input type="checkbox"/> 12 Telephone initial contact RESPONDENT NOT KNOWN (NO LONGER IN HOUSEHOLD / WRONG ADDRESS / MOVED)
<input type="checkbox"/> 4 Face to Face initial contact RESPONDENT NOT KNOWN (NO LONGER IN HOUSEHOLD/WRONG ADDRESS/MOVED)	<input type="checkbox"/> 13 Telephone NO ANSWER after appointment made
<input type="checkbox"/> 5 Face to Face NO ANSWER after appointment made or initial contact made	<input type="checkbox"/> 14 Telephone REFUSAL after appointment made
<input type="checkbox"/> 6 Face to Face REFUSAL after appointment made	<input type="checkbox"/> 15 PO Box - no telephone details available NO CONTACT MADE
<input type="checkbox"/> 7 Face to Face ASSISTANCE REQUIRED TO PROCEED (Language or Cultural Interpreter / disability services)	<input type="checkbox"/> 16 Face to Face CALL BACK to arrange an appointment
<input type="checkbox"/> 8 Face to Face INTERVIEW	<input type="checkbox"/> 17 Telephone APPOINTMENT MADE reschedule or reminder call
<input type="checkbox"/> 9 Telephone (no previous contact with household) NO ANSWER	<input type="checkbox"/> 18 Telephone REFUSAL after initial contact / attempt to make appointment

REFUSAL QUESTIONS			6. DETAILED REASON:	
1. Sex of person refusing:	Male	<input type="checkbox"/>	1	
	Female	<input type="checkbox"/>	2	
2. Age group:	15-24	<input type="checkbox"/>	1	
	25-44	<input type="checkbox"/>	2	
	45+	<input type="checkbox"/>	3	
OTHER INFORMATION				
3. NESB:	Yes	<input type="checkbox"/>	1	
	No	<input type="checkbox"/>	2	
	Not Established/DK	<input type="checkbox"/>	3	
4. ATSI:	Yes	<input type="checkbox"/>	1	
	No	<input type="checkbox"/>	2	
	Not Established/DK	<input type="checkbox"/>	3	
5. What was the <u>main</u> reason for refusal?			7. FOLLOW UP APPROPRIATE? <input type="checkbox"/> 1 Yes	
			<input type="checkbox"/> 2 No	
REFUSAL CODES			<input type="checkbox"/> 4 Confidentiality/security concerns	<input type="checkbox"/> 8 Partner did not want to take part
<input type="checkbox"/> 1 Not interested			<input type="checkbox"/> 5 Not capable	<input type="checkbox"/> 9 Refusal to Office
<input type="checkbox"/> 2 Too busy, not convenient			<input type="checkbox"/> 6 Moving house, going overseas	<input type="checkbox"/> 10 Other
<input type="checkbox"/> 3 Privacy issues			<input type="checkbox"/> 7 Major sickness or illness, death in family	

WAS AN INTERPRETER USED?

- 1 Yes, member of the family or friend of family
- 2 Yes, I-view employee
- 3 Yes, professional interpreter
- 4 No

If yes, language used:

1. TYPE OF DWELLING

- 1 Separate house
- 2 Semi-detached house/row or terrace house/townhouse etc. with one storey
- 3 Semi-detached house/row or terrace house/townhouse with two storeys
- 4 In a one-storey block
- 5 In a two-storey block
- 6 In a three-storey block
- 7 In a four to nine storey block
- 8 In a 10 or more storey block
- 9 Attached to a house
- 10 Caravan/cabin in a caravan park
- 11 Caravan/cabin elsewhere
- 12 House or flat attached to shop, office etc.
- 13 Farm
- 14 Other

} Flat/unit/apartment

2. HOW WOULD YOU CHARACTERISE THE **LAND USE** ON THIS STREET?

- 1 Primarily residential (houses and apartments)
- 2 Primarily commercial (shops and businesses)
- 3 Primarily industrial (warehouses and factories)
- 4 Primarily vacant blocks or undeveloped open space
- 5 Mixed residential and commercial
- 6 Mixed residential and industrial
- 7 Mixed residential and vacant blocks
- 8 Other

3. **EXTERNAL CONDITION OF THIS DWELLING?**

- 1 Badly deteriorated
- 2 Poor condition with peeling paint and need of repair
- 3 Fair condition
- 4 Well kept with good repair and exterior surface

4. HOW WOULD YOU RATE THE **GENERAL CONDITION OF MOST OF THE BUILDINGS NEARBY**, SAY WITHIN 100 METRES OF THE RESPONDENTS' HOUSE?

- 1 Poor condition with peeling paint and need of repair
- 2 Fair condition
- 3 Well kept with good repair and exterior surface
- 4 No other dwellings nearby

5. HOW MANY **HIGH-RISE** (MORE THAN FOUR STOREYS) BLOCKS OF FLATS ARE VISIBLE FROM THIS DWELLING?

- 1 A lot - more than 50% of structures
- 2 A fair bit - more than 20% of structures
- 3 One or two structures
- 4 None
- 5 Not sighted

6. IS THERE **RUBBISH, LITTER OR BROKEN GLASS** ON THE STREET OR FOOTPATH, IN FRONT YARDS OR VACANT LOTS?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- 5 Not applicable (no streets, footpaths or yards)

7. ARE THERE **CIGARETTES OR DISCARDED CIGARETTE PACKAGES** ON THE STREET OR FOOTPATH, IN YARDS OR GUTTERS?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- 5 Not applicable (no streets, footpaths or yards)

8. ARE THERE **EMPTY BEER CANS OR EMPTY BOTTLES OF ALCOHOL** ON THE STREET OR FOOTPATH OR IN YARDS?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- 5 Not applicable (no streets, footpaths or yards)

9. IS THERE **GRAFFITI** ON BUILDINGS, FOOTPATHS, WALLS OR SIGNS?

- 1 None
- 2 A little
- 3 Some
- 4 A lot
- 5 Not applicable (no streets, footpaths or yards)

10. IS THERE **PUBLIC TRANSPORT** (e.g. bus stop) NEAR THIS STREET?

- 1 Yes
- 2 No

11. ARE THERE **TREES** LINING THE STREET?

- 1 None
- 2 A few
- 3 Some
- 4 Many

12. HOW MANY HOUSES HAVE A **FRONT YARD THAT CHILDREN COULD PLAY IN?**

- 1 None
- 2 A few
- 3 Some
- 4 Many
- 5 All
- 6 Not applicable

13. HOW MANY **LANES OF TRAFFIC** ARE THERE ON THIS STREET OR ROAD? (e.g. a normal two way street has one lane of traffic)

Number of lanes

14. WHAT IS THE **TRAFFIC FLOW** ON THIS STREET OR ROAD?

- 1 Very light
- 2 Light
- 3 Moderate
- 4 Heavy
- 5 Very heavy

15. WHAT ARE THE **NOISE LEVELS** LIKE IN THE STREET OR ROAD?

- 1 Quiet
- 2 A little noisy
- 3 Noisy

16. HOW FAR IS THE DWELLING FROM A **HIGHWAY OR MAJOR ROAD** (e.g. 2 lane road)

- 1 The street is a highway or major road
- 2 Less than 100 metres
- 3 About 100-300 metres
- 4 Over 300 metres

17. HOW WOULD YOU RATE THE CONDITION OF THE **FOOTPATHS** (FOR WALKING)?

- 1 Very poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Under construction
- 6 Not applicable

18. HOW WOULD YOU RATE THE CONDITION OF THE **STREET SURFACE** (FOR DRIVING)?

- 1 Very poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Under construction

19. HOW MANY HOUSES/APARTMENTS HAVE **WELL KEPT FRONT YARDS AND GARDENS?**

- 1 None
- 2 Very few
- 3 Some
- 4 Many
- 5 All
- 6 No other dwellings nearby

20. WHAT KINDS OF **RECREATIONAL FACILITIES** ARE IN THIS STREET?

- 1 Park
- 2 Playground
- 3 Sports ground/tennis courts/swimming pool

Other, please specify

- 5 None

21. DID YOU SEE ANY ADULTS ENGAGED IN **PHYSICAL EXERCISE** (e.g. walking, jogging, riding a bike)?

- 1 Yes
- 2 No

22. DID YOU SEE ANY PEOPLE **DRINKING ALCOHOL** OPENLY ON THE STREET OR ROAD?

- 1 Yes
- 2 No

23. DID YOU SEE ANY **DRUNKEN OR INTOXICATED PEOPLE** ON THE STREET OR ROAD?

- 1 Yes
- 2 No

24. DID YOU SEE ANY PEOPLE **FIGHTING OR ARGUING IN A HOSTILE OR THREATENING MANNER** ON THE STREET OR ROAD?

- 1 Yes
- 2 No

25. DID YOU SEE ANY **CHILDREN** ON THE STREET?

- 1 Playing in the front yard
- 2 Playing on the footpath or in the street
- 3 Under adult supervision/accompanied by an adult
- 4 Saw children but not in above activities
- 5 Did not see any children

Time you visited the street AM PM

Date you visited this street:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

How many times have you visited this dwelling?

KEEPING IN TOUCH

Sometimes we can lose touch with members of a study. To help avoid this, it would be helpful if you give us contact details for yourself and for some relatives or friends who are likely to know your contact details if we were unable to contact you in the future.

Interviewer note: If applicable, obtain work contact details for parent if parent agrees.

RESPONDENT DETAILS:

Name:

<input type="text"/>	<input type="text"/>
First Name (PLEASE PRINT)	Surname

Address:

<input type="text"/>	<input type="text"/>
Street number	Street name

Suburb/town:

<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
----------------------	-----------------------------	--------------------------------

Home phone:

<input type="text"/>	Work phone: <input type="text"/>
----------------------	----------------------------------

Work email address:

<input type="text"/>

Home email address:

<input type="text"/>

OTHER CONTACT 1

Name:

<input type="text"/>	<input type="text"/>
First Name (PLEASE PRINT)	Surname

Address:

<input type="text"/>	<input type="text"/>
Street number	Street name

Suburb/town:

<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
----------------------	-----------------------------	--------------------------------

Home phone:

<input type="text"/>	Relationship to you: <input type="text"/>
----------------------	---

OTHER CONTACT 2

Name:

<input type="text"/>	<input type="text"/>
First Name (PLEASE PRINT)	Surname

Address:

<input type="text"/>	<input type="text"/>
Street number	Street name

Suburb/town:

<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
----------------------	-----------------------------	--------------------------------

Home phone:

<input type="text"/>	Relationship to you: <input type="text"/>
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Interviewer Note: All work conducted is confidential. Under the Code of Professional Behaviour of the Market Research Society of Australia, you cannot disclose any information about respondents to any third party not related to the study.

Interviewer Declaration: I have conducted this interview. It is a full and, to the best of my knowledge, an accurate recording and has been completed in accordance with my interviewing and ICC/ESOMAR guidelines.

Signature: _____

Interviewer ID: _____

Date Interview completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y