



Australian Government
**Department of Families,
Housing, Community Services
and Indigenous Affairs**



In Confidence

footprints in time

The Longitudinal Study of Indigenous Children:
An Australian Government Initiative

Parent 1 – Wave 1 2008

Hard-Copy Back-up Questionnaire

This questionnaire is to be completed for the **Parent/Primary Care Giver (P1)** of the *Footprints in Time* study child named below.

The parent or carer has given written consent to take part in *Footprints in Time*, a longitudinal study being run by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) on behalf of the Australian government.

P1's name: _____

Study child's name: _____

Study child's ID number:

Has P1 completed a consent form and been given a copy for their records?

Yes – please fill in the questionnaire on the CAPI console or on paper

No – please ask P1 to complete a consent form

All 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 yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual information will be released to any person or department except at your written request and on your authorisation.

Participation in this study is voluntary. If P1 has any questions or wants more information, please ask them to contact the FaHCSIA **Footprints in Time** Team on **1800 106 235**. Or they can look at our website at www.fahcsia.gov.au

RAO's name: _____

RAO's contact details: _____

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Module 1: Household

Section 1A: Dwelling Type & Street traffic (DTST)

Interviewer to code - if not at (STUDY CHILD)'s house please read the question aloud.

1. **The home is:**

OBSERVE AND RECORD (ONE ANSWER ONLY)

| | |
|--------------------------------------|---|
| Not on a main road | 1 |
| A main road – single lane | 2 |
| A main road – two or more lanes..... | 3 |
| Don't know | 4 |
| Refusal | 5 |
| Other (please specify) | 6 |

2. **The traffic on this street is:**

OBSERVE AND RECORD (ONE ANSWER ONLY)

| | |
|---|---|
| Very light (hardly see a moving car) | 1 |
| Light (some moving cars) | 2 |
| Moderate (moving cars but still easy to cross road) | 3 |
| Heavy (steady stream of moving cars etc)..... | 4 |
| Very heavy (cars, trucks, buses)..... | 5 |
| Don't know | 6 |
| Refusal..... | 7 |
| Other..... | 8 |

IF IN HOME: OBSERVE AND RECORD HOME TYPE

IF NOT IN HOME, READ OUT

This question is about the type of home (STUDY CHILD) lives in.

3. **Do you live in a (read aloud possible answers)...**

SEPARATE HOUSE

| | |
|----------------------|----|
| Separate house | 01 |
|----------------------|----|

SEMI-DETACHED, ROW OR TERRACE HOUSE OR TOWNHOUSE

| | |
|---------------------------|----|
| One storey | 02 |
| Two or more storeys | 03 |

FLAT OR APARTMENT

| | |
|-----------------------------------|----|
| In a 1 or 2 storey block | 04 |
| In a 3 storey block..... | 05 |
| In a 4 or more storey block | 06 |
| Attached to a house | 07 |

OTHER TYPE OF HOME

| | |
|--|----|
| Caravan, tent, cabin, etc, in a caravan park, houseboat in a marina, etc. | 08 |
| Caravan not in a caravan park, houseboat not in a marina, etc..... | 09 |
| Improvised home, camp | 10 |
| House or flat attached to a shop, office, etc | 11 |
| No permanent home | 12 |
| Refusal..... | 13 |
| Other (please specify) | 14 |

Section 1B: Household Form (HFOR)

We want to talk to the adult family member who spends most time with (STUDY CHILD).

**1. Is that you?
DO NOT READ OUT**

- Yes..... 1 Continue
 - No 2
 - Don't know 3
 - Refusal..... 4
 - Other (please specify) 5
 - 5
- } Interviewer decides if to continue

Do not begin until consent dvd has been played. If they answer 'yes', complete consent process.

If P1 doesn't live in the same household as (STUDY CHILD) – it will be left to your discretion as to whether or not the interview should be terminated or continued

The next questions are to find out about who lives in (STUDY CHILD)'s household.

**2. Does (STUDY CHILD) live with you all or most of the time?
DO NOT READ OUT**

- Yes, all of the time 1
 - Yes, most of the time 2
 - No, only some of the time 3
 - No, not at all..... 4
 - Don't know 5
 - Refusal..... 6
 - Other (please specify) 6
 - 7
- } Interviewer decides if to continue

Constraints: P2 should only be listed on household form if a member of the household.

Modify question depending on whether the interview is taking place in the home. If there is someone who usually lives there but is away only temporarily, include them. If they have been away for some time, or if it is not known that they will definitely be coming back, exclude them.

Once all names are in grid ask questions 4 – 8 for each person before going on to the next person.

I want to ask some questions about (the household) where (STUDY CHILD) mostly lives/this household?

| | | | | | |
|---|--|--|--|--|--|
| 3. What are the first and last names of all the people who live in this household, starting with you? | P1 Name: | P2 Name: | SC Name: | Name: | Name: |
| 4. Is (are) male or female? | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 |
| → IF P1 or P2 or SC ASK: (Otherwise go to Q6) | | | | | |
| 5. What is your, (P2's) and (SC's) date of birth? | __/__/____ | __/__/____ | __/__/____ | | |
| → IF DON'T KNOW ASK Q6: (Otherwise go to Q7) | | | | | |
| → IF OTHER HOUSEHOLD MEMBER OR DON'T KNOW IN Q5 ASK: (Otherwise go to Q7) | | | | | |
| 6. How old (are you/is name)? <i>If don't know ask for estimate.</i> | | | | ___ : ___ | ___ : ___ |
| → ASK EVERYONE: | | | | | |
| 7. (Are you/is name) of Aboriginal or Torres Strait Islander origin? Aboriginal.....A Torres Strait Islander T Both AT Neither N Don't know/Refused R | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) |
| → IF (STUDY CHILD) IS "NEITHER ABORIGINAL OR TORRES STRAIT ISLANDER" THEN INTERVIEW SHOULD BE TERMINATED. | | | | | |
| 8. How is (name) related to you? | | ___:___ | ___:___ | ___:___ | ___:___ |
| → INTERVIEWER PLEASE USE QUICK REFERENCE SHEET TO CODE ANSWER | | | | | |
| → IF P1 IS FEMALE ASK Q9: (Otherwise go to Q10) | | | | | |
| 9. We want to ask some questions about the pregnancy later. Are you the (STUDY CHILD)'s birth mother? | Y..1 N..2 | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 3. What are the first and last names of all the people who live in this household, starting with you? | Name: | Name: | Name: | Name: | Name: |
| 4. Is (are) male or female? | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. How old (are you/is name)? <i>If don't know ask for estimate.</i> | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ |
| → ASK EVERYONE: 7. (Are you/is name) of Aboriginal or Torres Strait Islander origin? Aboriginal.....A Torres Strait Islander .....T Both AT Neither N Don't know/Refused R | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) |
| → IF (STUDY CHILD) IS "NEITHER ABORIGINAL OR TORRES STRAIT ISLANDER" THEN INTERVIEW SHOULD BE TERMINATED. | | | | | |
| 8. How is (name) related to you? | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ |
| → INTERVIEWER PLEASE USE QUICK REFERENCE SHEET TO CODE ANSWER | | | | | |
| | | | | | |
| | | | | | |

IF P1 IS PARENT OF (STUDY CHILD) ASK: (Otherwise go to Section 2A)

**10. Does (STUDY CHILD) have any brothers or sisters not currently living here?
DO NOT READ OUT.**

- | | | |
|---|---|--------------------|
| Yes..... | 1 | } Continue |
| Yes, half brothers/sisters or step brothers/sisters | 2 | |
| No | 3 | } Go to Section 2A |
| Don't know | 4 | |
| Refusal..... | 5 | |
| Other (please specify) | 6 | |

IF YES, CODE 1 ON Q10 ASK: (Otherwise go to Section 2A)

**11. How old are they?
RECORD AGES, IF LESS THAN 1 ENTER 0**

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

- Don't know XX
Refusal..... VV

Module 2: Child Health

Section 2A: Maternal Health and Care (MHAC)

The next questions are about pregnancy and when (STUDY CHILD) was born.

1. **IF BIRTH MOTHER: (Is that okay?)/IF NOT BIRTH MOTHER: (Are you able to answer some questions about (STUDY CHILD)'s mother's pregnancy and (STUDY CHILD)'s birth?) DO NOT READ OUT**

| | | |
|------------------------|---|--------------------|
| Yes..... | 1 | Continue |
| No | 2 | } Go to Section 2D |
| Don't know | 3 | |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF YES CODE 1 ON Q1 ASK: (Otherwise go to Section 2D)

Be sure that the answer doesn't fit into one of the categories below before writing in "Other (please specify)"

2. **During (your/her) pregnancy with (STUDY CHILD) where did (you/she) get information or advice about pregnancy or giving birth from? (CIRCLE ALL THAT APPLY) DO NOT READ OUT**

| | |
|--|----|
| Mother and/or Aunties | 01 |
| Other family and/or friends | 02 |
| Own experience..... | 03 |
| <i>Individual discussion with Aboriginal Medical Service</i> | |
| Doctor | 04 |
| Nurse | 05 |
| Healthworker..... | 06 |
| Midwife..... | 07 |
| Obstetrician..... | 08 |
| Paediatrician | 09 |
| Other (please specify) | |
| ..... | 10 |
| <i>Individual discussion with other service provider (eg community health service or private practice)</i> | |
| Doctor | 11 |
| Nurse | 12 |
| Healthworker..... | 13 |
| Midwife..... | 14 |
| Obstetrician..... | 15 |
| Paediatrician | 16 |
| Other (please specify) | |
| ..... | 17 |
| Series of classes or group sessions (more than 1 attended) | 18 |
| Single class or seminar..... | 19 |
| Traditional healer or community elder | 20 |
| Books, magazines, brochures | 21 |
| TV, DVDs, videos | 22 |
| Websites | 23 |
| Don't know | 24 |
| Refusal..... | 25 |
| Other (please specify) | |
| ..... | 26 |

IF (STUDY CHILD) IS 6 – 18 MONTHS OLD (B COHORT) ASK: (Otherwise go to Q8)

3. Did (you/STUDY CHILD's mother) have any check-ups during (your/her) pregnancy with (STUDY CHILD)? DO NOT READ OUT

- Yes..... 1 Continue
 - No 2
 - Don't know 3
 - Refusal..... 4
 - Other (please specify) 5
- } Go to Q8

IF YES HAD CHECK-UPS CODE 1 ON Q3 ASK: (Otherwise go to Q8)

4. How far along (were you/was she) in (your/her) pregnancy when (you/she) had (your/her) first check-up? DO NOT READ OUT

- Weeks pregnant..... Go to Q6
- Don't know XX Continue
- Refusal VV Go to Q6

IF DON'T KNOW ON Q4 ASK: (Otherwise go to Q6)

5. In what trimester of (your/her) pregnancy did (you/she) have (your/her) first check up? DO NOT READ OUT

- First trimester (first 3 months of pregnancy)..... 1
- Second trimester (middle 3 months of pregnancy)..... 2
- Third trimester (last 3 months of pregnancy)..... 3
- Don't know 4
- Refusal..... 5

IF YES HAD CHECK-UPS ON Q3 ASK:

6. Did (you/STUDY CHILD's mother) have regular check-ups during the pregnancy, that is, at least 1 check-up every 2 months? DO NOT READ OUT

- Yes..... 1
- No 2
- Don't know 3
- Refusal..... 4
- Other (please specify) 5

7. **Who did (you/she) see for (your/her) check-ups during (your/her) pregnancy with (STUDY CHILD)? (CIRCLE ALL THAT APPLY) READ OUT CATEGORIES IN BOLD.**

IF YES ASK: Where did you go see them?

A doctor or GP?

| | |
|--------------------------------|----|
| Aboriginal Health Service..... | 01 |
| Community health | 02 |
| General Practice | 03 |
| Hospital | 04 |
| Don't Know..... | 05 |
| Refused..... | 06 |
| Other (please specify) | |
| ..... | 07 |

Midwife or nurse?

| | |
|--------------------------------|----|
| Aboriginal Health Service..... | 08 |
| Community health | 09 |
| General Practice | 10 |
| Hospital | 11 |
| Don't Know..... | 12 |
| Refused..... | 13 |
| Other (please specify) | |
| ..... | 14 |

Obstetrician?

| | |
|--------------------------------|----|
| Aboriginal Health Service..... | 15 |
| Community health | 16 |
| General Practice | 17 |
| Hospital | 18 |
| Don't Know..... | 19 |
| Refused..... | 20 |
| Other (please specify) | |
| ..... | 21 |

Aboriginal health worker?

| | |
|--------------------------------|----|
| Aboriginal Health Service..... | 22 |
| Community health | 23 |
| General Practice | 24 |
| Hospital | 25 |
| Don't Know..... | 26 |
| Refused..... | 27 |
| Other (please specify) | |
| ..... | 28 |

Someone else? (please specify)

| | |
|------------------|----|
| ..... | 29 |
| Don't know | 30 |
| Refusal..... | 31 |

IF YES CODE 1 ON Q1 SECTION 2A ASK:

This list isn't designed to be read aloud. Please allow participant to volunteer the answers. Please check that the problem is not anywhere in the list before typing it in as "Other (please specify)".

- 8. (After finding out you were/after (STUDY CHILD)'s mother found out she was) pregnant with (STUDY CHILD) (were you/was she) told by a doctor or nurse that (you/she) or the baby had any problems? (CIRCLE ALL THAT APPLY) DO NOT READ OUT**

| | | | |
|---|----|---|-----------|
| Diabetes or sugar problems | 01 | } | Continue |
| High blood pressure | 02 | | |
| Pre-eclampsia | 03 | | |
| Low iron levels/anaemia..... | 04 | | |
| Urine, bladder problems..... | 05 | | |
| Depression | 06 | | |
| Problem with the baby/foetus (please specify) | | | |
| | 07 | } | Go to Q11 |
| Yes, but don't know what the problem was..... | 08 | | |
| No, not told of any problems | 09 | } | Go to Q11 |
| Don't know..... | 10 | | |
| Refusal | 11 | | |
| Other (please specify) | | | |
| | 12 | | |

IF CODES 1 – 8 ON Q8 ASK: (Otherwise go to Q11)

- 9. Did (you/she) have to go to the hospital for (this problem/these problems) during the pregnancy?**

| | | | |
|------------------|---|----------|-----------|
| Yes..... | 1 | Continue | |
| No | 2 | } | Go to Q11 |
| Don't know | X | | |
| Refusal..... | V | | |

This question is about total time spent in hospital during pregnancy, not including the birth. Ask P1 to estimate if unsure. DO NOT READ OUT.

- 10. How many nights did (you/she) have to stay in hospital during the pregnancy for (this/these problem/s)?**

| | |
|-------------------------------|--|
| Day only (not overnight)..... | 000 |
| Number of nights | <input type="text"/> <input type="text"/> <input type="text"/> |
| Don't know | XXX |
| Refusal..... | VVV |

IF YES CODE 1 ON Q1 SECTION 2A ASK:

11. During (your/her) pregnancy, did (your/her) doctor or nurse tell (you/her) that (your/her) weight gain was too much, okay or not enough? DO NOT READ OUT

- Too much 1
- Okay..... 2
- Not enough 3
- Did not speak to doctor or nurse about weight gain 4
- Don't know 5
- Refusal..... 6
- Other (please specify)
..... 7

12. During (your/(STUDY CHILD)'s Mother's) pregnancy, did (you/she) take any medications or supplements, like iron tablets, folate, bush medicines or any other medication? (CIRCLE ALL THAT APPLY) DO NOT READ OUT

- Iron (tablets, liquid or injections) 1
- Folic Acid/folate..... 2
- Other vitamins/dietary supplements 3
- Sugar diabetes medication/insulin 4
- Antibiotics/Penicillin 5
- Bush medicine (please specify)
..... 6
- Other (please specify)
..... 7
- No medications or supplements taken..... 8
- Don't know 9
- Refusal 10

Section 2B: Alcohol, tobacco & substance use in pregnancy (ATSP)

IF YES CODE 1 ON Q1 SECTION 2A ASK: (Otherwise go to Section 2D)

Decide whether you want to use the word "alcohol", "grog" or a local term.

1. After finding out you were pregnant with (STUDY CHILD) did you drink any alcohol during the pregnancy?

- Yes..... 1 Continue
 - No 2
 - Don't know 3
 - Refusal..... 4
 - Other (please specify) 5
- } Go to Q3

IF YES CODE 1 ON Q1 ASK: (Otherwise go to Q3)

2. Did you drink more, about the same or less alcohol than before you were pregnant?

- More..... 1
- About the same..... 2
- Less 3
- Don't know 4
- Refusal..... 5
- Other (please specify) 6

IF YES CODE 1 ON Q1 SECTION 2A ASK:

Can include chewing tobacco.

3. After finding out you were pregnant with (STUDY CHILD) did you smoke any cigarettes during the pregnancy?

- Yes..... 1 Continue
 - No 2
 - Don't know 3
 - Refusal..... 4
 - Other (please specify) 5
- } Go to Q5

IF YES, CODE 1 ON Q3 ASK: (Otherwise go to Q5)

Can include chewing tobacco

4. Did you smoke more, about the same or less than before you were pregnant?

- More..... 1
- About the same..... 2
- Less 3
- Don't know 4
- Refusal..... 5
- Other (please specify) 6

IF YES CODE 1 ON Q1 SECTION 2A ASK: (Otherwise go to Section 2D)

Skip question if inappropriate.

Don't press for details! If the participant volunteers the information, circle the code, eg. "marijuana", circle Code 3 if not, circle Code 1 "Yes- no details", If they specify something not on the list, write it in "Other (specify)" and circle Code 7. Feel free to replace terminology with local words when asking the question, where necessary.

5. We aren't after any details here, but after finding out you were pregnant with (STUDY CHILD) did you use any other substances like smoking marijuana, drinking kava, sniffing petrol, or taking any illicit drugs during the pregnancy?

- Yes – no details 1
- No 2
- Marijuana 3
- Kava..... 4
- Sniffing petrol, glue, paint solvent, etc..... 5
- Other illicit drugs 6
- Other (please specify)
..... 7
- Don't know 8
- Refusal..... 9

Section 2C: Birth (BIRTH)

IF YES CODE 1 ON Q1 SECTION 2A ASK: (Otherwise go to Section 2D)

- 1. Where was (STUDY CHILD) born?
READ OUT**

| | | | |
|---------------|---|---|------------|
| | A hospital or birthing clinic? | 1 | Continue |
| | At home?..... | 2 | } Go to Q4 |
| | Somewhere else? (please specify) | 3 | |
| DON'T READ | { DON'T KNOW..... | 4 | |
| | { REFUSAL | 5 | |

IF CODE 1 ON Q1 ASK: (Otherwise go to Q4)

First option is for mothers who live in remote areas who travelled into town to stay near or at the hospital for some time prior to the birth. If this is the case specify how long they stayed in town prior to the birth. eg Two weeks? Four weeks?

- 2. How long did it take (IF BIRTHMOTHER: (you) / IF NOT BIRTHMOTHER: ((STUDY CHILD)'s birth mother)) to get to the hospital/birth clinic for the birth?**

Stayed near or at hospital prior to birth (for remote) ... 1

(please specify number of weeks):

| | |
|---------------------------------|---|
| Less than 1 hours drive | 2 |
| 1 – 3 hours drive | 3 |
| 3+ hours drive | 4 |
| 0 – 3 hours flight | 5 |
| 3+ hours flight | 6 |
| Other (please specify) | 7 |
| Don't know | 8 |
| Refusal..... | 9 |

- 3. When (IF BIRTHMOTHER: (you)/ IF NOT BIRTHMOTHER: ((STUDY CHILD)'s birth mother)) gave birth to (STUDY CHILD) how many nights did (IF BIRTHMOTHER: (you) / IF NOT BIRTHMOTHER (she)) spend in hospital/the birthing clinic?**

Number of nights:.....

Don't knowXXX
Refusal.....VVV

IF YES CODE 1 ON Q1 SECTION 2A ASK: (Otherwise go to Section 2D)

4. **After (STUDY CHILD)'s birth, (IF BIRTHMOTHER: (did you) / IF NOT BIRTHMOTHER: (did (STUDY CHILD)'s birth mother)) suffer from baby blues or post natal depression for at least a month?
(CLARIFY IF NECESSARY: For example, did you/she feel really down for more than a month?)**

| | | |
|------------------------|---|------------|
| Yes..... | 1 | } Continue |
| Probably..... | 2 | |
| No | 3 | } Go to Q6 |
| Don't know | 4 | |
| Refusal..... | 5 | |
| Other (please specify) | | |
| ..... | 6 | |

Try to get them to specify the type of treatment if possible.

5. **Did (IF BIRTHMOTHER: (you) /IF NOT BIRTHMOTHER: (she)) get treatment for this?
(CIRCLE ALL THAT APPLY)
IF NO PROMPT: Was it diagnosed by anyone like a doctor or a nurse?**

| | |
|---|---|
| Yes (please specify type of treatment) | |
| ..... | 1 |
| Yes, type of treatment not specified | 2 |
| No - not diagnosed by a doctor or nurse | 3 |
| No - no treatment given | 4 |
| Don't know | 5 |
| Refusal..... | 6 |
| Other (please specify) | |
| ..... | 7 |

ASK EVERYONE:

6. **Was (STUDY CHILD) a twin or a triplet or more?**

| | |
|--|---|
| No- single birth..... | 1 |
| Yes- twin | 2 |
| Yes- triplet..... | 3 |
| Yes- More than triplets (please specify) | |
| ..... | 4 |
| Don't know | 5 |
| Refusal..... | 6 |
| Other (please specify) | |
| ..... | 7 |

ASK EVERYONE:

If they have it, ask them to get it.

7. Do you have (STUDY CHILD)'s Baby Health book – (the yellow, blue, red, maroon or purple book) that records ((his)/(her)) birth details and progress?

- | | | |
|---------------------------------|---|----------|
| Yes..... | 1 | Ask 8a |
| No | 2 | } Ask 8b |
| Book is kept elsewhere..... | 3 | |
| Don't know | 4 | |
| Refusal..... | 5 | |
| Other (please specify) | 6 | |

We believe the birthweight will be more accurate if read from the baby book, but if they don't have it, see if they can remember the weight.

IF YES ON Q7 ASK Q8a: (Otherwise ask Q8b)

8a. Can you read out the birth weight from the record book?

8b. How much did (STUDY CHILD) weigh at birth?

| | | | |
|---|--------|--|--------|
| <input type="text"/> <input type="text"/> | Pounds | <input type="text"/> <input type="text"/> | Ounces |
| <input type="text"/> <input type="text"/> | Kilos | <input type="text"/> <input type="text"/> <input type="text"/> | Grams |

- | | |
|---------------------------------|----|
| Don't know | XX |
| Refusal..... | VV |
| Other (please specify) | 00 |

IF YES CODE 1 ON Q1 SECTION 2A ASK:

If they can't remember how many weeks pregnant they were, try asking how many weeks before or after the due date.

- 9. How many weeks pregnant (IF BIRTH MOTHER: (were you) / IF NOT BIRTH MOTHER: (was the birth mother)) when (STUDY CHILD) was born?
(IF RESPONDENT CAN'T REMEMBER, ASK: Do you remember how many weeks early or late you were when (STUDY CHILD) was born?)**

| | |
|--|----|
| 32 weeks pregnant or less (eight weeks or more early)..... | 01 |
| 33 weeks pregnant (seven weeks early)..... | 02 |
| 34 weeks pregnant (six weeks early) | 03 |
| 35 weeks pregnant (five weeks early) | 04 |
| 36 weeks pregnant (four weeks early)..... | 05 |
| 37 weeks pregnant (three weeks early) | 06 |
| 38 weeks pregnant (two weeks early) | 07 |
| 39 weeks pregnant (one week early)..... | 08 |
| 40 weeks pregnant (on time)..... | 09 |
| 41 weeks pregnant (one week late) | 10 |
| 42 weeks pregnant or more (two weeks or more late)..... | 11 |
| Don't know | 12 |
| Refusal | 13 |
| Other (please specify) | |
| ..... | 14 |

Section 2D: Early Diet and Feeding (EDAF)

ASK EVERYONE:

*Only say the bracketed part if (STUDY CHILD) is no longer a baby.
Include breastmilk that's expressed (eg if premature and mum expressed milk for bottle feeds)*

I'd now like to ask some questions about feeding (IF (STUDY CHILD) AGED 3½ – 4½ YEARS COHORT=K: (when (STUDY CHILD) was a baby)).

1. Was (STUDY CHILD) ever breastfed?

- | | | | |
|---------------------------------|---|---|----------|
| Yes..... | 1 | } | Continue |
| No | 2 | | |
| Don't know | 3 | } | Go to Q6 |
| Refusal..... | 4 | | |
| Other (please specify) | 5 | | |

IF YES, CODE 1 ON Q1 ASK: (Otherwise go to Q6)

2. Is (STUDY CHILD) still being breastfed?

- | | | | |
|---------------------------------|---|---|----------|
| Yes..... | 1 | } | Go to Q5 |
| No | 2 | | |
| Don't know | 3 | } | Go to Q5 |
| Refusal..... | 4 | | |
| Other (please specify) | 5 | | |

IF NO, CODE 2 ON Q2 ASK: (Otherwise go to Q5)

3. How old was (STUDY CHILD) when (s/he) completely stopped being breastfed?

- | | | |
|---------------------------------|---|--------|
| | <input type="text"/> <input type="text"/> | days |
| | <input type="text"/> <input type="text"/> | weeks |
| | <input type="text"/> <input type="text"/> | months |
| | <input type="text"/> | years |
| Don't know | | XX |
| Refusal..... | | VV |
| Other (please specify) | | 00 |

IF NO, CODE 2 ON Q2, AND RESPONDENT IS BIRTH MOTHER ASK: (Otherwise go to Q5)

**4. Why did you stop then?
(CIRCLE ALL THAT APPLY) DO NOT READ OUT**

- Returned to work 01
- Child old enough to stop 02
- Child self-weaned/prefers bottle/cup 03
- Child teething 04
- Sore/cracked nipples/painful breasts 05
- Baby health reason (please specify)
..... 06
- Mother health reason including mastitis (please specify)
..... 07
- Pregnant with next child 08
- No milk or not enough milk 09
- Other (please specify)
..... 10
- Don't know 11
- Refusal 12

IF (STUDY CHILD) WAS EVER BREASTFED, CODE 1 ON Q1 ASK:

If there is a gap of at least 8 days, between the time breastfeeding stopped and other milk or formula started check the answers of the respondent again.

ASK RESPONDENT "Are you sure?" CLARIFY IF NECESSARY WITH: "It seems that there is a gap between when breastfeeding stopped, and other milk or formula started. Are you sure that is right? IF ANSWER IS NO, THEN RE-ASK Q3 AND Q5"

5. How old was (STUDY CHILD) when (s/he) first had any milk or formula other than breast milk?

days

weeks

months

years

- Haven't had any yet 99
 - Don't know XX
 - Refusal VV
 - Other (please specify)
..... 00
- } Go to Q7

**IF (STUDY CHILD) WAS NEVER BREASTFED, CODES 2 – 5 ON Q1 OR
 HAS HAD MILK/FORMULA ASK:
 IF “HAVEN’T HAD ANY YET, DON’T KNOW, REFUSAL OR OTHER” ON Q5 GO TO Q7**

ONLY READ OUT ANSWERS IF NECESSARY TO CLARIFY

6. What kind of milk did (STUDY CHILD) have? (CLARIFY IF NECESSARY: Apart from breast milk, what was the first kind of milk that (STUDY CHILD) had?)

- Formula..... 1
- Cow’s milk (carton/bottle) 2
- Longlife milk..... 3
- Powdered milk (dried, Sunshine)..... 4
- Tinned milk (Carnation) 5
- Coconut milk 6
- Don’t know 7
- Refusal..... 8
- Other (please specify)
 9

IF (STUDY CHILD) IS 6 – 18 MONTHS OLD (B COHORT) ASK: (Otherwise go to Q10)

ONLY READ OUT ANSWERS IF NECESSARY TO CLARIFY

**7. What else does (STUDY CHILD) drink now?
 (CIRCLE ALL THAT APPLY)**

- Hasn’t had anything else yet..... 01
- Formula..... 02
- Cow’s milk (carton/bottle) 03
- Longlife milk..... 04
- Powdered milk (dried, Sunshine)..... 05
- Tinned milk (Carnation) 06
- Coconut milk 07
- Flavoured milk 08
- Water 09
- Fruit juice 10
- Cordial..... 11
- Fizzy drink..... 12
- Sweetened tea/coffee 13
- Other (please specify)
 14
- Don’t know 15
- Refusal..... 16

IF (STUDY CHILD) IS 6 – 18 MONTHS OLD (B COHORT) ASK: (Otherwise go to Q10)

8. How old was (STUDY CHILD) when (s/he) first had solid foods?

days

weeks

months

years

Hasn't had any yet 99

Don't know XX

Refusal..... VV

Other (please specify)

..... 00

**9. Are you having any problems with feeding (STUDY CHILD)?
(CIRCLE ALL THAT APPLY)**

PROBE: IF YES: What feeding problems are you having?

Yes, breastfeeding 1

Yes, weaning 2

Yes, starting solids..... 3

Yes, other (please specify)

..... 4

No problems 5

Don't know 6

Refusal..... 7

Other (please specify)

..... 8

ASK EVERYONE:

10. Does (s/he) go to bed with a bottle or feeder cup?

- | | | |
|------------------------|---|--------------------|
| Yes..... | 1 | } Continue |
| Sometimes..... | 2 | |
| No..... | 3 | } Go to Section 2E |
| Don't know..... | 4 | |
| Refusal..... | 5 | |
| Other (please specify) | | |
| ..... | 6 | |

IF CODE 1 OR 2 AT Q10 ASK: (Otherwise go to Section 2E)

ONLY READ OUT ANSWERS IF NECESSARY TO CLARIFY

**11. What does (STUDY CHILD) drink from the bottle or feeder cup when being put to bed?
(CIRCLE ALL THAT APPLY)**

- | | |
|--------------------------------------|----|
| Formula..... | 01 |
| Cow's milk (carton/bottle)..... | 02 |
| Longlife milk..... | 03 |
| Powdered milk (dried, Sunshine)..... | 04 |
| Tinned milk (Carnation)..... | 05 |
| Coconut milk..... | 06 |
| Flavoured milk..... | 07 |
| Water..... | 08 |
| Fruit juice..... | 09 |
| Cordial..... | 10 |
| Fizzy drink..... | 11 |
| Sweetened tea/coffee..... | 12 |
| Other (please specify) | |
| ..... | 13 |
| Don't know..... | 14 |
| Refusal..... | 15 |

Section 2E: Nutrition (NUTR)

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Section 2F)

Select category most similar to what was eaten. Keep probing until respondent says “nothing else”. If they say that yesterday’s meals weren’t typical, mention that in the comments.

The next questions are about what sort of food (STUDY CHILD) eats.

1. To start with, please think about EVERYTHING that (STUDY CHILD) ate or drank yesterday morning. What did (STUDY CHILD) have to eat or drink yesterday morning- including breakfast and during the morning? PROBE: What else? (CIRCLE ALL THAT APPLY) DO NOT READ OUT

| | |
|---|---|
| Fruit or vegies | |
| Fresh fruit..... | 01 |
| Cooked vegies (not chips or french fries)..... | 02 |
| Raw vegies or salad | 03 |
| Bread, cereals, pasta etc | |
| Cereal or porridge..... | 04 |
| Bread, sandwich or toast | 05 |
| Pasta, rice or grains..... | 06 |
| Other (please specify)..... | 07 |
| Meat, chicken, fish or eggs | |
| Processed meat like meat pies, hamburgers, hot dogs, sausages, sausage rolls or chicken nuggets..... | 08 |
| Unprocessed meat, chicken or fish | 09 |
| Eggs..... | 10 |
| Other (please specify)..... | 11 |
| Dairy | |
| Full cream cheese, yoghurt, custard | 12 |
| Low fat cheese, yoghurt, or custard | 13 |
| Other (please specify)..... | 14 |
| Snacks- savoury and sweet | |
| Hot chips or French fries..... | 15 |
| Packet of chips or salty snacks (Twisties) | 16 |
| Biscuits, doughnuts, cake, chocolate or lollies | 17 |
| Other (please specify)..... | 18 |
| Drinks (Please specify number of glasses) | |
| Full cream milk? (please specify glasses) | <input type="checkbox"/> <input type="checkbox"/> |
| Skim milk? (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Water? (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Soft drink, cordial, or sports drinks – not diet (please specify glasses) | <input type="checkbox"/> <input type="checkbox"/> |
| Fruit juice (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other drinks (Please specify type and glasses) | |
| | <input type="checkbox"/> <input type="checkbox"/> |
| Nothing..... | 19 |
| Don't know | XX |
| Refusal..... | VV |
| Other (please specify) | |
| ..... | 00 |

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Section 2F)

Select category most similar to what was eaten. Keep probing until respondent says “nothing else”.

2. What did (STUDY CHILD) have to eat or drink yesterday afternoon- including lunch and during the afternoon? PROBE: What else? (CIRCLE ALL THAT APPLY) DO NOT READ OUT.

| | |
|---|---|
| Fruit or vegies | |
| Fresh fruit..... | 01 |
| Cooked vegies (not chips or french fries)..... | 02 |
| Raw vegies or salad | 03 |
| Bread, cereals, pasta etc | |
| Cereal or porridge..... | 04 |
| Bread, sandwich or toast | 05 |
| Pasta, rice or grains..... | 06 |
| Other (please specify)..... | 07 |
| Meat, chicken, fish or eggs | |
| Processed meat like meat pies, hamburgers, hot dogs, sausages, sausage rolls or chicken nuggets..... | 08 |
| Unprocessed meat, chicken or fish | 09 |
| Eggs..... | 10 |
| Other (please specify)..... | 11 |
| Dairy | |
| Full cream cheese, yoghurt, custard | 12 |
| Low fat cheese, yoghurt, or custard | 13 |
| Other (please specify)..... | 14 |
| Snacks- savoury and sweet | |
| Hot chips or French fries..... | 15 |
| Packet of chips or salty snacks (Twisties) | 16 |
| Biscuits, doughnuts, cake, chocolate or lollies | 17 |
| Other (please specify)..... | 18 |
| Drinks (Please specify number of glasses) | |
| Full cream milk? (please specify glasses) | <input type="checkbox"/> <input type="checkbox"/> |
| Skim milk? (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Water? (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Soft drink, cordial, or sports drinks – not diet (please specify glasses) | <input type="checkbox"/> <input type="checkbox"/> |
| Fruit juice (please specify glasses)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other drinks (Please specify type and glasses) | |
| | <input type="checkbox"/> <input type="checkbox"/> |
| Nothing..... | 19 |
| Don't know | XX |
| Refusal..... | VV |
| Other (please specify) | |
| ..... | 00 |

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Section 2F)

Select category most similar to what was eaten. Keep probing until respondent says “nothing else”.

3. What did (STUDY CHILD) have to eat or drink yesterday evening- including dinner and after dinner? PROBE: What else? (CIRCLE ALL THAT APPLY) DO NOT READ OUT.

- Fruit or vegies**
 - Fresh fruit..... 01
 - Cooked vegies (not chips or french fries) 02
 - Raw vegies or salad 03
- Bread, cereals, pasta etc**
 - Cereal or porridge 04
 - Bread, sandwich or toast 05
 - Pasta, rice or grains 06
 - Other (please specify)..... 07
- Meat, chicken, fish or eggs**
 - Processed meat like meat pies, hamburgers, hot dogs, sausages, sausage rolls or chicken nuggets..... 08
 - Unprocessed meat, chicken or fish 09
 - Eggs..... 10
 - Other (please specify)..... 11
- Dairy**
 - Full cream cheese, yoghurt, custard 12
 - Low fat cheese, yoghurt, or custard 13
 - Other (please specify)..... 14
- Snacks- savoury and sweet**
 - Hot chips or French fries..... 15
 - Packet of chips or salty snacks (Twisties) 16
 - Biscuits, doughnuts, cake, chocolate or lollies 17
 - Other (please specify)..... 18
- Drinks** (Please specify number of glasses)
 - Full cream milk? (please specify glasses)
 - Skim milk? (please specify glasses)
 - Water? (please specify glasses).....
 - Soft drink, cordial, or sports drinks – not diet (please specify glasses)
 - Fruit juice (please specify glasses).....
 - Other drinks (Please specify type and glasses)
 -
 - Nothing..... 19
 - Don't know XX
 - Refusal..... VV
 - Other (please specify) 00
 - 00

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Section 2F)

Include bush tucker bought from the supermarket eg kangaroo

**4. Does (STUDY CHILD) eat any bush tucker at all?
IF YES, PROBE: What types of bush tucker?**

- Yes (please specify types eaten)
- 1
- 2
- 3
- No 4
- Don't know 5
- Refusal..... 6

5. Does (STUDY CHILD) usually eat breakfast?

- Yes..... 1
- No 2
- Don't know 3
- Refusal..... 4
- Other (please specify)
- 5

Section 2F: Dental Health (DENH)

IF (STUDY CHILD) IS 6 – 18 MONTHS OLD (B COHORT) ASK: (Otherwise go to Q2)

I'd like to ask some questions about (STUDY CHILD)'s teeth.

1. Does (STUDY CHILD) have any teeth yet?

- | | | |
|------------------------|---|--------------------|
| Yes..... | 1 | Continue |
| No | 2 | } Go to Section 2G |
| Don't know | 3 | |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

**IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) OR YES, CODE 1 ON Q1 ASK:
(Otherwise go to Section 2G)**

(I'd like to ask some questions about (STUDY CHILD)'s teeth.)

**2. How often are (STUDY CHILD)'s teeth cleaned?
READ OUT CATEGORIES IN BOLD.**

- | | | | |
|---------------|------------------------------------|------------------------|---|
| | Never | 1 | |
| | Rarely | 2 | |
| | Several times a week | 3 | |
| | Once a day | 4 | |
| | Twice a day (or more) | 5 | |
| DON'T READ | } DON'T KNOW..... | 6 | |
| | | REFUSAL | 7 |
| | | OTHER (please specify) | |
| | | | 8 |

3. Has (STUDY CHILD) ever been to a dentist or dental nurse?

- | | |
|------------------------|---|
| Yes..... | 1 |
| No | 2 |
| Don't know | 3 |
| Refusal..... | 4 |
| Other (please specify) | |
| ..... | 5 |

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) OR YES, CODE 1 ON Q1 ASK:
 (Otherwise go to Section 2G)

4. Has (STUDY CHILD) ever had any of the following problems with (his/her) teeth or gums?
 (CIRCLE ALL THAT APPLY)
 READ OUT ALL CATEGORIES IN BOLD.

- Any cavities, holes or tooth decay** 1
 - Teeth pulled out because of decay** 2
 - Abscesses or inflammation** 3
 - Pain for more than one week** 4
 - Swelling** 5
 - Bleeding gums** 6
- DON'T READ {
- NONE OF THE ABOVE 7
 - DON'T KNOW 8
 - OTHER (please specify) 9
 - 9

Section 2G: Health Conditions (HEAC)

ASK EVERYONE:

1. Now I'd like to ask some questions about (STUDY CHILD)'s health. In general, would you say (STUDY CHILD)'s health is excellent, very good, good, fair or poor?

| | |
|------------------------|---|
| Excellent | 1 |
| Very good..... | 2 |
| Good | 3 |
| Fair..... | 4 |
| Poor | 5 |
| Don't know | 6 |
| Refusal..... | 7 |
| Other (please specify) | |
| ..... | 8 |

ASK EVERYONE:

2. I would like to ask about any health problems (STUDY CHILD) might have had.
 Has (STUDY CHILD) ever had:
 (CIRCLE ALL THAT APPLY)
 READ ALOUD CATEGORIES IN BOLD. IF YES ASK WHAT IT WAS.

Problems with ears or hearing?

Runny ears (Glue ear, Tropical ear, Chronic Suppurative Otitis Media, Ear infections, Middle ear infection, Fluid in ears, may have needed grommets) 01
 Perforated ear drum (hole in ear drum) 02
 Total deafness 03
 Deaf in one ear 04
 Hearing loss/partially deaf 05
 Other (please specify) 06

Problems with eyes or eyesight?

Lazy eye..... 07
 Eye infections (conjunctivitis, trachoma) 08
 Cataracts..... 09
 Glaucoma..... 10
 Styes or abscesses in eyelids..... 11
 Difficulty seeing close-up (longsighted) 12
 Difficulty seeing far-away (shortsighted)..... 13
 Totally blind in both eyes 14
 Totally blind in one eye 15
 Partially blind 16
 Other (please specify) 17

Skin condition like eczema, rash or sores?

Eczema (rash that doesn't go away)..... 18
 Skin infections
 (rash, impetigo, school sores, boils, scabies) 19
 Other (please specify) 20

Asthma? 21

Chest infections? (eg. Bronchitis, pneumonia or flu) 22

Diarrhoea, Colitis or Intestinal problems? (eg. Colic) 23

Allergies? 24

Rheumatic fever? 25

Rheumatic Heart Disease? 26

Kidney Disease or Infection 27

K COHORT ONLY

ADD or ADHD? (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder) 28

Disability (please specify) 29

Any other health problem (please specify) 30

DON'T READ

{ NO HEALTH PROBLEMS..... 31
 DON'T KNOW 32
 REFUSAL..... 33

Section 2H: Hospitalisation (HOSP)

ASK EVERYONE:

Code "yes" if baby stayed in hospital directly after birth because they were sick or premature, don't include normal hospital stay after birth.

- 1a. IF 6 – 18 MONTHS OLD (B COHORT): (Since (STUDY CHILD) was born) /
 IF 3½ – 4½ YEARS (K COHORT): (Since this time last year), did (STUDY CHILD) stay in hospital because (s/he) was sick, injured or required surgery? IF YES, PROBE: Please tell me each illness or injury that resulted in a hospital stay.

| Q1a. | Q1b. | | | | | | |
|--|-----------------------------|-----------|--------------------|--------------------|------------|---------|-------------------------|
| | Day only (not overnight) | One night | Two to five nights | Six nights or more | Don't know | Refusal | Other (please specify): |
| Yes (please specify first reason) ..... .....1 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....2 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....3 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....4 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....5 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....6 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| Yes (please specify next reason) ..... .....7 | 1 | 2 | 3 | 4 | 5 | 6 | ..... |
| No.....10 | | | | | | | } Go to Q2 |
| Don't know.....11 | | | | | | | |
| Refusal.....12 | | | | | | | |
| Other (please specify) .....13 | | | | | | | |

ASK Q1b FOR EACH YES RESPONSE ON Q1a.

- 1b. How long did (STUDY CHILD) stay in hospital for the (STATE REASON GIVEN IN Q1a)?
 CIRCLE IN TABLE ABOVE.

ASK EVERYONE:

2. **IF 6 – 18 MONTHS OLD (B COHORT): (Since (STUDY CHILD)'s birth)/
IF 3½ – 4½ YEARS (K COHORT): (Since this time last year), have you had a home
visit from a:
(CIRCLE ALL THAT APPLY)
PROBE IF YES: How many visits?**

Nurse? Number of visits (please specify).....

**B COHORT
ONLY**

→ **Mid-wife?** Number of visits (please specify)

Social worker? Number of visits (please specify)

Aboriginal Health worker or Cultural Consultant? Number of visits (specify)

General Practitioner? Number of visits (please specify)

Any other visits? (please specify who and the number of visits)

.....

No home visit received..... 99

Don't know XX

Refusal VV

Other (please specify)
..... 00

ASK EVERYONE:

4. **IF 6 – 18 MONTHS OLD (B COHORT): (Since (STUDY CHILD)'s birth)/
IF 3½ – 4½ YEARS (K COHORT): (Since this time last year), has (STUDY CHILD) been
taken to:
(CIRCLE ALL THAT APPLY) READ ALOUD CATEGORIES IN BOLD.
PROBE IF YES: Who did (STUDY CHILD) see there?**

The Aboriginal Medical Service (AMS)?

| | |
|---------------------------------|----|
| GP | 01 |
| Aboriginal Health Worker..... | 02 |
| Nurse | 03 |
| Other (please specify) | 04 |

Maternal and Child Health Centre?

| | |
|---------------------------------|----|
| GP | 05 |
| Aboriginal Health Worker..... | 06 |
| Nurse | 07 |
| Other (please specify) | 08 |

Other community health centre or clinic?

| | |
|---------------------------------|----|
| GP | 09 |
| Aboriginal Health Worker..... | 10 |
| Nurse | 11 |
| Other (please specify) | 12 |

Doctor's surgery or clinic?

| | |
|---------------------------------|----|
| GP | 13 |
| Aboriginal Health Worker..... | 14 |
| Nurse | 15 |
| Other (please specify) | 16 |
| None of these | 17 |
| Don't know | 18 |
| Refusal..... | 19 |

ASK EVERYONE:

5. Has there been a time when (STUDY CHILD) needed a doctor, but didn't see one, for some reason?

- | | | |
|------------------------|---|--------------------|
| Yes..... | 1 | Continue |
| No | 2 | } Go to Section 2I |
| Don't know | 3 | |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF YES, CODE 1 ON Q5 ASK: (Otherwise go to Section 2I)

**6. Why didn't he/she go? (For what reasons did (STUDY CHILD) not see a doctor when (he/she) needed one?)
(CIRCLE ALL THAT APPLY) DO NOT READ OUT**

- Waiting time too long or inconvenient hours..... 1
- Other carer didn't take child..... 2
- Felt they could cope..... 3
- Cost..... 4
- Transport or distance..... 5
- Dislikes service or staff..... 6
- Discrimination 7
- Language problems 8
- Because someone else dealt with
the problem (please specify who)
- 9
- Other (please specify)
- 10
- Don't know 11
- Refusal..... 12

Section 2I: Child's sleeping patterns (CSPA)

ASK EVERYONE:

Set routine or pattern can mean a particular bedtime or a way of doing things every time - eg. Milk, story, bed.

The next few questions are about (STUDY CHILD)'s routine for going to bed and how well (he/she) sleeps.

1. Does (STUDY CHILD) have a set routine or pattern for going to bed?

- Yes..... 1
- No 2
- Don't know 3
- Refusal..... 4
- Other (please specify)
..... 5

2. In the last month has (STUDY CHILD) usually had trouble getting to sleep or staying asleep?

- Yes..... 1 Continue
 - No 2
 - Don't know 3
 - Refusal..... 4
 - Other (please specify)
..... 5
- } Go to Section 3A

IF YES, CODE 1 ON Q2 ASK: (Otherwise go to Section 3A)

**3. Why is that? (IF NECESSARY: Why has (STUDY CHILD) had trouble getting to sleep or staying asleep in the last month?)
PROBE: What other reasons? Any other reasons?
(CIRCLE ALL THAT APPLY) DO NOT READ OUT**

- Nightmares..... 01
- Afraid of the dark/Afraid to be alone/Other fear 02
- Child goes to bed late 03
- Overexcited/overstimulated 04
- Bedwetting 05
- Household noise 06
- Noisy neighbourhood..... 07
- Too hot or too cold..... 08
- Illness, difficulty breathing, or pain 09
- Had sleep during the day (at home or childcare)..... 10
- Teething 11
- Don't know 12
- Refusal..... 13
- Other (please specify)
..... 14

Module 3: Parent Health
Section 3A: Ongoing health conditions (OHCO)

ASK EVERYONE:

I would now like to ask you about YOUR health.

1. In general, would you say your health is excellent, very good, good, fair or poor?

- Excellent 1
- Very good..... 2
- Good 3
- Fair..... 4
- Poor 5
- Don't know 6
- Refusal..... 7
- Other (please specify)
..... 8

ASK EVERYONE:

Do not prompt for answers, simply enter any answers that P1 volunteers.

**2. Have YOU had any health problems that made it difficult for you to look after (STUDY CHILD)?
(CIRCLE ALL THAT APPLY) DO NOT READ OUT ANSWER CATEGORIES**

Problems with ears or hearing

| | |
|---|---|
| Runny ears (Glue ear, Tropical ear, Chronic Suppurative Otitis Media, Ear infections, Middle ear infection, Fluid in ears, may have needed grommets)..... | 1 |
| Perforated ear drum (hole in ear drum) | 2 |
| Total deafness | 3 |
| Deaf in one ear | 4 |
| Hearing loss / partially deaf | 5 |
| Other (please specify) | 6 |

Problems with eyes or eyesight

| | |
|---|----|
| Lazy eye..... | 7 |
| Eye infections (conjunctivitis, trachoma) | 8 |
| Cataracts..... | 9 |
| Glaucoma..... | 10 |
| Styes or abscesses in eyelids..... | 11 |
| Difficulty seeing close-up (longsighted) | 12 |
| Difficulty seeing far-away (shortsighted)..... | 13 |
| Totally blind in both eyes | 14 |
| Totally blind in one eye | 15 |
| Partially blind | 16 |
| Other (please specify) | 17 |

| | |
|---|----|
| Clinical depression or Anxiety | 18 |
| Asthma | 19 |
| Heart or blood pressure problems | 20 |
| Arthritis | 21 |
| Diabetes or sugar problems | 22 |
| Any type of cancer | 23 |
| Kidney Disease or Infection | 24 |
| ADD or ADHD (Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder) | 25 |
| Other illness, disability or condition (please specify) | 26 |
| No..... | 27 |
| Don't know | 28 |
| Refusal | 29 |

Section 3B: Strong Souls (STSO)

ASK EVERYONE:

1. How much is this like you?

| | | | | | | |
|--|---------------------|-----------------|-----------------|-----------------|-----------------|--------------|
| a) When you get sad or upset, you're able to find something that cheers you up. | Always 1 | Most times 2 | Sometimes 3 | Not really 4 | Don't know 5 | Refusal 6 |
| b) You have a strong family who help each other. | Always 1 | Most times 2 | Sometimes 3 | Not really 4 | 5 | 6 |
| c) You get used to big changes in your life fairly quickly. (Give an example...like when you went to boarding school, or when you had a baby) | Always 1 | Most times 2 | Sometimes 3 | Not really 4 | 5 | 6 |
| ASK IF P1 IS A, T OR AT d) You know lots about whitefella ways. | Lots 1 | Fair bit 2 | Little bit 3 | Not much 4 | 5 | 6 |
| e) You know someone who is a really good person. | Lots of people 1 | Fair few 2 | Not many 3 | No one 4 | 5 | 6 |
| f) You laugh and make jokes a lot. | Lots 1 | Fair bit 2 | Little bit 3 | Not much 4 | 5 | 6 |
| g) You are really into something (like music, cars, clothes, football, fishing, computers, etc) Is there something you really like doing? | Lots 1 | Fair bit 2 | Little bit 3 | Not much 4 | Don't know 5 | Refusal 6 |
| h) You are a good son or daughter to your family. | Always 1 | Most times 2 | Sometimes 3 | Not really 4 | 5 | 6 |
| ASK IF P1 IS A, T OR AT i) You know a lot about your Aboriginal (Torres Strait Islander) family history and culture. ASK IF P1 IS <u>NOT</u> A, T OR AT i) You understand a lot about Aboriginal or Torres Strait Islander history and culture. | Lots 1 | Fair bit 2 | Little bit 3 | Not much 4 | 5 | 6 |
| j) People say that you are really good at something. Sports or fishing or looking after kids or something like that. | Always 1 | Most times 2 | Sometimes 3 | Not really 4 | 5 | 6 |
| k) You got an older person looking out for you. | Always 1 | Most times 2 | Sometimes 3 | Never 4 | 5 | 6 |
| l) You got lots of friends. | Lots 1 | Fair few 2 | Not many 3 | None 4 | 5 | 6 |
| m) When you're sad or upset you have a person that you can talk to. | Always 1 | Fair bit 2 | Little bit 3 | Never 4 | 5 | 6 |

Section 3C: Social and Emotional Well-being (SEW)

ASK EVERYONE:

These are questions about big worries, stress and sadness. A little bit of stress can be okay for us. If you're walking through the bush and a brown snake slides over your feet, you know that feeling? Your heart pumps big-time, you feel shaky and maybe sick in the guts. If you had to run then, you run real fast. But too much stress can be bad. Makes your heart work too much; makes you feel weak and tired. Big worries, stress and sadness gets to people in different ways. Some people feel tired and sad, some feel angry and can't relax, some people stop having any fun. These questions ask how you feel big worries, stress and sadness.

1. Is it okay to ask you questions about how you have been feeling?

- Yes 1 Continue
- No..... 2 Go to Q9

Think about how you've been feeling lately – just in last few months (PIN TIME FRAME TO SOMETHING MEANINGFUL THAT HAPPENED WITHIN LAST 3 MONTHS). I'll ask you if you've been feeling this way and you tell me if it happens NOT MUCH, or SOMETIMES/ LITTLE BIT or FAIR BIT or LOTS OF TIMES, BIG MOBS – in last few months. No right or wrong answer, just tell me if big worries, stress and sadness have made you feel this way

2. Have you stopped liking things that used to be fun? Don't want to go fishing, don't want to hang out with your mates.

- Never 1
- Little bit 2
- Fair bit 3
- Lots 4
- Don't know 5
- Refusal..... 6 Go to Q9
- Other (please specify) 7

3. Have you felt like everything is hard work (even little jobs are too much)? Felt too lazy to do anything.

- Never 1
- Little bit 2
- Fair bit 3
- Lots 4
- Don't know 5
- Refusal..... 6 Go to Q9
- Other (please specify) 7

Do actions like a sore stomach.

4. Have you felt so worried your stomach (tummy) has got upset? Big worries make you sick.

- Never 1
- Little bit 2
- Fair bit 3
- Lots 4
- Don't know 5
- Refusal 6 Go to Q9
- Other (please specify) 7

Do actions like tight chest.

5. Have you felt so worried that you had trouble breathing?

- Never 1
- Little bit 2
- Fair bit 3
- Lots 4
- Don't know 5
- Refusal 6 Go to Q9
- Other (please specify) 7

6. Do you get angry or wild real quick?

- Not much 1
- Sometimes..... 2
- Fair bit..... 3
- Lots of times 4
- Don't know 5
- Refusal..... 6 Go to Q9
- Other (please specify)
..... 7

7. Have you felt so sad that nothing could cheer you up? Not even your friends make you feel better.

- Not much 1
- Sometimes..... 2
- Fair bit..... 3
- Lots 4
- Don't know 5
- Refusal..... 6 Go to Q9
- Other (please specify)
..... 7

8. Do you do silly things without thinking that you feel shame about the next day?

- Never 1
- Sometimes 2
- Fair bit 3
- Lots of times 4
- Don't know..... 5
- Refusal 6 Go to Q9
- Other (please specify)
..... 7

ASK Q9 IF P1 A, T OR AT ON Q7 SECTION 1A:
(Otherwise go to Section 3D)

9. Have you been treated unfairly or discriminated against because you are (Aboriginal/Torres Strait Islander)?
Been treated badly because you are (Aboriginal/Torres Strait Islander).

- Not really 1
- Little bit 2
- Fair bit 3
- Lots of times 4
- Don't know..... 5
- Refusal 6 Go to Section 3D
- Other (please specify)
..... 7

Section 3D: Smoking habits and exposure (SMHE)

ASK EVERYONE:

The next questions are about smoking.

1. Do you currently smoke (or chew tobacco)?

- Yes..... 1
- Sometimes (casual or social smoker)..... 2
- No 3
- Don't know 4
- Refusal..... 5
- Other (please specify)
..... 6

2. Does anyone smoke inside the house?

IF YES PROBE: Would that be yes-often, or yes-sometimes?

- Yes – often..... 1
- Yes – sometimes 2
- No 3
- Don't know 4
- Refusal..... 5
- Other (please specify)
..... 6

Section 3E: Childhood and Parenting (CHPA)

ASK EVERYONE:

The next questions are about the relationship children have with parents who do not live with them.

1. Is it okay to ask about this?

- | | | |
|------------------------|---|--------------------|
| Yes..... | 1 | Continue |
| No | 2 | } Go to Section 4A |
| Don't know | 3 | |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF YES, CODE 1 ON Q1 ABOVE ASK: (Otherwise go to Section 4A)

Please ask this question even if both parents are said to live in the same household (in case one is a step-parent).

2. Does (STUDY CHILD) have a natural parent living elsewhere?

- | | | |
|------------------------|---|--------------------|
| Yes..... | 1 | Continue |
| No | 2 | } Go to Section 4A |
| Don't know | 3 | |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF YES, CODE 1 ON Q2 ASK: (Otherwise go to Section 4A)

3. Which of (STUDY CHILD)'s parents lives elsewhere?

- | | | |
|------------------------|---|--------------------|
| Mother..... | 1 | Continue |
| Father..... | 2 | Go to Q7 |
| Both..... | 3 | Continue |
| Don't know | 3 | } Go to Section 4A |
| Refusal..... | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF CODES 1 OR 3 ON Q3 ASK: (Otherwise go to Q7)

4. Is (STUDY CHILD)'s mother of Aboriginal or Torres Strait Islander origin?

- Aboriginal 1
- Torres Strait Islander 2
- Both Aboriginal and Torres Strait Islander..... 3
- Other (please specify)
- 4
- Don't know 5
- Refusal..... 6

5. How often does (STUDY CHILD) see (his/her) Mum?

- Every day 01
 - Two to three times a week..... 02
 - At least once a week..... 03
 - At least once a fortnight..... 04
 - At least once a month 05
 - At least once every 3 months 06
 - At least once every 6 months 07
 - At least once a year 08
 - Not at all..... 09
 - Don't know 10
 - Refusal..... 11
 - Other (please specify)
 - 12
- } Continue
- } Go to Q7

IF CODES 1 – 8 ON Q5 ASK: (Otherwise go to Q7)

6. How often does (STUDY CHILD) stay the night with (his/her) Mum?

- At least once a week..... 1
- At least once a fortnight..... 2
- At least once a month 3
- At least once every 3 months 4
- At least once every 6 months 5
- At least once a year 6
- Not at all..... 7
- Don't know 8
- Refusal..... 9
- Other (please specify)
- 10

IF CODES 2 OR 3 ON Q3 ASK: (Otherwise go to Section 4A)

7. Is (STUDY CHILD)'s father of Aboriginal or Torres Strait Islander origin?

- Aboriginal 1
- Torres Strait Islander 2
- Both Aboriginal and Torres Strait Islander..... 3
- Other (please specify)
- 4
- Don't know 5
- Refusal..... 6

8. How often does (STUDY CHILD) see (his/her) Dad?

- Every day 01
 - Two to three times a week..... 02
 - At least once a week..... 03
 - At least once a fortnight..... 04
 - At least once a month 05
 - At least once every 3 months 06
 - At least once every 6 months 07
 - At least once a year 08
 - Not at all..... 09
 - Don't know 10
 - Refusal..... 11
 - Other (please specify)
 - 12
- } Continue
- } Go to Section 4A

IF CODES 1 – 8 ON Q8 ASK: (Otherwise go to Section 4A)

9. How often does (STUDY CHILD) stay the night with (his/her) Dad?

- At least once a week..... 1
- At least once a fortnight..... 2
- At least once a month 3
- At least once every 3 months 4
- At least once every 6 months 5
- At least once a year 6
- Not at all..... 7
- Don't know 8
- Refusal..... 9
- Other (please specify)
- 10

Module 4: Child & Family Functioning

Section 4A: Strengths and Difficulties (SDIF)

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Section 4B)

1. The next questions are about (STUDY CHILD)'s behaviour and how (he/she) gets along with other people. For each question I read, please answer either Yes, Sometimes, or No.
It would help us if you answered all items as best you can, even if you are not absolutely certain, or the item seems daft!
Please give your answers on the basis of (STUDY CHILD)'s behaviour over the last six months.

| | Yes | Sometimes | No | Don't know | Refusal |
|---|-----|-----------|----|------------|---------|
| a) Has (he/she) been considerate of other people's feelings? | 1 | 2 | 3 | 4 | 5 |
| b) Has (he/she) been restless, overactive, cannot stay still for long? | 1 | 2 | 3 | 4 | 5 |
| c) Has (he/she) readily shared with other children (lollies, toys, pencils etc.)? | 1 | 2 | 3 | 4 | 5 |
| d) Has (he/she) often seemed worried? | 1 | 2 | 3 | 4 | 5 |
| e) Has (he/she) been helpful if someone is hurt, upset or feeling ill? | 1 | 2 | 3 | 4 | 5 |
| f) Has (he/she) constantly been fidgeting or squirming? | 1 | 2 | 3 | 4 | 5 |
| g) Has (he/she) had at least one good friend? | 1 | 2 | 3 | 4 | 5 |
| h) Has (he/she) been picked on or bullied by other children? | 1 | 2 | 3 | 4 | 5 |
| i) Has (he/she) been in fights with other children or has (he/she) bullied them? | 1 | 2 | 3 | 4 | 5 |
| k) Has (he/she) often been unhappy, sad or tearful? | 1 | 2 | 3 | 4 | 5 |
| l) Has (he/she) generally been liked by other children? | 1 | 2 | 3 | 4 | 5 |
| m) Has (he/she) been easily distracted or had poor concentration? | 1 | 2 | 3 | 4 | 5 |
| n) Has (he/she) been nervous or clingy in new situations, easily lost confidence? | 1 | 2 | 3 | 4 | 5 |
| o) Has (he/she) been kind to younger children? | 1 | 2 | 3 | 4 | 5 |
| p) Has (he/she) often lied or cheated? | 1 | 2 | 3 | 4 | 5 |
| q) Has (he/she) stolen from home, school or elsewhere? | 1 | 2 | 3 | 4 | 5 |

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Section 4B: Parent Concerns about language and development (PCLD)

IF (STUDY CHILD) 6 – 18 MONTHS OLD (B COHORT) ASK: (Otherwise go to Q3)

1. When you point to something does (STUDY CHILD) look to what you are pointing at?

- Yes1
- No.....2
- Don't know.....3
- Refusal4
- Other (please specify)
.....5

2. Does (STUDY CHILD) hold out things to show you?

- Yes1
- No.....2
- Don't know.....3
- Refusal4
- Other (please specify)
.....5

ASK EVERYONE:

Answer needs to be in MONTHS. If respondent answers in years, please clarify "About how many MONTHS old would he/she have been?"

3. At what age did (STUDY CHILD) start using some words you recognised?

- Please specify months Continue
- Not yet2 Go to Q6
- Don't know.....3
- Refusal4
- Other (please specify)
.....5 } Continue

If queried, whichever language child is speaking.

4. Do you have any concerns (worries) about how (STUDY CHILD) talks and makes speech sounds? (Would you say, yes, no or a little?)

- | | | |
|------------------------|---|------------|
| Yes | 1 | } Continue |
| A little | 2 | |
| No | 3 | } Go to Q6 |
| Don't know | 4 | |
| Refusal | 5 | |
| Other (please specify) | | |
| ..... | 6 | |

IF "YES" OR "A LITTLE" i.e. CODES 1 OR 2 ON Q4 ASK: (Otherwise go to Q6)

5. In which of the following areas does (STUDY CHILD) have difficulty speaking? (CIRCLE ALL THAT APPLY)
READ OUT

- | | |
|---|----|
| Speech not clear to family? | 01 |
| Speech not clear to others? | 02 |
| Stutters, stammers or lisps? | 03 |
| Voice sounds unusual? | 04 |
| Reluctant to speak? | 05 |
| Difficulty finding words? | 06 |
| Difficulty putting words together? | 07 |
| Difficulty learning more than one language? | 08 |
| Other (please specify) | |
| ..... | 09 |
| DON'T READ { DON'T KNOW | 10 |
| { REFUSAL | 11 |

ASK EVERYONE:

6. Do you have any concerns (worries) about how (STUDY CHILD) understands what you say to (him/her)? (Would you say, yes, no, or a little?)

- | | | |
|------------------------|---|------------|
| Yes | 1 | } Continue |
| A little | 2 | |
| No | 3 | } Go to Q8 |
| Don't know | 4 | |
| Refusal | 5 | |
| Other (please specify) | | |
| ..... | 6 | |

IF "YES" OR "A LITTLE" i.e. CODES 1 OR 2 ON Q6 ASK: (Otherwise go to Q8)

7. In which of the following areas does (STUDY CHILD) have difficulty understanding? (CIRCLE ALL THAT APPLY)
READ OUT.

- Difficulty understanding what you say?1
- Difficulty understanding what others say?2
- Difficulty hearing?3
- Difficulty learning more than one language?4
- Other (please specify)5
-5
- DON'T READ { DON'T KNOW6
- REFUSAL7

ASK EVERYONE:

*If respondent asks what sort of things we mean, then clarify:
IF (STUDY CHILD) 6 – 18 MONTHS: "such as feeding themselves"
IF (STUDY CHILD) 3½ – 4½: "such as holding a pencil"*

8. Do you have any concerns (worries) about how (STUDY CHILD) uses (his/her) hands and fingers to do things? (Would you say yes, no or a little?)

- Yes1
- A little2
- No3
- Don't know4
- Refusal5
- Other (please specify)6
-6

*If respondent asks what sort of things we mean, then clarify:
IF (STUDY CHILD) 6 – 18 MONTHS: "such as crawling, starting to walk or reaching for things"
IF (STUDY CHILD) 3½ – 4½: "such as running, hopping, throwing or catching"*

9. Do you have any concerns (worries) about how (STUDY CHILD) uses (his/her) arms or legs? (Would you say yes, no or a little?)

- Yes1
- A little2
- No3
- Don't know4
- Refusal5
- Other (please specify)6
-6

ASK EVERYONE:

10. Do you have any concerns (worries) about how (STUDY CHILD) behaves? (Would you say yes, no or a little?)

IF YES OR A LITTLE ASK: What are your concerns?

- Yes (please specify)
.....1
- A little (please specify)
.....2
- No.....3
- Don't know.....4
- Refusal5
- Other (please specify)
.....6

11. Do you have any concerns (worries) about how (STUDY CHILD) gets along with others? (Would you say yes, no or a little?)

IF YES OR A LITTLE ASK: What are your concerns?

- Yes (please specify)
.....1
- A little (please specify)
.....2
- No.....3
- Don't know.....4
- Refusal5
- Other (please specify)
.....6

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Q13)

12. Do you have any concerns (worries) about how (STUDY CHILD) is learning pre-school and school skills? (Would you say yes, no or a little?)

IF YES OR A LITTLE ASK: What are your concerns?

- Yes (please specify)
.....1
- A little (please specify)
.....2
- No.....3
- Don't know.....4
- Refusal5
- Other (please specify)
.....6

ASK EVERYONE:

- 13. Do you have any concerns (worries) about how (STUDY CHILD) is learning to do things for (himself/herself)? (Would you say yes, no or a little?)
IF YES OR A LITTLE ASK: What are your concerns?**

Yes (please specify)
.....1

A little (please specify)
.....2

No.....3
Don't know.....4
Refusal5
Other (please specify)
.....6

- 14. Do you have any (other) worries about (STUDY CHILD)'s learning or development?
(Would you say yes, no or a little?)
IF YES OR A LITTLE ASK: What are your concerns?**

Yes (please specify)
.....1

A little (please specify)
.....2

No.....3
Don't know.....4
Refusal5
Other (please specify)
.....6

Pages 47 – 51, Q's 4, 6 and 8 – 13 are adapted from "Parent's Evaluation of Developmental Status (PEDS), the Australian version. Centre for Community Child Health, Royal Children's Hospital, Melbourne 2005. Adapted with permission from Frances Page Glascoe, Ellsworth & Vandermeer Press Ltd."

Section 4C: Parental warmth (PAWA)

IF (STUDY CHILD) IS 3½ – 4½ (K COHORT) ASK: (Otherwise go to Q2)

1. The next questions are about how often you might do certain things. When answering please say whether you Always, Often, Sometimes, Rarely, or Never do each thing I ask about:

| | Always | Often | Sometimes | Rarely | Never | Don't know | Refusal |
|---|--------|-------|-----------|--------|-------|------------|---------|
| a) How often do you hug or hold (STUDY CHILD) for no particular reason? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b) When you tell (STUDY CHILD) to do something, how often do you make sure (he)/(she) does it? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c) When (STUDY CHILD) does something really well, how often do you go out of your way to say how pleased you are? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d) How often do you ask (STUDY CHILD) where (he/she) is going and what (he/she) is doing when (he/she) leaves the house without you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e) How often do you enjoy doing things together with (STUDY CHILD)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f) How often do you yell or shout when you are telling off (STUDY CHILD) for doing something wrong? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| g) How often would you make (STUDY CHILD) stay in (his/her) bedroom if (he/she) misbehaves? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| h) If you tell (STUDY CHILD) (he/she) will get punished if (he/she) doesn't stop doing something, but (he/she) keeps doing it, how often do you end up punishing (him/her)? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| i) How often would you smack (STUDY CHILD) with your hand for doing something wrong? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| j) When (STUDY CHILD) is playing away from home how often do you know where (he/she) is and who (he/she) is with? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

ASK EVERYONE:

Ensure you familiarise yourselves with the categories and subcategories listed. The places or people named can come from any of the categories.

DO NOT READ OUT CATEGORIES UNLESS NECESSARY FOR CLARIFICATION

2. Where do you go NOW for advice or information about looking after (STUDY CHILD)? Can you name three places or people you now turn to? (CIRCLE ALL THAT APPLY)

FAMILY & FRIENDS

| | |
|--------------------------------------|----|
| Partner (husband/wife) | 01 |
| Family living in this house..... | 02 |
| Family not living in this house..... | 03 |
| Friends..... | 04 |
| Neighbours | 05 |

PROFESSIONALS

| | |
|---|----|
| Doctors | 06 |
| Teachers..... | 07 |
| Self-help or support groups (parent support groups) | 08 |
| Government, community or other welfare organisations | 09 |
| Telephone services (e.g. parent helpline, lifeline) | 10 |
| Priests, religious leaders or clergy | 11 |
| Other professionals (eg. Counsellor)..... | 12 |

MEDIA

| | |
|--|----|
| Books, newspapers or magazines | 13 |
| TV, DVD or videos..... | 14 |
| Internet..... | 15 |
| Nowhere, self-taught, learning from own experience | 16 |
| Other (please specify) | 17 |
| Don't know | 18 |
| Refusal | 19 |

Section 4D: Major life events (MLEV)

ASK EVERYONE:

IF P1 IS MALE ADJUST WORDING IN Q1a TO “has”

I'd like to ask you about any big things that have happened to you, your family or (STUDY CHILD) in the last year.

1a. In the last year, (has/have you or) a close family member been pregnant or had a baby?

- Yes1 Ask Q1b
 - No.....2
 - Don't know.....3
 - Refused.....4
- } Go to Q2a

1b. Who did it happen to? OR Was it someone who lives here? (CIRCLE ALL THAT APPLY)

- Myself (P1)1
- P22
- Someone else who lives here3
- Someone else who doesn't live here4
- Don't know.....5
- Refused.....6

ASK EVERYONE:

2a. In the last year, have you or a close family member been badly hurt or sick?

- Yes1 Ask Q2b
 - No.....2
 - Don't know.....3
 - Refused.....4
- } Go to Q3a

2b. Who did it happen to? OR Was it someone who lives here? (CIRCLE ALL THAT APPLY)

- Study Child1
- Myself (P1)2
- P23
- Someone else who lives here4
- Someone else who doesn't live here5
- Don't know.....6
- Refused.....7

ASK EVERYONE:

3a. In the last year, has a close family member or friend passed away?

- Yes1 Ask Q3b
- No.....2
- Don't know.....3 } Go to Q3c
- Refused.....4

**3b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- Someone else who lived here1
- Someone else who didn't live here2
- Don't know.....3
- Refused4

ASK EVERYONE:

3c. How many funerals have you been to in the last year?

- (Please specify)
- None 00
 - Don't know.....XX
 - RefusalVV

4a. In the last year did you, or another of (STUDY CHILD)'s carers get a job or return to study?

- Yes1 Ask Q4b
- No.....2
- Don't know.....3 } Go to Q5a
- Refused.....4

**4b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- Myself (P1)1
- P22
- Someone else who lives here3
- Someone else who doesn't live here4
- Don't know.....5
- Refused6

ASK EVERYONE:

5a. In the last year did you, or another of (STUDY CHILD)'s carers lose their job?

- | | | |
|-----------------|---|------------|
| Yes | 1 | Ask Q5b |
| No..... | 2 | } Go to Q6 |
| Don't know..... | 3 | |
| Refused..... | 4 | |

**5b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- | | |
|--|---|
| Myself (P1) | 1 |
| P2 | 2 |
| Someone else who lives here | 3 |
| Someone else who doesn't live here | 4 |
| Don't know..... | 5 |
| Refused..... | 6 |

ASK EVERYONE:

6. In the last year has your family had serious worries about money?

- | | |
|-----------------|---|
| Yes | 1 |
| No..... | 2 |
| Don't know..... | 3 |
| Refused..... | 4 |

7a. In the last year have you or your family been humbugged (harassed for money)?

- | | | |
|-----------------|---|------------|
| Yes | 1 | Ask Q7b |
| No..... | 2 | } Go to Q8 |
| Don't know..... | 3 | |
| Refused..... | 4 | |

**7b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- | | |
|--|---|
| Myself (P1) | 1 |
| P2 | 2 |
| Someone else who lives here | 3 |
| Someone else who doesn't live here | 4 |
| Don't know..... | 5 |
| Refused..... | 6 |

ASK EVERYONE:

**8. In the last year have you felt too crowded where you live, moved house,
or had housing problems?**

- | | |
|-----------------|---|
| Yes | 1 |
| No..... | 2 |
| Don't know..... | 3 |
| Refused..... | 4 |

ASK EVERYONE:

9a. In the last year have you or a close family member had an alcohol or drug problem?

- Yes1 Ask Q9b
- No.....2
- Don't know.....3 } Go to Q10a
- Refused.....4 }

**9b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- Myself (P1)1
- P22
- Someone else who lives here3
- Someone else who doesn't live here4
- Don't know.....5
- Refused6

ASK EVERYONE:

10a. In the last year have you or a close family member been mugged, robbed or assaulted?

- Yes1 Ask Q10b
- No.....2
- Don't know.....3 } Go to Q11a
- Refused.....4 }

**10b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- Study child.....1
- Myself (P1)2
- P23
- Someone else who lives here4
- Someone else who doesn't live here5
- Don't know.....6
- Refused7

ASK EVERYONE:

11a. In the last year have you or a close family member been arrested, been in jail/prison, or had problems with the police?

- Yes1 Ask Q11b
- No.....2
- Don't know.....3 } Go to Q12a
- Refused.....4 }

**11b. Who did it happen to? OR Was it someone who lives here?
(CIRCLE ALL THAT APPLY)**

- Myself (P1)1
- P22
- Someone else who lives here3
- Someone else who doesn't live here4
- Don't know.....5
- Refused6

ASK EVERYONE:

12a. In the last year has (STUDY CHILD) or any other child of yours been involved in or upset by family arguments?

- Yes1 Ask Q12b
 - No.....2
 - Don't know.....3
 - Refused4
- } Go to Q13a

**12b. Who did it happen to?
(CIRCLE ALL THAT APPLY)**

- Study Child1
- Another child who lives here2
- Another child who does not live here3
- Don't know.....4
- Refused5

ASK EVERYONE:

13a. In the last year has (STUDY CHILD) or any other child of yours been badly scared by other people's behaviour?

- Yes1 Ask Q13b
 - No.....2
 - Don't know.....3
 - Refused4
- } Go to Q14

**13b. Who did it happen to?
(CIRCLE ALL THAT APPLY)**

- Study Child1
- Another child who lives here2
- Another child who does not live here3
- Don't know.....4
- Refused5

ASK EVERYONE:

14. In the last year have any of (STUDY CHILD)'s parents or carers left because of a family split-up?

- Yes1
- No.....2
- Don't know.....3
- Refused4

ASK EVERYONE:

15a. In the last year has (STUDY CHILD) or any other child of yours had to be cared for by someone else for a while (at least a week)?

- Yes1 Ask Q15b
- No.....2
- Don't know.....3
- Refused4

} Go to Q16

**15b. Who did it happen to?
(CIRCLE ALL THAT APPLY)**

- Study Child1
- Another child who lives here2
- Another child who does not live here3
- Don't know.....4
- Refused5

ASK EVERYONE:

16. Have any other major events or stressful situations happened to you, your family or (STUDY CHILD) since this time last year?

- Yes (please specify)
.....
.....
.....1
- No.....2
- Don't know.....3
- Refused4

Module 5: Socio-demographics

Section 5A: Parental language, culture and religion (PLCR)

ASK EVERYONE:

Hand card to respondents to ascertain languages spoken.

The next questions are about language and traditional culture.

1. Looking at the card which language or languages can you speak?
Say the language and the number from the card.
RECORD IN Q1 BELOW.

| Q1. Languages | Q2. How well you speak | Q3. How well you understand | Q4. Read and write |
|--|------------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: | Other: |

IF ONLY ONE LANGUAGE ON Q1 ASK Q4 THEN GO TO Q5.

IF MORE THAN ONE LANGUAGE RECORDED ON Q1 ASK Q'S 2, 3 AND 4 FOR FIRST LANGUAGE (including English) BEFORE GOING ON TO THE NEXT LANGUAGE.

DO NOT ASK Q'S 2 – 4 FOR SIGN LANGUAGE (I.E. CODE 3 ON Q1).

**2. How well do you speak (please specify language from Q1)?
RECORD RESPONSE IN TABLE OPPOSITE**

| | |
|--|---|
| Speak well on most topics | 1 |
| Speak on some topics | 2 |
| Only speak a few words | 3 |
| Forgotten what I knew | 4 |
| Don't know..... | 5 |
| Refusal | 6 |
| Other (please specify) | 7 |

**3. How well do you understand (specify from Q1)?
RECORD RESPONSE IN TABLE OPPOSITE**

| | |
|--|---|
| Understand most things | 1 |
| Understand some | 2 |
| Understand only a few words | 3 |
| Used to but have forgotten | 4 |
| Don't know..... | 5 |
| Refusal | 6 |
| Other (please specify) | 7 |

**4. Can you read and write in this language (specify from Q1)?
RECORD RESPONSE IN TABLE OPPOSITE**

| | |
|--|---|
| Read and write well | 1 |
| Read and write some | 2 |
| Read and write a few words | 3 |
| Do not read or write in this language | 4 |
| Language has no writing system | 5 |
| Don't know..... | 6 |
| Refusal | 7 |
| Other (please specify) | 8 |

5. IF 6 – 18 MONTHS OLD (B COHORT): Looking again at the card which language or languages is (STUDY CHILD) learning to speak?

IF 3½ – 4½ YEARS (K COHORT): Looking again at the card which language or languages does (STUDY CHILD) speak?

Say the language and the number from the card.

| Q5. Languages | Q6. (K COHORT ONLY) How well they speak | Q7. Who speaks to/with |
|--|---|------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other: | Other: |

IF 6 – 18 MONTHS (B COHORT) GO TO Q7 ASK FOR EACH LANGUAGE RECORDED ON Q5

IF 3½ – 4½ YEARS (K COHORT) ASK Q'S 6 & 7 FOR EACH LANGUAGE RECORDED ON Q5

DO NOT ASK Q'S 6 & 7 FOR SIGN LANGUAGE (I.E. CODE 3 ON Q5)

6. How well does (STUDY CHILD) speak (Language specified at Q5)?
RECORD IN TABLE ABOVE.

- Main language1
- Speaks alright.....2
- Some words only.....3
- Don't know.....4
- Refusal5
- Other (please specify)
.....6

7. IF 6 – 18 MONTHS OLD (B COHORT): Who generally speaks to (STUDY CHILD) in (Language specified at Q5)?

IF 3½ – 4½ YEARS (K COHORT): Who does (STUDY CHILD) generally speak with in (Language specified at Q5)?

RECORD ALL THAT APPLY IN TABLE ABOVE.

- Everyone1
- Parent(s)/primary carers.....2
- Grandparent(s)3
- Other extended family4
- Friends5
- Teacher/carer.....6
- Other (please specify)
.....7
- Don't know.....8
- Refusal9
- Other (please specify)
..... 10

ASK EVERYONE:

8. How often do you take (STUDY CHILD) to an Indigenous cultural event, ceremony or sorry business?

- Never1
- Occasionally2
- Often3
- Very often4
- Don't know5
- Refusal6
- Other (please specify)
.....7

9. How often do you teach (him/her) traditional practices like collecting food or hunting?

- Never1
- Occasionally2
- Often3
- Very often4
- Don't know5
- Refusal6
- Other (please specify)
.....7

10. How often do you teach (him/her) traditional arts like painting, dance, singing and making ceremonial dress?

- Never1
- Occasionally2
- Often3
- Very often4
- Don't know5
- Refusal6
- Other (please specify)
.....7

**11. Do you identify (STUDY CHILD) with a tribal group, a language group or a clan?
PROBE: IF YES Which tribal group, language group or clan?**

- Yes (please specify)
.....1
- No2
- Don't know3
- Refusal4
- Other (please specify)
.....5

12. Does (STUDY CHILD) have a connection to country or place?

- | | | |
|------------------------|---|-------------|
| Yes | 1 | Continue |
| No..... | 2 | } Go to Q15 |
| Don't know..... | 3 | |
| Refusal | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF YES, CODE 1 ON Q12 ASK: (Otherwise go to Q15)

**13. Is that around here?
IF NO ASK: Where is it?**

- | | | |
|---------------------------|---|------------|
| Yes | 1 | Go to Q15 |
| No (please specify where) | | } Continue |
| ..... | 2 | |
| Don't know..... | 3 | |
| Refusal | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF CODES 2 – 5 ON Q13 ASK: (Otherwise go to Q15)

14. Has (STUDY CHILD) been there?

- | | |
|------------------------|---|
| Yes | 1 |
| No..... | 2 |
| Don't know..... | 3 |
| Refusal | 4 |
| Other (please specify) | |
| ..... | 5 |

ASK EVERYONE

**15. What is your religion or spirituality?
DO NOT READ OUT**

- | | |
|--|----|
| Catholic | 01 |
| Anglican/Church of England..... | 02 |
| Uniting Church..... | 03 |
| Baptist | 04 |
| Lutheran | 05 |
| Assemblies of God | 06 |
| Church of Christ | 07 |
| Aboriginal Inland Mission (AIM) | 08 |
| Other Christian (please specify) | |
| ..... | 09 |
| Aboriginal or Torres Strait Islander Spirituality..... | 10 |
| Other religion (please specify) | |
| ..... | 11 |
| No religion/atheist/agnostic..... | 12 |
| Don't know..... | 13 |
| Refusal | 14 |
| Other (please specify) | |
| ..... | 15 |

Section 5B: Parental Education (PEDU)

IF P1 BORN IN 1987 OR LATER ON Q3 SECTION 1B ASK: (Otherwise go to Q2)

I would like to ask about your education.

1. Are you still attending school?

- Yes1
- No.....2
- Don't know.....3
- Refusal4
- Other (please specify)
.....5

ASK EVERYONE

2. Are you studying for a trade certificate, diploma, degree or any other educational qualification?

- Yes1 Continue
 - No.....2
 - Don't know.....3
 - Refusal4
 - Other (please specify)
.....5
- } Go to Section 5C

IF YES, CODE 1 ON Q2 ASK: (Otherwise go to Section 5C)

**3. Where are you studying?
DO NOT READ OUT.**

- Secondary school.....1
- University/other higher education.....2
- TAFE/Technical college3
- Business college4
- Industry skills centre.....5
- Refusal6
- Other (please specify)
.....7
- Don't know.....8

IF YES, CODE 1 ON Q2 ASK: (Otherwise go to Section 5C)

If "Nursing", "Arts", "School" or "Engineering", then prompt by asking "Could you please tell me a little more detail about that course?".

4. What is the main field of study?

(Please specify answer)

-1
- Don't know.....2
- Refusal3
- Other (please specify)
.....4

**5. Are you studying full-time or part-time?
DO NOT READ OUT**

- Full-time.....1
- Part-time.....2
- Don't know.....3
- Refusal4
- Other (please specify)
.....5

Section 5C: Work (WORK)

ASK EVERYONE:

I'd now like to ask some questions about work.

1. Do you have a job?

DO NOT READ OUT

- | | | | |
|---|---|---|------------------|
| Yes, one job only..... | 1 | } | Continue |
| Yes, more than one job | 2 | | |
| Yes, but am currently on leave (eg. Maternity leave, sick leave, etc.) | 3 | | |
| No..... | 4 | } | Go to Section 5D |
| Permanently unable to work..... | 5 | | |
| Retired | 6 | | |
| Don't know..... | 7 | | |
| Refusal | 8 | | |
| Other (please specify) | 9 | | |

IF HAS A JOB CODES 1, 2 OR 3 ON Q1 ASK Q2 FOR TOTAL HOURS

If usually less than one hour code 0, if work one day a fortnight code as 4 hours

2. How many hours a week do you usually work in all your jobs?

- Approximately (please specify) hours
- Don't know.....XX
- RefusalVV

If works more than one job at Q1 say (main)

3. What is your (main) job?

(please specify)
.....

Section 5D: Financial stress and income (FSAI)

ASK EVERYONE:

Read out each category until a “yes” response is given. You can remind people they don’t have to answer if they don’t want to.

I’d like to ask you about your family’s money situation.

1. Which words best describe your family’s money situation?

READ OUT

- We run out of money before payday1
- We are spending more money than we get2
- We have just enough money to
get us through to the next pay day3
- There’s some money left over
each week but we just spend it4
- We can save a bit every now and then5
- We can save a lot6
- DON'T READ { DON'T KNOW7
- REFUSAL.....8
- OTHER (please specify)
.....9

Only read out bracket if P1 has a partner.

2. What are your main sources of income/money (including your partner)?

CIRCLE ALL THAT APPLY

- Wages or salary1
 - CEA or CDEP payments2
 - Any Government pension or benefit or allowance3
 - Child support or maintenance4
 - No income5
 - Other (please specify)
.....6
 - Don't know.....7
 - Refusal8
- } Continue
- } Go to Q5
- } Continue

IF NO INCOME CODE 5 ON Q2, GO TO Q5: (Otherwise ask Q3)

Only read out bracket if P1 has a partner.

- 3. How much money do you usually get from all of your sources of income in total, (including your partner), AFTER deductions are taken out, such as tax, quarantined payments etc? **READ OUT AS FAR AS NEEDED****

| | | |
|---|----|------------|
| Less than \$150 a week (less than \$300 per fortnight)..... | 1 | } Go to Q5 |
| \$150 - \$249 a week (\$300 - \$499 per fortnight) | 2 | |
| \$250 - \$399 a week (\$500 - \$799 per fortnight) | 3 | |
| \$400 - \$599 a week (\$800 - \$1199 per fortnight) | 4 | |
| \$600 - \$799 a week (\$1200 - \$1599 per fortnight) | 5 | |
| \$800 - \$999 a week (\$1600 - \$1999 per fortnight) | 6 | |
| \$1,000 or more a week (\$2000 or more per fortnight)..... | 7 | |
| Don't know..... | 8 | Continue |
| Refusal | 9 | } Go to Q5 |
| Other (please specify) | 10 | |

IF DON'T KNOW ON Q3 ASK: (Otherwise go to Q5)

Only read out bracket if P1 has a partner.

- 4. Then can you tell me how much money you usually get from all of your sources of income in total, (including your partner), BEFORE any deductions are taken out? **READ OUT AS FAR AS NEEDED****

| | |
|---|----|
| Less than \$150 a week (less than \$300 per fortnight)..... | 1 |
| \$150 - \$249 a week (\$300 - \$499 per fortnight) | 2 |
| \$250 - \$399 a week (\$500 - \$799 per fortnight) | 3 |
| \$400 - \$599 a week (\$800 - \$1199 per fortnight) | 4 |
| \$600 - \$799 a week (\$1200 - \$1599 per fortnight) | 5 |
| \$800 - \$999 a week (\$1600 - \$1999 per fortnight) | 6 |
| \$1,000 or more a week (\$2000 or more per fortnight)..... | 7 |
| Don't know..... | 8 |
| Refusal | 9 |
| Other (please specify) | 10 |

ASK EVERYONE:

Only read out bracket if P1 has a partner.

5. **(Apart from your partner, does) / (Does) anyone else regularly contribute to household expenses or give support by providing groceries, clothing or helping to pay for bills or other expenses?**

Yes1
No.....2
Don't know.....3
Refusal4
Other (please specify)
.....5

6. **Are you affected by income management/quarantining through Centrelink?
IF YES ASK: How is it going?**

Yes (please specify)
.....1
No.....2
Don't know.....3
Refusal4
Other (please specify)
.....5

Section 5E: Housing and Mobility (HOAM)

ASK EVERYONE:

I'd now like to ask some question about (STUDY CHILD)'s living arrangements.

1. Has (STUDY CHILD) lived with you since birth?

- | | | |
|------------------------|---|------------|
| Yes | 1 | Go to Q3 |
| No..... | 2 | Continue |
| Don't know..... | 3 | } Go to Q3 |
| Refusal | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF NO, CODE 2 ON Q1 ASK: (Otherwise go to Q3)

2. How long has (STUDY CHILD) lived with you?

- Years (please specify)
- Months (please specify)....
- Don't knowXX
- Refusal.....VV
- Other (please specify)
- 00

ASK EVERYONE:

If less than one month record 0

3. How long have you lived in this (house)/(flat or apartment)/(dwelling)?

- Years (please specify)
- Months (please specify)
- Don't knowXX
- Refusal.....VV
- Other (please specify)
- 00

ASK EVERYONE:

4. How many homes has (STUDY CHILD) lived in since (she)/(he) was born?

(Please specify number)...
 Don't knowXX
 Refusal.....VV
 Other (please specify)
 00

**5. Is your (house)/(flat or apartment)/(dwelling):
 READ OUT BOLD CATEGORIES UNTIL YES RESPONSE IS GIVEN**

Rented from community or co-operative housing group? 01
Rented from a Government housing authority? 02
Rented from private landlord or real estate agent?..... 03
Rented from your employer? 04
Being paid off by you (and/or your partner)?..... 05
Being paid off by another household member? 06
Owned outright by you (and/or your partner)? 07
Owned outright by another household member?..... 08
Occupied rent free? 09
None of these? (please specify)
 10

DON'T READ { DON'T KNOW 11
 REFUSAL..... 12
 OTHER (please specify)
 13

Bedroom defined as a room mainly used as a bedroom. It could be a converted verandah or garage. It could be a combined bedroom/study. It does not include a lounge with a bed in it or a tent. If bedsit, code to zero.

6. How many bedrooms are there in your (house)/(flat or apartment)/(dwelling)?

(Please specify number)...
 Don't knowXX
 Refusal.....VV
 Other (please specify)
 00

ASK EVERYONE:

7. Does your (house)/(flat or apartment)/(dwelling) have any major things that need fixing?

IF NECESSARY, SAY: Such as plumbing, fencing, electrical or gas, flooring or kitchen & appliances?

INTERVIEWER PROBE: IF YES, THEN ASK - What things need fixing?

Yes (please specify)

.....

.....1 Continue

No.....2

Don't know.....3

Refusal4

Other (please specify)

.....5

} Go to Q10

IF YES, CODE 1 ON Q7 ASK: (Otherwise go to Q10)

8. Is it easy to get (that/these) things fixed? Would you say yes, not always, or no?

Yes1 Go to Q10

Not always.....2 } Continue

No.....3

Don't know.....4

Refusal5

Other (please specify)

.....6

} Go to Q10

IF NOT ALWAYS OR NO, CODES 2 OR 3 ON Q8 ASK: (Otherwise go to Q10)

9. What is the main reason it is difficult to get (this/these) things fixed?
(CIRCLE ALL THAT APPLY) DO NOT READ OUT.

The landlord/council/housing commission
take a long time to do repairs 1

The landlord/council/housing commission
isn't interested in doing repairs..... 2

Difficulty getting tradespeople 3

Too expensive 4

Too hard to get materials 5

Don't know..... 6

Refusal 7

Other (please specify)

..... 8

ASK EVERYONE:

*Clarify only if necessary: For rural/remote: Your local area.
For city/urban: Your suburb, within one or 2 km of your home.*

**10. Is this a good community or neighbourhood for little kids?
Would you say it is: (READ OUT)**

- Very good?.....1
- Good?.....2
- Okay?3
- Not so good?4
- Really bad?5
- Don't know.....6
- Refusal7
- Other (please specify)
.....8

**11. Are there good places for kids to play in this community or neighbourhood?
Would you say: (READ OUT)**

- Yes lots of parks, playgrounds?.....1
- Yes a few places that are good?.....2
- Some places that are OK?.....3
- No, not many?4
- No, none?.....5
- Don't know.....6
- Refusal7
- Other (please specify)
.....8

**12. How safe would you say this community or neighbourhood is?
Would you say it is: (READ OUT)**

- Very safe?1
 - Quite safe?.....2
 - Okay?3
 - Not very safe?.....4
 - Dangerous?5
 - Don't know.....6
 - Refusal7
 - Other (please specify)
.....8
- } Go to Q14 (for 1, 2, 3, 6, 7, 8)
- } Continue (for 4, 5)

IF UNSAFE OR DANGEROUS CODES 4 OR 5 ON Q12 ASK: (Otherwise go to Q14)

13. Why do you feel it is unsafe (dangerous)?
PROBE: What other reasons? Any other reasons?

(please specify)

.....
.....
.....0

Don't know..... X
Refusal V

ASK EVERYONE:

14. Is there anything else you want to say about your community?

(please specify)

.....
.....
.....0

No..... 1
Don't know..... X
Refusal V

Section 5F: Child Care and Early Education (CCEE)

IF (STUDY CHILD) IS 3½ – 4½ (K COHORT) ASK: (Otherwise go to Q6)

I'd like to ask some questions about any school and care arrangements you use for (STUDY CHILD).

1. In the past month, has (STUDY CHILD) gone to playgroup, mother's group, father's group, early learning circles or any other baby group/class?

Yes (please specify type(s) of group or class)

.....

0
 No.....1
 Don't know.....X
 Refusal.....V

2. Does (STUDY CHILD) go to preschool, kindergarten or school?

Yes1 Continue
 No.....2
 Don't know.....3
 Refusal4
 Other (please specify)5
5 } Go to Q6

IF (STUDY CHILD) GOES TO PRESCHOOL, ETC. CODE 1 ON Q2 ASK:
 (Otherwise go to Q6)

3. Does (STUDY CHILD) go to: READ OUT CATEGORIES

Year one in school?1
 Pre-year one program in a school?
 (Prep, kindergarten, reception, transition or pre-primary)2
 Preschool program in a school?3
 Preschool program at a non-school centre?4
 Mobile preschool?5
 Don't know.....6
 Refusal7
 Other (please specify)8
8 } Continue

Use most appropriate term.

4. How many hours per week does (STUDY CHILD) go to preschool/ kindergarten/school)?

(Please specify hours)
Don't knowXX
Refusal.....VV
Other (please specify)
..... 00

Use most appropriate term

5. How long has (STUDY CHILD) been going to (preschool/ kindergarten/school)?

Years (please specify)

Months (please specify)....
Don't knowXX
Refusal.....VV
Other (please specify)
..... 00

ASK EVERYONE:

6. Does (STUDY CHILD) go to childcare, day-care or family day care?
(CIRCLE ALL THAT APPLY)

| | | |
|---------------------------------|---|-------------|
| Yes, childcare..... | 1 | } Continue |
| Yes, day-care | 2 | |
| Yes, family day care..... | 3 | |
| No..... | 4 | } Go to Q10 |
| Don't know..... | 5 | |
| Refusal | 6 | |
| Other (please specify) | 7 | |

IF CODES 1, 2 OR 3 ON Q6 ASK: (Otherwise go to Q10)

7. What types of childcare, day-care or family day care programs do you use for (STUDY CHILD)?

- Family day care in the carer's home 01
- Family day care in the child's home 02
- Occasional Care 03
- Multifunctional Aboriginal Children's Service (MACS) 04
- Day care centre (non pre-school)..... 05
- Day care centre where the child goes to pre-school program 06
- Day care centre without pre-school or parent unsure 07
- Gym, leisure or community centre 08
- Mobile care unit 09
- Workplace crèche..... 10
- JET (Jobs Education Training) crèche 11
- Nanny (employed) 12
- Don't know 13
- Refusal 14
- Other (please specify) 15

If the child has more than one arrangement put total hours of all childcare

8. How many hours on average per week does (STUDY CHILD) go to childcare?

- (Please specify hours)
- Don't know XX
- Refusal..... VV
- Other (please specify) 00

9. How long has (STUDY CHILD) been going to childcare?

- Years (please specify)
- Months (please specify).....
- Don't know XX
- Refusal..... VV
- Other (please specify) 00

ASK EVERYONE:

**10. Who else looks after (STUDY CHILD) when you can't be there?
CIRCLE ALL THAT APPLY**

- Other parent1
- Parent living elsewhere2
- Grandparent3
- Other relative4
- Friend or neighbour (not a relative).....5
- Don't know.....6
- Refusal7
- Other (please specify)
.....8

**IF (STUDY CHILD) DOESN'T GO TO PRE-SCHOOL/CHILDCARE, CODE 2 ON Q2 OR
CODE 4 ON Q6 ASK: (Otherwise go to Section 5G)**

**11. What is the main reason (STUDY CHILD) doesn't go to (school/kindergarten/
pre-school/childcare/day-care/family day care)?**

Child

- Child does not need it 01
- Child has a disability or special needs 02
- Child would be unsettled at school..... 03
- Child is too young..... 04

Availability

- Transport problems 05
- Not available locally 06
- Cannot get a place 07
- Cost too high 08
- Not flexible enough/unsuitable times 09

Parent concern/Value

- Concerned with quality of school program..... 10
- Family/Partner does not approve 11
- Don't feel comfortable dealing with
service provider (i.e. school) 12
- Have decided not to send child yet 13

Culture

- Available school not culturally appropriate..... 14
- Do not want child taught by non-indigenous carers.. 15
- No other indigenous children at school..... 16
- No cultural program available 17

Other

- Too much paperwork to complete..... 18
- Attends school (so doesn't need childcare) 19
- Attends childcare (so doesn't go to school) 20
- Other (please specify)
..... 21
- Don't know 22
- Refusal..... 23

IF PI STUDYING OR WORKS IE. CODE 1 ON Q1 OR Q2 OF SECTION 5B OR CODES 1, 2 OR 3 ON Q1 SECTION 5C ASK: (Otherwise go to Section 5G)

12. Who looks after (STUDY CHILD) when you are at work or studying?
(CIRCLE ALL THAT APPLY)

- Self (i.e. takes the child to work)..... 01
- Unpaid carer**
- Partner..... 02
- Parent living elsewhere 03
- Grandparent 04
- Other relative..... 05
- Friend, neighbour or someone else
not related to (STUDY CHILD)..... 06
- Other (please specify)
..... 07
- Paid carer**
- Pre-school 08
- Kindergarten..... 09
- School 10
- Before/after school care 11
- Childcare centre 12
- Day-care centre..... 13
- Family day care14
- Workplace/university crèche 15
- Nanny (employed) 16
- Other (please specify)
..... 17
- Don't know 18
- Refusal..... 19

Section 5G: Activities (ACTI)

ASK EVERYONE:

Now I have some questions about activities (STUDY CHILD) might do with you or other family.

| 1a. Did you or (STUDY CHILD)'s other family members do any of these things with (STUDY CHILD) last week? READ OUT | | | | | IF YES ON Q1a ASK: 1b. Who did this with (him/her)? | | | | | | | | | | | | | 1c. Was this activity done in an Indigenous language? | | |
|---|-----|----|------------|---------|--|--------|-------------|-------------|--------|-------|--------|---------|--------|--------|-------|------------|---------|---|------------|----|
| | Yes | No | Don't know | Refusal | Mother | Father | Grandmother | Grandfather | Auntie | Uncle | Sister | Brother | Cousin | Friend | Other | Don't know | Refusal | Yes – all | Yes - some | No |
| A) Play music, sing songs, dance or do any other musical activities..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| B) Read a book to (him/her)? | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| C) Tell (him/her) a story? (Not from a book)..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| D) Take (him/her) shopping? | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| E) Involve (him/her) in housework or cooking? ... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| F) Draw pictures or do other art or craft with (him/her)? | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| G) Play indoors with toys or game with (him/her)? (K cohort: eg. cards or board games) (B cohort: eg. teddy or blocks) | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| H) Play outdoors with (him/her)? (eg. walking or playing with a ball)..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| I) Play computer, "xbox" or "playstation" games with (him/her)? | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| J) Gone to a playground?..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |
| K) Gone swimming?..... | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X | V | R | 1 | 2 | 3 |

IF YES, DID ANY ACTIVITIES ON Q1a ASK: (Otherwise go to Q3)

2. Were any of these activities done using a language other than English?

- Yes1
- Yes – some words.....2
- No.....3
- Don't know.....4
- Refusal5
- Other (please specify)
-6

ASK EVERYONE:

It is still possible to ask this question, even if the family doesn't own a TV – many kids watch TV daily at friend's houses, even if their family doesn't have one.

3. Does (STUDY CHILD) watch TV, DVDs or videos?

- | | | |
|------------------------|---|------------|
| Yes | 1 | Continue |
| No | 2 | } Go to Q5 |
| Don't know | 3 | |
| Refusal | 4 | |
| Other (please specify) | | |
| ..... | 5 | |

IF (STUDY CHILD) WATCHES TV, CODE 1 ON Q3 ASK: (Otherwise go to Q5)

If necessary, ask respondent to pick the category CLOSEST to the number of hours that (STUDY CHILD) spends.

4. How many hours on a typical weekday does (STUDY CHILD) watch TV, DVDs or videos?

- | | |
|--------------------------------|----|
| Less than an hour | 01 |
| 1 hr | 02 |
| About an hour and a half | 03 |
| 2 hrs | 04 |
| 3 hrs | 05 |
| 4 hrs | 06 |
| 5 hrs | 07 |
| More than 5 hrs | 08 |
| Don't know | 09 |
| Refusal | 10 |
| Other (please specify) | |
| ..... | 11 |

ASK EVERYONE:

Only read until they give an answer.

5. About how many children's books are in your home now, including any library books? Would you guess...

READ OUT

- | | | | |
|---------------|----------------------------|------------------------|---|
| | None? | 1 | |
| | 1 to 5? | 2 | |
| | 6 to 10? | 3 | |
| | 11 to 20? | 4 | |
| | 21 to 30? | 5 | |
| | More than 30? | 6 | |
| DON'T READ | } DON'T KNOW | 7 | |
| | | REFUSAL | 8 |
| | | OTHER (please specify) | |
| | | | 9 |

IF (STUDY CHILD) IS 3½ – 4½ YEARS OLD (K COHORT) ASK: (Otherwise go to Q8)

**6. How much does (STUDY CHILD) like doing physical activity or exercise, things like running, playing chasey, dancing or sport? Does (he/she):
READ OUT**

- Like it a lot?1
 - Like it a bit?2
 - Neither like nor dislike it?3
 - Dislike it a bit? (Doesn't like it much)4
 - Dislike it a lot ? (Doesn't like it a lot)5
- DON'T READ {
- DON'T KNOW 7
 - REFUSAL..... 8
 - OTHER (please specify) 9

**7. What does (STUDY CHILD) usually do when (he/she) has a choice about how to spend free time:
READ OUT**

- Usually chooses active things like running, playing chasey, dancing or sport?1
 - Usually chooses quiet things like TV, computer, drawing or looking at books?2
 - Just as likely to choose active as quiet things?3
- DON'T READ {
- DON'T KNOW 4
 - REFUSAL..... 5
 - OTHER (please specify) 6

ASK EVERYONE:

**8. Thinking about all the things that (STUDY CHILD) does, whether at home or away, what are a couple of things you enjoy doing with (STUDY CHILD)?
PROBE: Can you tell me a bit more about that? What else?**

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

**9. Thinking about all the things that (STUDY CHILD) does, whether at home or away, what are a couple of things (STUDY CHILD) enjoys doing with you?
PROBE: Can you tell me a bit more about that? What else?**

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

ASK EVERYONE:

- 10. Every parent wants their child to be healthy and happy as they grow up. What else do you want for (STUDY CHILD)?
PROBE: Can you tell me a bit more about that? What else?**

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

- 11. What is it about Aboriginal or Torres Strait Islander culture that will help (STUDY CHILD) grow up strong?**

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

- 12. Is there anything else that you want to tell us?**

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

BACKUP PAGE IF MORE THAN 10 PEOPLE IN THE HOUSEHOLD.

| | | | | | |
|---|--|--|--|--|--|
| 3. What are the first and last names of all the people who live in this household, starting with you? | Name: | Name: | Name: | Name: | Name: |
| 4. Is (are) male or female? | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 | M..1 F..2 |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. How old (are you/is name)? <i>If don't know ask for estimate.</i> | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ |
| → ASK EVERYONE: 7. (Are you/is name) of Aboriginal or Torres Strait Islander origin? Aboriginal A Torres Strait Islander..... T Both .....AT Neither .....N Don't know/Refused .....R | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) | _____ Other: (specify) |
| → IF (STUDY CHILD) IS "NEITHER ABORIGINAL OR TORRES STRAIT ISLANDER" THEN INTERVIEW SHOULD BE TERMINATED. | | | | | |
| 8. How is (name) related to you? | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ | ___ : ___ |
| → INTERVIEWER PLEASE USE QUICK REFERENCE SHEET TO CODE ANSWER | | | | | |
| | | | | | |