

# A substudy for mothers of the 1973-78 cohort (2016)



Mother to complete about your birth children aged under 13 years (who live with you, at least part of the time)



	OFFICE U	JSE ONLY		
EDIT	D/E		W	
BATCH	MP			

# How to complete this survey

Online at: <a href="http://www./alswh.org.au/match">http://www./alswh.org.au/match</a> (use the ID which was sent to you),

Or, a survey booklet will be mailed to you.

- Please answer every question you can.
- If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.
- Questions often refer to different time periods. Please answer the survey for the time period indicated even if your circumstances are unusual in some way.
- Some questions differ according to the child's **age** at the **start** of this survey (this age should be used throughout, even if your child has a birthday before you finish).
- If you need help to answer any questions, please call 1800 068 081 (FREECALL) or email info@alswh.org.au



If you wish to comment on this survey, there is provision for feedback at the end.

INSTRUCTIONS:	<ul><li>Use a black / blue biro</li><li>Do not fold or bend this survey</li></ul>
Cross the boxes like th	
In general, would y (Mark <u>one only</u> )	you say your child's health is:
Excellent	
Very good	
Good	You would mark this one if you think your child's health is good
Fair	
Poor	
Print clearly in the box	es like this:
	ur postcode? 2 3 0 8 arly in the boxes 2 3 0 8 chis:
When you take you (Mark <u>one on each line</u> )	r children to the doctor:  Most of the Some-Rarely or times never
Do y	rou go to the same place?
	If you make a mistake simply scribble it out and clearly mark the correct answer with a cross

This survey has four sections.

Section One and Four should be answered for all children in the survey.

Sections Two and Three are only applicable to certain age groups.

Please ensure that you always answer age-applicable questions in the <u>correct row or column</u>.

If you have more than one eligible child, the bookmark provided may assist.

Alternatively, you may find it easier to do this survey online.

Logon to the survey website using the ID on the cover of this booklet

( http://www.alswh.org.au/match )

#### **Essential information** Q1 Today's date: If you have more than three birth children aged under 13 years living with you, please enter details for the three youngest. Note for women with multiples, you should answer about the latest born twin (or triplet/s) if there is not room for both twins (or all three triplets). (Mark one per child, in each column) Q2 Sex: Multiple birth? Throughout this survey, Date of birth: Twin: Triplet: Twin: Triplet: Triplet: No Ē M born born born born born Your youngest child is: Child A Your 2<sup>nd</sup> youngest child is: Child B Your 3<sup>rd</sup> youngest\* child is: Child C Q3 Three age categories are used in this survey. Some Ages: questions apply to all three age categories, some to two 5 years & over der 2 years age categories and some to a single age category. Please indicate the age categories for the children listed Child A above: Child B (Mark one per child, in each column) Child C Throughout this survey, please answer only those questions which apply to each child's age category. Please ensure that you always answer age applicable questions on the correct line (Child A, B or C). If you have more than one eligible child, the **bookmark** provided may assist. **Section One** 7 Q4 to Q49 apply to all ages under 2 years During a <u>typical week</u>, is your child cared for by someone other than you or your partner (<u>not including</u> time spent in school)? What type/s of child care do you use for your child? **Q4** Yes: No (Mark all that apply, on each line) Child A Child B Child C а Outside school hours care b Long daycare centre С Family daycare d Nanny е Grandparent f Other family member g Neighbour / friend h Other type of care

Q5 You	r child's	School C	Grade / Y	ear level	in this c	alendar	year? (N	lark <u>one p</u>	er child)	
· ·	N/A	Prep*	1	2	3	4	5	6	7	8
Child A										
Child B										
Child C										
*	· ·				_					

<sup>\*</sup> In some States 'Prep' is called Kindergarten, Transition, Reception, Pre-primary or Foundation.

If Yes, total number of hours per week

i

# Illness and disability

[all ages]







**'Longstanding'** means anything that has troubled your child over a period of time, or that is likely to affect your child over a period of time. (*Note:* Some of the following questions don't apply to young babies, e.g. learning disabilities.)

Q6	Does your child have	any of these	longstandi	ing illnesse	es, conditions	or disabili
					Yes:	
	(Mark <u>one per child,</u> for eacl	h item)	No	Mild	Moderate	Severe
		Child A				
а	Asthma	Child B				
		Child C				
		Child A				
b	Heart abnormalities	Child B				
		Child C				
		Child A				
С	Thyroid problem	Child B				
		Child C				
		Child A				
k	Kidney disease	Child B				43
		Child C				
		Child A				
е	Migraine headaches	Child B				
	· ·	Child C				
		Child A				
f	Epilepsy or seizures	Child B				
	,	Child C			740	
	(Mank and man abild for and				Yes:	
	(Mark <u>one per child,</u> for each	n item)	No	Mild	Moderate	Severe
		Child A				
g	Cerebral palsy	Child B				
		Child C				
		Child A				
h	Cleft lip / palate	Child B				
		Child C				
		Child A				
i	Autism Spectrum	Child B				
	Disorder (ASD)	Child C				
		Child A				
j	Traumatic brain injury	Child B				
-	. ,	Child C				
	Intellectual disability	Child A				
k	(including Down	Child B				
	syndrome)	Child C				
	(Mark <u>one per child,</u> for eacl					
	(Mark <u>one per crilla,</u> for each		No	Yes		
		Child A				
I	Diabetes	Child B				
		Child C				
		Child A				
m	Cancer	Child B				
		Child C				

<b>Q7</b>	Does your child have	any of these <u>l</u>	ongstand	<u>ding</u> probl	ems or sympto	oms, and how	w severe is it?
	(Mark <u>one per child,</u> for eac	h item)	Na		Yes:		
	,	Child A	No	Mild	Moderate	Severe	
а	Eczema, dermatitis or	Child B					
u	any kind of skin allergy	Child C					
		Child A					
b	Any kind of respiratory allergy (including hay	Child B					
D	fever)	Child C					
		Child A					
С	Chronic ear, nose or	Child B					
C	throat condition	Child C					
		Child A					
d	Any kind of food or	Child B					
u	digestive allergy	Child C					
		Child C		$+$ $\dashv$			
_	Food intolerance	Child B					
е	1 000 intolerance	Child C					
	Problem with non-food	Child C		+ $+$			
f	allergies, such as to	Child B					
ı	dust, animals or medicine						
	medicine	Child C Child A					
~	Bone, joint or muscle						
g	problems	Child B Child C					
		Child C					
h	A problem using his /	Child B		$\perp$			
•••	her arms or legs	Child C					
	(Mark <u>one per child,</u> for eac	h item)	No	Mild	Yes: Moderate	Severe	
		Child A					
i	A problem using his / her hands or fingers	Child B					
	nor nando or imgoro	Child C					
		Child A					
j	Difficulty hearing (without aids)	Child B					
	(	Child C					
		Child A					
k	Difficulty seeing (without glasses)	Child B					
	(	Child C					
		Child A					
I	Anxiety	Child B					
		Child C					
	Hyperactivity /	Child A					
m	problems with attention (including ADD	Child B					
	or ADHD)	Child C					
		Child A					
n	Behavioural problems	Child B					
		Child C					
		Child A					
0	Learning disabilities	Child B					
		Child C					
	Chacab ar language	Child A					
р	Speech or language problems or delays	Child B					
	,	Child C					Other health problem:
		Child A					
q	Other	Child B					
		Child C					
				E			

Q8	During the past 12 mor burns, poisoning) and	ths, how mad to be tr	nany times was y reated by a docto	our child or or nurs	injured ( e? <i>(Mark</i>	(e.g. fracti one per ch	ure, lacera <u>ild</u> )	tion,
	None 1 time	2 time	e stimes	imes or more				
	Child A							
	Child B							
	Child C							
Q9	During the past 12 mor		our child been tre			for: 4-6 times	7-9 times	10+ times
			Child A					
а	(e.g. school sores, scabies	n infection s, impetigo, s, cellulitis)	Child B					
		,	Child C	片	井			
		t infection	Child A					
b	(e.g. wheezing, bronchi pneumo	is, asthma, nia, croup)	Child B					
			Child C	<u> </u>				
_	Г-	u lafa ati a a	Child A					
С	Ea	r Infection	Child B					
	0		Child C					
لہ	Gast (3 or more watery or looser-t	roenteritis nan-normal	Child A					
d	bowel movements or diarrho	ea within a our period)	Child B					
	241	our periou)	Child C Child A	<u> </u>				
_	Urinary or kidne	, infaction	Child B					
е	Officially of North	/ imection	Child C					
			Crilia C					
Q10	Do you consider your c (Mark one per child) Not a problem at		as a problem?  A small problem	A	verv seric	ous probler	n	
Cl	nild A							
Cl	nild B							
Cł	nild C							
Q11	Over the last 12 months	s, what imp	1	ı	1		ative impac	
	(Mark one per child, for each	item)	No impact / Not applicable	Positive impact				Severe
		Child A			ľ	villa i	Moderate	Severe
а	his / her everyday life	Child B				$\Box$	$\overline{\Box}$	
-	, , ,	Child C						
		Child A						
b	your own health and	Child B						
	wellbeing	Child C						
		Child A						
С	your relationship with	Child B						
	your partner	Child C						
		Child A						
		Child A						
d	your family	Child B						
d	your family							
d		Child B						
d e	your familyyour financial situation	Child B Child C						

# Health care

[all ages]







Q12	Have you had difficulties finding (Mark one only)	g a GP for your	child / ch	ildren?	Yes _	No	o 🗌	
Q13	When you take your child / child	lren to a GP:						
	(Mark <u>one on each line</u> )	Alw	ays	Most of the time	Som	etimes	Rarely or never	
а	Do you go to the same	place?						
b	Do you usually see the same	doctor?						
Q14		airly satisfied	th your cl		ren's usu satisfied r	-	_	
Q15	Has your child ever been see			itive health	1	Not applicence.  ners? Yes:	able	
	(Mark <u>all that apply</u> , on each line)	No		Child A		Child B		Child C
а	Chir	opractor						
b	Naturopath /	herbalist						
С	Acup	uncturist						
d	Kine	siologist						
е		steopath						
f	Traditional Chinese medicine pra			Ц		Ц		Ц
g	Massage t							
h	Traditional or spiritua	al healer						
i	pleas	Other, e specify						
Q16	Thinking about health service have you used or needed any	es you might ha of the followin  Have NOT	g?	or needed ED this serv		NEED	ne <u>last 12</u>	vice for
	(Mark <u>all that apply</u> , on each line)	tried to access this service						
		1.1.3 301 VI00	Child A	Child B	Child C	Child A	Child B	Child C
	Medical specialists:							
а	Paediatrician Ear, nose and throat (ENT)							
b	specialist Surgeon							
С	(e.g. orthopaedic surgeon, neurosurgeon, plastic surgeon)							
d	Psychiatrist							
е	Any other medical specialist (e.g. dermatologist, gastroenterologist, neurologist, oncologist)							
	Hospital services:							
f	Hospital emergency department							
g	Hospital in-patient (admitted to ward)							
h	Hospital outpatients clinic / day surgery							

rvice for t access it:  Child C
Child C

#### Screen time

[all ages]







**'Screen time'** includes time spent watching / using any screen based equipment, such as television, computers, tablets, mobile phones, and electronic games.

Q18	Over the past month, about how much screen	en time ha	s your	child h	ad per	day?					
	(Write an answer in hours and minutes in each colleach child, to the nearest 15 minutes, e.g. 2 hrs, 3		ave	Week		av		Week average ti	<u>cends</u> : me per	day	
			(hr		(mi	1		(hrs)	(r	mins)	
		Child A	Н	Н	M	M	Н	Н	M	M	
а	specifically for <u>school work</u> (including homework) ( <b>Note</b> : if child is below school age, enter '0')	Child B	Н	Н	M	M	Н	Н	M	M	
	(Note: In arma is below scribol ago, arter 0)	Child C	Н	Н	M	M	Н	Н	M	M	
		Child A	Н	Н	M	M	Н	Н	M	M	
b	for all other reasons	Child B	Н	Н	M	M	Н	Н	M	M	
		Child C	Н	Н	M	И	Н	Н	M	M	
Q19	Over the <u>past month</u> , about how much time (Write an answer in hours and minutes in each coleach child, to the nearest 15 minutes, e.g. 2 hrs, 3	umn, <u>for</u>		Week erage tin	days:	ay		<u>Week</u> average ti		<b>day</b> nins)	
		Child A	Н	Н	M	M	Н	Н	M	M	
а	outdoors ( <u>Include</u> all outdoor time; at home, school or	Child B	Н	Н	М	M	Н	Н	M	M	
	elsewhere)	Child C	Н	Н	М	M	Н	Н	M	M	
	in quiet indoor play, excluding screen	Child A	Н	Н	M	M	Н	Н	M	M	
b	time? (e.g. sitting reading, writing, drawing, craft, train set, board games). ( <u>Include</u> all activities; at home, school or	Child B	Н	Н	M	M	Н	Н	M	M	
	elsewhere).	Child C	Н	Н	M	M	Н	Н	M	M	
Q20	Do you have Internet access at home? (A	Mark <u>one only</u>	<u>(</u> )								
	Yes No										
Q21	Does your child have access to the follow	ing in his i	her <u>be</u>	droom	?						
	(Mark <u>all that apply</u> , on each line)				No	Ch	ild A	Yes: Child B	Chil	14 C	
2			Τo	levision		CII	iiu A	Cillu B	Cilli		
a b	Computer or electronic game	s (e.a. Playet			-	ſ	_				
C	Mobile electronic devices (e.g. tablet, smart ph	,				[	_				
d		Books (in	-			[			Ī		
		`	3	-,			_		_	_	

## Your home

[all ages]







Q22	your	backy	yard, or			re your child / cl front and back y		s / are ab	le to play. Thi	s may be your fr	ont yard,
	(Mari	k <u>one on</u>	<u>11y</u> )					•			
				No yard					II yard (e.g. uni		
				No private	yard			-	l (e.g. standard	·	
							A la	rge yard	(e.g. 1/4 acre b	lock or larger)	
Q23	Do v	ou live	on a c	ul-de-sac	court	or no-through i	oad? (	Mark one i	only)		
Q23	,		J 0 u 0	ui do odo,		_	, , , , , , , , , , , , , , , , , , ,		<u>01114</u> 7		
		Yes			No						
Q24	Plea	se thir	ık aboı	ıt the type	s of to	vs and equipme	ent availa	able at h	ome for vour	child / children to	0
Q2 <del>4</del>						have the follow			, , , , , , , , , , , , , , , , , , ,		
			each lir				Yes	No			
а	Balls	(footba	alls, bas	sketballs, te	ennis ba	alls, baseballs)					
b						all / netball ring					
С					-	uets, golf clubs	$\sqcup$				
d	(	Climbin	g equip			ole for climbing					
е				Sco		icycle / tricycle					
f					Skatel	board / ripstick					
g						Skipping rope	$\sqcup$				
h					S	Swimming pool	$\Box$	4	<b>)</b> •		
i						Trampoline	Ц_				
j						Slide / swing					
k		Acti	ive elec	tronic gam	es e.g.	Wii <sup>™</sup> Kinect <sup>™</sup>	Ц				
	۸ho	ut how	many	childron's	hooks	are in your bo	ma naw	includin	a any library	books and e-boo	rks2
Q25						s of your childre		meruum	ig ally library	books and e-boo	NO!
				e <i>(Mark <u>o</u></i>							
		None	)	] 1	-10	11-20		21	-30	More than 30	
		-1-1						u 0			
Q26	(Write	ola wa child's	as your age in ye	ears and who	en you ole mont	first started rea	l <b>aing to</b> 1 low, e.g. 0	tnem ? yrs 5 mth:	s. If less than 1 m	onth, enter '0'.)	
	•	Yea		Mont		N/A	1	remember		,	
Child	^	Υ	V								
Crilla	А	I	I	IVI					_		
Child	В	Υ	Υ	M	M						
	_										
Child	С	Y	Y	M	M						
Q27				t how mar	າy minເ	utes per day is	your chi	ld read to	o <u>at home</u> ?		
	(IVIATI	k <u>one pe</u>	er cniia)			Minutes per day					
		Less th	han 5	6-10		11-20	21-4	10	More than 40		
Child	Α			Ü				]			
Child	В		1			$\overline{}$		]			
Child	С										
						_					
Q28	On a	verage	e, abou	t how mar	າy minເ	utes per day is	your chi	ld doing	reading activi	ties at home,	
QL0	eithe	er with	an adu	Ilt or by th	emselv	<b>/es?</b> ('Reading ac 'Mark <u>one per child</u>	tivities' fo	r younger	children includes	looking at books.)	
	<u> </u>	iot ilici	uue Wi		nutes. (		IJ.				
		Less th	an 10	11-20		21-40	More th	han 40			
Child	Α		]								
Child	В		]								
			7								

No Yes Can't remember  W'is a fungus that causes black marks that appear and re-appear, around bicsows, skirting boards, a childings in the room where your child sleeps at night? This does not include the inside of cupboards or wardrobes. (Mark one per child)  No Yes Don't know  No Yes Don't know  No Child A Child B Child C Reverse-cycle air conditioner  Central / ducted heating  Protable electric fan heater  Fan (ceiling or pedestal)  Bar heater  Open fireplace — wood  Open fireplace — wood  Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater  (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Other  Or you, or does anyone in this household smoke indoors? (Mark one only)  No Yes	What I			1	1			
Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  A	(Mark <u>a</u>	ill that apply, on eac	ch line)	No	Child A	Child B	Child C	
Tiles or slate			Carpet or rug					
Tiles or slate Polished concrete Vinyl, vinyl tiles or lino Other  Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  No Yes Can't remember  A			Wood	$\perp \perp \perp$	$\perp$			
Polished concrete Vinyl, vinyl tiles or lino Other  Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  A			Laminate					
Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  A			Tiles or slate	$\perp$	$\perp$	$\underline{\hspace{1cm}}$		
Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  No		Polis	shed concrete					
Were any renovations undertaken in the home where you were living, during your pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  A		Vinyl, vin	nyl tiles or lino					
Pregnancy with, or in the first 12 months of this child's life? (Mark one per child)  No Yes Can't remember  B			Other					
No		ancy with, or in	the <u>first 12 m</u>	onths of this	child's life			
Are any of these methods used to heat or cool the room where your child sleeps at night?  (Mark all that apply, on each line)  Reverse-cycle air conditioner  Central / ducted heating  Portable electric fan heater  Fan (ceiling or pedestal)  Bar heater  Open fireplace – wood  Open fireplace – coal  Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning  unit  Flued gas heater  (attached to a flue or chimney and burns gas that comes from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the wall or floor, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)	Thinki ceiling	ng about the <u>pa</u> Is in the room w Doards or wardro	ist two weeks here your ch bes. (Mark <u>on</u> e	s, has there b illd <u>sleeps at</u> e per child)	een mould night? This	or mildew on	the walls or	g boards, ar
Are any of these methods used to heat or cool the room where your child sleeps at night?  (Mark all that apply, on each line)  Reverse-cycle air conditioner  Central / ducted heating  Portable electric fan heater  Fan (ceiling or pedestal)  Bar heater  Open fireplace – wood  Open fireplace – coal  Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning  unit  Flued gas heater  (attached to a flue or chimney and burns gas that comes from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the wall or floor, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)				L				
Are any of these methods used to heat or cool the room where your child sleeps at night?  (Mark all that apply, on each line)  Reverse-cycle air conditioner Central / ducted heating Portable electric fan heater Fan (ceiling or pedestal) Bar heater Open fireplace – wood Open fireplace – coal Closed fireplace (combustion stove) Electric oil, column or fin heater Hydronic, under floor heating Window air conditioning unit or portable air conditioning unit Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle) Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle) Other  Do you, or does anyone in this household smoke indoors? (Mark one only)								
Portable electric fan heater Fan (ceiling or pedestal) Bar heater Open fireplace – wood Open fireplace – coal Closed fireplace (combustion stove) Electric oil, column or fin heater Hydronic, under floor heating Window air conditioning unit or portable air conditioning unit Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle) Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle) Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		ny of these meth	hods used to	heat or cool	the room w	here your ch	ild sleeps at n	night?
Fan (ceiling or pedestal)  Bar heater  Open fireplace – wood  Open fireplace – coal  Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	ch line)	IK	No		_	
Bar heater Open fireplace – wood Open fireplace – coal Closed fireplace (combustion stove) Electric oil, column or fin heater Hydronic, under floor heating Window air conditioning unit or portable air conditioning unit Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle) Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle) Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	ch line)  Reverse-t	cycle air condi	itioner		_	
Open fireplace – wood Open fireplace – coal Closed fireplace (combustion stove) Electric oil, column or fin heater Hydronic, under floor heating Window air conditioning unit or portable air conditioning unit Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle) Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle) Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	ch line)  Reverse-c	cycle air condi	itioner ====================================		_	
Open fireplace – coal  Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	Reverse-c Cent	cycle air condi tral / ducted he e electric fan h	itioner eating eneater		_	
Closed fireplace (combustion stove)  Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	Reverse-c Cent	cycle air condi tral / ducted he e electric fan h n (ceiling or pec	eating eneater destal)		_	
Electric oil, column or fin heater  Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	Reverse-c Cent Portable	cycle air condi tral / ducted he e electric fan h n (ceiling or ped Bar h	neater  Note that the state of		_	
Hydronic, under floor heating  Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		_	Reverse-Cent Portable Fa	cycle air condi tral / ducted he e electric fan h n (ceiling or per Bar h en fireplace –	eating eater destal) neater wood		_	
Window air conditioning unit or portable air conditioning unit  Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes		II that apply, on eac	Reverse-c Cent Portable Fa	cycle air conditional / ducted here electric fan here (ceiling or per Bar hen fireplace -	itioner eating eating destal) eater wood e- coal		_	
Interest of the second		II that apply, on eac	Reverse-c Cent Portable Fa Op	cycle air condition / ducted here electric fan here Bar here fireplace - pen fireplace - ce (combustion	itioner eating eating heater destal) heater wood coal stove)		_	
Flued gas heater (attached to a flue or chimney and burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle)  Unflued portable gas heater (not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes	(Mark <u>a</u>	Il that apply, on each	Reverse-control Reverse-contro	cycle air condition / ducted here electric fan here electric fan here en fireplace - pen fireplace - pen fireplace - ce (combustion column or fin here en fin here electric el	itioner eating eating eater wood coal stove) eating		_	
(not attached to a flue or chimney and either burns gas from a gas outlet in the floor or wall, or from a gas bottle)  Other  Do you, or does anyone in this household smoke indoors? (Mark one only)  No  Yes	(Mark <u>a</u>	Il that apply, on each	Reverse-control Reverse-contro	cycle air condition / ducted here electric fan here electric fan here en fireplace - pen fireplace - pen fireplace - ce (combustion column or fin here en fin here electric el	itioner eating eating eater wood coal stove) eating eating		_	
Do you, or does anyone in this household smoke indoors? (Mark one only)  No Yes	(Mark <u>a</u>	ow air conditioning	Reverse-control Reverse-contro	eycle air conditional / ducted here electric fan han (ceiling or per Bar han (ceiling or per Bar han fireplace - pen fireplace	itioner eating eating eater wood coal stove) eating ioning unit neater from a bottle)		_	
Do you have a dog or cat that spends time both inside and outside the home? (Mark one only)	Wind	ow air conditioning ded to a flue or chim gas outlet in	Reverse-occupance of the wall or floor occupance or the wall or floor occupance or the wall or floor occupance of the wall occupance occupance of the wall occupance occup	eycle air condition of ducted here electric fan here fireplace - pen fireplace	itioner eating eating eater wood coal stove) eating unit neater from a bottle)		_	
,	Wind (attach (not a	ow air conditioning as outlet in gas outlet in	Reverse-occupance of the wall or floor or wall on the floor or wall one in this house the wall or wall	eycle air conditional / ducted here electric fan here electric fan here fireplace - pen firepl	itioner eating neater destal) neater wood coal stove) neater eating ioning unit neater from a bottle) neater from a bottle) Other	Child A	Child B	

Q35	In t	he <u>pa</u>	ast m	onth,	how of	en woul	d the followi	ing tasks ha	ave been po	erformed in	your house?	
	(Ма	ark <u>on</u>	e on e	ach lii	<u>ne</u> )		Most days	Weekly I	ortnightly	Monthly	Less than monthly	N/A
а					Vac	uuming						
b			Cle	aning	the bath	room/s						
С	Cle	eanin	g the	kitche	en and st	ove top						
d					Moppin	g floors						
е					I	Dusting						
f				V	Vindow o	leaning						
	I											
Q36	Dur	ring t	he <u>pa</u>	ast ye	ear, were	any pro	ofessional p	est treatme	ents used i	n or around	d your home? (Mark	k <u>one only</u> )
	Y	'es		]		No		Not	sure			
Q37							often do you spiders? (M			sticides to t	reat	
	шуп	ııy ııı	36013	s, cia	_	aily	Spiders: (M	iark <u>orie oriiy</u> )				
				2-3 ti	mes a w	•				4.4		
					once a w						-	
					nes a mo		$\Box$					
			•		nce a mo		$\Box$			1 1		
		ı	ess tl		nce a mo		$\Box$					
			.000 11	iai. c		ever	$\Box$					
Q38	Doe	es yo	ur ch	ild's	birth fat	her usua	ally live with	him / her?	(Mark one pe	er child)		
				Yes,			Yes,		No/			
Chil	4 V	al	l or m	ost of	the time	S	ome of the tim	<b>1e</b>	Not applica	ible		
Chil				H								
Chile												
Orini	u 0											
Q39	Apa	art fro	om C	hild A	, В, С <b>, а</b>	re there	any other c	<u>hildren</u> (age	ed under 18	3 years) <b>livi</b> i	ng with you	
_0,	• '		part	of the	time)?		only)					
		No	L	J	Y I	es		If Yes, p	lease ente	r their deta	ils below	
	Υ	ear c	of birtl	h	Se	ex:		F	Relationship	to you:		
					M	F	Birth child	Step child	l Adopte	ed Fost	er Other	
1	Y	Y	Υ	Υ								
2	Υ	Υ	Υ	Υ								
3	Υ	Υ	Υ	Υ						Г		
4	Υ	Υ	Υ	Υ								
	Y	Y										
5		Y		V								
			Y	Υ								
6	Υ	Υ	Υ	Υ								
6 7												
	Υ	Υ	Υ	Υ								
7	Y	Y	Y	Y								

## Infant feeding

[all ages]







Was this chi	1	prematu	rely ( <u>4</u>	or more wee		the due da <b>'es, numbe</b>		le.		
(Mark <u>one per c</u>	hild)	No		Yes	,,,	weeks pr		ie.		
Chi	ld A						weeks			
Chi	ld B						weeks			
Chil	ld C						weeks			
Note on pre-te	erm birth			nould be an birth will be					ther than	n adjusted
'Breast milk' inc	ild <u>ever</u> ı	bank (as	well as	feeding di milk?	rectly fro	m the brea	ast).	1		milk
(Mark <u>one per c</u>		Never		Yes, and	still	Yes.	and stop	ped recei	vina	
Chi	ld A		'	eceives bre	astmirk		y breastr		nonths	
Chi	ld B							n	nonths	
Chil	ld C							n	nonths	
Include pre-te Exclude milks Exclude any ir  Has your ch	suitable nfant forn ild <u>ever</u>	for childr nula prod drunk ar	formulen age ucts co	d 12 month ombined wi nt formula	n formulans or more th solid for	, soy forme, such as bood, such	s toddler as cerea	milk drin al.	ks.	
(*Write age in (Mark one per c			if your o	cniia was 3 ½	½ montns, <b>Ye</b>		iess than	1 montn,	enter 0)	
		Never		child first			a at age*			
	ld A						months			
	ld B						months			
Chil	ld C						months			
Has your ch (*Write age in	ild <u>ever</u> whole mo	onths, e.g.	if your o	, 'growing child was 12 ddler milk, age	½ months	step 3' mi s, enter '12 Still drinks oddler mil	)		<u>apply,</u> pe d toddler at age*	,
Child A					nths					months
Child B				mo	nths			]	1	months
Child C				mo	nths			1	,	months

**'Solids, semi-solid or complementary foods'** are foods such as cereal, baby foods, or table food.

Q44	At what age did your child start eating s	solids, semi-solid or co	mplementary food?	
	*Write age in <u>whole</u> months, for each child, e.g. if your child was 5 ½ months, enter '5')	Child A	Child B	Child C
а	Started at age*:	M M	M M	M M
а	N/A, hasn't started yet			
b	What was the very first complementary	or solid food you intro	duced?	
	(Mark one only, per applicable child)	Child A	Child B	Child C
	Cow's milk			
	Other milk (e.g. soy, rice, goat's milk)			
	Other dairy foods (e.g. yoghurt, cheese, ice cream)			
	Other soy foods (e.g. tofu, frozen soy drinks)			
	100% fruit or vegetable juice			
	Sweet drinks (e.g. juice drinks, soft drinks, sweet tea, cordial)			
	Baby cereal			
	Other cereals and starches (e.g. breakfast cereals, pasta, rice, breads, rusks, teething biscuits, crackers)			
	Fruit			
	Vegetables			
	Hot chips/ French fries			
	Meat, chicken or combination dinners			
	Fish or shellfish			
	Peanut butter, other nuts or nut foods			
	Eggs			
	Sweet foods (e.g. lollies, biscuits, cake)			
	Can't remember			
	Other, please specify			

**'Exclusive breastfeeding' means that an infant receives only breastmilk**, which includes expressed breastmilk. The infant might also receive medications and vitamins or minerals, as required, but <u>not</u> other liquids, solids or semi-solid foods.

			Child A	Child B	Child C
Q45	Was	s your child exclusively breastfed up to 6 months of age until now, if less than 6 months old)?	Yes No	Yes No	Yes No
	•	rk <u>one per child</u> )			
If No fo	or any	child, please answer items a-ac below	es for <u>all</u> child	dren. ➡ ao to	next page
	Wha	t were the reasons your child received infant formula or other	<u> </u>	, y go to	nom page
	food	(instead of, or in addition to breastmilk) before 6 months of age?  (Mark all that apply on each line)		0	0
	а	(Mark <u>all that apply</u> on each line)  Not enough breast milk for child	Child A	Child B	Child C
		Child lost interest in breastfeeding			
	b	Child was old enough to stop breastfeeding			
	c d	Baby was unsettled			
	e	Child was not attaching properly			
	f	Return to work			
	ď	Breastfeeding was too painful			
	g h	It was time for child to have other foods			
	ï	Expressing milk to feed child was too hard			
	i	Child was biting			
	k	Medical reasons for child			
	ı	Medical reasons for mother			
	m	Mastitis			
	n	My baby seemed hungry a lot of the time			
		(Mark all that apply on each line)	Child A	Child B	Child C
	0	My baby was not gaining weight			
	р	My baby was nursing too much			
	q	Infant formula is as good as breast milk			
	r	Previous unsuccessful experience with breastfeeding			
	S	So my partner could share feeding			
	t	My partner preferred I didn't breastfeed			
	t u	My partner preferred I didn't breastfeed  Convenience / flexibility			
	t u v				
		Convenience / flexibility			
	V	Convenience / flexibility  I was not breastfed as a baby			
	v w	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public			
	v w x	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change			
	v w x y	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change  I wanted my baby to sleep longer at night  My baby wanted the food I ate, or showed an interest in solid food  I wanted to feed my baby something in addition to breast milk			
	v w x y	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change  I wanted my baby to sleep longer at night  My baby wanted the food I ate, or showed an interest in solid food			
	v w x y z aa ab	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change  I wanted my baby to sleep longer at night  My baby wanted the food I ate, or showed an interest in solid food  I wanted to feed my baby something in addition to breast milk  A doctor or health professional said my baby should start eating			
	v w x y z	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change  I wanted my baby to sleep longer at night  My baby wanted the food I ate, or showed an interest in solid food  I wanted to feed my baby something in addition to breast milk  A doctor or health professional said my baby should start eating solid foods			
	v w x y z aa ab	Convenience / flexibility  I was not breastfed as a baby  I would not / did not feel comfortable breastfeeding in public  I did not want the shape of my breasts to change  I wanted my baby to sleep longer at night  My baby wanted the food I ate, or showed an interest in solid food  I wanted to feed my baby something in addition to breast milk  A doctor or health professional said my baby should start eating solid foods  Other reason, please specify			

## Diet

[all ages; except babies who have not commenced solid foods]







## Questions on this page are about the past 24 hours

Q46	Please mark how often your child had the	following food	/ drink	citems in th	e <u>past 2</u>	4 hours		
	(Mark <u>one per child,</u> for each item)		Nil	Once	Twice	3 times	4 times	5+ times
	Bread and grain (cereal) foods (e.g. rice,	Child A						
а	pasta and natural, unsweetened cereals)  Do not include cakes, biscuits, high fat crackers	Child B						
a	(e.g. Shapes <sup>™</sup> ) pies, pastries or highly processed 'snack' foods	Child C						
	Meat and poultry (e.g. chicken), fish and	Child A						
b	eggs	Child B						
	<u>Do not include</u> processed meats (e.g. ham, bacon, sausages) or fast food	Child C						
		Child A	一一					
С	Non-meat alternatives	Child B	$\neg \neg$		$\overline{}$			
	(e.g. tofu, nuts and seeds)	Child C						
		Child A	금		H			
اء	Fruit juice / fruit drink							
d	Fruit juice / truit attitk	Child B						
		Child C	屵					
		Child A						
е	Water	Child B						
		Child C						
	Full cream / full fat milk	Child A						
f	(including flavoured milk) as a drink or on cereal	Child B						
	as a drink or on cerear	Child C						
	(Mark one per child for each item)					0.45		
	, <u> </u>	Child A	INI	Once	Twice	3 times	4 times	5+ times
_	Reduced fat milk (including flavoured milk)	Child B						
g	as a drink or on cereal							
		Child C	井					
L	Chassa and / an abassa annuada	Child A						
h	Cheese and / or cheese spreads	Child B	_					
		Child C	ᆛ					
		Child A						
i	Regular yoghurt / custard	Child B						
		Child C	ᆜ					
		Child A						
j	Reduced fat / low fat yoghurt / custard	Child B						
		Child C						
	Vegetables (raw or cooked)	Child A						
k	e.g. salad in sandwich and vegetables for dinner	Child B						
	is twice	Child C						
	Fruit (fresh, canned, stewed or dried)	Child A						
I	e.g. juice at breakfast and afternoon tea and apple	Child B						
	at lunch is 3 times	Child C						
Q47	In the past 24 hours (Mark one per child, for each item)		0	1	2	3	4	5+
	, ,	Child A						
а	how many different vegetables (raw or	Child B						
a	cooked) has your child had?	Child C						
L	how many different fruits (fresh, canned,	Child A						
b	stewed or dried) has your child had?	Child B						
		Child C						

## <u>Please note change of time frame</u>: Questions on this page are about the <u>past 7 days</u>

Q48	Please mark how often your	child had the fo	ollow	ing food /	drink items	s in the <u>pa</u>	st 7 days		
	(Mark one per child, for each item)		Nil	Once	Twice	3 times	4 times	5 times	6+ times
		Child A							
а	Peanut butter or Nutella™	Child B							
		Child C							
	Pre-sugared cereals	Child A							
b	(e.g., Coco Pops™, Fruit Loops™) or sugar added to	Child B							
	cereal	Child C							
	Sweet biscuits, cakes,	Child A							
С	muffins, doughnuts or fruit	Child B							
	pies	Child C							
	5	Child A							
d	Potato chips / crisps or savoury biscuits	Child B							
	,	Child C							
		Child A							
е	Lollies, muesli or fruit bars	Child B							
		Child C							
	01	Child A							
f	Chocolate (bar / block / coated biscuits)	Child B							
		Child C							
	(Mark one per child, for each item)			0			Admin	E 41	0
		Child A	Nil	Once	Twice	3 times	4 times	5 times	6+ times
а	Soft drink / cordial (not diet varieties) including juice	Child B							
g	drinks if <u>not</u> 100% juice	Child C							
		Child A							
h	Ice-cream / ice-blocks	Child B	T						
••	ioo oraam, ioo biooka	Child C							
		Child A							
i	Cheese and / or cheese	Child B	万						
•	spreads	Child C	T						
		Child A		$\overline{}$					
i	Pie, pasty or sausage roll	Child B	$\overline{}$					$\overline{}$	
,	, p	Child C	Ä	$\overline{}$					
		Child A	一一					$\overline{}$	
k	Pizza	Child B	H					$\overline{}$	
		Child C	$\overline{\Box}$						
		Child A	一一						
ı	Hot chips or French fries	Child B	$\overline{\Box}$	$\overline{}$	$\overline{}$		$\overline{}$	$\overline{}$	
	,	Child C	一						
	Hot dog / sausages /	Child A							
m	processed meats	Child B							
,	(e.g. ham, bacon, fritz / devon, salami)	Child C	$\overline{\Box}$						
	·	Child A							
n	Takeaway (e.g., McDonalds™, KFC™,	Child B							
	Fish'n'Chips / Chicken Shop)	Child C							
	•								
Q49	In the <u>last week</u>								
	(Mark one per child for each item)		0	1	2	3 4	5	6	Every day
	on how many days did	Child A							
а	your child have some	Child B							
	vegetables (raw or cooked)?	Child C							
	on how many days did	Child A							
b	your child have <u>some</u> fruit (fresh, canned, stewed, or dried, <u>excluding</u> juice)?	Child B							
		Child C							

#### Thanks! You have now completed Section One ------

Sections Two and Three only apply to certain ages.

Please leave Child A, Child B or Child C blank, if they are not in the applicable age range.

# Section Two (a)





aged under

		Q50 to Q53 apply	to ages <u>und</u>	<u>er 5 :</u>	years	S ONLY		under 2 years	2 - 4 years	5, go to Q64, p.23	3
Q	50	Which children are a	aed under 5	vear	s?						
		Child A	ONLY ans			ction					
		Child B	for ma								
	(	Child C		•							
											_
		Parenti	ng young ch	nildre	en				i i		
		[u	nder 5 years	]				under 2 years	2 - 4 years		
	•	The next questions are ab There are no right or wron						owe on child	rooring		
0	=4	_	ig aliswers. We	ale ji	ust asi	King about	i parents vi	ews on crilic	Always /		
Q	51	How often do you?					Some-		almost		
		(Mark <u>one per child under 5 years</u>	, for each item) Child A		ever	Rarely	times	Often	always		
	a	express affection by hugg	ing, Child E								
	4	kissing and holding your o	Child C								
			Child A								
ı	b	hug or hold this child fo particular rea		3							
		particular rea	Child C								
			Child A	١							
(	0	tell this child how happy she makes		3							
			Child C	) 1							
		have warm / close tir	Child A								
•	d	together with this c	child Child E								
			Child C								
		enjoy doing things with	Child A								
•	9		child								
			Child C								
		feel close to this child t									
1	ſ	when he / she is happy and w he / she is up									
			Crilla C	,							
Q	52	Now, thinking about the <u>las</u> with this child?	st 4 weeks, how	/ muc	h do t	hese stat	ements de	scribe how	you have b	een feelir	ıg
		(Mark <u>one per child under 5 yea</u>	rs for each item)	Not at all	< -					-> All the	
			Child A	1	2	3	4 5	6 7	′ 8 ¬	9 1	ე ე
	а	I have been angry with this	Child B						] [		_   
•	<b>a</b>	child	Child C								4
			Child A	H							4
ı	b	I have raised my voice with	Child B								ĺ
•	_	or shouted at this child	Child C								j
			Child A								5
(	<b>C</b>	When this child cries he / she gets on my nerves	Child B								٥
		Sile gets on my herves	Child C								7

Child A

Child B Child C

Child A

Child B

Child C

I have lost my temper with this child

I have left this child alone in

his / her bedroom when he /

she was particularly irritable

or upset

d

е

# Active play

[under 5 years]



	'Activ	e play'						child does cooter, s						e walking s.	ı, runnir	ng,
Q53	Think a							ends in	active	play	each c	lay.				
а	Ove many da total of	ays did	your	child s <u>urs</u> pe		Chil	d A d B	N/A iill a baby)	0 days	1 da	2 y da; ] [ ] [		days	5 days	6 days	7 days
b	how n	nany da I a total	ays do of at	es yo least	reek, on our child 3 hours re play?	Chil	d A d B	N/A ill a baby)	0 days	1 da	y day		4 days	s days	6 days	7 days
	(	254 to	o Q6				o (b) under	2 years	S ONL	_Y		under	2 years	aged	no child I under 2 to Q64, p.23	2,
Ch	Which ild A ild B ild C	child	dren	are	ON	LY answ for <u>mark</u>	ver this ked child	Section			te that S n Two (a		vo (b) m	ay also inc	lude chi	ildren
<b>Q</b> 55	How m	u <b>ch tin</b> me_in ho	ne do urs an	es yo	our child' our child	d spend	during	the pase; ep: ars, to the	neares	st 15 m	ins, e.g. h <b>e DAY</b>	. 08:15)	2 years			
		(betv	veen 7	in the	evening orning)			(	betwee and	en 7 in 7 in the	the more evening	rning g)				
Chi	ild A	Н	Н	M	M			Н	Н	M	M					
Chi	ild B	Н	Н	M	M			Н	Н	M	M					
Chi	ld C	Н	Н	M	M			Н	Н	M	M					
Q56	Night w	Ave night	erage wakir		r night:	(fr	rom 10 in	h time du n the eveni wer in hou	ng to 6	in the	mornin	g) <b>?</b>	-	l in wakefu	ılness	
	ild A				<del>-</del> ,	ľ		Н	Н	M	M		ŕ			
Ch	ild B							Н	Н	M	M					

Child C

Н

M

M

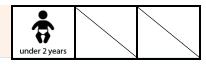
O57 How long does it take to put your baby / child to sleep in the evening?

(Write answer in hours and minutes, per child under 2 years, e.g. 0 hrs 30 mins)

Child A	Н	Н	M	M	
Child B	Н	Н	M	M	
Child C	Н	Н	M	M	

#### Childhood problems

(ages under 2 years)



Here is a list of things that might be a problem for your child.

Please tell us how much of a problem each one has been for your child during the past ONE month by marking:

- 0 if it is never a problem
- 1 if it is **sometimes** a problem
- 3 if it is often a problem
- 4 if it is almost always a problem

There are no right or wrong answers.

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Q58

#### Pages 18-21

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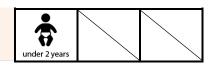
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   <a href="http://raisingchildren.net.au/articles/hotlines.html">http://raisingchildren.net.au/articles/hotlines.html</a>
- Your General Practitioner can also advise you about the best person to talk to
- If you are feeling distressed <u>right now</u>, you can always talk to someone at Lifeline: 13 11 14 (local call)

(ages under 2 years)



#### Here is a list of things that might be a problem for your child.

Please tell us how much of a problem each one has been for your child during the past ONE month by marking:

- **0** if it is **never** a problem
- 1 if it is **sometimes** a problem
- 3 if it is often a problem
- 4 if it is almost always a problem

There are no right or wrong answers.

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Q58

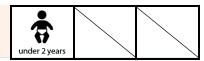
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(ages under 2 years)



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Q58

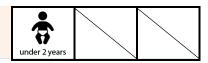
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(ages under 2 years)



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Q58

Pages 18-21

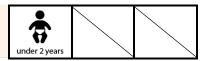
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## Personality

[under 2 years]



Q <b>63</b>	These questions are about your child's describes your child at the present time	s general pe <u>e</u> .	rsonality.	Please	mark the a	answer v	hich best	
	(Mark one per child under 2 years, for each item)		Almost Never	Not often	Variable, usually does not			Almost Always
	This baby is pleasant (smiles, laughs)	Child A						
а	when first arriving in unfamiliar places	Child B						
	(friend's house, shop)	Child C						
		Child A						
b	This baby stays still during procedures like hair brushing or nail cutting	Child B						
	into thair bracking or thair cataing	Child C						
	This baby makes happy sounds (coos,	Child A						
С	smiles, laughs) when being changed or	Child B						
	dressed	Child C						
		Child A						
d	This baby is fretful on waking up and / or going to sleep (frowns, cries)	Child B						
	gg	Child C						
		Child A						
е	This baby's first reaction (at home) to approach by strangers is acceptance	Child B						
	approach by change to a coop tames	Child C						
	This baby accepts regular procedures	Child A						
f	(hair brushing, face washing etc) at any	(hair brushing, face washing etc) at any time without protest						
	time without protest	Child C						
	(Mark one per child under 2 years, for each item)		Almost	Not	Variable, usually	Variable, usually		Almost
	(Mark one per child under 2 years, for each item)	Child A	Almost Never	Not often			Frequently	
	This baby amuses self for ½ hour or	Child A	Almost Never		usually	usually		
g		Child B	Almost Never		usually	usually		
g	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)	Child B Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a	Child B Child C Child A	Almost Never		usually	usually		
g h	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)	Child B Child C Child A Child B	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath	Child B Child C Child A Child B Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail	Child B Child C Child A Child B Child C Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game,	Child B Child C Child A Child B Child C Child A Child B	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail	Child B Child C Child A Child B Child C Child A Child B Child B Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of	Child B Child C Child A Child B Child C Child A Child B Child C Child B Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc	Child B Child C Child A Child B Child C Child A Child B Child C Child A Child C Child B	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing	Child B Child C Child A Child B Child C Child A Child B Child C	Almost		usually	usually		
h i	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing	Child B Child C Child A Child C	Almost Never		usually	usually		
	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing	Child B Child C Child A Child B Child C Child B Child C Child B	Almost Never		usually	usually		
h i	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing  This baby's first reaction to seeing a doctor or infant welfare sister is	Child B Child C Child A Child B Child C Child B Child C Child B Child C Child A Child C	Almost Never		usually	usually		
h i	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing  This baby's first reaction to seeing a doctor or infant welfare sister is acceptance (smiles, coos)	Child B Child C Child A Child B Child C Child B Child C Child B Child C Child A Child C Child A	Almost Never		usually	usually		
h i	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing  This baby's first reaction to seeing a doctor or infant welfare sister is	Child B Child C Child A Child B	Almost Never		usually	usually		
h i	This baby amuses self for ½ hour or more in cot or playpen (looking at mobile, playing with toy etc)  This baby accepts within a few minutes a change in place of bath or person giving the bath  This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing etc  This baby continues to cry in spite of several minutes of soothing  This baby's first reaction to seeing a doctor or infant welfare sister is acceptance (smiles, coos)	Child B Child C Child A Child B Child C Child B Child C Child B Child C Child A Child C Child A	Almost Never		usually	usually		

Thanks! You have now completed Section Two ------

## Section Three (a)

Q64 to Q84 apply to ages 2 years and over ONLY

If no child aged 2 or over, go to Q85, p.32





Which children are aged 2 years and over?

Child A	ONLY answer this Section
Child B	for <u>marked</u> children*
Child C	•

\* Please note that Section Three (a) may also include children from Section Two (a).

#### Childhood problems

[ages 2 years and over]



Here is a list of things that might be a problem for your child.

Please tell us how much of a problem each one has been for your child during the past ONE month by marking:

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Q65

Pages 23-24

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[ages 2 years and over]



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Q65

Pages 23-24

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#### Sleep

[ages 2 years and over]



The following statements are about your child's sleep habits and possible difficulties with sleep.

Your child's <u>usual</u> bedtime: (For <u>each child 2 years and over</u>, please write time in hours and minutes to the nearest 15 mins, e.g.08:00 pm)

Think about the **most recent typical week** when you answer the questions.

Q6**9** 

• Unless noted, mark '*Usually*' if something occurred 5 to 7 times a week, '*Sometimes*' if it occurred 2 to 4 times a week, '*Rarely*' if it occurred once, and '*Never*' if it did not occur.

	- on weeknights						- on weekends							
	Child A	Н	Н	M	M	pm		Н	Н	M	M	pm		
	Child B	Н	Н	M	M	pm		Н	Н	M	M	pm		
	Child C	Н	Н	M	M	pm		Н	Н	M	M	pm		
Q <b>70</b>	During	the m	nst rec	ent tyr	nical w	eek ma	rk hov	v often:						
Q10								. 0110111		Rarely	Som	etimes	Usually	
	(Mark o <u>ne</u>	per chi	ld 2 yea	rs and c	<u>ver</u> , for	each iter	n)	Neve	r	1/week		/week	5-7/week	
	Varia ala	مرمين لما:	44- 6	1 -4 41		С	hild A							
а	Your ch	iid wen	tim	i at the e every	night	С	hild B							
				·	Ū	С	hild C							
	V	امائمام سن	fall aal		h: 20	С	hild A							
b	YOU	ar chila minute	fell asle es after	going 1	to bed	С	hild B							
						С	hild C							
	Vourse	مناط فماا	ممامم	alana i		С	hild A							
С	Your ch	ilia ieli	asieep	alone	bed	С	hild B		-					
							hild C							
						C	hild A							
d	Your	child fe	ell aslee			С	hild B							
			Oi	sibling	s beu	C	hild C							
	V	سلمائمام س			in the	c	hild A							
е	You	r chila r	needed room	to fall a	in the asleep	C	hild B							
					4	C	hild C							
	Vou	r obild .	atri i a al a	d at be	altino o	C	hild A							
f	(cried	, refuse	struggle ed to sta	ay in be	d etc)	С	hild B							
	•					С	hild C							
	(Mark o <u>ne</u>	per chi	ld 2-12	<u>vears</u> , fo	or each i	tem)				Rarely		etimes	Usually	
						C	hild A	Neve	r	1/week	2-4	/week	5-7/week	
g	Your	child w	as afrai	d of sle			hild B							
9					alone		hild C							
							hild A	H						
h	You	felt vou	ır child :	slept to	o little		hild B							
••		, , , , , ,					hild C						$\overline{}$	
							hild A	一一		$\overline{}$				
i	You f	elt you	r child s				hild B			Ä				
-				ar	nount		hild C			H				
							hild A							
i	Your	child s	lept ab	out the	same		hild B							
,			amo	unt eac	n day		hild C							
							hild A							
k	Your ch	nild twit					hild B							
••			1	alling a	sieep		hild C							
		,					hild A							
1	Y viol	our chi ently d	ld twitcl uring th	ned or j e niaht	erked when		hild B							
-		, <u></u>	<u> </u>		sleep		hild C							

Q <b>71</b>	During	the <u>m</u>	ost rec	ent typ	oical w	<u>eek</u> , mark	hov	w often	:					
	(Mark o <u>ne</u>	per ch	ild 2 yea	rs and c	over, for	each item)		Neve		rely veek		times week	Usua 5-7/w	
	Your chi	ild was				Chi	ld A				_ [			]
а	(chan	ned no	lots sitions,	during	sleep	Chi	ld B		[					
	(Oriani	god po	oitions,	unow c	off)	Chil	d C		[					
						Chi	ld A		[					
b	Your child talked during sleep					Chi	ld B		[					
						Chil	d C		[					
	.,					Chi	ld A		[					]
С	Yo		d moved bed du			Chi	ld B		[					]
				3	. 5	Chil	d C		[					
				.,		Chi	ld A		[					]
d	Your ch	iila bre ne nigh	atned n nt (but c	leavily of	auring snore)	Chi	ld B		[					]
		Ū	`		,	Chil	d C		[					
						Chi	ld A		[					
е		Your c	hild cur	rently s	nores	Chi	ld B		[					
						Chil	d C							
						Chi	ld A				L			
f	Your c	snores	loudly	Chi	ld B									
					Chil		ᆜ	ا	_					
	Your child snorted and / or gasped during sleep					_	ld A		l					
g							ld B		l					
						Chil	d C	Ш						
	(Mark o <u>ne</u>	each item)		Neve		rely veek		etimes week	Usua 5-7/w					
	Varia shild walta divisa the scient			Chi	ld A									
h	Your child woke during the night screaming, sweating or was				Chi	ld B								
	inconsolable					Chil	d C							
						Chi	ld A							
i	Yo	ur child	d woke frigh	alarme	d by a	Chi	ld B		[					
	frightening dream					Chil	d C	V	[					
	Your child woke during the night for a reason other than a dream					Chi	ld A		[					]
j						Chi	ld B		[					]
			d C		[									
	Vour obi		Chi	ld A										
k	Your child woke in the morning in a negative mood					_	ld B							
						Chil			إ		L		L	
	Your ch	ild had	l difficul	ty aettii	oa out		ld A		[		L		L	
ı	Tour Ci		of bed in				ld B		l		L			
						Chil		ᆜ		_	Ļ		<u> </u>	
	Yo	our chil	d took a	a long ti	ime to		ld A		[		L			]
m	b	ecome	alert in	the mo	orning		ld B		L	4	L			1
						Chil			L	╬	L		<u> </u>	]
	V	اما ممما		ملد المام	_ 4:	_	ld A		[		L	_		]
n	Your chi	iu seer	nea tire	u ali th	e ume		ld B							
						Chil	ld C		l		L		L	J
070-	Write in	the 4	me vo:	ır obile	l nene	lly wakes	un i	n tha w	ornina					
Q <b>72</b>	(For <u>each</u>	i tn <b>e ti</b> h child 2	me yol 2 years a	ar <b>chiic</b> and over	ı u <b>sua</b> l r, please	lly wakes write time	u <b>p II</b> in ho	urs and	minutes	to the i	nearest 1	5 mins,	e.g. 07:	15 am)
			- on we	ekdays					- on wee	kends				
	Child A	Н	Н	M	M	am		Н	Н	M	М	am		
	Child B	Н	Н	М	М	am		Н	Н	M	M	am		
						am						am		
	Child C	Н	H	M	M	am		Н	H	M	M	am		

		Devolu	Somotime -		often your child  Number of the state of the	f minu	t <mark>es the</mark> e time i	<mark>nap us</mark> ı n hours	ually lasts: and minutes to
	Never	Rarely 1/week	Sometimes 2-4/week	Usually 5-7/week	the nearest 15 mi				
Child A						Н	M	M	
Child B						Н	M	M	
Child C						Н	M	M	
Your	child's ı	ısııal amoun	it of sleen ea	ach day (co	mbining night ti	me sle	en and	d nans	١-
(Mark	o <u>ne per ci</u>	hild 2 years an	d over)		15 mins, e.g. '10 hrs		-	. паро	,.
Child A	Н	H M	M		ro nimio, oigi ro nii	,	,		
Child B	Н	н м	M						
Child C	Н	н м	M						
Does	s vour cl	hild currently	v wet the be	d (or a nigh	nt nappy)?		A		
(Mark	o <u>ne per c</u>	hild currently hild 2 years an	id over)	Yes:		<b>I</b> f	Yes, h	as chil	d ever experie
	No			ore than			a dry	period	l of <u>more than</u> onths?
		Every night		e per week not nightly	Less than once per week			es	No
Child A									
Child B									
Child C  Does	s your cl	nild sleepwa	<b>lk?</b> (Mark o <u>n</u> e	e per child 2-	12 years)				
_	s your ch		M	Yes:	•				
_		Almost nightly	lM once	Yes:	12 years)  Less than once per month	1			
<b>Does</b> Child A		Almos	lM once	Yes: ore than e per month	Less than	n			
Does Child A Child B		Almos	lM once	Yes: ore than e per month	Less than	n			
<b>Does</b> Child A		Almos	lM once	Yes: ore than e per month	Less than	1			
Does Child A Child B		Almos	lM once	Yes: ore than e per month	Less than				
Does Child A Child B Child C	No No	Almosinightly	once but	ves: ore than e per month not nightly  uring the ni	Less than once per month				
Child A Child B Child C  Does	No Syour chat pyjam	Almost nightly	cessively dus need to be	ves: ore than e per month not nightly  uring the ni	Less than once per month				
Child A Child B Child C  Does	No Syour chat pyjam	Almosinightly	cessively dus need to be	ves: ore than e per month not nightly  uring the ni	Less than once per month	n			
Child A Child B Child C  Does	No Syour chat pyjam	Almosinightly	cessively dus need to be	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than	Less than once per month				
Child A Child B Child C  Does	your chat pyjam	Almosinightly	cessively dus need to be	ves: ore than a per month not nightly uring the ni changed /	Less than once per month				
Child A Child B Child C  Does	your chat pyjam	Almosinightly  illd sweat expans an shild 2 years an	cessively dus need to be	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week	Less than once per month				
Child A Child B Child C Does so that (Mark) Child A Child B	your chat pyjam	Almosinightly  illd sweat expans an shild 2 years an	cessively dus need to be	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week	Less than once per month				
Child A Child B Child C Does so that (Mark	your chat pyjam	Almosinightly  illd sweat expans an shild 2 years an	cessively dus need to be	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week	Less than once per month				
Child A Child B Child C Does so that (Mark) Child A Child B	your chat pyjam	Almosinightly  illd sweat expans an shild 2 years an	cessively dus need to be	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week	Less than once per month				
Child A Child B Child C  Does so that (Mark)  Child A Child B Child B Child C	your chat pyjam one per co	Almosinightly  illd sweat expass or sheets whild 2 years and	cessively dus need to be no once	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week not nightly	Less than once per month  ght, washed?  Less than once per week				
Child A Child B Child C  Does so that (Mark)  Child A Child B Child B Child C	your chat pyjam one per co	Almosinightly  illd sweat expass or sheets whild 2 years and	cessively dus need to be no once	ring the ni changed / Yes: Ore than e per week not nightly	Less than once per month				
Child A Child B Child C  Does so that (Mark)  Child A Child B Child B Child C	your chat pyjam one per co	Almosinightly  illd sweat expass or sheets whild 2 years and	cessively dues need to be ad over)  Monco but	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week not nightly  ang sleep (ye years aho'c yes:	Less than once per month  ght, washed?  Less than once per week				
Child A Child B Child C  Does so that (Mark)  Child A Child B Child B Child C	your chat pyjam one per co	Almosinightly  illd sweat expass or sheets whild 2 years and	cessively dues need to be ad over)  Monco but  Monco but	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week not nightly  and sleep (ye e years aho e yes: ore than	Less than once per month  ght, washed?  Less than once per week				
Child A Child B Child C  Does so that (Mark)  Child A Child B Child B Child C	your chat pyjam one per co	Almosinightly  illd sweat expass or sheets whild 2 years and	cessively dus need to be no once on child 2	ves: ore than e per month not nightly  uring the ni changed /  Yes: ore than e per week not nightly  ang sleep (ye years aho'c yes:	Less than once per month  ght, washed?  Less than once per week				

Child C

#### Strengths and difficulties

[2 years and over]



- Please answer this section on the basis of your child's behaviour over the last six months.
- It would help us if you answered <u>all items as best you can even</u> if you are not absolutely certain.

Strengths and Difficulties Questionnaire © Robert Goodman, 2005

Q79

#### Pages 28-29

to Q80 Questions on child behaviour are not available for preview on the Internet due to copyright restrictions. The original questions can be viewed at <a href="http://www.sdqinfo.org/py/sdqinfo/b0.py">http://www.sdqinfo.org/py/sdqinfo/b0.py</a>

The MatCH online survey is accessible to Women's Health Australia participants using your login ID at <a href="http://www.alswh.org.au/match">http://www.alswh.org.au/match</a>.



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Q79

#### Pages 28-29

Q80

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#### Need information or support?

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- If you are feeling distressed right now, you can always talk to someone at Lifeline: 13 11 14 (local

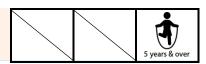
	<b>Section Thre</b> Q81 to Q84 are for ages <u>5 y</u>		<u>er</u> ONL`	Y	c	If no child aged 5 or over, go to Q85, p.32	5 years &
		rs and over answer this Se marked childre	ection	* Please no children froi			(b) may also incl
	<b>Parentin</b> [5 years and	_					5 years & c
Q <b>82</b>	The following are a number of statemer Please rate each item as to how often	<u> </u>	ır child. curs in y	our home.	Some-	3	
а	You let your child know when he / she is doing a good job with something	Child A Child B Child C	Never	never	times	Often	Always
b	You threaten to punish your child and then do not actually punish him / her	Child A Child B Child C					
С	Your child fails to leave a note or to let you know where he / she is going	Child A Child B Child C					
d	Your child talks you out of being punished after he / she has done something wrong	Child A Child B Child C					
е	Your child stays out in the evening after the time he / she is supposed to be home	Child A Child B Child C					
	(Mark one per child 5 years and over, for each i	tem) Child A	Never	Almost never	Some- times	Often	Always
f	You compliment your child after he / she has done something well	Child B Child C					
g	You praise your child if he / she behaves well	Child A Child B Child C					
h	Your child is out with friends you don't know	Child A Child B Child C					
i	You let your child out of a punishment early (like lift restrictions earlier than you	Child A Child B					

Child C

originally said)

## Moderate to vigorous physical activity

[5 years and over]



'Moderate to vigorous physical activity' is any form of physical activity that includes bursts of high energy, raises your child's heart rate, and makes them "huff and puff".

Ω83	Think about the amount of	of time your ch	ild sper	nds in mode	rate to v	igorou	s phys	ical a	ctivity	each	
	Don't include school physic	cal education (F	PE) class	ses. <i>(Mark <u>or</u></i>	ne per child	d 5 years	and ov	er, for	each ite	m)	
а	Over the <u>past 7 days</u> , on ho your child spend a total of at per day in moderate to	least 60 minute	es C al c? C	hild A hild B	1 day	days	3 days	days	5 days	6 day	
b	Over a <u>typical or usual we</u> days does your child spend <u>60 minutes</u> per day in mod	a total of at leas	st C	hild A hild B hild C	1 day	days	3 days	days	days	6 day	
		gns of pub	_								5 years & over
Q <b>84</b>	Have you noticed any of	these signs of	f puberty	y yet?			3				
	(Mark o <u>ne per child 5 years and</u> each item)	lover, for las	not starte	Has barely started	Has defi		Seen				
а	Would you say that your child's growth in height	Child A Child B Child C									
	And how about the growth	Child A									
b	of body hair? ('Body hair' means any place other than head, e.g. underarms)	Child B Child C									
С	Have you noticed any skin changes, especially pimples?	Child A Child B Child C									
	BOYS only										
	(Mark o <u>ne per boy 5 years and over</u> item) Have you noticed a deepening of your son's		las not arted yet	Has barely started	Has defi start	_	Seen compl				
	voice?	Child C									
е	Has your son begun to grow hair on his face?	Child A Child B Child C									
	GIRLS only (Mark one per girl 5 years and over item)		las not	Has barely started	Has defi		Seen compl				
	Have you noticed that your	Child A									
f	daughter's breasts have begun to grow?	Child B									
	begun to grow?	Child C									
			No	Yes	menstr	of first		(me	Da onth) a		(year)
	Has your daughter begun	Child A			(y	ears)		M	M M	Y	
g	to menstruate (started to have her period?) If Yes, please enter age	Child B						M	M	Y	
	and date of <u>first</u> menstrual period	Child C						M	M	Υ	′ Y

## **Section Four**

#### Q85 to Q86 apply to all ages







- We would like your child's measurements.
- You can copy them from your child's <u>health record</u> (if child has recently been measured at a clinic / doctor's visit)
- Otherwise, instructions for measuring your child have been provided ('Measuring your child at home'). You will need bathroom scales and a tape measure (please call 1800 068 081 / email info@alswh.org.au if you did not receive a tape measure).
- Not all measurements are required for all ages.

Q <b>85</b>	Enter your child's me	easurements here: surements for each child, to neares	t 0.1 decimal places e.g. 45.2 cm)									
	` ''	Child A	Child B	Child C								
а	Weight in kilograms	. kg	. kg	. kg								
	<b>OR</b> pounds and ounces	lb oz	lb oz	lb oz								
b	Height OR Length	. cm	. cm	. cm								
С	Head circumference [under 2 years ONLY]	cm	· cm	- cm								
d	Waist circumference [5-12 years ONLY]	cm	· cm	· cm								
е	Measured at (Mark one only)	Home Clinic	Home Clinic	Home Clinic								
f	Date measured	D D M M Y Y	D D M M Y Y	D D M M Y Y								
Q <b>86</b>	Have we missed anything?  If you have anything else you would like to tell us, please write on the lines below.  You may also like to take a moment to check you have not missed any questions or pages.											
		50										









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THE UNIVERSITY OF			
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	a) Consent to	(Mark <u>one only and sign below</u> )											
l u •	Inderstand that: This study involve aged under 13 ye					I agree to take part in the Mothers and their Children's Health Study						No	
•	years (subject to	H is a longitudinal study which will be conducted every 2-3 (subject to ongoing project funding). Survey information e linked with data from the Australian Longitudinal Study					ne:						
•	My privacy, and n all times. All ider data are analysed	ntifying infor				Signature:							
•	My participation is time.	s voluntary a	and I am free to	o discontin	ue at any		Date:	D	D	M	М	Υ	Υ
	b) Consent to	o externa	I record lin	kage			(Mark <u>on</u>	e only	and sig	n belc	<u>ow</u> )		
l u	inderstand that:  My children's reco available) will be l Children's Health	ords from the linked with c ( <b>MatCH</b> ) sto	e following sou lata from the $\hbar$ udy and/or the	irces (if an Mothers an	d their		ildren's LAN, AEI	recor DC aı	ds fro	m IR	Yes	]	No 
	2. Australian Earl	sment Progra y Developme	nm – Literacy and nt Census (AED	C)	y (NAPLAN)	Mother's nam	ne:						
•	<ol> <li>Australian Child My details and my to State NAPLAN can be linked.</li> </ol>	y children's		form will b		Mother's signature:							
•	The information we managed. It will be All identifying info analysed.	e used only	for the purpos	es of Mat	CH.	Are you the primary caregiver for the child / children in this study?  If not, please ask the primary caregiver to countersign this form:							
•	My children, my fa identifiable from a If any child is belo	ny publishe	d data or repo	rts on Mat	CH.	Primary caregiver's name:							
	records to be link	ed in the fut	ure.			Primary caregiver's signature:							
•	If I decide to without records to be use												
	in the MatCH stud	dy will cease	from the date	of withdra	awal.		Date:	D	D	М	М	Υ	Υ
6:		1	S DETAILS	į – į		to enable mat	1 7				D)		
A	nild's date of birth:	Last nam	e.	First nar	ne:	Other name/s	Child's	wedic	are no:	(ACI	K)		Ref.
В	D D M M Y Y	as above					As above						
С	D D M M Y 1	as above					As above						
	If child's name has changed since staring school, former name and year changed  A  B  as above  C  as above					Medicare card number  Y  Individual's  reference number    1234   5   1234				N 5M17	ьтвя . #		
	Name of School	l/s attende	ed: Year 1: S	chool where	e <u>full-time</u> schoo	ling started; Yea	<b>r 3,5,7:</b> Sch	ool atte	nded in	<u>Мау</u> о	f year (	NAPLA	N time)
_	N/A Year 1 (/	AEDC)	State Year 3 (	NAPLAN)	State Year 3	ar 5 (NAPLAN)		<b>Ye</b> as Year 5	ear 7 (N	APLA	N)	S	tate
A	as above		as Year 1		as Year 3		í	as Year 5	i				
В	as above		as Year 1		as Year 3		í	as Year 5	;				



## Thank you for taking the time to complete this survey

- Please check that you have filled out the consent forms on the last page.
  - We will keep this information <u>separate</u> from your survey answers. (We will detach the page and store it in a separate locked room.)

Please post this back in the reply paid envelope provided

MatCH Study Women's Health Australia REPLY PAID 70 HUNTER REGION MC NSW 2310



#### Need information or support?

- 24-hour parenting hotline numbers in each state can be found at the raising children network: http://raisingchildren.net.au/articles/hotlines.html
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- If you need help to answer the survey questions, please ring 1800 068 081 (FREECALL)

#### More information is available on the MatCH web site: http://www.alswh.org.au/match

If you have any concerns about this project and would prefer to discuss these with an independent person, feel free to contact the University of Newcastle's Human Research Ethics Officer (02) 4921 6333, email: Human-Ethics@newcastle.edu.au or write to them at the University of Newcastle, University Drive, Callaghan, NSW, 2308 (Approval number H-2014-0246). You could also contact the University of Queensland's Human Research Ethics Officer on (07) 3365 3924 or write to them at the University of Queensland, St Lucia, QLD, 4072 (Approval number 2014001213)

As a long term study, MatCH will follow up participants whose details have changed since last contact. The Australian Electoral Commission (AEC) can supply name, address, gender and age-range information to help this study contact participants in conformity with Item 2 of subsection 90B(4) of the Commonwealth Electoral Act 1918 and subregulation 9(a) of the Electoral and Referendum Regulations 1940. If information was provided by the AEC, it would be done on a confidential basis and would not be forwarded on or sold or otherwise disclosed or used for any purpose other than to contact existing participants for this medical research project.