

Institute for Child Health Research  
PO Box 855, West Perth 6872

## WA ABORIGINAL CHILD HEALTH SURVEY

**CONFIDENTIAL**

Assignment No. |\_\_|\_\_|\_\_|\_\_|  
File No. |\_\_|\_\_|\_\_|\_\_|\_\_|  
CD |\_\_|\_\_|\_\_|\_\_|\_\_|  
Dwelling |\_\_|\_\_|\_\_|  
Household |\_\_|  
Family |\_\_|  
Person no.- child |\_\_|\_\_|  
Age |\_\_|\_\_|

Sex – male   
female

School Code |\_\_|\_\_|\_\_|\_\_|\_\_|

### PART C: Teacher of English (i.e. English Language or English Literature teacher) Questionnaire

Name of Student: \_\_\_\_\_

Current Year Level: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

The above student and his/her family have consented to participate in the Western Australian Aboriginal Child Health Survey. As part of the survey process we are seeking information about the student from the School Principal as well as you. We are asking you to assist us by providing information on this student by completing a Behaviour Checklist. The student should not be present when you complete this questionnaire.

**All materials should be returned to the Principal.**

#### Teacher Details

Name of person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

#### Help available

If you or your staff have any questions or need some help with these materials please contact the Child Health Survey Team at no charge on 1800-000-153 for assistance during normal office hours.

**1. BEHAVIOUR CHECKLIST:** For each item please mark the box for No, Sometimes, or Yes. 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 the child's behaviour over the last six months, or this school year.

	No	Sometimes	Yes
1 Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Restless. Overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?**

- No (Go to Q8)
- Yes – minor difficulties
- Yes – definite difficulties
- Yes – severe difficulties

**3. How long have these difficulties been present?**

- Less than one month
- 1 – 5 months
- 6 – 12 months
- Over a year

**4. Do the difficulties upset or distress the child? (tick one)**

- Not at all
- Only a little
- Quite a lot
- A great deal

**5. Do the difficulties interfere with the child's everyday life in the following areas?**

**Peer relations (tick one)**

- Not at all
- Only a little
- Quite a lot
- A great deal

**Classroom learning (tick one)**

- Not at all
- Only a little
- Quite a lot
- A great deal

**6. Do the difficulties put a burden on you or the class as a whole? (tick one)**

- Not at all
- Only a little
- Quite a lot
- A great deal

**7. Do you think these difficulties are serious enough to require professional help? (tick one)**

- No
- Yes – within the school only
- Yes – outside the school
- Don't know

**8. Thank you.**

