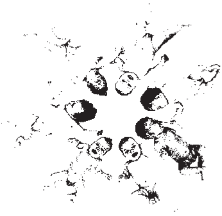
CHQBK

Assignment No.				
File No.					
CD							
Dwelling		
Household	
Family	
Information from Person		



TVW Telethon Institute for Child Health Research

PRINCESS MARGARET HOSPITAL FOR CHILDREN
Perth Western Australia
PO Box 855
West Perth WA 6872

WA Aboriginal Child Health Survey

IN CONFIDENCE

CHILD HEALTH QUESTIONNAIRE (4 - 18 YEARS)

A Introductory Statement

The questions on this form are about the health and wellbeing of children who usually live in this house. This form includes all children and young people from age 4 up to the age of 18 years. We want to know about any health problems which children may have and the kinds of services they need. We also want to know about how children are doing at school, their social activities and behaviour. We need this information to have a better understanding of what is important for Aboriginal families and how they help their children to get a good start in life. It will also be used to develop services for Aboriginal children and families.

B Confidentiality

The survey is voluntary and it is OK if there are some questions you would rather not answer. All information will be kept private by the research team.

C Fully Responding

C Fully Responding		☐ 1
Non-Response	Full refusal	☐ 2
	Part refusal	☐ 3
	Full non-contact	☐ 4
	Part non-contact	☐ 5
	Language problem	☐ 6
	Death/illness	☐ 7

Interviewer: Complete information for Q1 and use information to confirm Household Record Form.	**1a** Person Number of Child **1b** Name of Child **1c** Age of Child **1d** Sex **1e** Name of Carer/s **1f** Person Number of Carer
	The next questions are about ......'s birth and first months of life.
	2a Are you ......'s natural/birth mother? No (Go to Q6a) Yes
	2b What was your full name at the time ...... was born? Full name
	3a Was .... breastfed? No (Go to Q4) Yes Don't know (Go to Q4)
	3b How long was .... breastfed? 0 - < 3 months 3 months - < 6 months 6 months - < 9 months 9 months - < 12 months 12 months or more Still being breast fed Don't know

	Child 1	Child 2	Child 3	Child 4
Person No. of Child				
Name				
Age				
Male	1	1	1	1
Female	2	2	2	2
Carer/s				
Person No. of Carer				
No (Go to Q6a)	1	1	1	1
Yes	2	2	2	2
Full name				
No (Go to Q4)	1	1	1	1
Yes	2	2	2	2
Don’t know (Go to Q4)	99	99	99	99
0 - < 3 months	1	1	1	1
3 - < 6 months	2	2	2	2
6 - < 9 months	3	3	3	3
9 - < 12 months	4	4	4	4
12 months or more	5	5	5	5
Still being breast fed	6	6	6	6
Don’t know	99	99	99	99

	4 Before .... was 4 years old did he/she live away from you for a month or more? No Yes Don't know
Interviewer: Alternate wording for marijuana = gunjah.	**5** During your pregnancy with ...... did you: Smoke cigarettes? Chew tobacco? Smoke gunjah? Drink alcohol? Use other drugs?
Interviewer: All natural mothers now to go to Q10.,	**6a** Is it OK to ask the name of ......'s natural mother? No (Go to Q7a) Yes
Interviewer: If more than one name change put other names on 'Field Query' sheet.	**6b** What was ......'s natural mother's full name? Full name
	7a Was .... breastfed? No (Go to Q8) Yes Don't know (Go to Q8)

	Child 1	Child 2	Child 3	Child 4
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
	No / Yes / Don't know	No / Yes / Don't know	No / Yes / Don't know	No / Yes / Don't know
Smoke cigarettes?	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Chew tobacco?	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Smoke gunjah?	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Drink alcohol?	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Use other drugs?	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
No (Go to Q7a) Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Full name				
No (Go to Q8) Yes Don't know (Go to Q8)	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99

Interviewer instructions	Question
	7b How long was .... breastfed? 0 - <3 months 3 months - < 6 months 6 months - < 9 months 9 months - < 12 months 12 months or more Still being breast fed Don't know
Interviewer: Alternate wording for marijuana = gunjah.	**8** During the pregnancy with ...... did his/her mother: Smoke cigarettes? Chew tobacco? Smoke gunjah? Drink alcohol? Use other drugs?
Interviewer: Ask of all carers.	
Interviewer: If care has been 'on and off' record the latest episode.	**10** How long have you been looking after ....? Months Years Since birth

	Child 1	Child 2	Child 3	Child 4
0 - <3 months	☐ 1	☐ 1	☐ 1	☐ 1
3 - < 6 months	☐ 2	☐ 2	☐ 2	☐ 2
6 - < 9 months	☐ 3	☐ 3	☐ 3	☐ 3
9 - < 12 months	☐ 4	☐ 4	☐ 4	☐ 4
12 months or more	☐ 5	☐ 5	☐ 5	☐ 5
Still being breast fed	☐ 6	☐ 6	☐ 6	☐ 6
Don't know	☐ 99	☐ 99	☐ 99	☐ 99

	Child 1			Child 2			Child 3			Child 4		
	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know
Smoke cigarettes?	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Chew tobacco?	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Smoke gunjah?	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Drink alcohol?	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Use other drugs?	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99

	Child 1	Child 2	Child 3	Child 4
Months	☐☐	☐☐	☐☐	☐☐
Years	☐☐	☐☐	☐☐	☐☐
Since birth	☐	☐	☐	☐
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

11a Since .... was born how many different homes has he/she lived in?

Write in number

Don't know

11b Where was ...... living in August 1996?

GENERAL HEALTH

I am now going to ask you some questions about medicines .... may be taking and what they are for

30a Today, is .... taking antibiotics prescribed by a doctor or nurse?

No (Go to Q32a)

Yes

	Child 1	Child 2	Child 3	Child 4
Write in number Don’t know	99	99	99	99
Office Use Only				
No (Go to Q32a) Yes	1 2	1 2	1 2	1 2

Interviewer: Ask to see medication for correct spelling.	**30b** What are the antibiotics called?

	Child 1	Child 2	Child 3	Child 4
Antibiotic name				
Office Use Only				
Antibiotic name				
Office Use Only				
Antibiotic name				
Office Use Only				
Antibiotic name				
Office Use Only				
Comments				

Interviewer: Remind Carer that we will be seeking consent to access medical and birth information. **There is a form to sign at the end of the interview. Only <u>remind</u> once per interview session not for each child.**	**32a I am going to read you a list of health problems that some children have.** Please tell me if .... has any of them. **A** A heart problem **B** Epilepsy (fits) **C** Kidney/Renal disease **D** Arthritis or rheumatism **E** Cerebral palsy **F** Diabetes (sugar disease) **G** Cancer or leukaemia **H** Migraine or severe headache **I** Developmental delay or lag (difficulty in learning) **J** Muscular dystrophy or other muscle disease **K** Any stiffness or deformity **L** Missing fingers, hands, arm, toes, feet or legs **M** Spina bifida **N** Recurring chest infection **O** Recurring gastro infection **P** Recurring skin infections (school sores, scabies) *Excluding eczema* **Q** Recurring ear infections **R** Anaemia or lack of iron (thin blood) **S** Allergies

	Child 1			Child 2			Child 3			Child 4		
	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know
Heart problem	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Fits	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Kidney disease	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Arthritis	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Cerebral palsy	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Diabetes	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Cancer/leukaemia	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Headache	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Developmental delay	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Musc dystrophy	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Stiffness/deform	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Missing limbs	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Spina bifida	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Chest infection	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Gastro infection	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Skin infections	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Ear infections	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Lack of iron	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Allergies	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99

	I now want to ask you some questions about any accidents/ injuries which .... may have had.
	33a Has .... ever broken any bones? No Yes Don't know
Interviewer: Not knocked out by medication.	**33b** Has .... ever been knocked out because of an injury? No Yes Don't know
	33c Has .... ever had a stay in hospital because of an accidental burn? No Yes Don't know
	33d Has .... ever had a stay in hospital because of an accidental poisoning? No Yes Don't know

	Child 1	Child 2	Child 3	Child 4
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99

The next questions are about difficulties which kids may have because of their health, disabilities, emotions or behaviour.

SEEING

40a Does ...... use glasses or contact lenses to help him/her see?

No

Yes (Go to Q40c)

Don't know

40b Does ...... have normal vision in both eyes?

No

Yes (Go to Q41a)

Don't know

40c Is .... blind or unable to see in one or both eyes?

No (Go to Q40e)

Yes, one eye only

Yes, both eyes

40d How long has .... been blind or unable to see in one or both eyes?

Months

Years

	Child 1	Child 2	Child 3	Child 4
No Yes (Go to Q40c) Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No Yes (Go to Q41a) Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No (go to Q40e) Yes, one eye only Yes, both eyes	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Months Years	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐

	40e When wearing glasses or contact lenses, do you think .... would be able to see the writing on this page clearly? No Yes Don't know
	40f When wearing glasses or contact lenses, do you think .... would be able to see a friend on the other side of the road? No Yes Don't know
	HEARING
	41a Has .... ever had runny ears (tropical ear or glue ear)? No Yes Don't know
	41b Does .... have normal hearing in both ears? No Yes (Go to Q42b) Don't know
	41c Is .... deaf or partially unable to hear in one or both ears? No Yes, one ear only Yes, both ears Don't know

	Child 1	Child 2	Child 3	Child 4
No Yes Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes (Go to Q42b) Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes, one ear only Yes, both ears Don't know	1 2 3 99	1 2 3 99	1 2 3 99	1 2 3 99

41d How long has .... had trouble hearing?

Months

Years

41e Does .... use a hearing aid?

No (Go to Q41g)

Yes

41f Does the hearing aid help?

No

Yes

Don't know

41g Has .... ever been checked by an ear specialist or ever needed ear surgery?

No

Yes

Don't know

SPEAKING

42b Do other people need help to understand what .... is saying?

No

Yes

42c Does .... have any difficulty saying certain sounds?

No

Yes

	Child 1	Child 2	Child 3	Child 4
Months Years				
No (Go to Q41g) Yes	1 2	1 2	1 2	1 2
No Yes Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes Don't know	1 2 99	1 2 99	1 2 99	1 2 99
No Yes	1 2	1 2	1 2	1 2
No Yes	1 2	1 2	1 2	1 2

42d Does .... stutter or stammer?

No

Yes

EMOTIONS AND BEHAVIOUR

43a Taking into account ......'s age, do you think he/she has shown any of the following problems over the past 6 months:

A Eating problems (won't eat, vomits, eats too much)?

B Sleeping problems (trouble falling asleep, waking early?

C Having nightmares?

D Wetting the bed?

Interviewer: See instruction examples.

E Inappropriate sexual behaviour?

43b During the past 6 months (that is since ....), do you think that ...... has had any emotional or behavioural difficulties?

No

Yes

Don't know

	Child 1	Child 2	Child 3	Child 4
No Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
	No Yes	No Yes	No Yes	No Yes
Eating problems?	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Sleeping problems?	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Nightmares?	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Bed wetting?	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Inapropriate sexual behaviour?	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99

	BREATHING
	44a Has .... <u>ever</u> had asthma? No Yes
	44b In the past 12 months has .... sounded wheezy during or after exercise or running around? No Yes
	44c Has .... <u>ever</u> had wheezing or whistling in the chest? No Yes
	44d In the past 12 months has .... taken any medication for wheezing or asthma (medicine/pills/puffers)? No (Go to Q44f) Yes
Interviewer: **1. Ask to see medication for correct spelling. Regularly means every day for 2 months or more.** **2. Show Asthma Medications Picture**	**44e** Were they only taken when wheezing or regularly? **A** Name of medication When wheezing Regularly **B** Name of medication When wheezing Regularly **C** Name of medication When wheezing Regularly

	Child 1	Child 2	Child 3	Child 4
No Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
No Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
No Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
No (Go to Q44f) Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
A Name of medication				
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐
When wheezing Regularly	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
B Name of medication				
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐
When wheezing Regularly	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
C Name of medication				
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐
When wheezing Regularly	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2

	44f Has .... <u>ever</u> had hayfever? No Yes
	44g In the past 12 months has .... had a dry cough at night, apart from a cough associated with a cold or chest infection? No Yes
	SLEEPING
Interviewer: Code to 24 hour clock **Don't want Friday and Saturday nights**	**45a** What time does .... usually go to bed on school nights/during the week?
	45b Does .... have trouble getting enough sleep? No Yes
	TEETH
	46a Does .... have any holes in his/her teeth because they are bad? No Yes
	46b Has .... ever had any teeth removed because they were bad? No Yes
	46c Has .... had any fillings because of bad teeth? No Yes

	Child 1	Child 2	Child 3	Child 4
No Yes	1 2	1 2	1 2	1 2
No Yes	1 2	1 2	1 2	1 2
24 Hour Clock				
No Yes	1 2	1 2	1 2	1 2
No Yes	1 2	1 2	1 2	1 2
No Yes	1 2	1 2	1 2	1 2
No Yes	1 2	1 2	1 2	1 2

46d Has .... ever had a problem with sore or bleeding gums?

No

Yes

46e Have you had any problems getting help from the dentist for ....?

No

Yes

Not applicable

Don't know

MOBILITY

50a Does .... need help to get around?

No (Go to Q51a)

Yes

50b Does .... use a wheelchair, an artificial limb, brace, crutches, a cane or a walking frame to get around?

No

Yes

50c Does ...... need help when travelling in a car or on a bus?

No

Yes (Please specify)

	Child 1	Child 2	Child 3	Child 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
Not applicable	☐ 90	☐ 90	☐ 90	☐ 90
Don't know	☐ 99	☐ 99	☐ 99	☐ 99
No (go to Q51a)	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (Please specify)	☐ 2	☐ 2	☐ 2	☐ 2
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

51a Does ...... have any physical pain or discomfort?

No (Go to Q60a)

Yes

Don't know (Go to Q60a)

51b Does ...... have a little pain, some pain or a lot of pain?

A little

Some

A lot

OTHER FUNCTIONAL LIMITATIONS

The next questions ask about difficulties which some children have because they have long term illnesses, pain or disabilities.

60a Does .... need special help with eating, dressing, bathing or using the toilet because of an illness or disability?

No (Go to Q61a)

Yes

Don't know (Go to Q61a)

	Child 1	Child 2	Child 3	Child 4
No (Go to Q60a) Yes Don't know (Go to Q60a)	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
A little Some A lot	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
No (Go to Q61a) Yes Don't know (Go to Q61a)	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99

60b How long has .... needed help with these activities?

Months

Years

61a Are there any games or sports involving strong exercise which ...... can’t do because of an illness or disability?

No

Yes (Please specify)

61b Does ...... need any special help at school because of illness or disability?

No

Yes (Please specify)

	Child 1	Child 2	Child 3	Child 4
Months				
Years				
No	1	1	1	1
Yes (Please specify)	2	2	2	2
Office Use Only				
No	1	1	1	1
Yes (Please specify)	2	2	2	2
Office Use Only				

	Overall, thinking about ......'s special needs,
Interviewer: Please use EQUIVALENCE SCALE Prompt Card.	**62** Does he/she have any disability, chronic illness or pain that puts a burden on you or the family as a whole: Not at all A little Some Quite a lot Very much
	63 Does .... have any other serious health problems that we haven't talked about? No Yes (Please specify)

	Child 1	Child 2	Child 3	Child 4
Not at all	1	1	1	1
A little	2	2	2	2
Some	3	3	3	3
Quite a lot	4	4	4	4
Very much	5	5	5	5
No	1	1	1	1
Yes (Please specify)	2	2	2	2
Office Use Only				

	USE OF HOSPITALS AND OTHER SERVICES
	I now have a few questions about the services you may have used for ......
Interviewer: Remind Carers that we will be seeking consent to access medical and birth information. **There is a form to sign at the end of the interview. Only remind once per interview session not for each child.**	**70a** Was .... born in a hospital? No Yes (Please specify FULL NAME of HOSPITAL) Don't know
Interviewer: Remind carer that we want this information for each child. **'Nurse' includes, community nurse, child health nurse and midwife.**	**70b** During the past 6 months how many times have you or your partner had any contact with the following about ......? **A** A doctor **B** A dentist **C** A specialist **D** A nurse **E** Aboriginal Health Worker **F** Hospital emergency department or outpatients clinic **G** A speech pathologist
	70c During the past 6 months have you needed to contact Aboriginal Medical Services about ......? No (Go to Q70e) Yes Don't know (Go to Q70e)

	Child 1	Child 2	Child 3	Child 4
No	1	1	1	1
Yes (Please specify)	2	2	2	2
Don't know	99	99	99	99

	Child 1: None	Once	Two or three	Four or more	Child 2: None	Once	Two or three	Four or more	Child 3: None	Once	Two or three	Four or more	Child 4: None	Once	Two or three	Four or more
A Doctor																
B Dentist																
C Specialist																
D Nurse																
E Aboriginal Health Worker																
F Hospital emergency																
F Speech Pathologist																

	Child 1	Child 2	Child 3	Child 4
No (Go to Q70e)	1	1	1	1
Yes	2	2	2	2
Don't know (Go to Q70e)	99	99	99	99

	70d Were you happy with the service received at your local Aboriginal Medical Service about ......? No Yes
	70e How do you think your local Aboriginal Medical Service could be made better?
Interviewer: Some of these programs are not available in all areas of the State.	**70f** During the past 6 months has ...... been to, or used, any of the following agencies: **A** A 'Family Futures' program **B** The 'Best Start' program **C** Disability Services (Local Area Co-ordinator) **D** Family and Children's Services **E** The police **H** Juvenile justice officer **G** A Children's Court/panel **I** Other (elder, minister/priest, physio) (please specify)

	Child 1	Child 2	Child 3	Child 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

	Child 1			Child 2			Child 3			Child 4		
	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know	No	Yes	Don't know
'Family Futures'	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
'Best Start'	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Disability Services	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Family and Children's Services	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
The police	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Juvenile justice officer	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Children's Court/panel	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Other	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99	☐ 1	☐ 2	☐ 99
Office Use Only	☐☐☐			☐☐☐			☐☐☐			☐☐☐		

The next questions are about kids needing to stay overnight at certain places because of a family crisis or behaviour problems. This may not have happened in your family but it does sometimes happen to kids.

Interviewer: Not a 'sleep over' at friends for fun but a stay because of an emergency.

72 In the past 6 months has ...... needed to stay away overnight?

A With other family or friends

B At a youth refuge

C At a hostel or other supported accommodation

D At a juvenile remand or detention centre

E At a police station

F At a treatment centre for children with emotional/behaviour problems

G Other (Please specify, eg temporary foster home ....)

	Child 1	Child 2	Child 3	Child 4
	No Yes Don't know	No Yes Don't know	No Yes Don't know	No Yes Don't know
Family or friends	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Youth refuge	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Hostel or other accommodation	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Juvenile remand or detention centre	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Police station	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Treatment centre	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Other	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99	☐1 ☐2 ☐99
Office Use Only				

	SCHOOLING
	The next questions are about day care and learning.
Interviewer: If child is aged 4 - 11 go to Q80a otherwise go to Q81a. **:Looking at a book to tell a story.** **:Reading for fun.** **:Looking at books and magazines.** **DOES NOT INCLUDE SCHOOL HOMEWORK**	**80a** At home, how often does someone from this house look at a book with ....? Several times a day Once a day 2 - 3 times a week Hardly ever Don't know
	80b Has .... ever been in day care? No (Go to Q80d) Yes Don't know (Go to Q80d)
	80c How old was .... when he/she first went to day-care (for half a day or longer)? Months Years Don't know
	80d Did .... ever go to pre-school or kindergarten? No (Go to Q81a) Yes Don't know (Go to Q81a)

	Child 1	Child 2	Child 3	Child 4
Several times a day	☐ 1	☐ 1	☐ 1	☐ 1
Once a day	☐ 2	☐ 2	☐ 2	☐ 2
2 - 3 times a week	☐ 3	☐ 3	☐ 3	☐ 3
Hardly ever	☐ 4	☐ 4	☐ 4	☐ 4
Don't know	☐ 99	☐ 99	☐ 99	☐ 99
No (Go to Q80d)	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
Don't know (Go to Q80d)	☐ 99	☐ 99	☐ 99	☐ 99
Months	☐☐	☐☐	☐☐	☐☐
Years	☐☐	☐☐	☐☐	☐☐
Don't know	☐ 99	☐ 99	☐ 99	☐ 99
No (Go to Q81a)	☐ 1	☐ 1	☐ 1	☐ 1
Yes	☐ 2	☐ 2	☐ 2	☐ 2
Don't know (Go to Q81a)	☐ 99	☐ 99	☐ 99	☐ 99

	80e How old was .... when he/she first went to pre-school or kindergarten (for half a day or longer)? Years Don't know
Interviewer: **Include:** **pre-primary school, community pre-school and special school, school of the air.** **Exclude:** **day care and nursery school.** **Interviewer: Remind Carers that we will be seeking consent to talk with child's school to see how they are getting along.** **There is a form to sign at the end of the interview. Only remind once per interview session not for each child.**	**81a** Does .... go to school? No Yes (Go to Q81g)
	81b Has .... ever gone to school? No (Go to Q81f) Yes
	81c What year/grade was he/she in when he/she left school?
Interviewer: Write in mmyy	**81d** When did he/she last go to school?
	81e What is the name and address of the school that .... went to last?

	Child 1	Child 2	Child 3	Child 4
Years Don't know	99	99	99	99
No Yes (Go to Q81g)	1 2	1 2	1 2	1 2
No (Go to Q81f) Yes	1 2	1 2	1 2	1 2
Office use only				
MMYY				
Name of school Address Don't know *Office Use Only*	99	99	99	99

	81f Is there a reason why .... didn't/ doesn't go to school? Too young (Go to Q110a) Health reasons (Go to Q110a) Parental choice (Go to Q110a) Dropped out (Go to Q110a) No school available (Go to Q110a) Under suspension (Go to Q110a) Working (Go to Q110a) Other (Please specify) (Go to Q110a)
Interviewer: If left school through own choice at age 16 years specify in 'Other'.	
	81g What is the name and address of the school that .... goes to?
	81h What grade (year) is .... in? Pre-school Grade/year Ungraded class TAFE University

	Child 1	Child 2	Child 3	Child 4
Too young	1	1	1	1
Health reasons	2	2	2	2
Parental choice	3	3	3	3
Dropped out	4	4	4	4
No school available	5	5	5	5
Under suspension	6	6	6	6
Working	7	7	7	7
Other (Please specify)	8	8	8	8
Office Use Only				
Name of school				
Address				
Don't know	99	99	99	99
Office Use Only				
Pre-school	95	95	95	95
Grade/year				
Ungraded class	96	96	96	96
TAFE	97	97	97	97
University	98	98	98	98

	The next group of questions are about how .... is doing at school.
Interviewer: Remind Carers that we will be seeking consent to talk with child's school to see how they are getting along. **There is a form to sign at the end of the interview. Only remind once per interview session not for each child.**	**90a** Is .... doing OK with his/her school work? No (Go to Q90c) Yes
	90b What do you think has helped ...... do OK at school? Don't know (Go to Q90d) Comment (Go to Q90d)
	90c Why do you think that he/she is not doing OK? Don't know Comment

	Child 1	Child 2	Child 3	Child 4
No (Go to Q90c) Yes	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Don't know (Go to Q90d) Comment (Go to Q90d) *Office Use Only*	☐ 99 ☐ 2	☐ 99 ☐ 2	☐ 99 ☐ 2	☐ 99 ☐ 2
Don't know Comment *Office Use Only*	☐ 99 ☐ 2	☐ 99 ☐ 2	☐ 99 ☐ 2	☐ 99 ☐ 2

90d What does he/she like about school? (eg Activities, subjects, friends, teachers)

Don't know

Comment

90e What does he/she dislike about school?

Don't know

Comment

90f Has .... ever repeated or failed a school year or grade?

No

Yes

Don't know

	Child 1	Child 2	Child 3	Child 4
Don't know	99	99	99	99
Comment	2	2	2	2
Office Use Only				
Don't know	99	99	99	99
Comment	2	2	2	2
Office Use Only				
No	1	1	1	1
Yes	2	2	2	2
Don't know	99	99	99	99

	90g Has .... <u>ever</u> been suspended from school? No (Go to Q90i) Yes Don't know (Go to Q90i)
	90h Has .... <u>ever</u> been excluded/expelled from a school? No Yes Don't know
	90i How many <u>primary schools</u> has .... attended since starting school? **(Write in number)**
Interviewer: If Grade/Year 8 in Q81h	**90j** How many <u>high schools</u> has .... attended since starting school? **(Write in number)**
	The next questions are about homework or studying.
	91a At home, who <u>usually</u> helps .... with school work? No-one No homework given (Go to Q92) Someone from this house Another person (Please specify)

	Child 1	Child 2	Child 3	Child 4
No (Go to Q90i) Yes Don't know (Go toQ90i)	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
No Yes Don't know	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99	☐ 1 ☐ 2 ☐ 99
Number Not applicable Don't know	☐☐ ☐ 90 ☐ 99	☐☐ ☐ 90 ☐ 99	☐☐ ☐ 90 ☐ 99	☐☐ ☐ 90 ☐ 99
Number Don't know	☐☐ ☐ 99	☐☐ ☐ 99	☐☐ ☐ 99	☐☐ ☐ 99
No-one No homework given (Go to Q92) Someone in house Another person (Please specify)	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

91b Where does ...... usually do homework or study?

Doesn't do homework

Home

At school (unsupervised)

Homework classes

Somewhere else(Please specify)

SCHOOL SUPPORT SERVICES

92 In the last 6 months have you/your partner needed to see any of the following people about a problem ...... may have had at school?

A School Psychologist/Counsellor

B Aboriginal and Islander Education Worker (AIEW)

C Class/Form Teacher

D Deputy Principal/ Deputy Headmaster

E Principal/Headmaster

F Other (Please specify)

	Child 1	Child 2	Child 3	Child 4
Doesn't do homework	☐ 1	☐ 1	☐ 1	☐ 1
Home	☐ 2	☐ 2	☐ 2	☐ 2
At school	☐ 3	☐ 3	☐ 3	☐ 3
Homework classes	☐ 4	☐ 4	☐ 4	☐ 4
Somewhere else (Please specify)	☐ 5	☐ 5	☐ 5	☐ 5
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Counsellor	☐ 1	☐ 1	☐ 1	☐ 1
Education worker	☐ 2	☐ 2	☐ 2	☐ 2
Teacher	☐ 3	☐ 3	☐ 3	☐ 3
Deputy Principal	☐ 4	☐ 4	☐ 4	☐ 4
Principal	☐ 5	☐ 5	☐ 5	☐ 5
Other (Please specify)	☐ 6	☐ 6	☐ 6	☐ 6
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

Interviewer: Please record comments on a Field Query Sheet.	**93a** Do you feel welcome when going to ....'s school?
	93b If there is a problem at ....'s school do you feel you and the school can sort it out ?
Interviewer: Please use Satisfaction Prompt Scale.	**93c** So overall, how happy are you with the job ......'s school is doing? Very unhappy A little bit unhappy Neither unhappy nor happy A little bit happy Very happy
	BEHAVIOUR AND RELATIONSHIPS
	The next questions are about ....'s behaviour and how he/she gets along with other people
	110a Thinking about ......'s behaviour over the past 6 months, that is since ....: **A** Has he/she been considerate of other people's feelings **B** Has he/she been restless, overactive, cannot stay still for long **C** Has he/she often complained of headaches, stomach-aches or sickness **D** Has he/she readily shared with other children (lollies, toys, pencils etc.) **E** Has he/she often had temper tantrums **F** Has he/she tended to play by him/herself **G** Has he/she usually done what adults told him/her to do **H** Has he/she often seemed worried **I** Has he/she been helpful if someone is hurt, upset or feeling ill **Q110A CONTINUED ON PAGE 58**

	Child 1	Child 2	Child 3	Child 4
	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99
	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99	No ☐1 Yes ☐2 Don't know ☐99
Very unhappy A little bit unhappy Neither unhappy/happy A little bit happy Very happy	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3 ☐4 ☐5
	No ☐1 Yes ☐2 Some-times ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No ☐1 Yes ☐2 Some-times ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No ☐1 Yes ☐2 Some-times ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No ☐1 Yes ☐2 Some-times ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3

110a Thinking about ......'s behaviour over the past 6 months, that is since ....:

J Has he/she constantly been fidgeting or squirming

K Has he/she had at least one good friend

L Has he/she been in fights with other children or has he/she bullied them

M Has he/she often been unhappy, sad or tearful

N Has he/she generally been liked by other children

O Has he/she been easily distracted or had poor concentration

P Has he/she been nervous or clingy in new situations, easily lost confidence

Q Has he/she been kind to younger children

R Has he/she often lied or cheated

S Has he/she been picked on or bullied by other children

T Has he/she often volunteered to help others (parents, teachers, other children)

U Has he/she been able to stop and think things over before acting

V Has he/she stolen from home, school or elsewhere

W Has he/she been getting on better with adults than with other children

X Has he/she been fearful, easily scared

Y Has he/she had good attention and finished the things he/she starts

Copyright: R Goodman. Reproduced with permission.

	Child 1	Child 2	Child 3	Child 4
	No Yes Some-times	No Yes Some-times	No Yes Some-times	No Yes Some-times
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3
	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3	☐1 ☐2 ☐3

Interviewer: Prompt for severity if 'Yes'	**110b** Overall, does ...... have trouble with emotions, concentration, behaviour or getting on with people? No (Go to Q111) Yes (only a little) Yes (quite a lot) Yes (very much)
	110c Do you think ...... needed special help: No Yes Already getting help Don't know
	110d How long have these difficulties been present? 0 -< 3 months 4 - 5 months 6 - 12 months Over a year
	110e Do the difficulties upset or distress your child? No Yes (only a little) Yes (quite a lot) Yes (very much)

	Child 1	Child 2	Child 3	Child 4
No (Go to Q111)	1	1	1	1
Yes (only a little)	2	2	2	2
Yes (quite a lot)	3	3	3	3
Yes (very much)	4	4	4	4
No	1	1	1	1
Yes	2	2	2	2
Already getting help	3	3	3	3
Don’t know	99	99	99	99
0 - < 3 months	1	1	1	1
4 - 5 months	2	2	2	2
6 - 12 months	3	3	3	3
Over a year	4	4	4	4
No	1	1	1	1
Yes (only a little)	2	2	2	2
Yes (quite a lot)	3	3	3	3
Yes (very much)	4	4	4	4

Interviewer: If answer is 'yes' check for the extra information.	**110f** Do the difficulties interfere with your child's everyday life in the following areas? **Home life** No Yes (only a little) Yes (quite a lot) Yes (very much) **Friendships** No Yes (only a little) Yes (quite a lot) Yes (very much) **Learning** No Yes (only a little) Yes (quite a lot) Yes (very much) **Leisure Activities** No Yes (only a little) Yes (quite a lot) Yes (very much)

	Child 1	Child 2	Child 3	Child 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (only a little)	☐ 2	☐ 2	☐ 2	☐ 2
Yes (quite a lot)	☐ 3	☐ 3	☐ 3	☐ 3
Yes (very much)	☐ 4	☐ 4	☐ 4	☐ 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (only a little)	☐ 2	☐ 2	☐ 2	☐ 2
Yes (quite a lot)	☐ 3	☐ 3	☐ 3	☐ 3
Yes (very much)	☐ 4	☐ 4	☐ 4	☐ 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (only a little)	☐ 2	☐ 2	☐ 2	☐ 2
Yes (quite a lot)	☐ 3	☐ 3	☐ 3	☐ 3
Yes (very much)	☐ 4	☐ 4	☐ 4	☐ 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (only a little)	☐ 2	☐ 2	☐ 2	☐ 2
Yes (quite a lot)	☐ 3	☐ 3	☐ 3	☐ 3
Yes (very much)	☐ 4	☐ 4	☐ 4	☐ 4

Interviewer: If answer is 'yes' check for the extra information.	**110g** Do the difficulties put a burden on you or the family as a whole? No Yes (only a little) Yes (quite a lot) Yes (very much)
	The next questions are about some other problems which some kids have
Interviewer: Remember that all children are different and some of these problems may occur at any age.	**111** Taking into account ......'s age, in the past 6 months has he/she **A** Not wanted to go to school **B** Run away from home **C** Drunk alcohol or gotten drunk **D** Sniffed glue/petrol/aerosols **E** Used other drugs **F** Deliberately harmed him/herself (eg slashed/ scratched self) **G** Talked about death or suicide **H** Attemped suicide

	Child 1	Child 2	Child 3	Child 4
No Yes (only a little) Yes (quite a lot) Yes (very much)	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3 ☐ 4
	No Yes Too Young ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No Yes Too Young ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No Yes Too Young ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3	No Yes Too Young ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3 ☐1 ☐2 ☐3

	The next questions are about ....'s behaviour and how you deal with it.
Interviewer: Record relationship to the child NOT the carer. If response is 'whole family' then note this in the comment sectiion.	**120a** Whose job is it to teach .... to show respect, do the right thing and stay out of trouble? Comments
Interviewer: Please use FREQUENCY SCALE Prompt Card, and enter the number associated with the response.	**120b** In bringing up ...., over the past 6 months, how often would you say that you have: (i) Reminded .... about how he/she should behave? (ii) Asked where ...... was going when he/she left the house? (iii) Known what ...... was doing with his/her free time? (iv) Told ...... off when he/she did something wrong? (v) Made sure that ...... did what you told him/her to do? (vi) Praised ...... for doing something good? (vii) Hit or smacked ...... for doing something wrong? (viii) Laughed together?

	Child 1	Child 2	Child 3	Child 4
Person				
Relationship				
Office Use Only				
Person				
Relationship				
Office Use Only				
Comments				
Office Use Only				
(i) Reminded				
(ii) Asked where				
(iii) <u>Known</u> what				
(iv) Told off				
(v) Made sure				
(vi) Praised				
(vii) Hit or smacked				
(viii) Laughed				

	The next questions are about what the kids drink and eat on a normal day.
INTERVIEWER: Exclude milk poured onto breakfast cereal	**130a** What type of milk does .... <u>usually drink</u>? Full cream (normal) Low/reduced fat milk (eg HILO) Skim Evaporated/sweetened condensed (tinned) Powdered UHT/Long life Soy Flavoured milk (eg Chocmilk) Doesn't drink milk None of the above Don't know
	130b When .... is thirsty what does he/she <u>usually drink</u>? Water only (Go to Q130d) Soft drink Fruit juice Cordial Other (Please specify)

	Child 1	Child 2	Child 3	Child 4
Full cream	☐ 1	☐ 1	☐ 1	☐ 1
Low/reduced fat	☐ 2	☐ 2	☐ 2	☐ 2
Skim	☐ 3	☐ 3	☐ 3	☐ 3
Evaporated	☐ 4	☐ 4	☐ 4	☐ 4
Powdered	☐ 5	☐ 5	☐ 5	☐ 5
UHT/Long life	☐ 6	☐ 6	☐ 6	☐ 6
Soy	☐ 7	☐ 7	☐ 7	☐ 7
Flavoured milk	☐ 8	☐ 8	☐ 8	☐ 8
Doesn’t drink milk	☐ 9	☐ 9	☐ 9	☐ 9
None of the above	☐ 10	☐ 10	☐ 10	☐ 10
Don’t know	☐ 99	☐ 99	☐ 99	☐ 99
Water only (Go to Q130d)	☐ 1	☐ 1	☐ 1	☐ 1
Soft drink	☐ 2	☐ 2	☐ 2	☐ 2
Fruit juice	☐ 3	☐ 3	☐ 3	☐ 3
Cordial	☐ 4	☐ 4	☐ 4	☐ 4
Other (Please specify)	☐ 5	☐ 5	☐ 5	☐ 5
Office Use Only	☐☐☐	☐☐☐	☐☐☐	☐☐☐

Interviewer: Please use response from previous question	**130c** Why does he/she drink (answer from Q130b) instead of water ? Water is not drinkable Doesn't like the water Likes other drinks better Other (Please specify)
	130d How many days a week does ...... eat fresh vegies? Number of days a week None (Go to Q130g)
	130e What fresh vegies does he/she usually eat?
	130f If you put together all of the fresh vegies that .... usually eats in a day, would they half fill a cup? No Yes

	Child 1	Child 2	Child 3	Child 4
Water not drinkable	1	1	1	1
Doesn't like water	2	2	2	2
Likes other drinks	3	3	3	3
Other	4	4	4	4
Office Use Only				
Number of days	1	1	1	1
None (Go to Q130g)	2	2	2	2
No	1	1	1	1
Yes	2	2	2	2

130g How many days a week does .... eat fresh fruit?

Number of days a week

None (Go to Q130j)

130h What fruit does he/she usually eat?

130i If you counted all of the fresh fruit that .... usually eats in a day, how many pieces would he/she eat?

Quarters

Halves

Whole pieces of fruit

130j How many slices of bread does .... usually eat each day?

Slices

	Child 1	Child 2	Child 3	Child 4
Number of days None (Go to Q130j)	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2	☐ 1 ☐ 2
Quarters Halves Whole pieces of fruit				
Slices				

That finishes all the questions we have about ....

140 Is there anything else about his/her health and development that you would like to tell us?

No

Yes (Please specify)

	Child 1	Child 2	Child 3	Child 4
No	☐ 1	☐ 1	☐ 1	☐ 1
Yes (Please specify)	☐ 2	☐ 2	☐ 2	☐ 2

INTERVIEWER: Complete consent form (Over page)