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THE RAINE STUDY

Not for completion

**Primary Caregiver
Questionnaire**

16 year Follow-up





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Not for completion



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Primary Caregiver Questionnaire

The purpose of this questionnaire is to obtain information about your teenager's home life, leisure activities, schooling, behaviour and general health since we were last in contact.

The questionnaire is similar to those you have completed in the past, but there are additional questions about your health and happiness and level of physical activity. If you are able to answer questions about your teenager's other biological parent please do so.

Terms of Reference

For the purpose of this questionnaire the following terms apply:

Your Teenager	The 16/17 year old Raine Study teenager
Teenager's Mother	The teenager's biological/birth mother
Teenager's Father	The teenager's biological father
Your Partner	The partner of the teenager's biological parent (eg. stepmother, stepfather)
Teenager's Siblings	The teenager's biological brothers and sisters (also half-brothers and half-sisters but not stepbrothers and stepsisters)
Your Family	The people living in your house

Please take your time

You may complete the questionnaire over 1-2 days if necessary

If you are uncomfortable about a question or unsure of an answer, please leave it blank and discuss it with one of the Raine Study staff when you come in or phone us on 9489 7937 or 9489 7796.

**Please complete this questionnaire independently
(without discussing it with your Raine Study Teenager)**

Remember ALL answers are confidential

If you are coming in for an appointment, please bring your completed questionnaire with you on the day.

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire.

If possible, could you please return your completed questionnaire to us by:

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Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
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N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



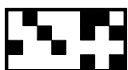
Please **do not** use crosses



Please **do not** use ticks



Not for completion



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Section 1

Here are some questions for you that are similar to ones we have asked in previous years. We are keen to know if any of these things have changed since you were last asked.

HOUSING AND FAMILY - STRICTLY CONFIDENTIAL

- Q1. How old (in years) is your house/flat (approximately)?
- Q2. How many bedrooms are there?
- Q3. How many bathrooms are there?
- Q4. Have you moved house/flat since the last Raine Study followup (*ie in the last three years*)?
 No
 Yes If yes, how many times?
- Q5. If you live in Australia, what is your current residential postcode?
- Q6. If you live overseas, in which country do you live? _____
- Q7. How many adults and children live in your home? (*Please include your study teenager(s) and yourself. Children less than one year of age - Age (years) = 0. If there are more than 10 people living in your home please write their information on the very last page of your questionnaire*)

First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Elizabeth	42	F	MOTHER
David	35	M	STEP FATHER
Jessica	16	F	STUDY TEENAGER
Hannah	2	F	STEP SISTER
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
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Q6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>		Q7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			



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Q8. Does your study teenager have any other brothers or sisters not mentioned in Q7?
(Please include your study teenager here if he/she does not live at home)

No

Go to Q9

Yes



First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Rachel	18	F	SISTER
Simon	22	M	STEP BROTHER
Tom	3	M	HALF BROTHER
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	

Q9. Is your 16 year old teenager's father/mother living with you?

Yes

Go to Q13

Not applicable - father/mother deceased

Go to Q12

No



Q10. Do you have any social contact with him/her? No Yes NA

Q11. Does he/she provide any financial support for the care of your teenager? No Yes NA

Q12. Do you have another partner that lives with you? No Yes NA

Q13. Are you **or** your partner receiving a benefit? (please include workers compensation)

No

Go to Q15

Yes



Q14. Which benefit(s) are you **or** your partner receiving?
(Please mark **all** responses that apply to you and your partner)

Age pension

Rent assistance

Austudy/Abstudy

Sickness benefit

Carer payment - caring for child/relative

Tax Benefit Part A

Disability support pension - self/partner

Tax Benefit Part B

Newstart allowance

Widow allowance

Parenting payment

Workers compensation

Remote area allowance

Other - please specify _____



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Q15. Do you currently have a full-time or part-time job of any kind (excluding home duties)?
 (Please mark only **one** response - the main job)

No, do not have a job - not seeking work **Go to Q24**

No, do not have a job - actively seeking work **Go to Q24**

Yes, do work for payment or profit

Yes, do unpaid work in a family business

Yes, do other unpaid work



Q16. In your main job (if you have more than one job, then 'main job' refers to the job in which you usually work the most hours) are you...
 (Please mark only **one** response)

A salary or wage earner?

A helper not receiving wages?

Conducting your own business - with employees?

Conducting your own business - without employees?

Q17. Describe your current main job.
 (Please give details of job and description of work in detail)

Job:

Description:

Q18. How many hours do you usually work in all jobs?

None or less than one hour

One or more hours per week. Please specify hours ...

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Q19. Of the total number of hours you usually work in all jobs (as above, but excluding home duties), how many of those hours do you usually work at home?

None or less than one hour **Go to Q21**

One or more hours per week. Please specify hours ...

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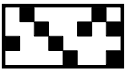
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Q8

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Q17



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Q24. What do you currently spend most of your time doing?

*(Please mark only **one** response, unless two or more responses apply equally)*

- Full-time or part-time job (salary or own business)
- Voluntary work
- Looking for work
- Home duties / caring for children
- Studying
- Voluntarily out of the workforce
- Recovering from injury / illness
- Caring for an aged / disabled / ill person (friend or relative)
- Maternity/Paternity Leave
- Long Service Leave
- Other - please describe _____

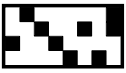
Q25. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? *(Please mark only **one** response - the main job)*

- No partner **Go to Q33**
- No, does not have a job - not seeking work **Go to Q32**
- No, does not have a job - actively seeking work **Go to Q32**
- Yes, works for payment or profit
- Yes, does unpaid work in a family business
- Yes, does other unpaid work

Q26. In your partner's main job (if he/she has more than one job, then 'main job' refers to the job in which he/she usually works the most hours) is your partner...

*(Please mark only **one** response)*

- A salary or wage earner?
- A helper not receiving wages?
- Conducting his/her own business - with employees?
- Conducting his/her own business - without employees?



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Q27. Describe your partner's current main job.
 (Please give details of job and description of work in detail)

Job:

Description:

Q28. How many hours does your partner usually work in all jobs?

None or less than one hour

One or more hours per week. Please specify hours ...

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Q29. Does your partner's paid job involve working at home?

None or less than one hour

One or more hours per week. Please specify hours ...

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Q30. On which days of the week does your partner usually work (in his/her main job)?

Monday to Friday

Nine day fortnight

Days vary from week to week

Days vary from month to month

Other - please specify _____

Q31. Which of these best describes the current work schedule in your partner's main job?
 (Please mark **all** responses that apply to your partner)

A regular daytime shift

A regular evening shift

A regular night shift

A rotating shift (changes from days to evenings to nights)

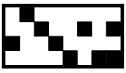
Split shift

On-call

Irregular schedule

Other - please describe _____

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Q32. What does your partner currently spend most of his/her time doing?
(Please mark only **one** response, unless two or more responses apply equally)

- Full-time or part-time job (salary or own business)
- Voluntary work
- Looking for work
- Home duties / caring for children
- Studying
- Voluntarily out of the workforce
- Recovering from injury / illness
- Caring for an aged / disabled / ill person (friend or relative)
- Maternity/Paternity Leave
- Long Service Leave
- Other - please describe _____

Q33. What is your total family income (before tax) per year now? (include income from investments, rent assistance, maintenance, family supplement etc).
(Please mark only **one** response)

- \$1 to \$8,000 per year (\$1-154 per week)
- \$8,001 to \$16,000 per year (\$155-308 per week)
- \$16,001 to \$25,000 per year (\$309-481 per week)
- \$25,001 to \$30,000 per year (\$482-577 per week)
- \$30,001 to \$35,000 per year (\$578-673 per week)
- \$35,001 to \$40,000 per year (\$674-769 per week)
- \$40,001 to \$50,000 per year (\$770-962 per week)
- \$50,001 to \$60,000 per year (\$963-1154 per week)
- \$60,001 to \$70,000 per year (\$1155-1346 per week)
- \$70,001 to \$78,000 per year (\$1347-1500 per week)
- \$78,001 to \$104,000 per year (\$1501-2000 per week)
- \$104,001 or more per year (>\$2001per week)

Q35. Which words best describe your family's money situation?
(Please mark only **one** response)

- We are spending more money than we get
- We have just enough money to get us through to the next pay day
- There's some money left over each week, but we just spend it
- We can save a bit every now and again
- We can save a lot



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Q34. How many people does this income support?

Adults and children aged 14 years and over: Children:

Q35. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please mark only **one** response)

- Being paid off by you (or your spouse/partner)
- Owned outright by you (or your spouse/partner)
- Rented by you (or your spouse/partner)
- Being purchased under a rent/buy (or shared equity) scheme by you (or your spouse/partner)
- Occupied under a life tenure scheme
- None of these
- Don't know

The next two questions are about the neighbourhood in which you live.

Q36. To what extent do you agree or disagree with these statements about your neighbourhood (Please mark only **one** response for each line)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Rural Area
This is a safe neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a clean neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good parks, playgrounds and play spaces in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is good lighting in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The state of the footpaths and roads is good in this neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 Over the last two years, have any of the following been a problem in your neighbourhood?

(Please mark all responses that apply)	Yes	No	Don't Know	Rural Area
Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q38. Have you ever had any of the following happened to you?
(Please mark only **one** response for each line)

	Four or more times	Two or three times	Once	Never
You have been treated with less courtesy than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been treated with less respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have received poorer service than other people at restaurants or shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have acted as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have acted as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have acted as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People have acted as if they are better than you are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been followed around in shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39. If any of the above events (Q38) have happened to you, what do you think was the **main** reason for this/these experiences? (Please mark **all** responses that apply to you)

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height or weight
- Your shade of skin colour
- Your sexual orientation
- Your education or income level
- A physical disability
- The way you look
- Other - please describe _____
- None of these events have ever happened to me



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YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about the health and wellbeing of the study teenager's **biological mother and father**. We are also interested to know about the health and wellbeing of your partner if the father (mother) of your teenager is no longer living with you. We have tried to keep these to a minimum but some things that affect parents may also affect their children.

Q40. In general how would you describe your health?

	Excellent	Very Good	Good	Fair	Poor
Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q41. Please answer **both** parts of this question below:

a) Do you have any medical conditions or health problems of a permanent or long term nature (that is, going to last for more than 6 months, eg diabetes, chronic back pain)?

b) Do these health problems or medical conditions limit you in any way in carrying out normal daily activities at home, at a job or in studying?

a) Have health problems

b) Limited in daily activities

	Yes	No	Yes	No	N/A (no health problems)
Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42. Has the study teenager's mother **ever** had post-natal depression?

No

Go to Q44

Yes



Q43. When did you/she have post-natal depression?

<i>(Please mark all responses that apply)</i>	No	Yes	Don't Know/ Unsure	N/A
With child(ren) born before the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With child(ren) born after the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associated with the birth of the study child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



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Q44. Have you **ever** been treated for an emotional or mental problem (other than post-natal depression)?

	Yes	No
Teenager's Mother	<input type="radio"/>	<input type="radio"/>
Teenager's Father	<input type="radio"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>

Q45. Have you been treated for an emotional or mental health problem within the **last 6 months**?

	Yes	No	N/A (never had a treated emotional problem)
Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46. Have you **ever** been **hospitalised** for an emotional or mental health problem?

	Yes	No	N/A (never had a treated emotional problem)
Teenager's Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenager's Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47. Do you smoke cigarettes? No Yes

Go to Q51



Q48. How many cigarettes do you smoke a day **now**?

- Less than 1 daily
- 1-5 daily
- 6-10 daily
- 11-15 daily
- 16-20 daily
- More than 20 daily

	Yes	No
Q49. Do you smoke inside your house?	<input type="radio"/>	<input type="radio"/>
Q50. Do you smoke in the car?	<input type="radio"/>	<input type="radio"/>



Q51a. Does your study teenager smoke?

- No, definitely not
 No, not as far as I know
 Yes
 Don't know

Q51b. Does anyone else in your house smoke cigarettes? *(other than you and your study teenager)*

- No **Go to Q55**
 Yes



Q52. How many cigarettes do they smoke a day now? *(If more than one person at home smokes, please mark the total number of cigarettes smoked by these people)*

- Less than 1 daily
 1-5 daily
 6-10 daily
 11-15 daily
 16-20 daily
 More than 20 daily

	Yes	No
Q53. Do they smoke inside your house?	<input type="radio"/>	<input type="radio"/>
Q54. Do they smoke in the car?	<input type="radio"/>	<input type="radio"/>

Q55. Does anyone at your home smoke/use any other substances?
(Please include pipe, cigars, marijuana and any other drugs, etc)

- No **Go to Q57**
 Yes



Q56. Which other substances do they smoke/use? *(Please mark **one** response for each item)*

	No	Once a week or less	More than once weekly, but not every day	Every day
Pipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If other is selected, please specify the other substance(s) _____				



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Q57. Please indicate, as accurately as possible, the type and amount of alcohol that **you** consumed each day during the **past week**. Please refer to the guide to standard drinks at the bottom of this page while completing this question.

Start with yesterdays drinks and work back through the whole week marking the circle next to the days you consumed some alcohol. If you did not consume alcohol on a particular day, do not mark the circle and write NIL in the "Type of Alcohol & Amount Consumed" column.

Day	Type of Alcohol & Amount consumed (eg. 2 cans of light beer, 4 bundy/cola pre-mix cans, 1 glass of wine at a restaurant)
Monday	<input type="radio"/>
Tuesday	<input type="radio"/>
Wednesday	<input type="radio"/>
Thursday	<input type="radio"/>
Friday	<input type="radio"/>
Saturday	<input type="radio"/>
Sunday	<input type="radio"/>

Q58. Does this level of consumption reflect a typical week?

No

Yes



















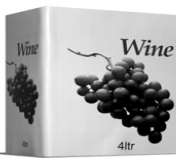
Type of alcohol examples:

Beer (please specify brand and strength)
Wine (Sherry, Claret, Chardonnay, etc)
Spirits (Gin, Whiskey, Baileys, etc)

Amount consumed:

Please indicate the number of glasses, cans, stubbies, nips or mls (if you know it), etc...whatever measures you are most familiar with.

Standard Drinks Guide

									
1.5	1	0.8	1.5	1	0.8	1	0.7	0.5	1.5
375ml Full Strength Beer 4.9% Alc./Vol	375ml Mid Strength Beer 3.5% Alc./Vol	375ml Light Beer 2.7% Alc./Vol	375ml Full Strength Beer 4.9% Alc./Vol	375ml Mid Strength Beer 3.5% Alc./Vol	375ml Light Beer 2.7% Alc./Vol	285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol	285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol	285ml Middy/Pot* Light Beer 2.7% Alc./Vol	170ml Standard Serve of Sparkling Wine/Champagne 11.5% Alc./Vol
									
1.5	1.5	1	22	0.9	1	1.8	7	38	
375ml Pre-mix Spirits 5% Alc./Vol	340ml Alcoholic Soda 5.5% Alc./Vol	30ml Spirit Nip 40% Alc./Vol	700ml Bottle of Spirits 40% Alc./Vol	60ml Port/Sherry Glass 18% Alc./Vol.	100ml Standard Serve of Wine 12% Alc/Vol	180ml Average Restaurant Serve of Wine 12% Alc/Vol	750ml Bottle of Wine 12% Alc/Vol	4 Litres Cask Wine 12% Alc/Vol	

* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner

Office use only

Q57

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Section 2

The next few questions (Q59 - Q61) are about the physical activity you did last week, DO NOT count what you did as part of your job.

Q59. In the last week, how many times have you walked continuously for at least 10 minutes for recreation/exercise, or to get to and from places?

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The next question excludes household chores, gardening or yard work.

Q60. In the last week, how many times did you do any moderate/vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis)

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The next question includes household chores, gardening or yard work.

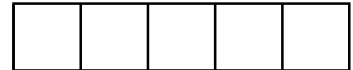
Q61. In the last week, how many times did you do any moderate/vigorous household chores, gardening or heavy work around the yard which made you breathe harder or puff and pant?

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Q62. Does the level of activity detailed above reflect a typical week?

- No
 Yes

	Yes	No
Q63. Have you ever had back pain?	<input type="radio"/>	<input type="radio"/>
Q64. Have you ever had neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
Q65. Have you ever had low back pain?	<input type="radio"/>	<input type="radio"/>
Q66. Did you seek health professional advice/treatment for back pain?	<input type="radio"/>	<input type="radio"/>
Q67. Did you take medication to relieve the back pain?	<input type="radio"/>	<input type="radio"/>
Q68. Did your back pain stop you from going to work?	<input type="radio"/>	<input type="radio"/>
Q69. Did the back pain interfere with your normal activities?	<input type="radio"/>	<input type="radio"/>



Q70. We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer **all** items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

(1 = Completely DISAGREE; 5 = Completely AGREE)	Disagree			Agree	
	1	2	3	4	5
There is no real treatment for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble will eventually stop your participation in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble means periods of pain for the rest of one's life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors cannot do anything for back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A bad back should be exercised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble makes everything in life worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery is the most effective way to treat back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble may mean you end up in a wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative treatments are the answer to back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble means long periods of time off school/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication is the only way of relieving back trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once you have had back trouble there is always a weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back trouble must be rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Later in life back trouble gets progressively worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q71. Do you belong to any of the following?

(Please mark all responses that apply to you)	Yes
A sports club	<input type="radio"/>
An exercise club	<input type="radio"/>
An outdoor recreation club or group	<input type="radio"/>
None of these	<input type="radio"/>



Q72. Do you do any physical activity? *(Please include activity done in your job, housework, in caring for children)*

No **Go to Q75**

Yes



Q73. What are the **MAIN** reason(s) for you doing physical activity?
*(Please mark **all** responses that apply to you)*

- Improve appearance
- Enjoy doing the activity
- Maintain or lose weight
- Social interaction and friendships
- Reduce my risk of heart disease
- Feel more relaxed
- Tone my muscles
- Improve my fitness
- Feel better about myself
- Have more energy
- Sleep better
- Prevent joint stiffness
- Other reason
- No reason

Q74. Who normally does physical activity with you? *(Please mark **all** responses that apply to you)*

- Spouse/Partner
- The teenager in the study
- Another of your children
- Friend
- Workmate
- Neighbour
- Sports or health club member
- No-one
- Children other than your own (eg coaching)
- Pets
- Other - please specify _____



The following statements are about the amount of exercise you intend to do in the near future.

Q75. Do you intend to be more active than you have been over the last week?

- No
- Yes
- Unsure

Q76. What reasons would you give for not being **more** physically active?
(Please mark **all** responses that apply to you)

- I haven't got time
- My health is not good enough
- There is no one to do it with
- I've lost contact with friends/family
- I can't afford it
- I'm too old
- There are no suitable facilities
- Traffic is too heavy
- I'm not the sporty type
- No motivation
- Can't be bothered
- Too fat - overweight
- I need to rest and relax in my spare time
- I don't put priority on physical activity
- I've got young children to look after
- I might get injured or damage my health
- I don't enjoy physical activity
- I'm active enough
- Other - please describe _____
- No reason



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Q77. To what extent do you agree or disagree with the following statements about physical activities? (Please mark **one** response for **each** statement)

	Agree	Neither Agree nor Disagree	Disagree
Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Half an hour of brisk walking on most days is enough to improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise doesn't have to be done all at one time - blocks of 10 minutes are okay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate exercise that increases your heart rate slightly can improve your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q78. On average, how many hours per day (at work **and** at home) do you...

(Please mark one response for each item)	Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
Watch TV or videos on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch TV or videos on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a computer (eg for study/work, games, internet) on a week day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a computer (eg for study/work, games, internet) on a weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Please mark one response for each row of this question, that applies to your diet.

Q79. How often do **you** eat the following foods? (Please mark **one** response for each item)

	6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
Fried food with a batter or breadcrumb coating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gravy, creamy sauces or cheese sauces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables, rice or pasta with added butter, margarine oil or sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables that are fried or roasted in oil (don't count oil sprays eg. Pure and Simple)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sausages, polony, salami, meat pies, pasties, hamburger or bacon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot potato chips or french fries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pastries, cakes, sweet biscuits or croissants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate, chocolate biscuits or sweet snack bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato crisps, corn chips, cheezels, twisties or nuts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice cream (any variety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream or sour cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheddar, edam, or other hard cheese, cream cheese or soft cheeses such as camembert or brie (but excluding ricotta or cottage cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q80. How much of the following do **you** usually eat? (Please mark **one** response for each item)

	Most or all	Some	None	I don't eat meat/chicken
Fat (on meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin (on chicken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q81. How often do **you** eat the following foods? (Please mark **one** response for each item)

(Please mark one response for each item)	6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
Fruit , including fresh and canned fruit (do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit desserts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables , include all forms of vegetables, eg. fresh, frozen, canned, salads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q82. What type of milk do **you** usually drink? (Please mark only **one** response)

- None
- Skim
- Reduced fat (2%) eg hilo or reduced fat soy
- Full-cream
- Soy
- Condensed
- Other - please specify _____

Q83. How much butter/margarine do **you** usually use on bread? (Please mark only **one** response)

- Thick spread
- Medium spread
- Thin spread
- None

Q84. For each of the following foods **you** eat, mark the **most common** cooking method used for each (Please mark **one** response for each item)

	Boiled, steamed or Microwaved	Stewed or casseroled	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	I Don't eat this food
Beef/lamb/pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sausages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From the following two lists of fruit and vegetables, please mark those that you eat at least once a week (on average) when they are in season.

Q85. **Fruits** - include fresh and canned fruit but do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit desserts. (Please mark **all** the fruits that **you** eat at least once a week when they are in season)

- | | | |
|---------------------------------|---------------------------------|-------------------------------------|
| <input type="radio"/> Apple | <input type="radio"/> Nectarine | <input type="radio"/> Rockmelon |
| <input type="radio"/> Apricot | <input type="radio"/> Orange | <input type="radio"/> Strawberry |
| <input type="radio"/> Banana | <input type="radio"/> Pawpaw | <input type="radio"/> Watermelon |
| <input type="radio"/> Grapes | <input type="radio"/> Peach | <input type="radio"/> Any others? |
| <input type="radio"/> Kiwifruit | <input type="radio"/> Pear | <input type="radio"/> None of these |
| <input type="radio"/> Mandarin | <input type="radio"/> Pineapple | |
| <input type="radio"/> Mango | <input type="radio"/> Plum | |

Please specify any other fruit _____



□ □ □ □ □

Q86. Vegetables - include all forms of vegetables eg. fresh, frozen, canned, salads
(Please mark **all** the vegetables that **you** eat at least once a week)

- | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="radio"/> Asparagus | <input type="radio"/> Chick peas | <input type="radio"/> Pumpkin |
| <input type="radio"/> Avocado | <input type="radio"/> Cucumber | <input type="radio"/> Sweet corn |
| <input type="radio"/> Baked beans | <input type="radio"/> Dried beans | <input type="radio"/> Silver beet |
| <input type="radio"/> Beetroot | <input type="radio"/> Eggplant | <input type="radio"/> Spinach |
| <input type="radio"/> Broccoli | <input type="radio"/> Green beans | <input type="radio"/> Sprouts |
| <input type="radio"/> Brussel Sprouts | <input type="radio"/> Green peas | <input type="radio"/> Sweet potato |
| <input type="radio"/> Carrot | <input type="radio"/> Lentils | <input type="radio"/> Tomato |
| <input type="radio"/> Cabbage | <input type="radio"/> Lettuce | <input type="radio"/> Zucchini |
| <input type="radio"/> Capsicum | <input type="radio"/> Mushroom | <input type="radio"/> Any others? |
| <input type="radio"/> Cauliflower | <input type="radio"/> Onion | <input type="radio"/> None of these |
| <input type="radio"/> Celery | <input type="radio"/> Potato | |

Please specify any other vegetables _____

Please select the most appropriate responses to the following questions.

Q87. Do you know your weight?

No **Go to Q88**

Yes



What is your current weight?

□ □ □ . □ kg

or

□ □ □ stone/lb

Q88. Do you know your height?

No **Go to Q89**

Yes



What is your current height?

□ □ □ . □ cm

or

□ / □ □ feet/inches

Q89. Are you worried about your weight?

- Not at all
- A little
- Moderately
- Very

Q90. Do you consider yourself to be...

- Underweight?
- Normal weight?
- A bit overweight?
- Very overweight?

Office use only

WTK

Q87 □ □ □ . □

HTC

Q88 □ □ □ . □



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Q91. Are you worried about your teenager's weight?

- Not at all
- A little
- Moderately
- Very

Q92. Do you consider your teenager to be...

- Underweight?
- Normal weight?
- A bit overweight?
- Very overweight?

Q93. How concerned are you that your teenager may become overweight in the future?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

Q94. How much does your weight and shape influence how you....

	Not at all	A little	Moderately	Very
Think about (judge) yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Think about (judge) others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q95. Have any of the following happened to you in the last year?

<i>(Please mark all responses that apply to you)</i>	Yes
Pregnancy problems	<input type="radio"/>
Death of a close relative - which relative _____	<input type="radio"/>
Death of a close friend	<input type="radio"/>
Separation or divorce	<input type="radio"/>
Marital problems	<input type="radio"/>
Problems with your children	<input type="radio"/>
Your own job loss (not voluntary)	<input type="radio"/>
Your partner's job loss (not voluntary)	<input type="radio"/>
Money problems	<input type="radio"/>
Residential move	<input type="radio"/>
Other - please describe _____	<input type="radio"/>
None of these	<input type="radio"/>



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Please read each statement and mark the response that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any one statement.

The rating scale is as follows:

0. *Did not apply to me at all*
1. *Applied to me to some degree, or some of the time*
2. *Applied to me a considerable degree, or a good part of the time*
3. *Applied to me very much, or most of the time*

	0	1	2	3
1. I found myself getting upset by quite trivial things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I couldn't seem to get going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had a feeling of faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I experienced breathing difficulties (eg. excessively rapid breathing, in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt sad and depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I found it hard to calm down after something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I perspired noticeably (eg. sweaty hands) in the absence of high temperatures or physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I found myself in situations which made me so anxious I was most relieved when they ended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I tend to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found myself getting upset rather easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I couldn't seem to experience any positive feelings at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I found that I was very irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I was aware of dryness in my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I felt that I had lost interest in just about everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I could see nothing in the future to be hopeful about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I was aware of the action of my heart in the absence of physical exertion (eg. heart rate increase, missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt that life wasn't worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I couldn't seem to get enough enjoyment out of the things I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I had a feeling of shakiness (eg. legs going to give way)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The rating scale is as follows:

- 0. *Did not apply to me at all*
- 1. *Applied to me to some degree, or some of the time*
- 2. *Applied to me a considerable degree, or a good part of the time*
- 3. *Applied to me very much, or most of the time*

	0	1	2	3
25. I felt downhearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I found it difficult to work up the initiative to do something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I had difficulty in swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I feared that I could be "thrown" by some trivial but unfamiliar task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I felt I was pretty worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I was in a state of nervous tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I felt I wasn't much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I felt terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I experienced trembling (eg in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I found it difficult to tolerate interruptions to what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q96. Does this reflect a typical a week for you?

Yes **Go to Q98**

No



Q97. Please describe the reason(s) for this not being a typical a week for you.

