



TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH

WESTERN AUSTRALIAN PREGNANCY COHORT (RAINE) STUDY

13 YEAR FOLLOW UP QUESTIONNAIRE

Secondary Caregiver

❖ **Thankyou for continuing to help us with the Raine Study.**

This may be the first time you have had the opportunity to fill in a study questionnaire. Previously we have only asked one parent to complete our follow-up questionnaires. However for this follow-up we have some additional questions for the other significant caregiver in the study child's life. The purpose of this questionnaire is to obtain information about your lifestyle, which may be significant for your child's development.

❖ **Please read each question carefully.**

Write your answers in the space provided or circle the most appropriate option.

❖ **Please take your time.**

If you are uncomfortable about a question or unsure of an answer, please leave it blank or feel free to contact one of the Raine Study staff on 9489 7794, 9489 7793 or 9489 7796.

❖ **Remember all answers are STRICTLY confidential.**

❖ **Please complete this questionnaire as soon as possible.**

If you are coming in for an appointment, please bring your completed questionnaire with you on the day. If you are unable to attend, please return the questionnaire in the Reply Paid envelope provided by: _____

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Q6. Do you currently have a full-time or part-time job of any kind (excluding home duties)?
 (Please circle one answer only – the main job) C13_YWRK

- 0 No, do not have a job – not seeking work Go to Q10
- 1 No, do not have a job – actively seeking work Go to Q10
- 2 Yes, work for payment or profit
- 3 Yes, unpaid work in a family business
- 4 Yes, other unpaid work



Q7. 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: C13_YEMP
 (Please circle **one** answer only)

- 0 A salary or wage earner
- 1 A helper not receiving wages
- 2 Conducting your own business – with employees
- 3 Conducting your own business – without employees

Q8. Describe your current main job. (Please give title of job and description of work in detail)

Job C13_YJOB

Description

.....

Q9. How many hours do you usually work in all jobs? C13_YHRS

- 0 None or less than one hour
- 1 One or more hours per week (Please specify)

Q10. What do you currently spend most of your time doing? (Please only circle one answer unless two, or more, apply equally)

- 0 Full-time or part-time job (salary or own business) C13_YWK1
- 1 Voluntary work C13_YWK2
- 2 Looking for work C13_YWK3
- 3 Home duties / caring for children C13_YWK4
- 4 Studying C13_YWK5
- 5 Voluntarily out of the workforce / retired C13_YWK6
- 6 Recovering from injury / illness C13_YWK7
- 7 Caring for an aged / disabled /ill person C13_YWK8
- 8 Other (Please describe) C13_YWK9

Q11. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? (Please circle **one** answer only – the main job) C13_PWRK

- 0 No partner Go to Q16
- 1 No, does not have a job – not seeking work Go to Q15
- 2 No, does not have a job – actively seeking work Go to Q15
- 3 Yes, works for payment or profit
- 4 Yes, unpaid work in a family business
- 5 Yes, other unpaid work



Q12. 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 he/she:
 (Please circle **one** answer only)

0 A salary or wage earner
 1 A helper not receiving wages
 2 Conducting his/her own business – with employees
 3 Conducting his/her own business – without employees

Q13. Describe your partner's current main job. (Please give title of job and description of work in detail)

Job

Description

Q14. How many hours does your partner usually work in all jobs?

0 None or less than one hour
 1 One or more hours per week (Please specify)

Q15. What does your partner currently spend most of his/her time doing? (Please circle only one answer unless two, or more, apply equally)

- 0 Full-time or part-time job (salary or own business)
- 1 Voluntary work
- 2 Looking for work
- 3 Home duties / caring for children
- 4 Studying
- 5 Voluntarily out of the workforce / retired
- 6 Recovering from injury / illness
- 7 Caring for an aged / disabled / ill person
- 8 Other (Please describe)

Q16. What is your total family income (before tax) per year now? (Please include income from investments, rent assistance, maintenance, family supplement, etc)

- 0 \$1 to \$8,000 per year (\$1 to \$154 per week)
- 1 \$8,001 to \$16,000 per year (\$155 to \$308 per week)
- 2 \$16,001 to \$25,000 per year (\$309 to \$481 per week)
- 3 \$25,001 to \$30,000 per year (\$482 to \$577 per week)
- 4 \$30,001 to \$35,000 per year (\$578 to \$673 per week)
- 5 \$35,001 to \$40,000 per year (\$674 to \$769 per week)
- 6 \$40,001 to \$50,000 per year (\$770 to \$962 per week)
- 7 \$50,001 to \$60,000 per year (\$963 to \$1,154 per week)
- 8 \$60,001 to \$70,000 per year (\$1,155 to \$1,346 per week)
- 9 \$70,001 to \$78,000 per year (\$1,347 to \$1500 per week)
- 10 \$78,001 to \$104,000 per year (\$1,501 to 2,000 per week)
- 11 \$104,000 or more per year (>\$2,000 per week)

How many people does this income support?

Adults and children over 14 yrs: Children:

If you don't know the total income, what is the family take home pay per week? \$

Q17. What best describes your situation with regard to the house, unit, flat or other residence you live in? (Please circle **one** answer only)

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

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

Q18. To what extent do you agree or disagree with these statements about your neighbourhood?

			Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
<input type="text" value="C13_NH1"/>	1	This is a safe neighbourhood	4	3	2	1	0
<input type="text" value="C13_NH2"/>	2.	This is a clean neighbourhood	4	3	2	1	0
<input type="text" value="C13_NH3"/>	3.	There are good parks, playgrounds and play spaces in this neighbourhood	4	3	2	1	0
<input type="text" value="C13_NH4"/>	4.	There is good street lighting in this neighbourhood	4	3	2	1	0
<input type="text" value="C13_NH5"/>	5.	The state of the footpaths and roads is good in this neighbourhood	4	3	2	1	0

Q.19. **Over the last two years**, have any of the following been a problem in your neighbourhood? (Please answer all questions)

			Yes	No	Don't Know	
<input type="text" value="C13_NH6"/>	a.	Vandalism or graffiti	2	1	0	
<input type="text" value="C13_NH7"/>	b.	House burglaries	2	1	0	
<input type="text" value="C13_NH8"/>	c.	Car theft or damage	2	1	0	
<input type="text" value="C13_NH9"/>	d.	Domestic violence	2	1	0	
<input type="text" value="C13_NH10"/>	e.	Violence in the streets		2	1	0
<input type="text" value="C13_NH11"/>	f.	Drug or alcohol abuse	2	1	0	
<input type="text" value="C13_NH12"/>	g.	Noisy or reckless driving	2	1	0	
<input type="text" value="C13_NH13"/>	h.	Racist discrimination or abuse	2	1	0	

YOUR HEALTH AND WELLBEING – STRICTLY CONFIDENTIAL

The following questions ask about your health and wellbeing. We are also interested to know about the health and wellbeing of your partner (if applicable). We have tried to keep these to a minimum but some things that affect parents/caregivers may also affect their children.

Q20. Do you smoke cigarettes?

0 No Go to Q24

1 Yes



Q21. How many cigarettes do you smoke a day now?

- 0 Less than 1 daily
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

Q22. Do you smoke inside your house?

- 0 No
- 1 Yes

Q23. Do you smoke in the car?

- 0 No
- 1 Yes

Q24. Does anyone else living in your house smoke cigarettes?

0 No Go to Q28

1 Yes



Q25. How many do they smoke a day now? *(If more than one person at home smokes, please circle the total number of cigarettes smoked)*

- 0 Less than 1 daily
- 1 1-5 daily
- 2 6-10 daily
- 3 11-15 daily
- 4 16-20 daily
- 5 More than 20 daily

Q26. Do they smoke inside your house?

- 0 No
- 1 Yes

Q27. Do they smoke in the car?

- 0 No
- 1 Yes

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Q28. Does anyone at your home smoke/use any other substances? (*Please include pipe, cigars, marijuana, other drugs, etc*)

- C13_SM20
- 0 No
1 Yes - once a week or less
2 Yes - more than once weekly but not every day
3 Yes - every day

What do they smoke/use?

C13_SM26
PIPEC13_SM27
CIGARC13_SM28
MARIJUANAC13_SM29
OTHER

Q29. In general how would you describe your health?

C13_MH9	C13_FH9	C13_PH9	Mother	Father	Partner
		Poor	0	0	0
		Fair	1	1	1
		Good	2	2	2
		Very Good	3	3	3
		Excellent	4	4	4

Q30. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

C13_MH11	Mother	No	Yes
C13_FH8	Father	No	Yes
C13_PH8	Partner	No	Yes

Q31. Are you limited in any way in carrying out normal daily activities at home, at a job or in studying, because of a medical condition or health problem?

C13_MH10	Mother	No	Yes
C13_FH10	Father	No	Yes
C13_PH10	Partner	No	Yes

Q32. Has the study child's mother ever had post-natal depression? (*Please circle all appropriate answers*)

- 0 No
1 Yes, with a child(ren) born before the study child
2 Yes, with a child(ren) born after the study child
3 Yes, associated with the birth of the study child
4 Don't know, unsure

C13_EM12

C13_EM14

C13_EM15

Q33. Have you ever been treated for an emotional or mental health problem (other than post-natal depression)?

Mother	No	Yes	C13_EM1
Father	No	Yes	C13_EM5
Partner	No	Yes	C13_EM9

Q34. Have you been treated for an emotional or mental health problem within the last 6 months?

C13_EM2	Mother	No	Yes	N/A (never had treatment)
C13_EM6	Father	No	Yes	N/A (never had treatment)
C13_EM10	Partner	No	Yes	N/A (never had treatment)

Office use only

Q35. Have you ever been hospitalised for an emotional or mental health problem?

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C13_EM3	Mother	No	Yes	N/A
C13_EM7	Father	No	Yes	N/A
C13_EM11	Partner	No	Yes	N/A

Q36. On average, over the past 6 months, about how many drinks of beer, wine, spirits or other alcoholic beverage have you taken.

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C13_AH1	C13_AH2	C13_AH3	Mother	Father	Partner	
	Don't drink alcohol		0	0	0	Go to Q39
	Less than 3 drinks a week		1	1	1	
	3 - 6 drinks a week		2	2	2	
	1 or 2 drinks a day		3	3	3	
	3 - 6 drinks a day		4	4	4	
	More than 6 drinks a day		5	5	5	

Q37. Please indicate, as accurately as possible, the type and amount of alcohol consumed each day during the past week.

Type of alcohol: Examples: Beer (Swan Lager, Emu Draft, etc)
 Wine (Sherry, Claret, Chardonnay, etc)
 Spirits (Gin, Whiskey, Baileys, etc)

Amount Consumed: Indicate the number of glasses, cans, stubbies, nips or mls (if you know it) etc...Whatever measures you are most familiar with.

Start with yesterdays drinks and work back through the whole week. If you didn't have anything to drink on a particular day, please write NIL in the "Amount Consumed" column.

	DAY	TYPE OF ALCOHOL	AMOUNT CONSUMED							
C13_AH4	Monday	C13_AH19 P13_AH20 P13_AH21	C13_AH5	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH6	Tuesday	C13_AH22 P13_AH23 P13_AH24	C13_AH7	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH8	Wednesday	C13_AH25 P13_AH26 P13_AH27	C13_AH9	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH10	Thursday	C13_AH28 P13_AH29 P13_AH30	C13_AH11	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH12	Friday	C13_AH31 P13_AH32 P13_AH33	C13_AH13	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH14	Saturday	C13_AH34 P13_AH35 P13_AH36	C13_AH15	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
C13_AH16	Sunday	C13_AH37 C13_AH38 C13_AH39	C13_AH17	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

Q38. Does this level of consumption reflect a typical week?

C13_AH18

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- 0 No
- 1 Yes

Q39. Have you ever had back pain?

0 No Go to Q44

1 Yes



Q40. Did you seek health professional advice/treatment?

0 No

1 Yes

Q41. Did you take medication to relieve the pain?

0 No

1 Yes

Q42. Did you miss work due to the pain?

0 No

1 Yes

Q43. Did the pain interfere with your normal activities?

0 No

1 Yes

Section 2

The next few questions (Q44-Q46) are about the physical activity you did last week, outside of that which results from your work.

Q44. 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?

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

Q45. In the last week, how many times did you do any moderate/vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis)

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

Q46. 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?

Q47. Does the level of activity detailed in Questions 44-46 reflect a typical week? C13_E4

0 No

1 Yes

Q48. Do you belong to: (Please circle **all** appropriate answers)

A sports club	No	Yes	<input type="checkbox"/> C13_E5A	<input type="checkbox"/>
An exercise club	No	Yes	<input type="checkbox"/> C13_E5B	<input type="checkbox"/>
An outdoor recreation club or group	No	Yes	<input type="checkbox"/> C13_E5C	<input type="checkbox"/>

Q49. What is the MAIN reason (s) for you doing physical activity?
(Please circle **all** appropriate answers)

0	Improve appearance	<input type="checkbox"/> C13_E6A	<input type="checkbox"/>
1	Enjoy doing the activity	<input type="checkbox"/> C13_E6B	<input type="checkbox"/>
2	Maintain or lose weight	<input type="checkbox"/> C13_E6C	<input type="checkbox"/>
3	Social interaction and friendships	<input type="checkbox"/> C13_E6D	<input type="checkbox"/>
4	Reduce my risk of heart disease	<input type="checkbox"/> C13_E6E	<input type="checkbox"/>
5	Feel more relaxed	<input type="checkbox"/> C13_E6F	<input type="checkbox"/>
6	Tone my muscles	<input type="checkbox"/> C13_E6G	<input type="checkbox"/>
7	Improve my fitness	<input type="checkbox"/> C13_E6H	<input type="checkbox"/>
8	Feel better about my self	<input type="checkbox"/> C13_E6I	<input type="checkbox"/>
9	Have more energy	<input type="checkbox"/> C13_E6J	<input type="checkbox"/>
10	Sleep better	<input type="checkbox"/> C13_E6K	<input type="checkbox"/>
11	Prevent joint stiffness	<input type="checkbox"/> C13_E6L	<input type="checkbox"/>
12	Other	<input type="checkbox"/> C13_E6M	<input type="checkbox"/>
13	No reason	<input type="checkbox"/> C13_E6N	<input type="checkbox"/>

Q50. Who normally does physical activity with you?
(Please circle **all** appropriate answers)

1	Spouse/partner	<input type="checkbox"/> C13_E7A	<input type="checkbox"/>
2	The child in the study	<input type="checkbox"/> C13_E7B	<input type="checkbox"/>
3	Another of your children	<input type="checkbox"/> C13_E7C	<input type="checkbox"/>
4	Friend	<input type="checkbox"/> C13_E7D	<input type="checkbox"/>
5	Workmate	<input type="checkbox"/> C13_E7E	<input type="checkbox"/>
6	Neighbour	<input type="checkbox"/> C13_E7F	<input type="checkbox"/>
7	Sports or health club member	<input type="checkbox"/> C13_E7G	<input type="checkbox"/>
8	No-one	<input type="checkbox"/> C13_E7H	<input type="checkbox"/>
9	Children other than your own (coaching)	<input type="checkbox"/> C13_E7I	<input type="checkbox"/>
10	Pets	<input type="checkbox"/> C13_E7J	<input type="checkbox"/>
11	Other	<input type="checkbox"/> C13_E7K	<input type="checkbox"/>

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

- Q51. Do you intend to be more active than you have been over the last week? C13_E8
- 0 No
- 1 Yes
- 2 Unsure

- Q52. What reasons would you give for not being more physically active? (*Please circle **all** appropriate answers*)

- | | | | |
|----|---|---|--------------------------|
| 0 | I haven't got time | C13_E9A | <input type="checkbox"/> |
| 1 | My health is not good enough | C13_E9B | <input type="checkbox"/> |
| 2 | There is no one to do it with | C13_E9C | <input type="checkbox"/> |
| 3 | I've lost contact with friends/family | C13_E9D | <input type="checkbox"/> |
| 4 | I can't afford it | | <input type="checkbox"/> |
| 5 | I'm too old | C13_E9E | <input type="checkbox"/> |
| 6 | There are no suitable facilities | C13_E9F | <input type="checkbox"/> |
| 7 | Traffic is too heavy | C13_E9G | <input type="checkbox"/> |
| 8 | I'm not the sporty type | C13_E9H | <input type="checkbox"/> |
| 9 | No motivation | C13_E9I | <input type="checkbox"/> |
| 10 | Can't be bothered | C13_E9J | <input type="checkbox"/> |
| 11 | Too fat – overweight | C13_E9K | <input type="checkbox"/> |
| 12 | I need to rest and relax in my spare time | C13_E9L | <input type="checkbox"/> |
| | | C13_E9M | <input type="checkbox"/> |
| 13 | I don't put priority on physical activity | C13_E9N | <input type="checkbox"/> |
| 14 | I've got young children to look after | C13_E9O | <input type="checkbox"/> |
| 15 | I might get injured or damage my health | C13_E9P | <input type="checkbox"/> |
| 16 | I don't enjoy physical activity | C13_E9Q | <input type="checkbox"/> |
| 17 | I'm active enough | C13_E9R | <input type="checkbox"/> |
| 18 | Other (specify) | C13_E9S | <input type="checkbox"/> |
| 19 | No reason | C13_E9T | <input type="checkbox"/> |

To what extent do you agree or disagree with the following statement about physical activities?

- Q53. Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health.

- 0 Agree C13_E10
- 1 Neither agree nor disagree
- 2 Disagree

- Q54. Half an hour of brisk walking on most days is enough to improve your health.

- 0 Agree C13_E11
- 1 Neither agree nor disagree
- 2 Disagree

Q55. To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times per week.

- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q56. Exercise doesn't have to be done all at one time – blocks of 10 minutes are okay.

- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q57. Moderate exercise that increases your heart rate slightly can improve your health.

- 0 Agree
- 1 Neither agree nor disagree
- 2 Disagree

Q58a. On average how many hours per day do you spend watching television or videos?

- 0 None at all
- 1 Up to one hour a day
- 2 1-2 hours a day
- 3 2-3 hours a day
- 4 4 hours or more a day

Q58b. On average how many hours per day do you spend using a computer?

- 0 None at all
- 1 Up to one hour a day
- 2 1-2 hours a day
- 3 2-3 hours a day
- 4 4 hours or more a day

Please select the most appropriate response for the following questions

Q59. Do you know your weight?

- 0 No Go to Q61
- 1 Yes

Q60. What is your current weight?

.....kgstone

- Q61. Are you worried about your weight?
- 0 Not at all
- 1 A little
- 2 Moderately
- 3 Very
- Q62. Do you consider yourself to be?
- 0 Underweight
- 1 Normal weight
- 2 A bit overweight
- 3 Very overweight
- Q63. Are you worried about your child's weight?
- 0 Not at all
- 1 A little
- 2 Moderately
- 3 Very
- Q64. Do you consider your child to be?
- 0 Underweight
- 1 Normal weight
- 2 A bit overweight
- 3 Very overweight
- Q65. How much does your weight and shape influence how you think about (judge) yourself?
- 0 Not at all
- 1 A little
- 2 Moderately
- 3 Very
- Q66. How much does your weight and shape influence how you think about (judge) others?
- 0 Not at all
- 1 A little
- 2 Moderately
- 3 Very

Please select one number only for each question. Circle the number which applies to your diet.

Q67. How often do you eat the following foods?

		6 + times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
C13_FO2	Fried food with a batter or breadcrumb coating	4	3	2	1	0
C13_FO13	Gravy, creamy sauces or cheese sauces	4	3	2	1	0
C13_FO4	Vegetables, rice or pasta with added butter, margarine, oil or sour cream	4	3	2	1	0
C13_FO17	Vegetables that are fried or roasted with fat or oil (don't count oil sprays e.g, Pure and Simple)	4	3	2	1	0
C13_FO1	Sausages, polony, salami, meat pies, pasties, hamburger or bacon	4	3	2	1	0
C13_FO8	Hot potato chips or French fries	4	3	2	1	0
C13_FO5	Pastries, cakes, sweet biscuits or croissants	4	3	2	1	0
C13_FO9	Chocolate, chocolate biscuits or sweet snack bars	4	3	2	1	0
C13_FO12	Potato crisps, corn chips, cheezels, twisties or nuts	4	3	2	1	0
C13_FO14	Ice cream (any variety)	4	3	2	1	0
C13_FO11	Cream or sour cream	4	3	2	1	0
C13_FO25	Cheddar, edam or other hard cheese, cream cheese or soft cheeses such as camembert or brie (but excluding ricotta or cottage cheese)	4	3	2	1	0

Q68. How much of the following do **you** usually eat?

		Most or all	Some	None	Don't eat this food
C13 FO15	Fat on meat	3	2	1	0
C13 FO7	Skin on chicken	3	2	1	0

Q69. How often do **you** eat the following foods?

		6 + times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
C13_FO26	Fruit , including fresh and canned fruit (Do not include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit deserts)	4	3	2	1	0
C13_FO27	Vegetables . Include all forms of vegetables, e.g. fresh, frozen canned and salads	4	3	2	1	0

Q70. What type of milk do you usually use? (Please circle one answer only).

C13_FO28

- 1 Condensed
- 2 Full – cream
- 3 Reduced fat (2%) e.g. hilo or reduced fat soy
- 4 Skim
- 5 None

Q71. How much butter/margarine do you usually use in bread? (Please circle one answer only).

- 1 Thick spread
- 2 Medium spread
- 3 Thin spread
- 4 None

C13_FO29

Q72. For each one of the following foods you eat, circle the **most common** cooking method used. (Please circle one answer only for each item)

		Boiled, steamed or micro waved	Stewed or casseroleed	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	Don't eat
C13 FO30	Beef/lamb/pork	4	3	2	1	0
C13 FO31	Sausages	4	3	2	1	0
C13 FO32	Poultry	4	3	2	1	0
C13 FO33	Fish	4	3	2	1	0
C13 FO34	Vegetables	4	3	2	1	0

Q73. From the following list, circle the fruits which you eat *at least once a week* (on average), when they are in season. Circle as many fruits as apply to you. Include fresh and canned fruit, but *do not*

include dried fruit, fruit juices, fruit drinks, fruit bars or frozen fruit deserts.

C13_FO35-40	Orange	Mandarin	Apple	Pear	Banana	Grapes
C13_FO41-46	Strawberry	Kiwifruit	Apricot	Nectarine	Peach	Plum
C13_FO47-51	Watermelon	Rockmelon	Pineapple	Mango	Pawpaw	
	Any others? (please specify)		C13 FO52	_____	_____	_____

Q74. From the following list, circle the vegetables which you eat *at least once a week* (on average), when they are in season. Circle as many vegetables as apply to you. Include all forms of vegetables, e.g. fresh, frozen, canned, salads.

C13 FO53-58	Potato	Sweet corn	Green peas	Green beans	Baked beans	Dried beans
C13 FO59-64	Lentils	Chick peas	Tomato	Carrot	Pumpkin	Sweet potato
C13 FO65-70	Beetroot	Cucumber	Capsicum	Celery	Spinach	Silver beet
C13 FO71-76	Cabbage	Cauliflower	Broccoli	Brussel sprouts	Onion	Asparagus
C13 FO77-82	Mushroom	Sprouts	Avocado	Zucchini	Eggplant	Lettuce

Any others? (please specify)

C13 FO83 _____

Section 3

These questions are mostly about your 13-year-old study child.

(Please circle the answer where applicable)

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q75. On average, how much time do you spend with your child **each day from Monday to Friday** (Include the time you spend interacting with each other, helping with homework, talking and just 'being together' – excluding sleeping).

C13 M8	C13 F8	C13 P8	Mother	Father	Partner
			0	0	0
			1	1	1
			2	2	2
			3	3	3
			4	4	4
			5	5	5

Q76. On average, how much time do you spend with your child **each day in the weekend** (Include the time you spend interacting with each other, helping with homework, talking and just 'being together' – excluding sleeping).

C13 M9	C13 F9	C13 P9	Mother	Father	Partner
			0	0	0
			1	1	1
			2	2	2
			3	3	3
			4	4	4

Q77. How much time does your child usually spend watching TV or videos?

C13 AC4A

- 0 None
- 1 Up to 1 hour a day (3 to 6 hrs a week)
- 2 Between 1 and 2 hours a day (7 to 13 hrs a week)
- 3 Between 2 and 3 hours a day (14 to 21 hrs a week)
- 4 4 hours or more a day (21 hrs or more a week)

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Q78. How much time does your child usually spend using a computer (including Internet and chat use)?

C13 AC4B

- 0 None
 1 Up to 1 hour a day (3 to 6 hrs a week)
 2 Between 1 and 2 hours a day (7 to 13 hrs a week)
 3 Between 2 and 3 hours a day (14 to 21 hrs a week)
 4 4 hours or more a day (21 hrs or more a week)

Q79. How would **you** compare the physical activity level of your child with that of other children of the same age?

C13 AC11

- 0 I am unable to make the comparison
 1 My child is less active than other children
 2 My child is as active as other children
 3 My child is more active than other children

Q80. How does your child's level of activity now compare to 12 months ago?

C13 AC10

- 0 Less active than 12 months ago
 1 About the same as 12 months ago
 2 More active than 12 months ago

Q81. How would you rate the ability level of your child for each of the following skills? (*Please circle only **one** answer for each item*)

		Poor	Below Average	Average	Above Average	Excellent
C13_AC54	a. Running	0	1	2	3	4
C13_AC55	b. Jumping	0	1	2	3	4
C13_AC56	c. Hopping	0	1	2	3	4
C13_AC57	d. Skipping	0	1	2	3	4
C13_AC58	e. Throwing	0	1	2	3	4
C13_AC59	f. Catching	0	1	2	3	4
C13_AC60	g. Kicking	0	1	2	3	4
C13_AC61	h. Striking/hitting	0	1	2	3	4
C13_AC62	i. Dodging	0	1	2	3	4
C13_AC63	j. Biking	0	1	2	3	4
C13_AC64	k. Balancing	0	1	2	3	4

Office use only

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Section 4

These are questions about the questionnaire.

Please write the answer in the spaces provided.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q82. What is your relationship to the study child?:

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(e.g. father – living with child, father – lives elsewhere, stepmother – lives, with child, grandmother etc...)

C13_DNBY

please specify

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Q83. Please indicate the date you completed this questionnaire:

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__/__/__

C13_DNWN

Q84. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

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C13_QCO1

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THANK YOU, WE APPRECIATE THE TIME THAT YOU HAVE SPENT COMPLETING THIS QUESTIONNAIRE

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