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THE RAINE STUDY

Not for completion

Secondary Caregiver Questionnaire

16 year Follow-up





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Not for completion



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Secondary 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 lifestyle, 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)

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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Western Australian Pregnancy Cohort (RAINE) Study
Telethon Institute for Child Health Research
100 Roberts Road, Subiaco WA 6008
(PO Box 855, West Perth WA 6872)
Tel +61 8 9489 7794
Fax +61 8 9489 7700
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Completion Instructions

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

Please write 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
---	---	---	---	---	---	---	---	---	---	---	---	---

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.

FAMILY - NEIGHBOURHOOD - WORK STRICTLY

Q1. Is your 16 year old teenager's father/mother living with you?

Yes **Go to Q7**

Not applicable - father/mother deceased **Go to Q6**

No



Q2. If you live in Australia, what is your current residential postcode?

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Q3. If you live overseas, in which country do you live? _____

Q4. Do you have any social contact with him/her?

No Yes NA

Q5. Does he/she provide any financial support for the care of your teenager?

No Yes NA

Q6. Do you have another partner that lives with you?

No Yes NA

Q7. Are you **or** your partner receiving a benefit? *(please include workers compensation)*

No **Go to Q9**

Yes



Q8. 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 _____

Office use only

CN

HEM

Q3

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Q9. 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 Q18**

No, do not have a job - actively seeking work **Go to Q18**

Yes, do work for payment or profit

Yes, do unpaid work in a family business

Yes, do other unpaid work



Q10. 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?

Q11. Describe your current main job.
(Please give details of job and description of work in detail)

Job:

Description:

Q12. 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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Q13. 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 Q15**

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

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Office use only

YJ

Q11

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Q15. On which days of the week do you usually work (in your main job)?

- Monday to Friday
- Nine day fortnight
- Days vary from week to week
- Days vary from month to month
- Other - please specify _____

Q16. Which of these best describes your current work schedule in your main job?
(Please mark **all** responses that apply to you)

- 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 _____

Q17. For the following aspects of your job select the number between 1 and 10 that indicates how satisfied or dissatisfied you are with the following aspects of your job. The more satisfied you are the higher the number you should select. The less satisfied you are the lower the number you should select. (Please mark **only one** response for rating **each** aspect).

	Dissatisfied					Satisfied				
	1	2	3	4	5	6	7	8	9	10
Your total pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The work itself (what you do)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hours you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The flexibility available to balance work and non-work commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All things considered, how satisfied are you with your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q18. 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 _____

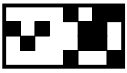
Q19. Does your partner currently have a full-time or part-time job of any kind (excluding home duties)? *(Please mark only one response - the main job)*

- No partner **Go to Q27**
- No, does not have a job - not seeking work **Go to Q26**
- No, does not have a job - actively seeking work **Go to Q26**
- Yes, works for payment or profit
- Yes, does unpaid work in a family business
- Yes, does other unpaid work

Q20. 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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Q21. Describe your partner's current main job.
 (Please give details of job and description of work in detail)

Job:

Description:

Q22. 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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Q23. 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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Q24. 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 _____

Q25. 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 _____

Office use only

PJ

Q21

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Q26. 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 _____

Q27. 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 (>\$2001 per week)

Q28. 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

Q29. How many people does this income support?

Adults and children aged 14 years and over: Children:



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Q30. 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.

Q31. To what extent do you agree or disagree with these statements about your neighbourhood *(Please mark only one response for each statement)*

	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"/>

Q32 Over the last two years, have any of the following been a problem in your neighbourhood? *(Please mark only one response for each item)*

	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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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 questions to a minimum but some things that affect parents may also affect their children.

Q33. 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"/>

Q34. 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"/>

Q35. Has the study teenager's mother **ever** had post-natal depression?

No **Go to Q37**

Yes



Q36. When did you/she have post-natal depression?

(Please mark all responses that apply)	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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Q37. 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"/>

Q38. 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"/>

Q39. **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"/>

Q40. Do you smoke cigarettes? No **Go to Q44**

Yes



Q41. 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
Q42. Do you smoke inside your house?	<input type="radio"/>	<input type="radio"/>
Q43. Do you smoke in the car?	<input type="radio"/>	<input type="radio"/>



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Q44a. Does your study teenager smoke?

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

Q44b. Does anyone else in your house smoke cigarettes? *(other than you and the study teenager)*

- No **Go to Q48**
- Yes



Q45. 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
Q46. Do they smoke inside your house?	<input type="radio"/>	<input type="radio"/>
Q47. Do they smoke in the car?	<input type="radio"/>	<input type="radio"/>

Q48. Does anyone at your home smoke/use any other substances?
(Please do include pipe, cigars, marijuana and any other drugs, etc)

- No **Go to Q50**
- Yes



Q49. 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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Q50. 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"/>

Q51. Does this level of consumption reflect a typical week?

No

Yes



















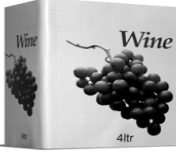
Type of alcohol examples:

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

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

Office use only

M					T					W					T				
F					S					S									



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Section 2

The next few questions (Q52 - Q54) are about the physical activity you did last week, DO NOT count what you did as part of your job.

Q52. 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.

Q53. 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.

Q54. 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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Q55. Does the level of activity detailed above reflect a typical week?

No

Yes

	Yes	No
Q56. Have you ever had back pain?	<input type="radio"/>	<input type="radio"/>
Q57. Have you ever had neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
Q58. Have you ever had low back pain?	<input type="radio"/>	<input type="radio"/>
Q59. Did you seek health professional advice/treatment for back pain?	<input type="radio"/>	<input type="radio"/>
Q60. Did you take medication to relieve the back pain?	<input type="radio"/>	<input type="radio"/>
Q61. Did your back pain stop you from going to work?	<input type="radio"/>	<input type="radio"/>
Q62. Did the back pain interfere with your normal activities?	<input type="radio"/>	<input type="radio"/>



Q63. 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"/>

Q64. Do you belong to any of the following? (Please mark **all** responses that apply to you)

(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"/>



42566

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Q65. Do you do any physical activity? *(Please include activity done in your job, housework, in caring for children)*

No **Go to Q68**

Yes

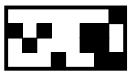


Q66. What are the **MAIN** reason(s) for you doing physical activity?
*(Please mark **all** responses that apply to you)*

- 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

Q67. 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 _____



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

Q68. Do you intend to be more active than you have been over the last week?

- No
- Yes
- Unsure

Q69. 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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Q70. 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"/>

Q71. On average, how many hours per day (at work **and** at home) do you...

	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"/>

Not for completion



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

Q72. How often do **you** eat the following foods? (Please mark **one** response for **each** statement)

	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"/>

Q73. How much of the following do **you** usually eat? (Please mark **one** response for **each** statement)

	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"/>

Q74. How often do **you** eat the following foods? (Please mark **one** response for **each** statement)

	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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Q75. 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 _____

Q76. How much butter/margarine do **you** usually use on bread? *(Please mark only one response)*

- Thick spread
- Medium spread
- Thin spread
- None

Q77. 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 the circles of those that you eat at least once a week (on average) when they are in season.

Q78. **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)*

- | | | |
|---------------------------------|---------------------------------|-------------------------------------|
| <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 _____



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Five empty rectangular boxes for data entry.

Q79. 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 response to the following questions.

Q80. Do you know your weight?

- No **Go to Q81**
- Yes



What is your current weight?

. kg

or

stone/lb

Q81. Do you know your height?

- No **Go to Q82**
- Yes



What is your current height?

. cm

or

/ feet/inches

Q82. Are you worried about your weight?

- Not at all
- A little
- Moderately
- Very

Q83. Do you consider yourself to be...

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

Office use only

CK

Q80

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CC

Q81

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Section 3

These questions are mostly about your 16 year old study teenager.

ABOUT YOUR TEENAGER - STRICTLY CONFIDENTIAL

Q84. On average how much time do you spend with your teenager **each day from Monday to Friday** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)

	None	Less than 1 hour	About 1 hour	About 1 to 3 hours	About 3 to 5 hours	More than 5 hours
Teenager's Mother	<input type="radio"/>	<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"/>	<input type="radio"/>
Your Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q85. On average how much time do you spend with your teenager **each day in the weekend** (only count the time you spend interacting with each other, helping with homework, talking and just "being together" - excluding sleeping)

	None	Less than 1 hour	1 - 6 hours	6 to 10 hours	11 to 20 hours
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"/>

Q86. How would you compare the physical activity level of your teenager with that of **other teenagers of the same age?**

- I am unable to make a comparison
- My teenager is less active than other teenagers
- My teenager is as active as other teenagers
- My teenager is more active than other teenagers

Q87. How does your teenager's level of activity **now** compare with **12 months ago?**

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



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Q88. This questionnaire has been completed by the teenager's...

- Mother (who lives with the teenager)
- Father (who lives with the teenager)
- Mother (who does not live with the teenager)
- Father (who does not live with the teenager)
- Stepmother
- Stepfather
- Adoptive mother
- Adoptive father
- Grandmother
- Grandfather
- Foster mother
- Foster father
- Other person (eg aunt, uncle, sister, brother...)

Please specify who this other person is...

Q89. Please indicate the date you completed this questionnaire:

/ /

Q90. Please write below any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

Lined area for writing comments.

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

Office use only

DAT	QCOM	WI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>