



RAINE STUDY

CARDIOVASCULAR FOLLOW-UP QUESTIONNAIRE

Thank you for continuing to help us with the Raine Study.

The purpose of this questionnaire is to obtain information on your child's health and development since the last follow-up at five to six years of age. There are some questions that are about you, the parents. We have tried to keep these to a minimum but some things that affect parents may also affect their children. Most of the questions are about your child directly. They will either be about what has happened to your child since the last follow-up at five to six years of age or about what he/she is doing now.

PLEASE READ EACH QUESTION CAREFULLY.

Fill in the spaces provided or circle the option that is most appropriate.

PLEASE TAKE YOUR TIME

If you are not sure of an answer, then leave it blank and discuss it with one of the Raine Study people who will help you with it.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Please complete this questionnaire as soon as possible.

Q6. How many children under 14 years live in your home? (Please include the study child.)

First name	Age yrs	Sex M/F	Relationship to study child	
eg. Alexander	10	M	brother	
eg. Kyle	8	M	no relationship	
eg. Hannah	2	F	stepsister	
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Q7. Does the study child have any other brothers or sisters not mentioned in Q6 or Q7?

N No Go to Q8

Y Yes
↓

First name	Age yrs	Sex M/F	Relationship to study child	
eg. Rachel	18	F	sister	
eg. Simon	22	M	stepbrother	
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Q8. Is the father (mother) of the study child living with you?

Y Yes Go to Q12

N No
↓

Q9. Do you have any social contact with him/her?

N No

Y Yes

Q10. Does he/she provide any financial support for the care of your child?

N No

Y Yes

Q11. Do you have another partner who lives with you?

N No

Y Yes

Q12. Are you or your partner receiving a benefit?

N No Go to Q14

Y Yes
↓

Q13. Which benefit(s) are you or your partner receiving?
(Please circle all appropriate answers)

- 1 Parenting payment
- 2 Newstart allowance
- 3 Disability support pension
- 4 Workers compensation
- 5 Sickness allowance
- 6 Austudy/Abstudy
- 7 Other *Please specify*

Q14. Are you currently in paid employment?

N No

Y Yes

Office use only

Q15. Describe your current occupation(s). (Include housework but indicate whether it is paid outside the home or at your home only. Give title of job, description of work in detail and hours per week.)

1. Job Hours per week

Description

2. Job Hours per week

Description

Any comments?

Q16. Is your partner currently in paid employment?

N No

Y Yes

8 Not applicable - no partner Go to Q18

Q17. Describe your partner's current occupation(s). (Include housework but indicate whether it is paid outside the home or at your home only. Give title of job, description of work in detail and hours per week.)

1. Job Hours per week

Description

2. Job Hours per week

Description

Any comments?

Q18. What is your total family income (before tax) per year now? (Please include rent assistance, maintenance, family supplement, etc)

- 0 \$1 to \$8,000 per year
- 1 \$8,001 to \$16,000 per year
- 2 \$16,001 to \$25,000 per year
- 3 \$25,001 to \$30,000 per year
- 4 \$30,001 to \$35,000 per year
- 5 \$35,001 to \$40,000 per year
- 6 \$40,001 to \$50,000 per year
- 7 \$50,001 to \$60,000 per year
- 8 \$60,001 to \$70,000 per year
- 9 \$70,001 or more per year

Office use only

Q18 contd.

How many people does this income support?:

Adults and children 14 years and over: _____ Children under 14 years: _____

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

Q19. Have you ever smoked?

N No Go to Q24

Y Yes Please fill in Q20 OR Q21 below

Q20. Yes, and I am currently smoking cigarettes per day

OR grams of tobacco per week

OR cigars per week

I have been smoking this amount for years

Q21. Yes, I used to smoke cigarettes per day

OR grams of tobacco per week

OR cigars per week

from years of age, but I have not smoked for years

Q22. Do you smoke inside your house?

N No

Y Yes

N/A Not applicable, as I no longer smoke.

Q23. Do you smoke in the car?

N No

Y Yes

N/A Not applicable, as I no longer smoke.

Office use only

Q24. Does anyone else living in your house smoke?

N No Go to Q28

Y Yes



Q25. Yes, they smoke cigarettes per day

OR grams of tobacco per week

OR cigars per week

Q26. Do they smoke inside your house?

N No

Y Yes

Q27. Do they smoke in the car?

N No

Y Yes

Q28. Does anyone at your home smoke any substances other than cigarettes, pipe or cigars?

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?

Q29. Does your child smoke cigarettes?

0 No, definitely not Go to Q31

1 No, not as far as I know Go to Q31

2 Yes



Q30. How many cigarettes does he/she 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

He/she has been smoking this amount for years

These questions (Q31-Q32) apply to the child's biological mother and father only.

Q31. Have you or your child's father (mother) had any of the following health problems?
 (Please circle Yes or No as appropriate)

	<u>In the last 8yrs</u>		<u>Prior to the last 8 yrs</u>		
	mother	father	mother	father	
High blood pressure	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
High blood pressure during a pregnancy	Yes No		Yes No		<input type="checkbox"/>
Diabetes	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Heart attack	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
High cholesterol	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Stroke	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Blocked arteries in your legs	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Other heart disease	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>

please describe

.....

.....

.....

Q32. Have any of your **child's grandparents** had any of the following health problems?
 (Please circle Yes or No as appropriate)

	<u>Mother's parents</u>		<u>Father's parents</u>		
	mother	father	mother	father	
High blood pressure	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High blood pressure during a pregnancy	Yes No		Yes No		<input type="checkbox"/> <input type="checkbox"/>
Diabetes	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heart attack	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High cholesterol	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stroke	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q32 contd.

	<u>Mother's parents</u>		<u>Father's parents</u>									
	mother		father		mother		father					
Blocked arteries in your legs	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other heart disease	Yes	No	Yes	No	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

please describe

.....

.....

.....

YOUR CHILD'S GENERAL HEALTH - STRICTLY CONFIDENTIAL

Q33. In the last year has your child been regularly involved in any organised sport at school or with a club?

N No

Y Yes

Q34. How often does your child ride a bicycle?

0 Never

1 Once a week or less

2 More than once weekly but not every day

3 Every day

Q35. How would you classify your child's current level of activity?

0 Sedentary Gets very little exercise, eg. walks or runs less than 1 km per day; spends most of his/her free time sitting, watching TV, or reading.

1 Slightly active Gets some exercise, eg. walks or runs 1 - 2 km per day; when not in school he/she spends more time in active play than reading or watching TV.

2 Active Is involved in an organised activity 2 or 3 times per week or walks/runs 2 km or more per day.

Q36. How much time does your child usually spend watching TV?

0 None

1 Less than 3 hours a week

2 Up to 1 hour a day (3 to 7 hrs a week)

3 Between 1 and 2 hours a day (7 to 14 hrs a week)

4 Between 2 and 3 hours a day (14 to 21 hrs a wk)

5 More than 3 hours a day (more than 21 hrs a wk)

Q37. How would you rate the overall health of your child?

- 0 Excellent (nearly always well)
- 1 OK, could be better (mostly well)
- 2 So-so (he/she is ill as often as he/she is well)
- 3 Poor (seldom well)

Q38. Is your child limited in any physical activities (eg. running, biking, climbing stairs, lifting, dressing) because of health problems?

N No Go to Q40

Y Yes



Q39. How long has your child been limited in this way?

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

Q40. In the past month how often has your child had pain or discomfort?

- 0 Not at all Go to Q42
- 1 Once or twice
- 2 A few times
- 3 Fairly often
- 4 Very often
- 5 Every day or almost every day



Q41. In the past month how much pain or discomfort has your child had?

- 0 Very mild
- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very Severe

Q42. In the last three months has your child had three or more episodes of abdominal pain severe enough to interfere with his/her activities?

N No Go to Q45

Y Yes



Q43. How often does your child experience this pain?

- 0 Daily
- 1 Several times per week
- 2 Several times per month
- 3 Less frequently than several times per month

Office use only

Q44. Has this pain been diagnosed by a doctor as?

- 0 Abdominal migraine
- 1 Psychological
- 2 Gastro esophageal reflux
- 3 Constipation
- 4 Peptic ulcer
- 5 Other *please specify*

Q45. How often does your child have a bowel action?

- 0 Three or more times a day
- 1 One to two times per day
- 2 Every second day
- 3 Every three to four days
- 4 Less than once a week

Q46. Does your child vomit regularly?

- 0 Daily
- 1 Several times per week
- 2 Several times per month
- 3 Less frequently than several times per month
- 4 Never

Q47. Does your child experience headaches?

- 0 Never or hardly ever
- 1 Less than once a month
- 2 Approximately every two weeks
- 3 Every week
- 4 More than once a week

Q48. Does your child complain of pains in the arms or legs (growing pains)?

- N No
- Y Yes

Q49. Have you ever been told by a doctor your child has a heart condition?

- N No
- Y Yes

Q50. Does your child have now, or has your child had in the past, any of the following **health professional diagnosed** medical conditions or health problems? (*Please circle the appropriate numbers*)

	No	Yes-in the past	Yes-now
a. Anxiety problems	1	2	3
b. Arthritis or joint problems	1	2	3
c. Asthma	1	2	3
d. Attentional problems	1	2	3
e. Behavioural problems	1	2	3
f. Chronic respiratory or breathing problems	1	2	3
g. Co-ordination or clumsiness difficulties	1	2	3
h. Depression	1	2	3
i. Hay fever or some other allergy	1	2	3
j. Hearing impairment or deafness	1	2	3
k. Heart condition	1	2	3
l. Intellectual disability	1	2	3
m. Learning problems	1	2	3
n. Migraine or severe headache?	1	2	3
o. Sleep disturbance	1	2	3
p. Speech problems	1	2	3
q. Vision problems	1	2	3
r. Any other medical condition or health problem not mentioned above	1	2	3

Q51. If you have answered "Yes" to any of the above, please describe the condition or problem below in more detail (e.g. is long sighted - wears glasses for reading, diagnosed with Attention Deficit Disorder, asthma requiring occasional medication, spina bifida)

(Please list every medical condition/health problem separately - otherwise leave blank)

.....

.....

.....

.....

.....

Q54. Has your child attended any of the following in the past 12 months: (Please circle all appropriate answers)

N No Go to Q55

Y Yes



	Yes (now completed)	Yes (still attending)	<input type="checkbox"/>
GP or family doctor	Yes	Yes	<input type="checkbox"/>
Accident and emergency	Yes	Yes	<input type="checkbox"/>
Hospital outpatients (department or clinic)	Yes	Yes	<input type="checkbox"/>
Private medical specialist	Yes	Yes	<input type="checkbox"/>
Dentist / Dental therapist	Yes	Yes	<input type="checkbox"/>
School nurse	Yes	Yes	<input type="checkbox"/>
Optician / Optometrist	Yes	Yes	<input type="checkbox"/>
Dietician / Nutritionist	Yes	Yes	<input type="checkbox"/>
Physiotherapist	Yes	Yes	<input type="checkbox"/>
Occupational therapist (OT)	Yes	Yes	<input type="checkbox"/>
Speech therapist	Yes	Yes	<input type="checkbox"/>
Psychologist / Psychiatrist	Yes	Yes	<input type="checkbox"/>
Podiatrist	Yes	Yes	<input type="checkbox"/>
Chiropractor	Yes	Yes	<input type="checkbox"/>
Alternative therapist (e.g. homeopathy)	Yes	Yes	<input type="checkbox"/>

Q55. In the past six months has your child taken/used any prescription medication(s)?

N No

Y Yes which medication(s)?

.....

.....

Q56. In the past six months has your child taken/used any 'over the counter' medication(s)?

N No

Y Yes which medication(s)?

.....

.....

The following questions are about your child's diet.

Q57. How often does your child eat fried food with a batter or breadcrumb coating?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q58. How often does your child eat gravy, cream sauces or cheese sauces?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q59. How often do you add butter, margarine, oil or sour cream to vegetables, cooked rice or spaghetti?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q60. How often do you eat vegetables that are fried or roasted with fat or oil?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a

Q61. How is your meat usually cooked?

- 0 Eat meat occasionally or never
- 1 Grilled or roasted without added oil or fat
- 2 Grilled or roasted with added oil or fat
- 3 Stewed
- 4 Fried

Q62. How many times a week does your child eat sausages, salamis, meat pies, hamburgers or bacon?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q63. How does your child spread butter/margarine on his/her bread?

- 0 Do not use
- 1 Thinly
- 2 Medium
- 3 Thickly

Q64. How many times a week does your child eat chips or french fries?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q65. How often does your child eat pastries, cakes, sweet biscuits or croissants?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q66. How many times a week does your child eat chocolate, chocolate biscuits or sweet snack bars?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q67. How many times a week does your child eat potato crisps, corn chips or nuts?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q68. How often does he/she eat cream?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q69. How often does he/she eat ice cream?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q70. How many times a week does your child eat cheese?

- 0 Never
- 1 Less than once a week
- 2 1 - 2 times a week
- 3 3 - 5 times a week
- 4 6 or more times a week

Q71. What type of milk does your child drink or use in Milo and other drinks?

- 0 Skim or none
- 1 Reduced fat (Hi-Lo)
- 2 Reduced fat (Hi-Lo) and full-cream
- 3 Full-cream
- 4 Condensed

Q72. How much of the skin on chicken does he/she eat?

- 0 None
- 1 Some
- 2 Most or all

Q73. How much of the fat on meat does your child eat?

- 0 None
- 1 Some
- 2 Most or all

YOU AND YOUR CHILD ASTHMA AND ALLERGIES - STRICTLY CONFIDENTIAL

These questions (Q74 - Q82) apply to the child's biological mother and father only.

Q74. Have you or your child's father (mother) had any of the following respiratory health problems?
(Please circle Yes or No as appropriate)

	<u>Since last assessment</u>		<u>Prior to last assessment</u>		
	mother	father	mother	father	
Chronic cough (more than 3 months of a year)	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Hay fever - seasonal	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
- all year	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Bronchitis (diagnosed by Dr)	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Asthma (diagnosed by Dr)	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Emphysema (diagnosed by Dr)	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Wheeze or cough with exertion	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Wheeze or cough with temperature change	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>
Other respiratory	Yes No	Yes No	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>

please describe

.....

.....

.....

Office use only

Q75. Have any blood related brothers or sisters of the study child ever suffered from a respiratory problem?

N No Go to Q76

Y Yes
↓

First name	Respiratory problem(s)
eg. Alexander	bronchiolitis, asthma
.....
.....
.....
.....
.....
.....

Q76. Have you or your child's father (mother) ever wheezed? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out.)

N No Go to Q81

Y Yes
↓

	mother		father	
When you have a cold?	Yes	No	Yes	No
Occasionally apart from colds?	Yes	No	Yes	No
Most days or nights?	Yes	No	Yes	No
With exercise?	Yes	No	Yes	No
With a change in temperature?	Yes	No	Yes	No

Q77. For how many years has this wheezing been present?

mother	years? ____	N/A (never wheezed)
father	years? ____	N/A (never wheezed)

Q78. Has this wheezing caused shortness of breath?					<input type="checkbox"/>	<input type="checkbox"/>
mother	Yes	No	N/A (never wheezed)			
father	Yes	No	N/A (never wheezed)			
Q79. Have you or your child's father (mother) had 3 or more episodes of wheezing since the age of one year?					<input type="checkbox"/>	<input type="checkbox"/>
mother	Yes	No	N/A (never wheezed)			
father	Yes	No	N/A (never wheezed)			
Q80. Have you or your child's father (mother) wheezed <u>in the last 12 months</u> ?					<input type="checkbox"/>	<input type="checkbox"/>
mother	Yes	No	N/A (never wheezed)			
father	Yes	No	N/A (never wheezed)			

Q81. Have you or your child's father (mother) ever had eczema?

mother Yes No

father Yes No

Q82. Do you or your child's father (mother) still have eczema?

mother Yes No N/A

father Yes No N/A

Q83. Have any blood related brothers or sisters of the study child ever had eczema?

N No Go to Q84

Y Yes
↓

First name	Where does/did it occur?
eg. Simon	wrists, behind the knees
.....
.....
.....
.....

Q84. Are there any pets at home?

N No Go to Q86

Y Yes



Q85. How many pets are there? *(Please write number in space provided)*

	Inside	Outside	Total
cats	_____	_____	_____
dogs	_____	_____	_____
birds	_____	_____	_____

How many other pets inside? _____ What type?

--	--	--	--	--

How many other pets outside? _____ What type?

--	--	--	--	--

Q86. Does your child have any regular contact with pets elsewhere?
(eg. relatives, neighbours, friends, day care, or family day care)

N No

Y Yes *What type?*

--	--	--	--	--

Q87. How many colds has your child had in the last 12 months?

--	--

how many? _____

Q88. How many colds has your child had in the last month?

--	--

how many? _____

Q89. Does your child usually cough when he/she gets a cold these days?

N No

Y Yes

Q90. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?

N No

Y Yes

Q91. Has your child ever wheezed at any time in his/her life? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out.)

N No Go to Q101

Y Yes

↓

Q92. How old was your child when he/she first wheezed?

_____ years or _____ months

Q93. How many attacks of wheezing has your child had since the age of one?

- 0 None
- 1 1 to 2
- 2 3 to 12
- 3 More than 12

Q94. Has your child ever wheezed in the last 12 months?

N No Go to Q101

Y Yes

Q95. How many attacks of wheezing has your child had in the last 12 months?

- 0 None
- 1 1 to 2
- 2 3 to 12
- 3 More than 12

Q96. In the last 12 months, how often, on average has your child's sleep been disturbed due to wheezing?

- 0 Never woken with wheezing
- 1 Less than one night per week
- 2 One or more nights per week

Q97. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

N No

Y Yes

Q98. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

N No

Y Yes

Q99. Has your child ever wheezed in the last month?

N No Go to Q101

Y Yes



Q100. In the last month, has wheezing ever been severe enough to limit your child's speech to words or phrases only?

0 No - child talks in full sentences

1 Phrases only

2 Words only

Q101. In the last 12 months, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

N No Go to Q103

Y Yes



Q102. In the last month, has your child had a dry cough at night, apart from a cough associated with a cold or chest infection?

N No

Y Yes

Q103. Since the age of five, has your child had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week?

N No

Y Yes - without wheezing *how many times?* _____

- with wheezing *how many times?* _____

Q104. Do you think your child has ever had asthma?

N No

Y Yes

Q105. Has anyone ever told you that your child has asthma?

N No

Y Yes *who? (e.g. paediatrician, GP, child health nurse, naturopath, friend, relative)*

.....

when (at what age)?

--	--

Q106. Has your child had hayfever in the last 12 months?

N No Go to Q109
Y Yes
↓

Q107. In which of the past 12 months did this hayfever occur? (Please tick all months which apply)

January __ February __ March __ April __
May __ June __ July __ August __
September __ October __ November __ December __

Q108. Has your child had hayfever in the last month?

N No
Y Yes

Q109. Has your child had eczema in the last 12 months?

N No Go to Q111
Y Yes
↓

Q110. Has your child had eczema in the last month?

N No
Y Yes

Q111. Does you child have any current allergies?

N No
Y Yes *please describe*
.....
.....
.....

YOUR CHILD'S SCHOOL AND LEISURE ACTIVITIES - STRICTLY CONFIDENTIAL

Q112. The following questions ask about your child's speech and language development.
(Please circle the number which best describes your child's behaviour)

	Always	Mostly	Sometimes	Never
a. My child uses 'grown-up' words. (eg. 'actually' 'unfortunately')	1	2	3	4
b. My child pronounces sounds correctly. (eg. /th/, /r/)	1	2	3	4
c. My child can talk about a movie, story or event and others can understand what happened	1	2	3	4
d. My child can understand a story that involves a 'trick'. (eg. Where a character tells lies or deceives to get what he wants)	1	2	3	4
e. My child can explain how to play a game. ('Snakes' and 'Ladders', 'T-ball')	1	2	3	4
f. My child can use polite language when appropriate. (eg. 'excuse me')	1	2	3	4
g. My child uses Slang or popular words when playing with friends. (eg. 'cool', 'wicked')	1	2	3	4
h. My child understands and enjoys telling jokes.	1	2	3	4
i. I often have to repeat long instructions so that my child understands.	1	2	3	4
j. My child often 'misses the point' in conversations.	1	2	3	4
k. My child is attentive in conversations with others. (eg. looks at the other person most of the time)	1	2	3	4
l. My child is interested in new words and asks the name of things.	1	2	3	4
m. My child stutters when talking.	1	2	3	4
n. My child understands expressions like "I put my foot down", "I've got a frog in my throat".	1	2	3	4

Q113. Did your child attend Kindergarten, Preschool or Pre-primary in the year that he/she turned four?

N No

Y Yes



Q114. Did your child attend Kindergarten, Preschool or Pre-primary in the year that he/she turned five?

N No

Y Yes

Q115. In what year did your child begin Year 1/Grade 1 at school? 19____

Q116. What year/grade is your child in at school now? Year/Grade ____

Q117. Has your child ever repeated a year/grade at school?

N No

Y Yes *which year/grade?* ____

Q118. How satisfied are you with the standard of education offered at your child's school?

- 0 Very satisfied
- 1 Satisfied
- 2 Neither satisfied or dissatisfied
- 3 Dissatisfied
- 4 Very dissatisfied

Q119. How would you describe your child's academic performance in school during the past six months?

- 0 Excellent
- 1 Very good
- 2 Average
- 3 Below average
- 4 Poor

Q120. Is your child limited in the kind or amount of school work he/she does because of physical problems? (e.g. vision, hearing, clumsiness, limited movement)

N No Go to Q122

Y Yes

Q121. How long has your child been limited in this way?

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

Q122. Is your child limited in the kind or amount of school work he/she does because of emotional or behavioural problems? (e.g. attentional problem, disruptive behaviour, anxiety)

N No Go to Q124

Y Yes



Q123. How long has your child been limited in this way?

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

Q124. Is your child limited in the kind or amount of school work he/she does because of learning problems? (e.g. speech difficulty, reading problem, writing problem)

N No Go to Q126

Y Yes



Q125. How long has your child been limited in this way?

- 0 < 6 months
- 1 6 months to 2 years
- 2 More than 2 years

Q126. Has your child ever received any of the following types of special education or special teaching:

	No	Yes, full-time	Yes, part-time	
a. For children with visual or hearing difficulties?	1	2	3	<input type="checkbox"/>
b. For children who are intellectually handicapped?	1	2	3	<input type="checkbox"/>
c. For children with emotional or behavioural problems?	1	2	3	<input type="checkbox"/>
d. For children who are intellectually gifted?	1	2	3	<input type="checkbox"/>
e. For children with remedial education needs?	1	2	3	<input type="checkbox"/>

Q127. During the past six months has your child (or have you on your child's behalf) had contact with a school psychologist, counsellor or guidance officer?

N No

Y Yes How many times? _____

CHILD BEHAVIOUR CHECKLIST - STRICTLY CONFIDENTIAL

This is called the Child Behaviour Checklist (for ages 4 to 18 years); it asks for information on the health, behaviour and social activities of your child. Its purpose is to help us to describe different patterns of behaviour and to understand how these affect the health, education, and well-being of children. For each item that describes your child **now or within the past 6 months** please circle your response as:

0=not true (as far as you know) 1=somewhat or sometimes true 2=very true or often true

- | | | | | | | | | | |
|---|---|---|-----|---|---|---|---|-----|--|
| 0 | 1 | 2 | 1. | Acts too young for his/her age | 0 | 1 | 2 | 31. | Fears he/she might think or do something bad |
| 0 | 1 | 2 | 2. | Allergy (describe): _____ | 0 | 1 | 2 | 32. | Feels he/she has to be perfect |
| | | | | _____ | 0 | 1 | 2 | 33. | Feels or complains that no one loves him/h |
| 0 | 1 | 2 | 3. | Argues a lot | 0 | 1 | 2 | 34. | Feels others are out to get him/her |
| 0 | 1 | 2 | 4. | Asthma | 0 | 1 | 2 | 35. | Feels worthless or inferior |
| 0 | 1 | 2 | 5. | Behaves like opposite sex | 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 6. | Bowel movements outside toilet | 0 | 1 | 2 | 37. | Gets in many fights |
| 0 | 1 | 2 | 7. | Bragging, boasting | 0 | 1 | 2 | 38. | Gets teased a lot |
| 0 | 1 | 2 | 8. | Can't concentrate, can't pay attention for long | 0 | 1 | 2 | 39. | Hangs around with others who get in trouble |
| 0 | 1 | 2 | 9. | Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): _____ |
| | | | | _____ | | | | | |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive | 0 | 1 | 2 | 41. | Impulsive or acts without thinking |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent | 0 | 1 | 2 | 42. | Would rather be alone than with others |
| 0 | 1 | 2 | 12. | Complains of loneliness | 0 | 1 | 2 | 43. | Lying or cheating |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog | 0 | 1 | 2 | 44. | Bites fingernails |
| 0 | 1 | 2 | 14. | Cries a lot | 0 | 1 | 2 | 45. | Nervous, highstrung, or tense |
| 0 | 1 | 2 | 15. | Cruel to animals | 0 | 1 | 2 | 46. | Nervous movements or twitching (describe) _____ |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others | | | | | |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts | 0 | 1 | 2 | 47. | Nightmares |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide | 0 | 1 | 2 | 48. | Not liked by other kids |
| 0 | 1 | 2 | 19. | Demands a lot of attention | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels |
| 0 | 1 | 2 | 20. | Destroys his/her own things | 0 | 1 | 2 | 50. | Too fearful or anxious |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others | 0 | 1 | 2 | 51. | Feels dizzy |
| 0 | 1 | 2 | 22. | Disobedient at home | 0 | 1 | 2 | 52. | Feels too guilty |
| 0 | 1 | 2 | 23. | Disobedient at school | 0 | 1 | 2 | 53. | Overeating |
| 0 | 1 | 2 | 24. | Doesn't eat well | 0 | 1 | 2 | 54. | Overtired |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids | 0 | 1 | 2 | 55. | Overweight |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving | | | | 56. | Physical problems without known medical cause: |
| 0 | 1 | 2 | 27. | Easily jealous | 0 | 1 | 2 | a. | Aches or pains (<i>not</i> headaches) |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food—
<i>don't</i> include sweets (describe): _____ | 0 | 1 | 2 | b. | Headaches |
| | | | | _____ | 0 | 1 | 2 | c. | Nausea, feels sick |
| | | | | | 0 | 1 | 2 | d. | Problems with eyes (describe): _____ |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____ | 0 | 1 | 2 | e. | Rashes or other skin problems |
| | | | | _____ | 0 | 1 | 2 | f. | Stomachaches or cramps |
| 0 | 1 | 2 | 30. | Fears going to school | 0 | 1 | 2 | g. | Vomiting, throwing up |
| | | | | | 0 | 1 | 2 | h. | Other (describe): _____ |

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____					_____
				_____	0	1	2	85.	Strange ideas (describe): _____
				_____					_____
0	1	2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable
0	1	2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious
0	1	2	63.	Prefers being with older kids	0	1	2	90.	Swearing or obscene language
0	1	2	64.	Prefers being with younger kids	0	1	2	91.	Talks about killing self
0	1	2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____
0	1	2	66.	Repeats certain acts over and over; compulsions (describe): _____					_____
				_____	0	1	2	93.	Talks too much
	1	2	67.	Runs away from home	0	1	2	94.	Teases a lot
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much
0	1	2	70.	Sees things that aren't there (describe): _____					_____
				_____	0	1	2	97.	Threatens people
				_____	0	1	2	98.	Thumb-sucking
				_____	0	1	2	99.	Too concerned with neatness or cleanliness
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	100.	Trouble sleeping (describe): _____
0	1	2	72.	Sets fires					_____
0	1	2	73.	Sexual problems (describe): _____	0	1	2	101.	Truancy, skips school
				_____	0	1	2	102.	Underactive, slow moving, or lacks energy
				_____	0	1	2	103.	Unhappy, sad, or depressed
0	1	2	74.	Showing off or clowning	0	1	2	104.	Unusually loud
0	1	2	75.	Shy or timid	0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe): _____
0	1	2	76.	Sleeps less than most kids					_____
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	106.	Vandalism
				_____	0	1	2	107.	Wets self during the day
0	1	2	78.	Smears or plays with bowel movements	0	1	2	108.	Wets the bed
0	1	2	79.	Speech problem (describe): _____	0	1	2	109.	Whining
				_____	0	1	2	110.	Wishes to be of opposite sex
0	1	2	80.	Stares blankly	0	1	2	111.	Withdrawn, doesn't get involved with others
0	1	2	81.	Steals at home	0	1	2	112.	Worries
0	1	2	82.	Steals outside the home					
0	1	2	83.	Stores up things he/she doesn't need (describe): _____					
				_____	0	1	2	113.	Please write in any problems your child has that were not listed above:
				_____					_____
				_____	0	1	2		_____
				_____	0	1	2		_____

YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about the health and wellbeing of the study child'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 child 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.

Please circle all appropriate answers or leave blank if not applicable or you don't know.

Q244. In general how would you describe your health?

	mother	father	partner
Excellent	1	1	1
Very Good	2	2	2
Good	3	3	3
Fair	4	4	4
Poor	5	5	5

Q245. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

mother	Yes	No
father	Yes	No
partner	Yes	No

Q246. 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.

mother	Yes	No
father	Yes	No
partner	Yes	No

Q247. Have you ever been treated for an emotional or mental health problem?

mother	Yes	No
father	Yes	No
partner	Yes	No

Office use only

Q248. Have you been treated for an emotional or mental health problem within the last 6 months?

--	--	--

mother	Yes	No	N/A
father	Yes	No	N/A
partner	Yes	No	N/A

Q249. Have you ever been hospitalised for an emotional or mental health problem?

--	--	--

mother	Yes	No	N/A
father	Yes	No	N/A
partner	Yes	No	N/A

Q250. Have any of the following happened to you in the last year?
(Please circle Y (Yes) or N (No) as appropriate)

N	Y	Pregnancy problems	<input type="checkbox"/>
N	Y	Death of a close relative - which relative	<input type="checkbox"/>
N	Y	Death of a close friend	<input type="checkbox"/>
N	Y	Separation or divorce	<input type="checkbox"/>
N	Y	Marital problems	<input type="checkbox"/>
N	Y	Problems with your children	<input type="checkbox"/>
N	Y	Your own job loss (not voluntary)	<input type="checkbox"/>
N	Y	Your partner's job loss (not voluntary)	<input type="checkbox"/>
N	Y	Money problems	<input type="checkbox"/>
N	Y	Residential move	<input type="checkbox"/>
N	Y	Other (please describe)	<input type="checkbox"/>
.....			

Q251. Have you undertaken any further education since your study child was born?

--	--	--

mother	Yes	No
father	Yes	No
partner	Yes	No

please describe

.....

--	--	--

Q252. What is the highest qualification you have ever obtained?

	mother	father	partner
No qualification	0	0	0
TEE (or equivalent)	1	1	1
Trade/apprenticeship	2	2	2
Certificate from college, TAFE	3	3	3
Diploma (beyond year 12)	4	4	4
Bachelors degree	5	5	5
Postgraduate diploma / higher degree	6	6	6
Other	7	7	7

please specify

.....

.....

.....

Q253. The dots on the following lines represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship. (If you do not have a partner please leave this question and go to Q254)

•	•	•	•	•	•	•
1	2	3	4	5	6	7
Extremely	Fairly	A little	Happy	Very	Extremely	Perfect
Unhappy	Unhappy	Unhappy		Happy	Happy	

Q254. This is called the Family Assessment Device; it was developed to give an idea of how families work together. Please circle the most correct answer.

Item 1

Below are statements about families and family relationships. Tick the category which best describes your family (only people living in your house). (Please circle one)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other	1	2	3	4
b. In times of crisis we can turn to each other for support	1	2	3	4
c. We cannot talk to each other about sadness we feel	1	2	3	4
d. Individuals (in the family) are accepted for what they are	1	2	3	4
e. We avoid discussing our fears and concerns	1	2	3	4
f. We express feelings to each other	1	2	3	4
g. There are lots of bad feelings in our family	1	2	3	4
h. We feel accepted for what we are	1	2	3	4
i. Making decisions is a problem in our family	1	2	3	4
j. We are able to make decisions about how to solve problems	1	2	3	4
k. We don't get on well together	1	2	3	4
l. We confide in each other	1	2	3	4
m. Drinking is a source of tension or disagreement in our family	1	2	3	4

Item 2

The following list describes some of the ways people feel at different times. (Please circle one of each item)

During the past few weeks, how often have you felt:

	Always	Sometimes	Never
a. on top of the world?	2	1	0
b. very lonely or remote from other people?	2	1	0
c. particularly excited or interested in something?	2	1	0
d. depressed or very unhappy?	2	1	0
e. pleased about having accomplished something?	2	1	0
f. bored?	2	1	0
g. proud because someone complimented you on something?	2	1	0
h. so restless you couldn't sit long in a chair?	2	1	0
i. that things were going your way?	2	1	0
j. upset because someone criticised you?	2	1	0

Item 3

Taking things all together, how would you say things are for you these days?

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy

Item 4

And how would you say things are for your spouse/partner?

- 1 Very happy
- 2 Reasonably happy
- 3 Not too happy
- 4 No spouse/partner

Office use only

□ □ □ □ □

THE QUESTIONNAIRE - STRICTLY CONFIDENTIAL

These are questions about the questionnaire.

Please circle answer where applicable.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q255. This questionnaire has been completed by the child's:

□

- 0 Mother
- 1 Father
- 2 Mother and father together
- 3 Grandparent(s)
- 4 Other (eg. foster mother, step father)

please specify

.....

Q256. Please indicate the date you completed this questionnaire:

□ □ □ □ □ □

□

__/__/__

Q257. Please write below any comments concerning this questionnaire, the research or anything else you would like to tell us about.

□

.....

.....

.....

.....

.....

THANK YOU, WE APPRECIATE THE TIME THAT YOU HAVE

SPENT COMPLETING THIS QUESTIONNAIRE

□ □ □ □ □

