



TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH

WESTERN AUSTRALIAN PREGNANCY COHORT (RAINE) STUDY

13 YEAR FOLLOW UP QUESTIONNAIRE

Primary Caregiver

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

The purpose of this questionnaire is to obtain information about your child's home life, leisure activities, schooling, behaviour and general health since we were last in contact. The questionnaire is similar to those you have completed in the past, but there are additional questions about your health and happiness and level of physical activity

❖ **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 and discuss it with one of the Raine Study staff when you come in, or phone us at 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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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*.

Please write the answer in the space provided or circle the answer where applicable.

HOUSING AND FAMILY - STRICTLY CONFIDENTIAL

Q1. How old is your house/flat (approximately)? _____ years

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Q2. How many bedrooms are there? _____

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Q3. How many bathrooms are there? _____

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Q4. Have you moved house since the last time you completed a Raine Study questionnaire? (i.e. in the last three years)

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0 No

1 Yes How many times?

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Q5a. If you live in Australia, what is your current residential postcode? _____

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Q5b. If you live overseas, please indicate which country _____

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Q6. How many adults and children live in your home?
(Please include your study child and yourself)

First name	Age yrs	Sex M/F	Relationship to study child					
eg. Elizabeth	42	F	mother					
eg. David	35	M	stepfather					
eg. Jessica	13	F	study child					
eg. Hannah	2	F	stepsister					
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Q7. Does your child have any other brothers or sisters not mentioned in Q6?

0 No Go to Q8

1 Yes



First name	Age yrs	Sex M/F	Relationship to study child
eg. Rachel	18	F	sister
eg. Simon	22	M	stepbrother
e.g. Tom	3	M	half brother
.....
.....
.....
.....
.....
.....
.....
.....
.....

Q8. Is the father (mother) of the study child (your 13 year old) living with you?

2 Yes Go to Q12

1 Not applicable – father (mother) deceased Go to Q11

0 No Go to Q9

Q9. Do you have any social contact with him/her?		<input type="checkbox"/>
0	No	
1	Yes	
Q10. Does he/she provide any financial support for the care of your child?		<input type="checkbox"/>
0	No	
1	Yes	
Q11. Do you have another partner who lives with you?		<input type="checkbox"/>
0	No	
1	Yes	

Q12. Are you or your partner receiving a benefit?

0 No Go to Q14

1 Yes



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

0	Sole parent's benefit	
1	Unemployment benefit	
2	Disability allowance – parent	
3	Disability allowance – child	
4	Workers compensation	
5	Sickness benefit	
6	Austudy/Abstudy	
7	Other Please specify	

Q14. 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)

- | | | |
|---|---|------------------|
| 0 | No, do not have a job – not seeking work | Go to Q18 |
| 1 | No, do not have a job – actively seeking work | Go to Q18 |
| 2 | Yes, work for payment or profit | } ↓
Go to Q15 |
| 3 | Yes, unpaid work in a family business | |
| 4 | Yes, other unpaid work | |

Q15. 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 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	

Q16. Describe your current main job. (Please give title of job and description of work in detail)

Job

Description

.....

Q17. How many hours do you usually work in all jobs?

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

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Office use only

Q24. 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: _____

Q25. 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 (or 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.

Q26. To what extent do you agree or disagree with these statements about your neighbourhood?

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1	This is a safe neighbourhood	4	3	2	1	0
2.	This is a clean neighbourhood	4	3	2	1	0
3.	There are good parks, playgrounds and play spaces in this neighbourhood	4	3	2	1	0
4.	There is good street lighting in this neighbourhood	4	3	2	1	0
5.	The state of the footpaths and roads is good in this neighbourhood	4	3	2	1	0

Q27. **Over the last two years**, have any of the following been a problem in your neighbourhood?
(Please circle **one** answer for each item)

	Yes	No	Don't Know
a. Vandalism or graffiti	2	1	0
b. House burglaries	2	1	0
c. Car theft or damage	2	1	0
d. Domestic violence	2	1	0
e. Violence in the streets	2	1	0
f. Drug or alcohol abuse	2	1	0
g. Noisy or reckless driving	2	1	0
h. Racist discrimination or abuse	2	1	0

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

Q28. Do you smoke cigarettes?

0 No Go to Q32

1 Yes



Q29. 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

Q30. Do you smoke inside your house?

0 No

1 Yes

Q31. Do you smoke in the car?

0 No

1 Yes

Q32. Does anyone else living in your house smoke cigarettes?

0 No Go to Q36

1 Yes



Q33. 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

Q34. Do they smoke inside your house?

0 No

1 Yes

Q35. Do they smoke in the car?

0 No

1 Yes

Q36. Does anyone at your home smoke/use any other substances? (Please include pipe, cigars, marijuana, other drugs, etc)

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?

Q37. In general how would you describe your health?

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

Q38. Do you have any medical conditions or health problems of a permanent or long term nature (that is, for more than 6 months)?

Mother No Yes

Father No Yes

Partner No Yes

Q39. 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?

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Mother	No	Yes
Father	No	Yes
Partner	No	Yes

Q40. 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

Q41. Have you ever been treated for an emotional or mental health problem (other than post-natal depression)?

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Mother	No	Yes
Father	No	Yes
Partner	No	Yes

Q42. Have you been treated for an emotional or mental health problem within the last 6 months?

--	--	--

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

Q43. Have you ever been hospitalised for an emotional or mental health problem?

--	--	--

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

Q44a. On average, over the past 6 months, about how many drinks of beer, wine, spirits or other alcoholic beverage have you taken.

--	--	--

	Mother	Father	Partner	
Don't drink alcohol	0	0	0	Go to Q. 45
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	

Q44b. Please indicate, as accurately as possible, the type and amount of alcohol consumed each day during the past week.

Type of alcohol: Examples: Beer (please specify **brand and strength**)
 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
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Q44c. Does this level of consumption reflect a typical week?

- 0 No
- 1 Yes

Q45. Have you ever had back pain?

0 No Go to Q50

1 Yes



Q46. Did you seek health professional advice/treatment?

0 No

1 Yes

Q47. Did you take medication to relieve the pain?

0 No

1 Yes

Q48. Did you miss work due to the pain?

0 No

1 Yes

Q49. Did the pain interfere with your normal activities?

0 No

1 Yes

Section 2

The next few questions (Q50-52a) are about the physical activity you did last week, outside of that which results from your work.

Q50. 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.

Q51. 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.

Q52a. 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?

Q52b. Does the level of activity detailed in Questions 50-52a reflect a typical week?

0 No

1 Yes

Q53. Do you belong to: *(Please circle **all** appropriate answers)*

- | | | | |
|-------------------------------------|----|-----|--------------------------|
| A sports club | No | Yes | <input type="checkbox"/> |
| An exercise club | No | Yes | <input type="checkbox"/> |
| An outdoor recreation club or group | No | Yes | <input type="checkbox"/> |

Q54. What is the MAIN reason (s) for you doing physical activity?
*(Please circle **all** appropriate answers)*

- | | | |
|----|------------------------------------|--------------------------|
| 0 | Improve appearance | <input type="checkbox"/> |
| 1 | Enjoy doing the activity | <input type="checkbox"/> |
| 2 | Maintain or lose weight | <input type="checkbox"/> |
| 3 | Social interaction and friendships | <input type="checkbox"/> |
| 4 | Reduce my risk of heart disease | <input type="checkbox"/> |
| 5 | Feel more relaxed | <input type="checkbox"/> |
| 6 | Tone my muscles | <input type="checkbox"/> |
| 7 | Improve my fitness | <input type="checkbox"/> |
| 8 | Feel better about my self | <input type="checkbox"/> |
| 9 | Have more energy | <input type="checkbox"/> |
| 10 | Sleep better | <input type="checkbox"/> |
| 11 | Prevent joint stiffness | <input type="checkbox"/> |
| 12 | Other | <input type="checkbox"/> |
| 13 | No reason | <input type="checkbox"/> |

Q55. Who normally does physical activity with you?
*(Please circle **all** appropriate answers)*

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

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

Q56. Do you intend to be more active than you have been over the last week?

- 0 No
1 Yes
2 Unsure

Q57. What reasons would you give for not being more physically active? (*Please circle **all** appropriate answers*)

- 0 I haven't got time
1 My health is not good enough
2 There is no one to do it with
3 I've lost contact with friends/family
4 I can't afford it
5 I'm too old
6 There are no suitable facilities
7 Traffic is too heavy
8 I'm not the sporty type
9 No motivation
10 Can't be bothered
11 Too fat – overweight
12 I need to rest and relax in my spare time
13 I don't put priority on physical activity
14 I've got young children to look after
15 I might get injured or damage my health
16 I don't enjoy physical activity
17 I'm active enough
18 Other (specify)
19 No reason

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

Q58. 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
1 Neither agree nor disagree
2 Disagree

Q59. Half an hour of brisk walking on most days is enough to improve your health.

- 0 Agree
1 Neither agree nor disagree
2 Disagree

- Q60. 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
- Q61. 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
- Q62. Moderate exercise that increases your heart rate slightly can improve your health.
- 0 Agree
 - 1 Neither agree nor disagree
 - 2 Disagree
- Q63a. 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
- Q63b. 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

- Q64. Do you know your weight?
 0 No Go to Q66
 1 Yes
- Q65. What is your current weight?
kg orstone
- Q66. Are you worried about your weight?
 0 Not at all
 1 A little
 2 Moderately
 3 Very
- Q67. Do you consider yourself to be?
 0 Underweight
 1 Normal weight
 2 A bit overweight
 3 Very overweight
- Q68. Are you worried about your child's weight?
 0 Not at all
 1 A little
 2 Moderately
 3 Very
- Q69. Do you consider your child to be?
 0 Underweight
 1 Normal weight
 2 A bit overweight
 3 Very overweight
- Q70. 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
- Q71. 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.

Q72. 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
Fried food with a batter or breadcrumb coating	4	3	2	1	0
Gravy, creamy sauces or cheese sauces	4	3	2	1	0
Vegetables, rice or pasta with added butter, margarine, oil or sour cream	4	3	2	1	0
Vegetables that are fried or roasted with fat or oil (don't count oil sprays eg Pure and Simple)	4	3	2	1	0
Sausages, polony, salami, meat pies, pasties, hamburger or bacon	4	3	2	1	0
Hot potato chips or French fries	4	3	2	1	0
Pastries, cakes, sweet biscuits or croissants	4	3	2	1	0
Chocolate, chocolate biscuits or sweet snack bars	4	3	2	1	0
Potato crisps, corn chips, cheezels, twisties or nuts	4	3	2	1	0
Ice cream (any variety)	4	3	2	1	0
Cream or sour cream	4	3	2	1	0
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

Q73. How much of the following do ***you*** usually eat?

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

Q74. 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
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
Vegetables . Include all forms of vegetables, e.g. fresh, frozen, canned and salads	4	3	2	1	0

Q75. What type of milk do **you** usually use? (*Please circle **one** answer only*).

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

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

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

Q77. 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 casseroled	Dry baked, dry fried or grilled	Baked, fried or roasted with fat/oil	Don't eat
Beef/lamb/pork	4	3	2	1	0
Sausages	4	3	2	1	0
Poultry	4	3	2	1	0
Fish	4	3	2	1	0
Vegetables	4	3	2	1	0

Q78. 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.

Orange	Mandarin	Apple	Pear	Banana	Grapes
Strawberry	Kiwifruit	Apricot	Nectarine	Peach	Plum
Watermelon	Rockmelon	Pineapple	Mango	Pawpaw	
Any others? (please specify) _____					

Q79. 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.

Potato	Sweet corn	Green peas	Green beans	Baked beans	Dried beans
Lentils	Chick peas	Tomato	Carrot	Pumpkin	Sweet potato
Beetroot	Cucumber	Capsicum	Celery	Spinach	Silver beet
Cabbage	Cauliflower	Broccoli	Brussel sprouts	Onion	Asparagus
Mushroom	Sprouts	Avocado	Zucchini	Eggplant	Lettuce
Any others? (please specify) _____					

Q80. Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any one statement.

The rating scale is as follows:

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

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

Q82. Which words best describe your family's money situation?
(Please circle **one** answer only)

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

The following 3 questions ask about your relationship with your partner. If you do not have a partner (live in or otherwise) please leave these questions and go to Q86.

Q83. Most people have disagreements in their relationships. Please indicate below the extent of agreement or disagreement between you and your partner for each of the following items.

	Always Agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
a. Philosophy of life.	5	4	3	2	1	0
b. Aims, goals and things believed to be important	5	4	3	2	1	0
c. Amount of time spent together.	5	4	3	2	1	0

Q84. How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
a. Have a stimulating exchange of ideas.	0	1	2	3	4	5
b. Calmly discuss something.	0	1	2	3	4	5
c. Work together on a project.	0	1	2	3	4	5

Q85. The numbers 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 number which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Q86. This is called the Family Assessment Device; it was developed to give an idea of how families work together. (Please circle **one** answer only for each item)

Item 1

Below are statements about families and family relationships. Circle the category which best describes your family - **the people living in your house**.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other	3	2	1	0
b. In times of crisis we can turn to each other for support	3	2	1	0
c. We cannot talk to each other about sadness we feel	3	2	1	0
d. Individuals (in the family) are accepted for what they are	3	2	1	0
e. We avoid discussing our fears and concerns	3	2	1	0
f. We express feelings to each other	3	2	1	0
g. There are lots of bad feelings in our family	3	2	1	0
h. We feel accepted for what we are	3	2	1	0
i. Making decisions is a problem in our family	3	2	1	0
j. We are able to make decisions about how to solve problems	3	2	1	0
k. We don't get on well together	3	2	1	0
l. We confide in each other	3	2	1	0
m. Drinking is a source of tension or disagreement in our family	3	2	1	0

Item 2

The following list describes some of the ways people feel at different times. 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 3Taking things all together, how would you say things are for you these days?

- 0 Not too happy
 1 Reasonably happy
 2 Very happy

Item 4And how would you say things are for your spouse/partner?

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

The following questions ask about your friends and family with whom you communicate regularly.

Q87. How often do you have contact (including telephone) with members of your family, excluding those living with you?

	Child's Mother	Child's Father	Your Partner
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q88. How often do you have contact (including telephone) with friends, excluding those living with you?

	Child's Mother	Child's Father	Your Partner
Not at all	0	0	0
Less than monthly	1	1	1
Once or twice a month	2	2	2
Approximately once a week	3	3	3
More often than once a week	4	4	4

Q89. Among these family and friends, how many people are there who you feel close to, and with whom you can talk frankly, without having to watch what you say?

	Child's Mother	Child's Father	Your Partner
None Go to Q91	0	0	0
1 – 2 people	1	1	1
3 – 5 people	2	2	2
More than 5 people	3	3	3

Q90. Do any of these people live within 10 minutes drive of you?

	Child's Mother	Child's Father	Your Partner
No	0	0	0
Yes	1	1	1

Section 3

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

Please write the answer in the space provided or circle the answer where applicable.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q91. 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).

	Child's Mother	Child's Father	Your Partner
None	0	0	0
Less than 1 hour	1	1	1
About 1 hour	2	2	2
About 1 to 2 hours	3	3	3
About 3 to 5 hours	4	4	4
More than 5 hours	5	5	5

Q92. On average, how much time do you spend with your child **each day** in the weekend (Include the time you spend helping with homework, talking and interacting with each other – excluding sleeping).

	Child's Mother	Child's Father	Your Partner
None	0	0	0
Less than 1 hour	1	1	1
1 to 5 hours	2	2	2
6 to 10 hours	3	3	3
11 to 20 hours	4	4	4

Q93a. How much time does your child usually spend watching TV or videos?

- | | |
|---|---|
| 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) |

Q93b. How much time does your child usually spend using a computer (including Internet and chat use)?

- 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)

Q94. How would **you** compare the physical activity level of your child with that of other children of the same age?

- 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

Q95. How does your child's level of activity now compare to 12 months ago?

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

Q96. How would you rate the ability level of your child for each of the following skills?

		Poor	Below Average	Average	Above Average	Excellent
a.	Running	0	1	2	3	4
b.	Jumping	0	1	2	3	4
c.	Hopping	0	1	2	3	4
d.	Skipping	0	1	2	3	4
e.	Throwing	0	1	2	3	4
f.	Catching	0	1	2	3	4
g.	Kicking	0	1	2	3	4
h.	Striking/hitting	0	1	2	3	4
i.	Dodging	0	1	2	3	4
j.	Biking	0	1	2	3	4
k.	Balancing	0	1	2	3	4

Q97. What year/grade is your child in at school now? Year/Grade _____

Q98. Has your child ever repeated a year/grade at school?

- 0 No
 1 Yes *Which year(s)/grade(s)?* _____

Q99. How satisfied are you with the standard of education offered at your child's current school?

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

Q100. How would you describe your child's academic performance in school during the past six months?

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

Q101. How satisfied are you with your child's progress at school in the following areas:

	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
a. Learning skills?	4	3	2	1	0
b. Physical development, coordination?	4	3	2	1	0
c. Getting on with other children?	4	3	2	1	0
d. General behaviour?	4	3	2	1	0

Q102. Is your child limited in the kind or amount of school work he/she does because of physical problems?

- 0 No Go to Q104
 1 Yes

Q103. How long has your child been limited in this way?

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

Q104. Is your child limited in the kind or amount of school work he/she does because of emotional problems?

0 No Go to Q106

1 Yes



Q105. How long has your child been limited in this way?

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q106. Is your child limited in the kind or amount of school work he/she does because of learning problems?

0 No Go to Q108

1 Yes



Q107. How long has your child been limited in this way?

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q108. Is your child limited in the kind or amount of school work he/she does because of speech and/or language problems?

0 No Go to Q110

1 Yes



Q109. How long has your child been limited in this way?

0 < 6 months

1 6 months to 2 years

2 More than 2 years

Q110. 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?	0	1	2
b. For children with speech and/or language problems?	0	1	2
c. For children who are intellectually handicapped?	0	1	2
d. For children with emotional or behavioural problems?	0	1	2
e. For children who are intellectually gifted?	0	1	2
f. For children with remedial education needs?	0	1	2

Q111. During the past six months has your child (or have you on your child's behalf) had contact with a school counsellor or guidance officer?

0 No

1 Yes *How many times?* _____

Q112. During the past six months has your child (or have you on your child's behalf) had contact with a teacher for a behavioural problem or a learning problem?

0 No

1 Yes *How many times?* _____

Q113. Does your child take part in any of the following activities outside of school hours:

	No	Yes
a. Organised groups such as scouts, guides, church groups?	0	1
b. Organised sport like football, netball, little athletics?	0	1
c. Informal sporting activities like swimming, rollerblading?	0	1
d. Music, art, drama, dance outside of school?	0	1
e. Informal recreation like going to the movies or swimming pool?	0	1
f. Going to friend's houses (any friends, not necessarily school friends)?	0	1

Q114. How satisfied are you with the opportunities that your child has to take part in activities outside school?

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

Q115. How would you rate the overall health of your child?

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

Q116. Is your child limited in any physical activities (eg. running, biking, climbing stairs, lifting, dressing) because of health problems?

- 0 No Go to Q118
 1 Yes



Q117. How long has your child been limited in this way?

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

Q118. On average, how many serves of fruit does your child have each week (One serve = one piece of fresh fruit, or a 30 gram pack of sultanas, or five dried apricots - do not count juice)?

- 0 None
 1 1 to 5
 2 6 to 10
 3 11 to 15
 4 More than 15

Q119. On average, how many serves of vegetables does your child have each week (One serve = half a cup of vegetables, or salad, or beans/lentils)?

- 0 None
 1 1 to 5
 2 6 to 10
 3 11 to 15
 4 More than 15

Q120. On average, how many times does your child have a high fibre breakfast cereal each week (such as Weetbix, Mini-wheats, Just Right, Sustain, Weeties, muesli)?

- 0 Not at all
- 1 1 to 5 times
- 2 6 to 8 times
- 3 More than 8 times

Q121. On average, how many muesli or health bars does your child have each week?

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 9 to 15
- 4 More than 15

Q122. On average, how many slices of high fibre bread (wholemeal, multi-grain, high fibre white) does your child have each week?

- 0 None
- 1 1 to 5
- 2 6 to 10
- 3 11 to 15
- 4 More than 15

Q123. On average, how many serves of rice or pasta does your child have each week (One serve = one cup)?

- 0 None
- 1 1 to 4
- 2 5 to 8
- 3 More than 8

Q124. 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 **all** appropriate answers)

	No	Yes- In the past	Yes- Now	Yes-Now and In the past
a. Anxiety problems	0	1	2	3
b. Arthritis or joint problems	0	1	2	3
c. Asthma	0	1	2	3
d. Attentional problems	0	1	2	3
e. Back pain	0	1	2	3
f. Behavioural problems	0	1	2	3
g. Chronic respiratory or breathing problems (other than asthma)	0	1	2	3
h. Co-ordination or clumsiness difficulties	0	1	2	3
i. Depression	0	1	2	3
j. Hay fever or some other allergy	0	1	2	3
k. Hearing impairment or deafness	0	1	2	3
l. Heart condition	0	1	2	3
m. Intellectual disability	0	1	2	3
n. Learning problems	0	1	2	3
o. Migraine or severe headache?	0	1	2	3
p. Neck pain	0	1	2	3
q. Sleep disturbance	0	1	2	3
r. Speech and/or language problems	0	1	2	3
s. Vision problems	0	1	2	3
t. Any other medical condition or health problem not mentioned above	0	1	2	3

Q125. If you have answered "Yes" to any of the above, or have any other health professional diagnosed problem or condition please describe the condition or problem below in more detail (eg. is longsighted - wears glasses for reading; diagnosed with Attention Deficit Disorder; asthma requiring occasional medication)
 (Please list every medical condition/health problem separately - otherwise leave blank)

.....

.....

.....

.....

Q128. Has your child attended any of the following in the past 12 months:

0 No Go to Q129

1 Yes



(Please circle all appropriate answers)			
	Yes (Now completed)	Yes (Still attending either regularly or occasionally)	
GP or family doctor	Yes	Yes	<input type="checkbox"/>
Accident and emergency	Yes	Yes	<input type="checkbox"/>
Hospital outpatient (department or clinic)	Yes	Yes	<input type="checkbox"/>
Private medical specialist	Yes	Yes	<input type="checkbox"/>
Dentist/ Dental therapist/ Orthodontist	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 (eg. iridologist)	Yes	Yes	<input type="checkbox"/>

Q129. In the past six months has your child taken/used any prescription medication(s)?

0 No Go to Q130

1 Yes Which medication(s)?



.....

.....

.....

Q130. In the past six months has your child taken/used any 'over the counter' medication(s)?

0 No Go to Q131

1 Yes Which medication(s)?

.....

.....

.....

The following questions are concerned with your housing environment

Q131. Is your home air-conditioned?

0 No Go to Q134

1 Yes

Q132. How many rooms are air-conditioned?

0 One room

1 Two rooms

2 Three rooms

3 More than three rooms

4 Portable air-conditioner

Q133. Is it evaporative air-conditioning?

0 No

1 Yes

Q134. How is your home heated? (Please circle **all** appropriate answers)

0 Not heated at all

1 Electric bar radiator, fan or column heater

2 Reverse cycle air-conditioning

3 Fully ducted heating

4 Wood fire/slow combustion heater

5 Kerosene Heater Go to Q136

6 Gas Heater Go to Q135

Go to Q137

Q135. Is your gas heater flued or unflued? (i.e. is there a chimney)

0 No – not flued

1 Yes - flued

Q136. Is your kerosene heater flued or unflued? (i.e. is there a chimney)

0 No – not flued

1 Yes - flued

Q137. Do you have gas cooking in your home?

- 0 No
- 1 Yes

Q138. Are there any pets at home?

- 0 No Go to Q140
- 1 Yes

Q139. 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?		

--	--	--	--	--	--

--	--	--	--	--	--

Q140. Does your child have any regular contact with pets elsewhere?
(e.g. relatives, neighbours, friends)

- 0 No
- 1 Yes *Please circle*

- Dogs Cats
- Birds Rodents
- Fish Reptiles

Other(please specify)

Q141. How many colds has your child had in the last 12 months?

How many? _____

--	--

Q142. Does your child usually cough when he/she gets a cold these days?

- 0 No
- 1 Yes

Q143. Does your child seem congested or bring up phlegm (spit) from his/her chest with colds?

- 0 No
- 1 Yes

Q144. Has your child wheezed at any time in his/her life? (Wheeze is a whistling or rattling noise in the chest, best heard when breathing out)

0 No Go to Q155

1 Yes



Q145. How old was your child when he/she first wheezed?

_____years _____months

Q146. Has your child ever wheezed in the last 12 months?

0 No Go to Q155

1 Yes



Q147. 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

Q148. Has your child had an episode of wheezing in the last month?

0 No Go to Q152

1 Yes



Q149. How many attacks of wheezing has your child had in the last month?

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q150. Has your child had an episode of wheezing in the past week?

0 No Go to Q152

1 Yes
↓

Q151. How many attacks of wheezing has your child had in the past week?

0 None

1 1 to 2

2 3 to 12

3 More than 12

Q152. 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

Q153. 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?

0 No

1 Yes

Q154. In the last 12 months, has your child's chest sounded wheezy during or after exercise?

0 No

1 Yes

Q155 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?

0 No

1 Yes

Q156. Since the age of ten, has your child had an attack of coughing, congestion or bringing up phlegm lasting for more than 1 week?

0 No

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

- with wheezing *how many times?* _____

The following questions (Q161-Q175) are about problems which occurred when your child **DID NOT** have a cold or the flu.

Q161. Has your child ever had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or the flu?

0 No Go to Q176

1 Yes



Q162. In the past 12 months, has your child had a problem with sneezing or a runny or blocked nose (including hayfever) when he/she DID NOT have a cold or the flu?

0 No Go to Q165

1 Yes Go to Q163



Q163. In the past 12 months, was this nose problem accompanied by itchy-watery eyes?

0 No

1 Yes

Q165. Has a doctor (GP, pediatrician) ever told you that your child has an **allergic** nose problem (including hayfever)?

0 No

1 Yes

Q168. How many episodes of **allergic** nose problem (including hayfever) has your child had in the last 12 months?

0 None Go to Q176

1 1 to 2

2 3 to 12

3 More than 12

Q169. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

January ___ February ___ March ___ April ___

May ___ June ___ July ___ August ___

September ___ October ___ November ___ December ___

Q170. Has your child had an **allergic** nose problem (including hayfever)? in the last month?

0 No Go to Q174

1 Yes



Q171. How many episodes has your child had in the last month?

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

Q172. Has your child had an **allergic** nose problem (including hayfever) in the past week?

0 No Go to Q174

1 Yes



Q173. How many episodes has your child had in the past week?

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

Q174. What was the trigger/cause of these episodes? (*please circle*)

Grass

Pollen

Animal

Dust

Other

(Please specify)

Don't Know

Q175. Has your child taken/used any medication for an **allergic** nose problem (including hayfever)?

0 No

1 Yes

↓

Type Of Medication	Not prescribed by doctor	Prescribed by doctor
Between 0-7 days ago?	0	1
.....	0	1
.....	0	1
Between 8-30 days ago?	0	1
.....	0	1
.....	0	1
Between 31 days and 12 months?		
.....	0	1
.....	0	1
.....	0	1

Q176. Has your child ever had a problem with red/watery or itchy eyes?

0 No Go to Q189

1 Yes



Q177. Do you think your child has ever had **allergic** reaction in the eyes?

0 No

1 Yes

2 Don't know

Q178. Has a doctor (GP, pediatrician) ever told you that your child had an **allergic** reaction in the eyes ?

0 No

1 Yes

Q180. Has your child suffered from an **allergic** reaction in the eyes in the last 12 months?

0 No Go to Q189

1 Yes Go to Q181

Q181. How many episodes has your child had in the last 12 months?

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

Q182. What was the cause of these episodes? (Please circle)

- Grass Dust
- Pollen Other (please specify)
- Animals Don't know

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Q183. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

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

Q184. Has your child had an **allergic** reaction in the eyes in the last month?

0 No Go to Q188

1 Yes



Q185. How many episodes has your child had in the last month?

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

Q186. Has your child had an **allergic** reaction in the eyes in the past week?

0 No Go to Q188

1 Yes



Q187. How many episodes has your child had in the past week?

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

Q188. Has your child taken/used any medication for the **allergic** reaction in the eyes?

0 No

1 Yes

↓

Type Of Medication	Not prescribed by doctor	Prescribed by doctor
Between 0-7 days ago?	0	1
.....	0	1
.....	0	1
Between 8-30 days ago?.....	0	1
.....	0	1
.....	0	1
Between 31 days and 12 months?		
.....	0	1
.....	0	1
.....	0	1

Q189. Has your child ever had eczema or an itchy rash, which was coming and going for at least six months?

0 No Go to Q204

1 Yes



Q190. Has this eczema / itchy rash at any time affected any one of the following places; the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears, or eyes?

0 No

1 Yes

Q191. Has your child had this eczema/itchy rash any time in the last 12 months?

0 No Go to Q194

1 Yes

Q192. Has this rash cleared completely at any time during the last 12 months?

0 No

1 Yes

Q193. In the last 12 months, how often, on average, has your child been kept awake at night by this itchy rash?

0 Never in the last 12 months

1 Less than one night per week

2 One or more nights per week

Q194. Do you think your child has ever had eczema?

- 0 No
1 Yes
2 Don't know

Q195. Has a doctor (GP, pediatrician) ever told you that your child has eczema?

- 0 No
1 Yes

Q196. Has your child suffered from eczema in the last 12 months?

- 0 No Go to Q204
8 Not applicable - has never had eczema Go to Q204
1 Yes

Q197. How many episodes of eczema has your child had in the last 12 months?

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

Q198. In which of the past 12 months did this problem occur?
(Please tick **all** months which apply)

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

Q199. Has your child had an episode of eczema in the last month?

- 0 No Go to Q203
1 Yes

Q200. How many episodes of eczema has your child had in the last month?

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

Q201. Has your child had an episode of eczema in the past week?

0 No Go to Q203

1 Yes



Q202. How many episodes of eczema has your child had in the past week?

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

Q203. Has your child taken/used any medication for eczema?

0 No

1 Yes



Type Of Medication	Not prescribed by doctor	Prescribed by doctor
Between 0-7 days ago?	0	1
.....	0	1
.....	0	1
Between 8-30 days ago?.....	0	1
.....	0	1
.....	0	1
Between 31 days and 12 months?		
.....	0	1
.....	0	1
	0	1

Q204. Has your child ever had any food allergies?

0 No Go to Q205

1 Yes



(Please tick **all** appropriate boxes and write in the spaces provided)

Food Type	Yes	What starts it (eg.eating/skin contact)	What reaction(s) (eg difficulty breathing)	Severity of the reaction
				ie mild moderate severe
Peanut Products	<input type="checkbox"/>	_____	_____	_____
Wheat/Yeast	<input type="checkbox"/>	_____	_____	_____
Dairy	<input type="checkbox"/>	_____	_____	_____
Fruit	<input type="checkbox"/>	_____	_____	_____
Eggs	<input type="checkbox"/>	_____	_____	_____
Seafood	<input type="checkbox"/>	_____	_____	_____
Preservatives/Colouring	<input type="checkbox"/>	_____	_____	_____
Other (please specify below)	<input type="checkbox"/>	_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

Q205. Has your child ever had any other allergies (excluding foods)?

0 No Go to Q206

1 Yes



(Please tick **all** appropriate boxes and write in the spaces provided)

Allergic to?	Yes	What starts it (eg.skin contact/ breathing in/eating)	What reaction(s) (eg difficulty breathing)	Severity of the reaction
				ie mild moderate severe
House dust mites	<input type="checkbox"/>	_____	_____	_____
Pollen	<input type="checkbox"/>	_____	_____	_____
Moulds	<input type="checkbox"/>	_____	_____	_____
Cat fur	<input type="checkbox"/>	_____	_____	_____
Animal fur other than cats	<input type="checkbox"/>	_____	_____	_____
Soaps/detergents	<input type="checkbox"/>	_____	_____	_____
Insect bites	<input type="checkbox"/>	_____	_____	_____
Antibiotics	<input type="checkbox"/>	_____	_____	_____
Other medicines	<input type="checkbox"/>	_____	_____	_____
Other (please specify below)	<input type="checkbox"/>	_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

These questions (Q206-Q207) apply to the child's biological family only.

Q206. This question asks about your family's history of certain health problems.

(Please tick **all** appropriate responses)

	Asthma	Allergic Nose Reaction (incl hayfever)	Allergic Eye Reaction	Eczema
Has the child's mother had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child's father had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the child's brothers or sisters (siblings) had...				
<i>Sibling 1.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 2.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 3.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 4.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 5.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q207. This question asks about your family's history of certain health problems.

(Please circle **all** appropriate responses)

	Diabetes	Renal Conditions (Kidney)	Arthritis	Cardiac Conditions (Heart)
Has the child's mother had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child's father had				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the child's brothers or sisters (siblings) had...				
<i>Sibling 1.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 2.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 3.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 4.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sibling 5.</i>				
• No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes – in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Yes - now and in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Not diagnosed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4

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These are questions about the questionnaire.

Please circle answer where applicable.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

Q210. This questionnaire has been completed by the child's:

- 0 Mother
- 1 Father
- 2 Grandmother
- 3 Grandfather
- 4 Stepmother
- 5 Stepfather
- 6 Adoptive mother
- 7 Adoptive father
- 8 Other (eg. aunt, uncle, brother/sister)

please specify

.....

Q211. Please indicate the date you completed this questionnaire:

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___/___/___

Q212. 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

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