
45-month Data Collection Wave: Main Cohort

Questionnaire

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45 months call

2. INTERNET (M)

The first few questions are about the internet – which we may have asked you about before but we are updating our information for online tools we are developing.

2.01 Do you have access to the internet at home?

(Tick one only)

WW1_m45M

- Yes
- No → 2.04
- DK → 2.04
- Ref → 2.04

2.02 What kind of device do you use to access the internet at home?

(Tick all that apply – at least one)

WW5_1_m45M To

WW5_99_m45M

- Desktop or laptop computer
- Tablet
- Smartphone
- Other (specify) _____
- DK
- Ref

2.03 What kind of internet access do you have at home?

(Tick all that apply – at least one)

WW2n1_1_m45M To

WW2n1_99_m45M

- Dial-up
- Broadband
- Mobile (T-stick, vodem, 3G, etc.)
- Other (specify) _____
- DK
- Ref

2.04 Do you belong to any social networking sites or use any online forum sites?

(Tick all that apply – at least one)

WW4_1_m45M To

WW4_99_m45M

- Facebook
- LinkedIn
- MySpace
- Twitter
- Bebo
- Yahoo Groups
- TradeMe Community
- Product websites (e.g. Huggies or Treasures)

- Parenting websites (e.g. The Parenting Place, OH Baby, The Sleep Store etc.)
- Other (please specify) _____
- None of the above
- DK
- Ref

3. MEDIA (C)

Introduction: The next questions are about {NAME}'s use of TV, DVDs and other media.

Interviewer Note: Please complete these questions even if respondent does not have a TV, as programming may be watched on computers etc. These questions include DVDs etc. watched in the car, but NOT in other locations outside the home.

If they are listening to radio channels through the TV it goes under 3.04 Listening to music.

If it is music TV channels with video it goes under TV viewing – either active (3.01) or passive (3.02). Maximum for any one response is 24.

Thinking about a usual weekday, approximately how many hours does {NAME} spend at home...

(Answer one only for each row below)

	None	Total Time (Hours:Mins)	DK	Ref
3.01 ...watching television programming including free-to-air, online, and pay TV or DVDs either on TV or other media? <i>TU11_m45Cm</i>	<input type="radio"/>	____ . ____ (00-24:00-59))	<input type="radio"/>	<input type="radio"/>
3.02 ...with the TV on in the same room as {NAME}, whether or not [HE/SHE] was watching it? <i>TU17n_m45Cm</i>	<input type="radio"/>	____ . ____ (00-24:00-59))	<input type="radio"/>	<input type="radio"/>
3.03 ...using electronic media e.g. computer or laptop, including children's computer systems such as Leapfrog, ipads, tablets, smart phones and any electronic gaming devices? <i>TU14_m45Cm</i>	<input type="radio"/>	____ . ____ (00-24:00-59))	<input type="radio"/>	<input type="radio"/>
3.04 ...listening to music? <i>Interviewer Note: This includes all recorded and broadcasted music on not just on personal players (e.g. CDs, iPods, MP3 players, internet, etc.), including music listened to in the car.</i> <i>TU16_m45Cm</i>	<input type="radio"/> → Section 4	____ . ____ (00-24:00-59))	<input type="radio"/> → Section 4	<input type="radio"/> → Section 4

3.05 When {NAME} is listening to music how often does [HE/SHE] wear headphones?

(Tick one only)

TU18n_m45Cm

- Always
- Almost always
- Sometimes
- Rarely
- Never
- DK
- Ref

4. EMPLOYMENT – HISTORICAL (M)

Introduction: I am now going to ask you some questions about your past employment or working situation.

4.01 We interviewed you in {MONTH & YEAR} when {NAME} was nine months old and you said you were either still on leave and/or not in paid work. What were the reasons you were not in paid work then (i.e. when your child was nine months old)?

(Tick all that apply – at least one)

OC60_1_m45M To

- Preferred to look after my own child(ren)
- Too busy with family
- Partner earned enough to support us
- No jobs available
- Couldn't find a job that interested me
- Couldn't find a job with enough flexibility
- Couldn't get suitable child care
- It was not worthwhile with child care costs
- Would have lost government benefits if I worked
- I was studying
- Other (please specify) _____
- DK
- Ref

OC60_99_m45M

5. EMPLOYMENT – CURRENT (M)

Introduction: Now I am going to ask you some questions about your current employment or working situation.

5.01 Are you *currently* in paid work or do you have a job you will be starting/returning to in the next four weeks?

(Tick one only)

OC14n_m45M

- Yes → 5.03
- No
- DK → 5.03
- Ref → 5.03

5.02 What are the reasons you are not currently in paid work?

(Tick all that apply – at least one)

OC18n_1_m45M To

- Prefer to look after my own child(ren)
- Too busy with family
- Partner earns enough to support us
- No jobs available
- Can't find a job that interests me
- Can't find a job with enough flexibility
- Can't get suitable child care
- It's not worthwhile with child care costs
- Will lose government benefits if I work
- Currently on maternity leave
- I am studying
- Other (please specify) _____
- DK
- Ref

OC18n_99_m45M

<p>Now we are going to ask you some questions about the sources of income to both your household and you personally.</p> <p><i>Interviewer Note: For Rows 1-17:</i></p> <ul style="list-style-type: none"> - Answers in 5.04 and 5.05 MUST be identified in 5.03 first. If not, check answers to 5.03. - Answers to 5.06 MUST be from answers to 5.04 and 5.05 together if and only if answers are given for 5.04. - If no answers to 5.04 then 5.06 must be a subset of 5.05 only. 	<p>5.03 What are all the ways that your household got income in the last twelve months? *</p> <p><i>(Tick all that apply – at least one)</i></p> <p>FINhhp_1_m45M To FINhhp_99_m45M</p>	<p>5.04 Which of these is your household currently receiving?</p> <p><i>(Tick all that apply – at least one)</i></p> <p>FINhhn_1_m45M To FINhhn_99_m45M</p>	<p>5.05 What are all the ways that you personally got income in the last twelve months?</p> <p><i>(Tick all that apply – at least one)</i></p> <p>FINpp_1_m45M To FINpp_99_m45M</p>	<p>5.06 Which of these are you currently receiving?</p> <p><i>(Tick all that apply – at least one)</i></p> <p>FINpn_1_m45M To FINpn_99_m45M</p>
1. Wages, salary, commissions, bonuses, etc. paid by an employer				
2. Self-employment or business				
3. Interest, dividends, rent, other investments				
4. Regular payments from ACC or a private work accident insurer				
5. NZ superannuation or veteran's pension				
6. Other superannuation pensions, annuities (other than NZ superannuation, veteran's pension or war pension)				
7. Unemployment benefit				
8. Sickness benefit				
9. Domestic purposes benefit				
10. Accommodation supplement				
11. Invalids benefit				
12. Student allowance (including scholarships or stipends)				
13. Other government benefits, government income support payments, or war pensions				
14. Paid parental leave				
15. Other sources of income **				
16. Child support payments				
17. Family tax credits e.g. Working for Families				
18. No source of income during that time	→ Section 6		→ Section 6	
99. DK	→ 5.05		→ Section 6	
98. Ref	→ 5.05		→ Section 6	

* Please include your personal income when answering this question. You can choose as many as you need. Please do not count loans, including student loans, because they are not income.

** See briefing notes for more detail and examples. In general other sources of income includes regular payments and excludes one-off payments.

6. EARLY CHILDHOOD EDUCATION / CHILD CARE (C)

Introduction: Now I am going to ask some questions about {NAME}'s early childhood education / child care arrangements.

- 6.01** Have you ever used any form of regular care at all for {NAME} since [HE/SHE] was born? Do include regular care by neighbours, grandparents or other relatives. Do not include casual or occasional babysitting. Do not include care by {NAME}'s other parent.

(Tick one only)

CC60_m45Cm

- Yes
- No → 6.22
- DK → Section 7
- Ref → Section 7

- 6.02** Have you used any form of regular care at all for {NAME} since we last contacted you in {MONTH & YEAR} when {NAME} was 31 months old. Do include regular care by neighbours, grandparents or other relatives. Do not include casual or occasional babysitting. Do not include care by {NAME}'s other parent.

(Tick one only)

CC60n_m45Cm

- Yes
- No
- Did not have 31 month interview
- DK → Section 7
- Ref → Section 7

Care Update/Inventory (6.03s – hidden seeded row)

6.03 Type of care arrangement	6.04 How many hours a week [DOES/DID] {NAME} spend at this arrangement? (>0-100)	6.05 Can you tell me {NAME}'s age in months when [HE/SHE] first started at this arrangement or first had these hours (>0-60)	6.06 Is this arrangement still being used?	6.07 Can you tell me {NAME}'s age in months when [HE/SHE] stopped using this arrangement? (>0-60)	6.08 Why did you stop using this arrangement ?	6.09 Is the number of hours being used still the same?	6.09a New Hours (>0-100)	6.10 Can you tell me {NAME}'s age in months when [HE/SHE] changed the hours of attendance? (>0-60)	6.11 Why did you change the hours used?	6.12 Do you consider this {NAMES}'s main provider of ECE/Childcare? (Tick one only) <i>Interviewer Note: Identify One Main provider from current ECE/Childcare in column</i>	6.13 Do you pay for this care arrangement?	6.14 On average how much do you pay for this care per week? (>0-800)	6.15 Do you receive the 20 hours of subsidised early childhood education / child care at this provider?
CC70_1_m45Cm To CC70_10s_m45Cm	CC71_1_m45Cm To CC71_10_m45Cm	CC72_1_m45Cm To CC72_10_m45Cm	CC74n1_1_m45Cm To CC74n1_10_m45Cm	CC75n1_1_m45Cm To CC75n1_10_m45Cm	CC81n1_1_m45Cm To CC81n1_10_m45Cm	CC74n2_1_m45Cm To CC74n2_10_m45Cm	CC74n3_1_m45Cm To CC74n3_10_m45Cm	CC75n2_1_m45Cm To CC75n2_10_m45Cm	CC81n2_1_m45Cm To CC81n2_10_m45Cm	CC21n1_1_m45Cm To CC21n1_10_m45Cm	CC73_1_m45Cm To CC73_10_m45Cm	CC77_1_m45Cm To CC77_10_m45Cm	CC78_1_m45Cm To CC78_10_m45Cm
(seeded from 31 month if applicable)	(seeded from 31 month if applicable)	(seeded from 31 month if applicable)											
Seeded data carried forward and new data entered	_____ (Hours) DK = 999 Ref = 998	_____ (Age) DK=99 Ref=98	Yes → 6.09 No DK → Next row Ref → Next row	_____ (Age) DK=99 Ref=98	Free text → Next row	Yes → 6.12 No DK → 6.12 Ref → 6.12	_____ (Hours) DK = 999 Ref = 998	_____ (Age) DK=99 Ref=98	Free text	Yes No DK Ref	Yes No → 6.15 DK → 6.15 Ref → 6.15	_____ (Amount) DK = 999 Ref = 998	Yes No DK Ref
At first blank row after any seeded data ask: 'Has {NAME} attended any other early childhood education/childcare arrangements since that time (answer to 6.07)?													
Yes → Complete new row and follow skip logic above for each new row No → Identify a current Main Provider in 6.12 column then continue to 6.16. If no current Main Provider identified skip to Section 7													

List of care arrangements:

- 1) Kindergarten
- 2) Early Childhood Education Service /Childcare Centre
- 3) Playcentre
- 4) An organised home-based care programme such as Barnados or PORSE
- 5) Kohanga reo
- 6) Pacific Island early childhood centre
- 7) Nanny
- 8) Grandparent
- 9) Other relative
- 10) Church crèche
- 11) Other crèche
- 12) Gym, leisure or community centre
- 13) Other person (includes friend or neighbour)
- 97) Other (please specify) _____
- 99) DK → Section 7
- 98) Ref → Section 7

6.16 What is the name and location of this main early childhood education / child care arrangement that you have just described for {NAME} ?

- CC21n_m45Cm To
CC21n_location_m45Cm
- Name _____
 Location _____
 DK
 Ref

<p>6.17 What is your main mode of transport for getting to or from this early childhood education / child care arrangement?</p> <p><i>Interviewer Note: Tick up to two but only if they use two modes equally.</i></p> <p style="text-align: right;">CC79n1_1_m45Cm To CC79n1_99_m45Cm</p>	<p>6.18 How long does this direct trip to or from home usually take using this mode of transport? (0-2 hr:00-59 min)</p> <p><i>Interviewer Note: We want the time for a one-way trip ONLY.</i></p> <p style="text-align: right;">CC80_1_m45Cm To CC80_99_m45Cm</p>
<input type="radio"/> Child is cared for in their own home → 6.19	
<input type="radio"/> Walk	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Your own car	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Car pool or with family or friends	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Cycle	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Motorcycle	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Public transport (bus/ferry/train)	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Taxi	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> Other (Please specify) _____	__:__ __ <input type="radio"/> DK <input type="radio"/> Ref
<input type="radio"/> DK → 6.19	
<input type="radio"/> Ref → 6.19	

6.19 Does this early childhood education / child care facility provide {NAME} with any of the following?

- Interviewer Note: Do not include food child brings from home to eat.
(Tick all that apply)*
- CC81_1_m45Cm To
CC81_99_m45Cm
- Breakfast
 Lunch
 Evening meal or dinner
 Snacks
 None of the above
 DK
 Ref

6.20 I'm going to read a list of reasons people use early childhood education / child care. Could you please say which of these currently apply to you?

(Tick all that apply – at least one)

CC18n1_1_m45Cm To

CC18n1_99_m45Cm

- Because of your work or study commitments
- Because of your leisure or community activities
- To give you a break or time alone
- So you can attend to your own, partner's or relatives' health needs
- It is good for the [CHILD/CHILDREN]'s social development
- It is good for the [CHILD/CHILDREN]'s intellectual development
- It is good for the [CHILD/CHILDREN]'s language development
- For respite care
- To mix with other children of the same age
- To establish relationships with grandparents
- Because it matches and encourages our cultural or ethnic beliefs
- Other (please specify) _____
- DK → **Section 7**
- Ref → **Section 7**

6.21 Of those reasons you have for using early childhood education /child care. Could you please tell us what your MAIN reason is?

(Tick one only)

CC18n2_m45Cm

- Because of your work or study commitments
- Because of your leisure or community activities
- To give you a break or time alone
- So you can attend to your own, partner's or relatives' health needs
- It is good for the [CHILD/CHILDREN]'s social development
- It is good for the [CHILD/CHILDREN]'s intellectual development
- It is good for the [CHILD/CHILDREN]'s language development
- For respite care
- To mix with other children of the same age
- To establish relationships with grandparents
- Because it matches and encourages our cultural or ethnic beliefs
- Other (please specify) _____
- DK
- Ref

→ Section 7

Interviewer note: Last question of this section is only completed by those who have never used early childhood education or child care.

6.22 I am going to read a list of common reasons people have for not using regular early childhood education services or child care arrangements. Could you please tell me which of these reasons apply to you?

(Tick all that apply – at least one)

CC2n_1_m45Cm To

- Child does not need it
- No spare places or waiting list
- Transport difficulties
- No care available locally
- Care not available on days or times I need it
- Too expensive
- Concerned with quality of care
- Does not suit our cultural or ethnic beliefs
- Do not want {NAME} cared for by strangers
- Other (please specify) _____
- DK
- Ref

CC2n_99_m45Cm

7. BREASTFEEDING (C)

Now we have a few questions about breastfeeding.

Interviewer Note: If not breastfeeding at 31M interview → Section 8.

If 31M interview skipped, or if don't know if breastfeeding at 31M → 7.01.

If still breastfeeding at 31M interview → 7.04

7.01 Did you ever breastfeed {NAME}? Breastfeeding includes feeding expressed milk.

(Tick one only)

CN1n_m45Cm

- Yes
- Never breastfed → **Section 8**
- DK → **Section 8**
- Ref → **Section 8**

7.02 How long did you exclusively breastfeed? By exclusive I mean feeding baby only breast milk, including expressed breast milk, and not any water, milk formula, other liquids, or solid food.

Interviewer Note: Medicines, vitamins and minerals are allowed. If response is a proportion of a month/week/day, enter as a decimal point, i.e. 0.5 for ½ of a month/week/day, 0.25 for ¼ of a month/week/day, 0.75 for ¾ of a month/week/day.

(Tick one only)

CN5_m45Cm To

- Months ____ • ____ (1-60)
- Weeks ____ • ____ (1-52)
- Days ____ • ____ (0-31)
- DK
- Ref

CN5_day_m45Cm

7.03 Are you still breastfeeding {NAME}?

(Tick one only)

CN90_m45Cm

- Yes → 7.05
- No → 7.06
- DK → Section 8
- Ref → Section 8

7.04 When we interviewed you in {MONTH & YEAR} when {NAME} was 31 months old, you were breastfeeding [HIM/HER]. Are you still breastfeeding {NAME}?

(Tick one only)

CN99_m45Cm

- Yes
- No → 7.06
- Not breastfeeding at 31M → 7.06
- DK → Section 8
- Ref → Section 8

7.05 How many times a day (24 hour period) on average do you currently breastfeed?

(Tick one only)

CN2_m45Cm

- Times per day _____ (1- 24) → Section 8
- Less than once per day → Section 8
- DK → Section 8
- Ref → Section 8

7.06 How old was {NAME} when you stopped breastfeeding?

Interviewer Note: This refers to any breastfeeding, whether exclusive or not. If response is a proportion of a year/month/week/day, enter as a decimal point, i.e. 0.5 for ½ of a year/month/week/day, 0.25 for ¼ of a year/month/week/day, 0.75 for ¾ of a year/month/week/day.

(Tick one only)

CN6_m45Cm To

- Years ____ • ____ ____ (1-4)
- Months ____ • ____ ____ (1-60)
- Weeks ____ • ____ ____ (1-52)
- Days ____ • ____ ____ (1-31)
- DK
- Ref

CN6_day_m45Cm

7.07 I'm going to read a list of reasons people have for stopping breastfeeding. I realise some of these may no longer be as relevant at this age as they were when we have previously collected information but we still need to read them all out for consistency. Please say 'yes' to all that are reasons you stopped breastfeeding.

(Tick all that apply – at least one)

CN7_1_m45Cm To

- Had breast fed long enough
- Child had trouble latching on
- Didn't have enough milk
- Breast milk alone did not seem to satisfy child
- Painful breasts
- Child not gaining enough weight
- Child lost interest or self-weaned
- I wanted or needed someone else to feed the child
- I went back to work and expressing breast milk was not convenient or possible
- New pregnancy
- Child was old enough that the difference between breast milk and formula was minimal
- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____
- DK
- Ref

CN7_99_m45Cm

8. FOOD BEHAVIOURS (C)

Introduction: The next questions are about {NAME}'s eating patterns at meal times.

8.01 Over a usual 7 day period, how often does {NAME} eat breakfast?

(Tick one only)

EAH35_m45Cm

- Answer: ____ (0-7)
- DK
- Ref

8.02 How many days a week does your family including {NAME} usually sit together to eat any main meal? This also includes occasions when not all members of the family are present.

(Tick one only)

EAH18n_m45Cm

- Answer: ____ (0-7)
- DK
- Ref

8.03 How often does {NAME} eat the same food as you at any main meal?

(Tick one only)

EAH19_m45Cm

- Always
- Almost always
- Sometimes
- Almost never
- Never
- DK
- Ref

8.04 Which meal do you consider to be {NAME'S} main meal of the day?

(Tick one only)

EAH31_m45Cm

- Breakfast
- Midday meal
- Evening meal
- Snacks
- DK
- Ref

8.05 How often is the TV on in the same room when your child is eating a meal?

Interviewer Note: This is any meal not only main meal but does not include snacks

(Tick one only)

EAH21n_m45Cm

- Always
- Almost always
- Sometimes
- Almost never
- Never
- DK
- Ref

8.06 Does [HE/SHE] have a food allergy?

Interviewer note: Current allergies only. If grown out of an allergy the answer is 'No'

(Tick one only)

EAH9n_m45Cm

- Yes
- No → 8.08
- DK → 8.08
- Ref → 8.08

8.07 Can you tell me what food {NAME} is currently allergic to? And if that allergy was diagnosed by a doctor?

(Tick all that apply – at least one)

EAH10_1_m45Cm To

- | | | |
|--|--|--------------------------|
| <input type="radio"/> Milk | <input type="radio"/> Doctor diagnosed | <i>EAH10_99_m45Cm</i> |
| <input type="radio"/> Egg | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Peanut | <input type="radio"/> Doctor diagnosed | <i>EAH10_1d_m45Cm To</i> |
| <input type="radio"/> Soy | <input type="radio"/> Doctor diagnosed | <i>EAH10_13d_m45Cm</i> |
| <input type="radio"/> Wheat/gluten | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Treenut (almonds, cashews, pecan etc.) | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Fish | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Shellfish (shrimp, lobster, crab etc.) | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Food additives | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Fruits | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Vegetables | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Seeds | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> Other (please specify) _____ | <input type="radio"/> Doctor diagnosed | |
| <input type="radio"/> DK | | |
| <input type="radio"/> Ref | | |

8.08 Has {NAME} had any of the following?

(Tick all that apply – at least one)

EAH11_1_m45C To

- A reaction to food(s). Please specify type of reaction _____ *EAH11_99_m45Cm*
- Blood test for food allergies
- Skin test for food allergies
- Food challenge for food allergies
- None of the above
- DK
- Ref

8.09 How would you describe the variety of foods that {NAME} generally eats? Does [HE/SHE]...

(Tick one only)

EAH13n_m45Cm

- Eat everything
- Eat most things
- Eat a limited variety of things
- Eat a very limited variety of things
- DK
- Ref

8.10 Thinking about food in general, how easy or difficult do you find getting {NAME} to eat for a child of [HIS/HER] age?

(Tick one only)

EAH12_m45Cm

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult
- DK
- Ref

How often would you describe meal times with {NAME} in the following ways?

(Tick one only for each row below)

	Never	Occasionally	Quite often	Mostly	DK	Ref
8.11 Mealtimes are enjoyable for everyone <i>EAH15_m45Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.12 Mealtimes are a rush <i>EAH16_m45Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.13 Mealtimes give us time to talk to each other <i>EAH17_m45Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. TEETH (C)

Introduction: I have a few questions about {NAME}'s teeth.

9.01 How often are {NAME}'s teeth brushed?

(Tick one only)

HY7n_m45Cm

- Never → 9.04
- Less than weekly
- Less than once a day
- Once a day
- Twice a day or more
- DK
- Ref

9.02 Does someone help {NAME} to brush [HIS/HER] teeth?

(Tick one only)

HY8_m45Cm

- No
- Yes, sometimes
- Yes, most of the time
- DK
- Ref

9.03 Does {NAME} usually eat or drink anything other than water after cleaning [HIS/HER] teeth and before going to bed?

(Tick one only)

HY11n_m45Cm

- Yes
- No
- DK
- Ref

9.04 Has {NAME} been enrolled in the free dental service?

(Tick one only)

HY17_m45Cm

- Yes
- No
- DK
- Ref

9.05 Has {NAME} ever been to see a school dental therapist, mobile unit or a dentist?

(Tick one only)

HY14n_m45Cm

- Yes
- No
- DK
- Ref

9.06 Has {NAME} ever had any of the following problems with [HIS/HER] teeth?

(Tick all that apply – at least one)

HY16_1_m45Cm To

- Cavities or dental decay
- Tooth or teeth filled because of dental decay
- Teeth pulled because of dental decay
- Accident causing breakage or loss of teeth
- Other (please specify) _____
- None of these
- DK
- Ref

HY16_99_m45Cm

10. SLEEP (C)

Introduction: I am now going to ask some questions about how well {NAME} sleeps.

10.01 On average, how much time does {NAME} spend asleep at night in total?

(Tick one only)

SLP1_m45Cm To

- Hours : Minutes ____ : ____ (00-24: 00-59)
- DK
- Ref

SLP1_min_m45Cm

10.02 On average, how much time does {NAME} spend asleep during the day?

(Tick one only)

SLP2n_m45Cm To

- Does not usually sleep during the day
- Hours : Minutes ____ : ____ (00-24: 00-59)
- DK
- Ref

SLP2n_min_m45Cm

10.03 On average how many times does {NAME} wake at night?

(Tick one only)

SLP3_m45Cm

- None
- 1 time
- 2 times
- 3 or more times
- DK
- Ref

10.04 What kind of bed does {NAME} sleep in most of the time in your home?

(Tick one only)

SLP4n_m45Cm

- Infant bed (smaller than a single bed – like a cot bed)
- Single bed
- Mattress on the floor
- Bunk bed
- Double bed or larger
- Other (please specify) _____
- DK
- Ref

10.05 What is the current sleeping arrangement you have for {NAME} most of the time in your home?

(Tick at least one and no more than two)

SLP5n_1_m45Cm To

- In a separate room alone
- In a separate bed in a shared room with sibling(s)/other children
- In a shared bed with other sibling(s)/other children
- In a separate bed in a shared room with parents
- In a shared bed with parents
- In a separate bed in a shared room with other adults
- In a shared bed with other adults
- Other (please specify) _____
- DK
- Ref

SLP5n_99_m45Cm

10.06 Does {NAME} go to bed at a similar time each night?

(Tick one only)

SLP6_m45Cm

- Always
- Usually
- Sometimes
- Rarely → 10.08
- Never → 10.08
- DK → 10.08
- Ref → 10.08

10.07 What time is that on a weekday?

Interviewer Note: If several times offered, take earliest time put to bed.

(Tick one only)

SLP7_m45Cm To

- Time __ __ : __ __ am / pm (e.g. 08:30pm) (00-12 : 00-59)
- DK
- Ref

SLP7_ampm_45Cm

10.08 How often do you get {NAME} ready for bed or put {NAME} to bed?

(Tick one only)

SLP8_m45Cm

- Every day
- Several times a week
- Once or twice a week
- Once or twice a month
- Less often
- Never
- DK
- Ref

10.09 Is {NAME} bothered by any of the following on 3 or more nights a week, that is, more than half of the time?

Interviewer Note: Read list. Tick all those where participant says YES.

(Tick all that apply – at least one)

SLP9_1_m45Cm To

- Difficulty getting off to sleep at night
- Not happy to sleep alone
- Waking during the night
- Restless sleep
- Bed wetting
- Nightmares, night terrors
- Coughing
- Wheezing or asthma
- Snoring or difficulty breathing
- Seeming tired in the morning
- Other (please specify) _____
- None of the above
- DK
- Ref

SLP9_99_m45Cm

10.10 How would you describe {NAME}'s sleeping patterns or habits?

Interviewer Note: Patterns or habits include the times they go to bed or wake-up, number of hours asleep, where they sleep, how heavy or lightly they sleep etc.

(Tick one only)

SLP10n_m45Cm

- No problem at all
- A small problem
- A moderate problem
- A large problem
- DK
- Ref

11. TOILET TRAINING (C)

Introduction: The next questions are about toilet training.

11.01 Is {NAME} toilet trained yet?

(Tick one only)

TOIL1_m45Cm

- Fully toilet trained (day and night)
- Fully toilet trained (day only)
- Partially toilet trained (please specify) _____
- Have not started toilet training yet → **Section 12**
- DK → **Section 12**
- Ref → **Section 12**

11.02 Would you say that toilet training {NAME} is/was...?

(Tick one only)

TOIL2_m45Cm

- Not difficult
- Quite difficult
- Very difficult
- DK
- Ref

12. LANGUAGE (C)

Introduction: The next questions are about {NAME'S} language development.

12.01 What languages does {NAME} speak?

(Tick all that apply – at least one)

LD25_1_m45Cm To

LD25_99_m45Cm

- English
- Maori
- Samoan
- Tongan
- Fijian
- Niuean
- Cook Island Maori
- Cantonese
- Mandarin
- Korean
- Japanese
- Hindi
- Arabic
- New Zealand sign language
- Filipino
- Gujurati
- Punjabi
- Spanish
- Other _____
- Other _____
- Other _____
- Not yet speaking words → 12.07
- DK → 12.07
- Ref → 12.07

Interviewer Note: For each language ticked in 12.01 ask questions 12.02-12.03

12.02 How often does {NAME} join words together into short sentences in {Language 1...2..n}?

(Tick one only)

LD26_1_m45Cm To

LD26_973_m45Cm

- Not yet
- Sometimes
- Often
- Always
- DK
- Ref

12.03 How often does {NAME} tell short stories, either repeating stories [HE/SHE] knows or making up [HIS/HER] own? ...

(Tick one only)

- Not yet
- Sometimes
- Often
- DK
- Ref

LD27_1_m45Cm To

LD27_973_m45Cm

12.04 Which of the following colours can {NAME} name correctly in any language?

(Tick all that apply – at least one)

- Does not yet name any colours
- Black
- White
- Red
- Yellow
- Blue
- Green
- Orange
- Purple
- Pink
- Brown
- Grey
- DK
- Ref

LD28_1_m45Cm To

LD28_99_m45Cm

12.05 Which of the following shapes can {NAME} name correctly in any language?

(Tick all that apply – at least one)

- Does not yet name any shapes
- Circles
- Triangles
- Squares
- Rectangles
- Ovals
- Stars
- Diamonds
- Hearts
- DK
- Ref

LD29_1_m45Cm To

LD29_99_m45Cm

- 12.06 To what number can {NAME} consistently count correctly in any language?**
(Tick one only) LD30n_m45Cm
- _____ (Enter number) (1-999)
- Does not yet count
- DK
- Ref

- 12.07 Is {NAME} able to say how old [HE/SHE] is?** LD31n_m45Cm
(Tick one only)
- Yes
- No → Section 13
- DK → Section 13
- Ref → Section 13

- 12.08 Can {NAME} hold up the number of fingers that indicates [HIS/HER] age?**
(Tick one only) LD32_m45Cm
- Yes
- No
- DK
- Ref

13. CHILD'S PROGRESS (C)

Now we have a few quick general questions

- 13.01 Since we last spoke to you are there any new issues we haven't discussed that you would like us to be aware of?** PR3__m45Cm

- 13.02 In general, how happy are you with how {NAME} is doing overall?**
(Tick one only) PR1__m45Cm
- Very happy → Section 14
- Happy → Section 14
- Some concerns
- Very concerned
- DK → Section 14
- Ref → Section 14

13.03 Have you discussed your concerns with anyone?

(Tick one only)

PR2_m45Cm

- Yes → **Reassure them that this is good.**
- No → **Suggest that they contact their GP regarding their concerns.**
- DK
- Ref

14. HOUSEHOLD GRID (M)

*Interviewer Note: Please ensure all contact information and the household grid is checked.
Update information where relevant.*