



8-Year Data Collection Wave: Main Cohort

Child Proxy Questionnaire

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Contents

1. Ethnicity and culture	6
2. Eating patterns and food allergies.....	8
3. Food behaviours	11
4. General practice/ primary health care	15
5. General health.....	18
6. Illnesses	20
7. Impact of health.....	25
8. Sleep	27
9. School	29
10. Parenting.....	35
11. Media use.....	39
12. Child activities	39
13. Parental involvement.....	46
14. Child behaviour	48
15. Social skills and relationships	49
16. Life events	49
17. Highlights and challenges	50



Interviewer Note: ID data seeded and child questions repeated for each participant child.

ID Participant ID (Mother): _____ • _____

FN First Name (Mother): _____

LN Last Name (Mother): _____

C1 Child Name: _____

C1 ID Child's ID: _____ • _____

INTD Interview Date: ____/____/____

INTR Interviewer Name: _____

CTRY Mother's Usual Country of Residence: _____

Introduction

Thank you very much for your time and your support of the *Growing Up in New Zealand* study.

The information you provide in this questionnaire is completely private and confidential. No information that could identify you (or your child or other family members) will be used in any publications from this study.

This questionnaire has received ethical approval from the Health and Disability Ethics Committee.

If you have any questions about our project at any time, please feel free to contact us at *Growing Up in New Zealand* Research, School of Population Health, University of Auckland:

Freephone: 0508 476 946

Email: contact@growingup.co.nz

If you have any queries or concerns regarding your rights as a participant in this research, you may contact a health and disability advocate:

Freephone 0800 423 638

Email: advocacy@hdc.org.nz

Things to consider

Remember that there are no right or wrong answers in this questionnaire and your honesty is greatly appreciated.

You may recognise some questions that we have asked you previously– we have tried to minimise these questions, but we need to update this information.

If you need to stop part way through the questionnaire, just close your browser. You will be able to continue the questionnaire from where you left off when you begin again.

If you require further assistance or have any questions about the questionnaire or *Growing Up in New Zealand* in general, please email contact@growingup.co.nz or free phone 0508 476 946.

0.1. Please confirm that your relationship to {NAME} is
(Choose one only)

PQ103_y8Cm

- 1. Biological mother
- 2. Birth mother (not biological)
- 3. Adoptive mother
- 4. Foster mother
- 5. Stepmother
- 6. Grandmother
- 7. Aunt
- 8. Biological father
- 9. Foster father
- 10. Stepfather
- 11. Grandfather
- 97. Other, please specify _____

0.2. What is {NAME}'s usual country of residence?
(Choose one only)

COUNTRYC_y8Cm

- Please specify _____ (all countries drop down list).

1. Ethnicity and Culture

The following questions focus on how ethnicity and culture are integrated into [NAME]'s life and what influence language has on [NAME].

1.1. How often do you discuss {NAME}'s ethnicity or culture with {NAME}?

(Choose one only)

CETH7_y8Cm

- 1. Very Often
- 2. Often
- 3. Sometimes
- 0. Never
- 99. Don't know
- 98. Prefer not to say

We would like to find out about how {NAME}'s use of different languages has changed since beginning school.

1.2. What language(s) does {NAME} speak well enough to hold a conversation about a lot of everyday things?

(Choose all that apply – at least one)

LD51_1_y8Cm to LD51_973_y8Cm

- 1. English
- 2. Māori
- 3. Samoan
- 4. Tongan
- 5. Fijian
- 6. Niuean
- 7. Cook Island Māori
- 8. Cantonese
- 9. Mandarin
- 10. Korean
- 11. Japanese
- 12. Hindi
- 13. Arabic
- 14. Sign Language
- 15. Filipino
- 16. Gujarati
- 17. Punjabi
- 18. Spanish
- 19. Italian
- 20. French
- 971. Other, please specify _____
- 972. Other, please specify _____
- 973. Other, please specify _____
- 95. Not applicable because unable to speak → **Go to 1.4**

[Note that 95 is an exclusive option]

[Note: Question 1.3 is asked only if more than one language is selected in 1.2, otherwise skip to 1.4]

1.3. What language does {NAME} MOSTLY speak at home?

(Choose at least one, but no more than two)

LD39_1_y8Cm to LD39_973_y8Cm

- 1. English
- 2. Māori
- 3. Samoan
- 4. Tongan
- 5. Fijian
- 6. Niuean
- 7. Cook Island Māori
- 8. Cantonese
- 9. Mandarin
- 10. Korean
- 11. Japanese
- 12. Hindi
- 13. Arabic
- 14. Sign Language
- 15. Filipino
- 16. Gujarati
- 17. Punjabi
- 18. Spanish
- 19. Italian
- 20. French
- 971. Other, please specify _____
- 972. Other, please specify _____
- 973. Other, please specify _____

1.4. What language does {NAME} MOSTLY receive their instruction in at school?

(Choose at least one, but no more than two)

LD52_1_y8Cm to LD52_973_y8Cm

- 1. English
- 2. Māori
- 3. Samoan
- 4. Tongan
- 5. Fijian
- 6. Niuean
- 7. Cook Island Māori
- 8. Cantonese
- 9. Mandarin
- 10. Korean
- 11. Japanese
- 12. Hindi
- 13. Arabic
- 14. Sign Language
- 15. Filipino
- 16. Gujarati
- 17. Punjabi
- 18. Spanish
- 19. Italian
- 20. French
- 971. Other, please specify _____
- 972. Other, please specify _____
- 973. Other, please specify _____

2. Eating Patterns and Food Allergies

Now we would like to ask you some questions about [NAME]'s usual eating patterns.

2.1. On average, how many servings of fruit does {NAME} eat per day?

- Please include fresh, frozen, canned and stewed fruit.
- Do not include fruit juice or dried fruit.
- A 'serving' = 1 medium piece or 2 small pieces of fruit or ½ cup of stewed fruit.
- For example, 1 apple + 2 small apricots = 2 servings.

(Choose one only)

NUT20_y8Cm

- 0. They don't eat fruit
- 1. Less than 1 per day
- 2. 1 serving per day
- 3. 2 servings per day
- 4. 3 servings per day
- 5. 4 or more servings per day
- 99. Don't know
- 98. Prefer not to say

2.2. On average, how many servings of vegetables does {NAME} eat per day?

- Please include fresh, frozen and canned vegetables.
- Do not include vegetable juices.
- A 'serving' = 1 medium potato/kumara or ½ cup cooked vegetables or 1 cup of salad vegetables.
- For example, 2 medium potatoes + ½ cup of peas = 3 servings.

(Choose one only)

NUT21_y8Cm

- 0. They don't eat vegetables
- 1. Less than 1 per day
- 2. 1 serving per day
- 3. 2 servings per day
- 4. 3 servings per day
- 5. 4 or more servings per day
- 99. Don't know
- 98. Prefer not to say

2.3. In the past 7 days, how many times did {NAME} have a fizzy or soft drink, such as cola or lemonade?

- This includes diet (artificially sweetened) and energy drinks such as 'Powerade' or 'V'
- Does not include powdered drinks made up with water such as cordial or 'Raro', or fruit juice such as 'Just Juice'.

(Choose one only)

NUT22_y8Cm

- 1. ____ times (range 0-99)
- 99. Don't know
- 98. Prefer not to say

2.4. In the past 7 days, how many times did {NAME} eat any food purchased from a fast food place or takeaway shop, such as fish and chips, burgers, fried chicken or pizza? This includes snacks as well as mealtimes.

(Choose one only)

NUT23_y8Cm

- 1. ____ time/s (range 0-99)
- 99. Don't know
- 98. Prefer not to say

The following questions refer to **food** allergies. We will be asking about **non-food** allergies later on.

2.5. Has {NAME} ever had any of the following?

(Choose all that apply – at least one)

EAH11_1_y8Cm EAH11_99_y8Cm

- 1. A reaction to food(s). Please specify type of reaction _____
- 2. Blood test for food allergens
- 3. Skin test for food allergens
- 4. Food challenge for food allergies
- 96. None of the above
- 99. Don't know
- 98. Prefer not to say

[Note that 96, 98 and 99 are exclusive options]

2.6. Does {NAME} have a current food allergy?

Current food allergies only. If grown out of an allergy, choose 'No'

(Choose one only)

EAH9n_y8Cm

- 1. Yes
- 0. No → **Go to 2.8**
- 99. Don't know → **Go to 2.8**
- 98. Prefer not to say → **Go to 2.8**

2.7. Please tell us what food(s) {NAME} is currently allergic to, the age at which the allergy was diagnosed, and whether the allergy was diagnosed by a doctor.

(Choose all that apply – at least one)

Allergy			Age at diagnosis		Doctor diagnosed	
<input type="radio"/>	Milk	EAH10_1_y8Cm	__range: (<1-8 years)	EAH10_1a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_1d_y8Cm
<input type="radio"/>	Egg	EAH10_2_y8Cm	__range: (<1-8 years)	EAH10_2a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_2d_y8Cm
<input type="radio"/>	Peanut	EAH10_3_y8Cm	__range: (<1-8 years)	EAH10_3a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_3d_y8Cm
<input type="radio"/>	Soy	EAH10_4_y8Cm	__range: (<1-8 years)	EAH10_4a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_4d_y8Cm
<input type="radio"/>	Wheat/gluten	EAH10_5_y8Cm	__range: (<1-8 years)	EAH10_5a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_5d_y8Cm
<input type="radio"/>	Tree nuts (almonds, cashews, pecan etc.)	EAH10_6_y8Cm	__range: (<1-8 years)	EAH10_6a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_6d_y8Cm
<input type="radio"/>	Fish	EAH10_7_y8Cm	__range: (<1-8 years)	EAH10_7a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_7d_y8Cm
<input type="radio"/>	Shellfish (shrimp, lobster, crab etc.)	EAH10_8_y8Cm	__range: (<1-8 years)	EAH10_8a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_8d_y8Cm
<input type="radio"/>	Food additives	EAH10_9_y8Cm	__range: (<1-8 years)	EAH10_9a_y8Cm	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	EAH10_9d_y8Cm
<input type="radio"/>	Fruits	EAH10_10_y8Cm	__range:	EAH10_10a_y8C	<input type="radio"/> 1. Yes	EAH10_10d_y8C

			(<1-8 years)	<i>m</i>	<input type="radio"/> 0. No	<i>m</i>
<input type="radio"/>	Vegetables	<i>EAH10_11_y8Cm</i>	____range: (<1-8 years)	<i>EAH10_11a_y8C</i> <i>m</i>	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	<i>EAH10_11d_y8C</i> <i>m</i>
<input type="radio"/>	Seeds	<i>EAH10_12_y8Cm</i>	____range: (<1-8 years)	<i>EAH10_12a_y8C</i> <i>m</i>	<input type="radio"/> 1. Yes <input type="radio"/> 0. No	<i>EAH10_12d_y8C</i> <i>m</i>

2.8. Are any of the following true for {NAME} because of an allergic reaction?

(Choose all that apply – at least one)

EAH133_1_y8Cm to EAH133_99_y8Cm

- 1. Has experienced anaphylaxis
- 2. Has an “EpiPen” for allergy
- 3. Has been taken to the after-hours doctor or the emergency room
- 4. Has had an ambulance trip
- 5. Has been admitted to hospital
- 96. None of these
- 99. Don’t know

[Note that 96 and 99 are exclusive options]

3. Food Behaviours

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

3.1. Over a usual week, how many days does {NAME} eat breakfast?

(Choose one only)

EAH35_y8Cm

- 0. No days
- 1. One day
- 2. Two days
- 3. Three days
- 4. Four days
- 5. Five days
- 6. Six days
- 7. Seven days
- 99. Don't know
- 98. Prefer not to say

3.2. Over a usual week, 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.

(Choose one only)

EAH18n_y8Cm

- 0. No days
- 1. One day
- 2. Two days
- 3. Three days
- 4. Four days
- 5. Five days
- 6. Six days
- 7. Seven days
- 99. Don't know
- 98. Prefer not to say

3.3. Over a usual week, how often does {NAME} take part in food preparation, either at breakfast, at lunch, or at dinner?

(Choose one only)

EAH100_y8Cm

- 1. Every day
- 2. Most days
- 3. Some days
- 4. A few days
- 5. Never
- 99. Don't know
- 98. Prefer not to say

3.4. Over a usual week, how often does {NAME} eat food that you have grown or produced yourselves?

(Choose one only)

EAH101_y8Cm

- 1. Every day
- 2. Most days
- 3. Some days

- 4. A few days
- 5. Never
- 99. Don't know
- 98. Prefer not to say

The following questions relate to {NAME}'s enjoyment of new or different foods.

How much do you agree or disagree with the following statements?

(Choose one only for each row)		Strongly disagree						Strongly agree
			1	2	3	4	5	
3.5 {NAME} is constantly sampling new and different foods	EAH103_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6 {NAME} does not trust new foods.	EAH104_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 If {NAME} does not know what is in a food, {HE/SHE} will not try it.	EAH105_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 {NAME} likes foods from different cultures.	EAH106_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.9 For {NAME}, food from cultures different to {HIS/HER} own looks too weird for {HIM/HER} to eat.	EAH107_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.10 At social gatherings, {NAME} will try a new food	EAH108_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.11 {NAME} is afraid to eat things {HE/SHE} has never had before	EAH109_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.12 {NAME} is very particular about the foods {HE/SHE} will eat	EAH110_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.13 {NAME} will eat almost anything.	EAH111_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.14 {NAME} likes going places serving foods from cultures different to {HIS/HER} own.	EAH112_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.15 {NAME} has definite likes and dislikes as far as food is concerned	EAH113_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.16 {NAME} eats a wide variety of foods	EAH114_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about school lunches. Thinking about a usual week...

Note: If your {CHILD} is home schooled, or enrolled with Te Aho O Te Kura Pounamu, please also answer these questions.

(Choose one only for each row)		1. Every day	2. Most days	3. Some days	4. A few days	5. Never	99. Don't know	98. Prefer not to say
3.17 How often does {NAME} take {HIS/HER} lunch to school?	EAH115_y8Cm	<input type="radio"/>						

3.18 How often does {NAME} go without lunch at school?	<i>EAH118_y8Cm</i>	<input type="radio"/>						
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Thinking about a usual week, how much do you agree or disagree with the following statements about {NAME's} usual school lunch?

<i>(Choose one only for each row)</i>		1. Strongly disagree	2. Disagree	3. Agree	4. Strongly agree	99. Don't know	98. Prefer not to say
3.19 It is a struggle to find time to make {NAME} a healthy lunch	<i>EAH122_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.20 It is a struggle to afford food to make {NAME} a healthy lunch	<i>EAH123_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about nutrition.

3.21. Where do you get most of your information about healthy eating in relation to {NAME}?

(Choose all that apply)

EAH129_1_y8Cm to EAH129_99_y8Cm

- 1. Family/ Whanau
- 2. Friends
- 3. GP Doctor
- 4. Primary Care Nurse
- 5. Well Child or 'Plunket' Book
- 6. Alternative Health Practitioner
- 7. The internet
- 8. Radio
- 9. Television
- 10. Books, magazines, or newspapers (other than Well Child Book)
- 11. Health Line
- 12. Nutrition/ food labels
- 13. My own background or training
- 97. Other, please specify _____
- 0. No information obtained
- 99. Don't know
- 98. Prefer not to say

[Note that 0, 98 and 99 are exclusive options]

3.22. What, if anything, prevents you from being able to provide what you consider an ideal diet for {NAME}?

(Choose all that apply)

EAH131_1_y8Cm to EAH131_99_y8Cm

- 1. Not enough money
- 2. Not enough time
- 3. No availability of healthy foods
- 4. Not enough knowledge about nutrition
- 5. Lack of cooking/ food preparation skills

- 6. Lack of information available about nutrition
- 7. {NAME} is too fussy or choosy about food
- 8. Purchased school lunches aren't healthy
- 9. Other family members
- 97. Other, please specify _____
- 96. None of these things
- 99. Don't know
- 98. Prefer not to say

[Note that 96, 98 and 99 are exclusive options]

4. General Practice/ Primary Health Care

Now we would like to ask about {NAME}'s GP or family doctor.

4.1. With regard to {NAME}'s health care, which of the statements below best describes your situation?

(Choose one only)

GP23_y8Cm

- 1. {NAME} has a single doctor who {HE/SHE} sees for most of their doctor visits
- 2. {NAME} sees one of several doctors in the same practice
- 3. {NAME} sees one of several GPs in different practices
- 4. {NAME} goes to a hospital emergency department
- 5. {NAME} usually uses the after-hours doctors or services
- 6. None of these
- 99. Don't know

4.2. Since age five, has {NAME} changed the GP that {HE/SHE} usually sees?

(Choose one only)

GP24_y8Cm

- 1. Yes
- 0. No → **Go to 4.4**
- 99. Don't know → **Go to 4.4**
- 98. Prefer not to say → **Go to 4.4**

4.3. What were the reasons for this change?

(Choose all that apply)

HC13_1_y8Cm to HC13_99_y8Cm

- 1. It cost too much
- 2. Had no transport to get there
- 3. Moved house
- 4. Did not like the doctors or other staff
- 5. Another GP or practice was recommended to me
- 6. My usual doctor moved practices
- 7. To access a doctor with specific characteristics (gender, ethnicity, nationality, language)
- 8. Couldn't get appointments quickly enough
- 9. Couldn't get appointments at suitable times
- 97. Other, please specify _____
- 99. Don't know
- 98. Prefer not to say

[Note that 98 and 99 are exclusive options]

4.4. Which practice (or doctor) is {NAME} enrolled with?

(Choose one only)

GP12_name_y8Cm to GP12_address_y8Cm

- 1. Name: _____ Address: _____
- 0. Not currently enrolled
- 99. Don't know
- 98. Prefer not to say

4.5. Which additional practices (or doctor) has {NAME} been taken to over the past 12 months?

Please provide as much detail about address as possible, even suburb

(Choose all that apply)

GP25_1_name_y8Cm to GP25_99_y8Cm

- 1. Name: _____ Address: _____
- 2. Name: _____ Address: _____

- 3. Name: _____ Address: _____
- 0. None
- 99. Don't know
- 98. Prefer not to say

[Note that 0, 98 and 99 are exclusive options]

4.6. In the past 12 months, how many times has {NAME} seen a GP or family doctor?
This includes visits for immunisations if {HE/SHE} saw a GP/doctor for the immunisation (rather than the practice nurse). This also includes visits to any practice, not just at the place {HE/SHE} usually goes to for health care.
(Choose one only) GP21_y8Cm

- 0. Never
- 1. Number of times ___ (range 1 -- 200)
- 99. Don't know
- 98. Prefer not to say

4.7. How much does each GP or family doctor visit for {NAME} usually cost?
(Choose one only) GP22_y8Cm

- 1. Cost \$ ___ (range 0 -- 200)
- 2. Visits for {NAME} are usually free
- 99. Don't know
- 98. Prefer not to say

4.8. In the last 12 months, has there been any time when {NAME} needed to see a GP or family doctor about {HIS/HER} health, but didn't get to see any doctor at all?
(Choose one only) GP4_y8Cm

- 1. Yes
- 0. No → **Go to 4.10**
- 99. Don't know → **Go to 4.10**
- 98. Prefer not to say → **Go to 4.10**

4.9. The last time {NAME} was not able to see a GP when {HE/SHE} needed to, what was the MAIN reason {HE/SHE} wasn't able to see a GP?
(Choose one only) GP6_y8Cm

- 1. It cost too much
- 2. Had no transport to get there
- 3. Lack of childcare
- 4. Couldn't get an appointment soon enough/at a suitable time
- 5. It was after hours
- 6. Couldn't get in touch with the doctor
- 7. Couldn't spare the time
- 97. Other, please specify _____
- 99. Don't know
- 98. Prefer not to say

4.10. All the things considered, how satisfied are you with {NAME}'s usual GP practice?
(Choose one only) HC5_y8Cm

- 1. Completely dissatisfied
- 2. Very dissatisfied

- 3. Fairly dissatisfied
- 4. Neither satisfied nor dissatisfied
- 5. Fairly satisfied
- 6. Very satisfied
- 7. Completely satisfied
- 99. Don't know
- 98. Prefer not to say

4.11. Over the past 12 months, has someone at {NAME}'s usual medical centre talked with you, or arranged for someone else to talk with you, about any of the following subjects in relation to {NAME}'s health? This includes talks directly with the child, including talks that you started.

(Choose all that apply)

HC14_1_y8Cm to HC14_99_y8Cm

- 1. Healthy food or nutrition
- 2. Weight
- 3. Exercise or physical activity
- 4. Teeth or oral health
- 5. Emotional or behavioural concerns
- 96. None of the above
- 99. Don't know
- 98. Prefer not to say

[Note that 96, 98 and 99 are exclusive options]

5. General Health

The next few questions are about {NAME}'s health.

5.1. In general, how would you say {NAME}'s current health is?

(Choose one only)

CH1_y8Cm

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 99. Don't know
- 98. Prefer not to say

5.2. When thinking about {HIS/HER} body weight, do you think {NAME} is

(Choose one only)

CW3_y8Cm

- 1. Very underweight
- 2. Somewhat underweight
- 3. Normal weight
- 4. Somewhat overweight
- 5. Very overweight
- 99. Don't know
- 98. Prefer not to say

5.3. Excluding the baby years, has anyone ever indicated concern to you regarding {NAME}'s weight?

(Choose one only)

CW4_y8Cm

- 1. Yes, concern for overweight
- 2. Yes, concern for underweight
- 0. No concern → **Go to 5.8**
- 99. Don't know → **Go to 5.8**
- 98. Prefer not to say → **Go to 5.8**

5.4. Who indicated their concern?

(Choose all that apply)

CW5_1_y8Cm to CW5_99_y8Cm

- 1. B4 school check nurse / Plunket nurse
- 2. Teacher
- 3. GP doctor
- 4. Specialist doctor e.g. paediatrician
- 5. School nurse
- 6. Sports coach
- 7. Family member
- 8. Friend
- 99. Don't know

[Note that 99 is an exclusive option]

5.5. What was the recommendation because of this concern?

(Choose all that apply)

CW6_1_y8Cm to CW6_99_y8Cm

- 1. Change in {NAME}'s diet
- 2. Change in physical activity

- 3. Change in family eating behaviours
- 4. Medical or psychological attention
- 5. Referral to an organised programme such as Active Families
- 6. Referral to a parenting programme such as Triple P
- 97. Other, please specify _____
- 0. No recommendations were made → **Go to 5.8**
- 99. Don't know → **Go to 5.8**
- 98. Prefer not to say → **Go to 5.8**

[Note that 0, 98 and 99 are exclusive options]

5.6. Did you act on these recommendations?

(Choose one only)

CW7_y8Cm

- 1. Yes, with good success → **Go to 5.8**
- 2. Yes, with limited success → **Go to 5.8**
- 3. Yes, with no success → **Go to 5.8**
- 0. No
- 99. Don't know → **Go to 5.8**

5.7. What prevented you from acting on these recommendations?

(Choose all that apply)

CW8_1_y8Cm to CW8_99_y8Cm

- 1. I didn't have enough time
- 2. I didn't have enough money
- 3. I didn't have enough information
- 4. I disagreed with the recommendations
- 5. I didn't think it was important
- 6. I didn't think it was necessary
- 97. Other, please specify _____
- 99. Don't know

[Note that 99 is an exclusive option]

5.8. Does {NAME} ever talk about body image or concerns about {HIS/HER} weight?

(Choose one only)

CW9_y8Cm

- 1. Always/ almost always
- 2. Often
- 3. Sometimes
- 4. Not very often
- 5. Never
- 99. Don't know

6. Illnesses

The next questions are about some of the illnesses {NAME} may have had, and some of the medications that {HE/SHE} may have received over the last year.

6.1. Which, if any, of these common childhood illnesses has {NAME} had in the last 12 months?

(Choose all that apply - at least one)

CH111_1_y8Cm to CH111_99_y8Cm

- 1. Non-food allergies, please specify _____
- 2. Hay-fever
- 3. Ear infections
- 4. Asthma
- 5. Whooping cough or pertussis
- 6. Other respiratory disorders including chest infections, bronchiolitis, bronchitis, pneumonia
- 7. Cough lasting more than four weeks
- 8. Wheezing in the chest
- 9. Gastroenteritis (this is 3 or more watery or looser-than-normal bowel movements or diarrhoea within a 24 hour period)
- 10. Eczema or dermatitis
- 11. Throat infection or tonsillitis
- 12. Skin infections (where the skin is red or warm or painful or swollen, or there are pustules or boils, or crusting or oozing)
- 13. Rheumatic fever
- 14. Measles including German Measles (Rubella)
- 15. Chicken Pox
- 16. Mumps
- 17. Meningitis
- 18. Scarlet Fever
- 96. None of the above → **Go to 6.3**
- 99. Don't know → **Go to 6.3**
- 98. Prefer not to say → **Go to 6.3**

[Note that 96, 98 and 99 are exclusive options]

Question 6.2 is to be answered for each illness selected in 6.1.

6.2. How many of those times has {HE/SHE} been admitted to hospital due to {Condition 1} in the last 12 months?

"Admitted" means {HE/SHE} stayed in hospital for at least one night.

(Choose one only)

CH115_y8Cm

- 0. Never
- 1. Number of times __ (range 1 - 90)
- 99. Don't know
- 98. Prefer not to say

6.3. Is {NAME} affected by any of the following?

(Choose all that apply - at least one)

DEV10_1_y8Cm to DEV10_99_y8Cm

- 1. Hearing concerns
- 2. Vision concerns
- 3. Speech concerns
- 4. Behaviour concerns
- 5. Autistic Spectrum Disorders (including Asperger's)

- 6. Learning difficulties
- 7. Movement or mobility concerns
- 8. Growth or physical developmental concerns
- 0. No concerns have been raised → **Go to 6.5**
- 97. Other, please specify _____
- 99. Don't know → **Go to 6.5**
- 98. Prefer not to say → **Go to 6.5**

[Note that 0, 98 and 99 are exclusive options]

Questions 6.4 to be answered for each area of concern selected in 6.3.

6.4. Could you please tell me what age {NAME} was when first diagnosed with {Condition 1}?

(Choose one only)

DEV14_y8Cm

- 1. Age (range <1 - 8 years) _____
- 99. Don't know

6.5. Has {NAME} ever had wheezing or whistling in the chest at any time in the past?

(Choose one only)

CH126_y8Cm

- 1. Yes
- 0. No → **Go to 6.13**

6.6. Has {NAME} had wheezing or whistling in the chest in the past 12 months?

(Choose one only)

CH127_y8Cm

- 1. Yes
- 0. No → **Go to 6.13**

6.7. How many attacks of wheezing has {NAME} had in the past 12 months?

(Choose one only)

CH128_y8Cm

- 1. None
- 2. 1 to 3
- 3. 4 to 12
- 4. More than 12

6.8. In the past 12 months, how often, on average, has {NAME}'s sleep been disturbed due to wheezing?

(Choose one only)

CH129_y8Cm

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

6.9. In the past 12 months, has wheezing ever been severe enough to limit {NAME}'s speech to only one or two words at a time between breaths?

(Choose one only)

CH130_y8Cm

- 1. Yes
- 0. No

6.10. Has {NAME} ever had asthma?

(Choose one only)

CH131_y8Cm

- 1. Yes
- 0. No

6.11. In the past 12 months, has {NAME}'s chest sounded wheezy during or after exercise?

(Choose one only)

CH132_y8Cm

- 1. Yes
- 0. No

6.12. In the past 12 months, has {NAME} had a dry cough at night, apart from a cough associated with a cold or chest infection?

(Choose one only)

CH133_y8Cm

- 1. Yes
- 0. No

All girls and young women living in New Zealand are able to take part in the Human Papillomavirus (HPV) immunisation programme. The vaccines are free. This programme will soon be available to boys and young men.

6.13. Have you decided yet if you will have {NAME} immunised with the HPV vaccine?

(Choose one only)

CH134_y8Cm

- 1. Yes I have decided I will have my child immunised
- 2. Yes I have decided I will not have my child immunised
- 3. No, I have not yet decided
- 4. I have never heard of the HPV vaccine
- 99. Don't know

The following questions are about antibiotics {NAME} may have had over the last 12 months.

6.14. How many courses of antibiotics has {NAME} had in the last 12 months?

Note: Antibiotics are normally prescribed as a course of several days. Occasionally (such as following rheumatic fever) children may be on longer-term antibiotic treatment, with regular injections of antibiotic— please count each injection as a course.

(Choose one only)

CH121_y8Cm

- 0. None → **Go to 6.17**
- 1. One to two courses
- 2. Three to four courses
- 3. Five to six courses
- 4. Seven or more courses
- 99. Don't know → **Go to 6.17**
- 98. Prefer not to say → **Go to 6.17**

6.15. When was the most recent course of antibiotics?

(Choose one only)

CH122_y8Cm

- 1. Currently on antibiotics
- 2. Completed in the last week
- 3. Completed in the last month
- 4. Completed in the last three months
- 5. Completed more than three months ago
- 99. Don't know
- 98. Prefer not to say

6.16. What was the main reason {NAME} was on antibiotics most recently?
(Choose one only)

CH123_y8Cm

- 1. Ear infection
- 2. Skin infection
- 3. Respiratory or chest infection, bronchiolitis, bronchitis, pneumonia
- 4. Throat infection or tonsillitis
- 5. Eye infection
- 6. Bladder or urinary tract infection
- 7. Rheumatic fever
- 96. None of these
- 99. Don't know
- 98. Prefer not to say

The next few questions are about {NAME}'s eyesight.

6.17. Has {NAME} ever had a full eye examination in the past (other than at the Before School Check?)

(Choose one only)

CH138_y8Cm

- 0. No → **Go to 6.20**
- 1. Yes – Optometrist
- 2. Yes – Hospital Eye Department
- 3. Yes – Private Ophthalmologist
- 97. Yes – other, please specify _____
- 99. Don't know → **Go to 6.20**

6.18. Does {NAME} wear glasses or contact lenses?

(Choose one only)

CH140_y8Cm

- 1. Yes
- 0. No → **Go to 6.20**

6.19. What age did {NAME} start wearing glasses or contact lenses?

(Choose one only)

CH141_y8Cm

- 1, Age (range <1 - 8 years) _____
- 99. Don't know

The following questions are about oral health.

6.20. How would you describe the health of {NAME}'s teeth and mouth?

(Choose one only)

CH146_y8Cm

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 99. Don't know

6.21. How would you describe the health of your own teeth and mouth?

(Choose one only)

CH147_y8Cm

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 98. Prefer not to say

6.22. How often do you supervise {NAME} when {HE/SHE} brushes {HIS/HER} teeth?
(Choose one only) CH148_y8Cm

- 1. Always
- 2. Sometimes
- 3. Rarely
- 4. Never
- 99. Don't know
- 98. Prefer not to say

6.23. How often are {NAME}'s teeth brushed?
(Choose one only) HY7_y8Cm

- 1. Less than once a day
- 2. Once a day
- 3. Twice a day
- 4. More than twice a day
- 99. Don't know
- 98. Prefer not to say

6.24. Has {NAME} been enrolled in the free dental service (Community Oral Health Service)?
(Choose one only) HY17_y8Cm

- 1. Yes
- 0. No
- 99. Don't know
- 98. Prefer not to say

6.25. How often does {NAME} attend a dental service such as the school dental therapist, mobile unit or dentist?
(Choose one only) CH149_y8Cm

- 1. Less than once per year
- 2. About once per year
- 3. About once per six months
- 4. Several times per year
- 97. Other, please specify _____

7. Impact of Health

Now that we have asked you about {NAME}'s health and any illnesses, we are interested in the impact that {HIS/HER} health may have on you and your family.

7.1. In general, over the last year, how much worry or concern did {NAME}'s health cause you?

(Choose one only)

EFF10_y8Cm

- 1. No worry or concern
- 2. A little worry or concern
- 3. Some worry or concern
- 4. Quite a bit of worry or concern
- 5. A lot of worry or concern
- 99. Don't know
- 98. Prefer not to say

7.2. In general, over the last year, were you limited in the amount of time you had for your own needs because of {NAME}'s health?

(Choose one only)

EFF11_y8Cm

- 1. No, not limited
- 2. Yes, limited a little
- 3. Yes, limited a lot
- 4. Yes, limited a great deal
- 99. Don't know
- 98. Prefer not to say

7.3. In general, over the last year, how often has {NAME}'s health limited the types of activities you could do as a family?

(Choose one only)

EFF12_y8Cm

- 0. Never
- 1. Almost never
- 2. Sometimes
- 3. Often
- 4. Very often
- 99. Don't know
- 98. Prefer not to say

7.4. In general, over the last year, has {NAME}'s health had any impact on decisions you have made regarding your participation in paid employment?

(Choose one only)

EFF13_y8Cm

- 1. No impact
- 2. Yes, a little impact
- 3. Yes, some impact
- 4. Yes, a large impact
- 99. Don't know
- 98. Prefer not to say

7.5. When going to places that are within walking distance is {NAME} allowed to go alone?
(Choose one only) SF28_y8Cm

- 1. Yes
- 0. No
- 98. Prefer not to say

7.6. Is {NAME} allowed to cross the street alone?
(Choose one only) SF29_y8Cm

- 1. Yes
- 0. No
- 98. Prefer not to say

8. Sleep

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

(Choose one only)

SLP1_y8Cm

- 1. Time ____ hours (range:1 -24 hours, with half hour units)
- 99. Don't know
- 98. Prefer not to say

8.2. On average, how many times does {NAME} wake at night?

(Choose one only)

SLP3_y8Cm

- 0. None
- 1. 1 time
- 2. 2 times
- 3. 3 or more times
- 99. Don't know
- 98. Prefer not to say

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

(Choose at least one and no more than two)

SLP5_1_y8Cm to SLP5_99_y8Cm

- 1. In a separate room alone
- 2. In a separate bed in a shared room with siblings(s)/ other children
- 3. In a shared bed with other sibling(s)/ other children
- 4. In a separate bed in a shared room with parents
- 5. In a shared bed with parents
- 6. In a separate bed in a shared room with other adults
- 7. In a shared bed with other adults
- 98. Prefer not to say

[Note that 98 is an exclusive option]

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

(Choose one only)

SLP6_y8Cm

- 0. Never → **Go to 8.6**
- 1. Rarely
- 2. Sometimes
- 3. Usually
- 4. Always
- 99. Don't know → **Go to 8.6**
- 98. Prefer not to say → **Go to 8.6**

8.5. What time is that on a weekday?

(Choose one only)

SLP7_y8Cm

- 1. Time ____:____ (Range: 4:00pm – 3:00am, half hour units)
- 99. Don't know
- 98. Prefer not to say

8.6. Has {NAME} been bothered by any of the following?

(Choose all that apply - at least one)

SLP9_1_y8Cm to SLP9_99_y8Cm

- 1. Difficulty getting off to sleep

- 2. Not happy to sleep alone
- 3. Waking during night
- 4. Restless sleep
- 5. Bed wetting
- 6. Nightmares, night terrors
- 7. Coughing
- 8. Wheezing and asthma
- 9. Snoring or difficulty breathing
- 10. Seeming tired in the morning
- 11. Sleep walking
- 12. Requires a night light to sleep
- 97. Other, please specify _____
- 96. None of the above → **Go to 8.8**
- 99. Don't know → **Go to 8.8**
- 98. Prefer not to say → **Go to 8.8**

[Note that 96, 98 and 99 are exclusive options]

Answer 8.7 for each condition selected in 8.6.

8.7. How many times, over the last month, has {NAME} been bothered by {Condition 1}
(Choose one only) SLP11_y8Cm

- 1. Every night
- 2. Almost every night
- 3. About half of the nights
- 4. A few nights
- 5. Hardly ever
- 99. Don't know

8.8. How do you describe {NAME's} sleeping patterns or habits?

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.

(Choose one only) SLP10_y8Cm

- 1 No problem at all
- 2. A small problem
- 3. A moderate problem
- 4. A large problem
- 99. Don't know
- 98. Prefer not to say

9. School

Please note that these questions are also for children schooled at home, or children who are attending alternative schooling or state-integrated schools such as those with specialist methods like Steiner or Montessori and those that focus on a particular religious faith.

9.1. Where does {NAME} go to school?

(Choose one only)

SS34_y8Cm to SS34s_y8Cm

- 1. School is within New Zealand. Name of School, please specify _____
- 2. Home school
- 3. School is outside New Zealand
- 4. Not currently attending school, please specify the reason _____ → **Go to 10**
- 99. Don't know
- 98. Prefer not to say

9.2. How old was {NAME} when {HE/SHE} started at this school?

(Choose one only)

SS37_y8Cm, SS37y_y8Cm to SS37m_y8Cm

- 1. ___ years (Range 3 - 8)
- 2. ___ months (Range 0 - 11)
- 99. Don't know
- 98. Prefer not to say

9.3. Do you feel you had a choice in which school {NAME} is currently attending?

(Choose one only)

SS99_y8Cm

- 1. Yes
- 0. No
- 99. Don't know
- 98. Prefer not to say

9.4. Has {NAME} attended any other school since {HE/SHE} was 6 years old?

(Choose one only)

SS36_y8Cm

- 1. Yes
- 0. No → **Go to 9.7**
- 99. Don't know → **Go to 9.7**
- 98. Prefer not to say → **Go to 9.7**

9.5. How many schools has {NAME} attended?

(Choose one only)

SS135_y8Cm

- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five or more
- 99. Don't know

9.6. Which of the following reasons relate to why {NAME} moved to {HIS/HER} current school?

(Choose all that apply - at least one)

SS38_1_y8Cm to SS38_99_y8Cm

- 1. Because we moved house

- 2. Because we were not happy with the previous schools ability to meet {HIS/HER} specific learning or developmental needs
- 3. Because of better opportunities / resources at the new school
- 4. Because of parent(s) work-related reasons
- 5. Because of change in living arrangements
- 6. Because of transport related reasons
- 7. Because we wanted bilingual or multilingual options
- 8. Because this school was better suited to my child's well-being
- 97. Other, please specify _____
- 99. Don't know
- 98. Prefer not to say

[Note that 99 and 98 are exclusive options]

9.7. In terms of {NAME}'s learning at school, what are you most proud of?

(Choose one only)

SS101y8Cm

- 1. {NAME}'s interest in learning
- 2. {NAME}'s enthusiasm for school
- 3. {NAME}'s interaction with other children
- 4. {NAME}'s academic abilities
- 5. {NAME}'s sporting abilities
- 6. {NAME}'s music abilities
- 7. {NAME}'s confidence
- 8. {NAME}'s behaviour
- 97. Something else, please specify _____
- 99. Don't know

9.8. How satisfied are you with the way in which {NAME} is progressing in their learning?

(Choose one only)

SS102_y8Cm

- 1. Completely satisfied
- 2. Very satisfied
- 3. Fairly satisfied
- 4. Neither satisfied nor dissatisfied
- 5. Fairly dissatisfied
- 6. Very dissatisfied
- 7. Completely dissatisfied
- 99. Don't know
- 98. Prefer not to say

Thinking about the past year, how often has {NAME} not attended school for any of the following reasons?

<i>(Choose one only for each row)</i>		1. Never / almost never	2. Rarely	3. Occasionally	4. Often	5. Always / almost always	99. Don't Know	98. Prefer not to say
9.9 Family holidays or trips	SS103_y8Cm	○	○	○	○	○	○	○
9.10 Special occasions	SS104_y8Cm	○	○	○	○	○	○	○
9.11 Family illness (non-emergency)	SS105_y8Cm	○	○	○	○	○	○	○
9.12 Family emergency	SS106_y8Cm	○	○	○	○	○	○	○

9.13 Because of being bullied	SS107_y8Cm	<input type="radio"/>						
9.14 Because of the weather	SS108_y8Cm	<input type="radio"/>						
9.15 Cultural celebrations	SS109_y8Cm	<input type="radio"/>						
9.16 Usual means of transport to school unavailable	SS110_y8Cm	<input type="radio"/>						
9.17 Child reluctant to go	SS111_y8Cm	<input type="radio"/>						
9.18 Child seems tired	SS112_y8Cm	<input type="radio"/>						
9.19 Because of a lack of food	SS113_y8Cm	<input type="radio"/>						
9.20 Because of not having suitable clothing (e.g. a raincoat)	SS114_y8Cm	<input type="radio"/>						
9.21 Because of not having enough money or equipment for a school trip or activity	SS115_y8Cm	<input type="radio"/>						
9.22 Someone in the family or close to the family has passed away	SS116_y8Cm	<input type="radio"/>						

How satisfied are you with the response of the school to {NAME}'s

<i>(Choose one only for each row)</i>		1. Very satisfied	2. Satisfied	3. Neither satisfied nor dissatisfied	4. Dissatisfied	5. Very dissatisfied	99. Don't Know	98. Prefer not to say
9.23 Physical needs	CC134_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.24 Cultural needs	CC135_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.25 Social and emotional needs	CC136_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.26 Educational and learning needs	CC137_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.27 Special interests and talents	SS122_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.28 Behavioural needs	SS123_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.29. What is the thing you like MOST about your child's school?

(Choose one only)

SS125_y8Cm

- 1. They keep me informed about my child's learning
- 2. My child is making good progress in {HIS/HER} learning
- 3. My child has good friends at school
- 4. The school environment is safe
- 5. My child likes {HIS/HER} teacher
- 6. There are lots of extra-curricular activities at school
- 7. I feel welcome at school
- 8. I am able to visit my child's classroom
- 9. My child's culture is valued at school
- 10. The school is well resourced
- 11. There is a strong leadership team at school
- 12. There is a board of trustees that represents our community
- 13. There is good parental input into the school
- 14. The school seeks parental input
- 15. The children seem happy
- 97. Other, please specify _____

9.30. Has {NAME} been identified as having a special educational need?

(Choose one only)

SS126_y8Cm

- 1. Yes
- 0. No
- 99. Don't know
- 98. Prefer not to say

9.31. Does {NAME} receive any of the following services or support?*(Choose all that apply)*

SS130_1_y8Cm to SS130_99_y8Cm

- 1. An Individual Educational Plan (IEP)
- 2. An Individual Behavioural Management Plan
- 3. Assistive technology support (specialist equipment)
- 4. A special education needs coordinator (SENCO)
- 5. Teacher Aide
- 6. Reading Recovery Teacher
- 7. Special Education Advisor (SEA)
- 8. Resource Teacher: Deaf (RTD)
- 9. Resource Teacher: Vision (RTV)
- 10. Advisor on Deaf Children (AoDC)
- 11. Resource Teacher for Learning and Behaviour (RTLb)
- 12. Resource Teacher for Literacy (RTLit)
- 13. Communication Service
- 14. Severe Behaviour Service
- 15. Ongoing and Reviewable Resourcing Schemes (ORRS) funding
- 16. School High Health Needs Fund
- 17. Special Education Transport Assistance (SESTA)
- 18. Extra equipment
- 19. Modified equipment or school building
- 20. Speech-language therapist (SALT)
- 21. Kaitakawaenga/ Māori advisor
- 22. Psychologist
- 23. Occupational therapist/ Physiotherapist/ Conductive education specialist
- 24. Gifted and talented support
- 25. Accelerated Learning in Mathematics (ALiM)
- 26. Mathematics Support Teacher (MST)
- 97. Other, please specify _____
- 96. None of these
- 99. Don't know
- 98. Prefer not to say

[Note that 96, 98 and 99 are exclusive options]

9.32. What forms of transport do you use to get {NAME} to and from school?*Note: Skip to 9.34 if only one option is selected.**(Choose all that apply – at least one)*

NTR5_1_y8Cm to NTR5_99_y8Cm

- 1. Car
- 2. Lift from family or friends in their car
- 3. Public transport
- 4. Bicycle or scooter
- 5. Walking alone
- 6. Walking with an adult (family or friend)
- 7. Walking without an adult but with school friends
- 8. Walking without an adult but with sibling(s)
- 9. Walking school bus
- 10. School bus
- 11. Taxi
- 12. No transport required → **Go to 9.34**
- 97. Other form of transport (Please specify) _____
- 99. Don't know → **Go to 9.34**
- 98. Prefer not to say → **Go to 9.34**

[Note that 12, 99 and 98 are exclusive options]**9.33. What form of transport do you mostly use to get {NAME} to and from school?***(Choose one only)*

NTR6_y8Cm

- 1. Car
- 2. Lift from family or friends in their car
- 3. Public transport
- 4. Bicycle or scooter
- 5. Walking alone
- 6. Walking with an adult (family or friend)
- 7. Walking without an adult but with school friends
- 8. Walking without an adult but with sibling(s)
- 9. Walking school bus
- 10. School bus
- 11. Taxi
- 97. Other form of transport (Please specify) _____
- 99. Don't know

9.34. Which are the main ways your child's teacher communicates with you about {NAME}'s learning and progress?*(Choose all that apply)*

SS132_0_y8Cm to SS132_99_y8Cm

- 1. Written report/ communication (informal reports to show progress throughout the school term)
- 2. School-to-home notebook/ diary (e.g. daily communication book)
- 3. Regular parent teacher interview/ meeting (including Skype or phone meetings)
- 4. Regular email updates
- 5. Phone calls
- 6. Text messages
- 7. Updates of student work successes/ exemplars of good work (e.g. poems, photos of art work sent home with child)
- 8. Report cards

- 9. Short face to face conversations (e.g. at arrival or departure)
- 10. No communication
- 0. None of these
- 99. Don't know

[Note that 0, 10 and 99 are exclusive options]

9.35. Which ways do you most want your child's teacher to let you know about {NAME}'s learning and their progress at school?

(Choose all that apply)

SS133_0_y8Cm to SS133_99_y8Cm

- 1. Written report/ communication (informal reports to show progress throughout the school term)
- 2. School-to-home notebook/ diary (e.g. daily communication book)
- 3. Regular parent teacher interview/ meeting (including Skype or phone meetings)
- 4. Regular email updates
- 5. Phone calls
- 6. Text messages
- 7. Updates of student work successes/ exemplars of good work (e.g. poems, photos of art work sent home with child)
- 8. Report cards
- 9. Short face to face conversations (e.g. at arrival or departure)
- 0. None of these
- 99. Don't know

[Note that 0 and 99 are exclusive options]

9.36. Overall, how satisfied are you with the way {NAME}'s teacher communicates with you about {NAME}'s learning and their progress at school?

(Choose one only)

SS134_y8Cm

- 1. Very satisfied
- 2. Satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Dissatisfied
- 5. Very dissatisfied

10. Parenting

Thinking about the way that you behave towards {NAME} specifically, how often did you do the following things when interacting with {HIM/HER}?

<i>(Choose one only for each row)</i>		1. Never / almost never	2. Rarely	3. Occasionally	4. Often	5. Always / almost always	99. Don't Know	98. Prefer not to say
10.1 How often do you express affection by hugging, kissing, holding {NAME}?	PAR13_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2 When you give {NAME} an instruction or make a request to do something, how often do you make sure that {HE/SHE} does it?	PAR45_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have lost my temper with {NAME}	PAR66_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 How often does {NAME} get away with things that you feel should have been disciplined?	PAR39_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 How often do you hug or hold {NAME} for no particular reason?	PAR63_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 How often do you have warm, close times together with {NAME}?	PAR32_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have raised my voice and have shouted at {NAME}	PAR64_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 If you tell {NAME} that {HE/SHE} will be disciplined if {HE/SHE} doesn't stop doing something, but {HE/SHE} keeps doing it, how often will you discipline {HIM/HER}?	PAR37_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 How often do you feel close to {NAME} both when {HE/SHE} is happy and upset?	PAR34_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 Does {NAME} behave in a manner different from the way you want {HIM/HER} to?	PAR46_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have been angry with {NAME}	PAR65_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 How often do you put {NAME}'s wants and needs before your own?	OP2_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 When {NAME} cries, {HE/SHE} gets on my nerves	PAR67_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.14 When you discipline {NAME}, how often does {HE/SHE} ignore it?	PAR43_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 How often is {NAME} able to get out of discipline when {HE/SHE} really sets {HIS/HER} mind to it?	PAR41_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 How often do you think the level of discipline you give {NAME} depends on your mood?	PAR35_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 Do you think that {NAME}'s behaviour is more than you can handle?	PAR47_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.18 Do you feel that you are in control and on top of things when you are caring for {NAME}?	PAR49_y8Cm	<input type="radio"/>						
10.19 How often do you enjoy listening to {NAME} and doing things with {HIM/HER}?	PAR33_y8Cm	<input type="radio"/>						
10.20 How often do you tell {NAME} how happy {HE/SHE} makes you?	PAR31_y8Cm	<input type="radio"/>						
10.21 Do you feel you are good at getting {NAME} to do what you want {HIM/HER} to do?	PAR48_y8Cm	<input type="radio"/>						

Thinking back over the past 4 weeks, if {NAME} misbehaved, which of the following, if any have you done?

		1. Never / almost never	2. Rarely	3. Occasionally	4. Often	5. Always / almost always	99. Don't Know	98. Prefer not to say
(Choose one only for each row)								
10.22 Made {HIM/HER} go without something or miss out on something e.g.no screen time, other privilege, no pocket money, toy or "treat"	PAR55_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 Yelled or shouted at {HIM/HER}	PAR56_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 Explained or discussed why {HE/SHE} should not do it	PAR57_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 Physical punishment, such as smacking	PAR58_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 Told {HIM/HER} off	PAR59_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 Sent {HIM/HER} off to the bathroom or other place in the house, to "time out", "naughty corner", their bedroom, or some other place in house	PAR60_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 Ignored {HIS/HER} behaviour	PAR61_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 Distracted or focused on rewarding positive behaviour	PAR62_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about strategies you might provide to {NAME}, to help {NAME} respond to common situations that might occur at school or when playing with friends.

Imagine this just happened to {NAME}. {NAME} is playing a ball game on the playground at school with a bunch of other children from {HIS/HER} class. {NAME} turns around for a minute to look for a friend who {HE/SHE} thinks might want to play too. While {NAME'S} back is turned, one of the {BOYS/GIRLS} runs towards {NAME} and yells "Hey you!" and hits {NAME} in the back with the ball. Then the {BOY/GIRL} picks up the ball lying beside {NAME} and yells loudly "Catch!" and starts to laugh at {NAME}. {HE/SHE} hit [NAME] with the ball really hard and it hurts.

10.30 How much do you think the {GIRL/BOY} meant to be mean to {NAME}?

(Choose one only)

SIP1_y8Cm

- 0. Not at all
- 1. A little

○ 2. A lot

What would you recommend {NAME} do or say if this situation happened to {HIM/HER}

<i>(Choose one only for each row)</i>		1. Definitely Would NOT Recommend	2. Probably Would NOT Recommend	3. Might Recommend	4. Probably Would Recommend	5. Definitely Would Recommend
10.31 Ignore it and act like it didn't happen	SIP2_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 Walk away from the situation	SIP3_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 Ask an adult (e.g. teacher) for help	SIP4_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 Hit or shove the {BOY/GIRL} for doing that to {HIM/HER}	SIP5_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 Yell at the {BOY/GIRL}	SIP6_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 Tell the {BOY/GIRL} that was a really mean thing to do	SIP7_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.37 Ask the {BOY/GIRL} why {HE/SHE} did that	SIP8_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 Say "Stop it, I don't like that".	SIP9_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 Ask the {BOY/GIRL} "What's your problem?"	SIP10_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Imagine this just happened to {NAME}. {NAME} is on the playground at school during the break and sees a group of children from {HIS/HER} class playing a game together. {NAME} thinks it looks like fun, so goes over and asks one of the {BOYS/GIRLS} if {HE/SHE} can play too. {HE/SHE} looks at {NAME} and says in a really nasty voice: "No. We don't want you to play with us, you are not allowed in our game."

10.40 How much do you think the {GIRL/BOY} meant to be mean to {NAME}?

(Choose one only)

SIP11_y8Cm

- 0. Not at all
 ○ 1. A little
 ○ 2. A lot

What would you recommend {NAME} do or say if this situation happened to {HIM/HER}?

<i>(Choose one only for each row)</i>		1. Definitely Would NOT Recommend	2. Probably Would NOT Recommend	3. Might Recommend	4. Probably Would Recommend	5. Definitely Would Recommend
10.41 Ignore it and act like it didn't happen	SIP12_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42 Walk away from the situation	SIP13_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43 Ask an adult (e.g. teacher) for help	SIP14_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44 Hit or shove the {BOY/GIRL} for saying that to {HIM/HER}	SIP15_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45 Yell at the {BOY/GIRL}	SIP16_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46 Tell the {BOY/GIRL} that was a really mean thing to say	SIP17_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.47 Ask the {BOY/GIRL} why {HE/SHE} said that	SIP18_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.48 Say “Stop it, I don’t like that”.	<i>SIP19_y8Cm</i>	<input type="radio"/>				
10.49 Ask the {BOY/GIRL} “What’s your problem?”	<i>SIP20_y8Cm</i>	<input type="radio"/>				

11. Media Use

The next questions are about {NAME's} use of the internet, TV, DVDs, radio, computers and other electronic media.

11.1. Which of the following items does {NAME} have access to at home?

(Choose all that apply)

TU84_1_y8Cm to TU84_99_y8Cm

- 1. Tablet (such as an iPad)
- 2. Desktop computer or laptop
- 3. TV
- 4. Smart phone
- 5. Gaming console (such as Xbox or PlayStation)
- 6. iPod, iPod touch or MP3 player
- 7. Kindle or other eReader
- 8. Smart watch
- 9. Virtual reality headset
- 96. None of these
- 99. Don't know

[Note that 96 and 99 are exclusive options]

11.2. Thinking about the media {NAME} uses, who chooses this for {NAME}?

(Choose one only)

TU83_y8Cm

- 1. You (or {NAME's} other parent)
- 2. You (or {NAME's} other parent) mostly choose, but sometimes {NAME} chooses
- 3. Mostly {NAME} chooses, but sometimes you (or {NAME's} other parent) choose
- 4. {NAME} always chooses
- 5. Someone else in the house chooses
- 99. Don't know

11.3. In your household are there rules for {NAME} about media content? (Includes rules about what TV shows or videos they watch, websites they can visit, radio shows they listen to, online or console games they can play, social media they can use, etc.)

(Choose one only)

TU90_y8Cm

- 1. Yes
- 0. No → **Go to 11.5**
- 99. Don't know → **Go to 11.5**
- 98. Prefer not to say → **Go to 11.5**

11.4. How often does someone in your household make sure that {NAME} follows these rules?

(Choose one only)

TU86_y8Cm

- 4. All of the time
- 3. Most of the time
- 2. About half of the time
- 1. Less than half of the time
- 0. Never

11.5. In your household are there rules for {NAME} about the amount of screen time they are allowed? (Includes rules about time spent using the computer, TV, DVDs or any screen-based devices.)

(Choose one only)

TU23_y8Cm

- 1. Yes
- 0. No → **Go to 11.7**
- 99. Don't know → **Go to 11.7**
- 98. Prefer not to say → **Go to 11.7**

11.6. How often does someone in your household make sure that {NAME} follows these rules?

(Choose one only)

TU24_y8Cm

- 4. All of the time
- 3. Most of the time
- 2. About half of the time
- 1. Less than half of the time
- 0. Never

Please tell us how true the following statements are for you in relation to {NAME}.

<i>(Choose one only for each row)</i>		1. Never / almost never	2. Rarely	3. Occasionally	4. Often	5. Always / almost	99. Don't know	98. Prefer not to say
11.7 I use software and/ or parental controls to block certain internet sites/ or app access for {NAME} (this includes software to prevent access to certain website, parental controls that filter the apps or in app purchases your child can download or buy)	<i>TU91_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8 I talk with {NAME} about the rich possibilities of the internet (looking up information, playing games, contacting friends, etc.)	<i>TU42_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9 I talk with {NAME} about the dangers related to the Internet (costs, addiction to games, computer viruses, privacy violation, or explain why some websites may be inappropriate, etc.)	<i>TU43_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.10 I follow the recommended viewing ages for {NAME}, when {NAME} watches movies or TV (this includes Netflix, Lightbox, YouTube, etc.)	<i>TU44_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.11 I follow the recommended minimum age requirement for {NAME},	<i>TU92_y8Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

when {NAME} uses social media (this includes Snapchat, Instagram, Musical.ly, etc.)									
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Thinking about a usual weekday, approximately how many hours does {NAME} spend...

(Choose one only for each row)		0. None	1. Total Time (hr: min) range (00-24:00-59)	99. Don't know	98. Prefer not to say
11.12 Watching television programming including free to-air, online, and pay TV or DVDs either on TV or other screen-based devices? <i>Note: please include all programming, including video recordings such as YouTube.</i>	TU11_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>
11.13 With the TV on in the same room as {NAME}, whether or not [HE/SHE] was watching it?	TU17n_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>
11.14 Doing activities or tasks, e.g. homework, playing games, or sending messages, on any screen-based device including computers, laptops, tablets, smart phones or gaming devices?	TU47_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>

Thinking about a usual weekend day, approximately how many hours does {NAME} spend

(Choose one only for each row)		0. None	1. Total Time (hr: min) range (00-24:00-59)	99. Don't know	98. Prefer not to say
11.15 Watching television programming including free to-air, online, and pay TV or DVDs either on TV or other screen-based devices? <i>Note: please include all programming, including video recordings such as YouTube.</i>	TU50_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>
11.16 With the TV on in the same room as {NAME}, whether or not {HE/SHE} is watching it?	TU51_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>
11.17 Doing activities or tasks, e.g. homework, playing games, or sending messages, on any screen-based device including computers, laptops, tablets, smart phones or gaming devices?	TU52_y8Cm	<input type="radio"/>	___ . ___	<input type="radio"/>	<input type="radio"/>

11.18 Thinking about {NAMEs} general use of the internet, which of the following concern you?

General use of the internet includes online games, access to websites, social media, and viewing TV or videos online.

(Choose all that apply)

TU87_0_y8Cm to TU87_11_y8Cm

- 1. Inappropriate content (including sites, games or images that contain sexual content, violence, offensive language, etc.)
- 2. Cyber-bullying
- 3. Advertising
- 4. Talking to strangers online
- 5. Talking to people they know online
- 6. Oversharing personal information, photos, videos
- 7. Internet use takes away from time spent on other activities (such as physical activity)
- 8. Lack of understanding as to what is advertising, what is factual, or what is an opinion
- 9. Peer pressure to watch particular content, play certain games, follow particular sites or vloggers
- 10. Too much overseas influence (e.g. watching American TV shows rather than NZ content)
- 11. Making unauthorised purchases
- 0. None of these

[Note that 0 is an exclusive option]

11.19 How often has {NAME} had a specific media or online experience that caused you to worry?

(Choose one only)

TU55_y8Cm

- 1. Never → **Go to 12.1**
- 2. Once
- 3. Two or more times
- 95. Not applicable → **Go to 12.1**
- 99. Don't know → **Go to 12.1**
- 98. Prefer not to say → **Go to 12.1**

11.20 What did {NAME} experience?

(Choose all that apply)

TU88_0_y8Cm to TU88_11_y8Cm

- 1. Inappropriate content (including sites, games or images that contain sexual content, violence, offensive language, etc.)
- 2. Cyber-bullying
- 3. Advertising
- 4. Talking to strangers online
- 5. Talking to people they know online
- 6. Oversharing personal information, photos, videos
- 7. Internet use takes away from time spent on other activities (such as physical activity)
- 8. Lack of understanding as to what is advertising, what is factual, or what is an opinion
- 9. Peer pressure to watch particular content, play certain games, follow particular sites or vloggers
- 10. Too much overseas influence (e.g. watching American TV shows rather than NZ content)
- 11. Making unauthorised purchases
- 0. None of these

[Note that 0 is an exclusive option]

12. Child Activities

This set of questions is about some of the activities {NAME} might do. **Over the past 12 months, how often has {NAME} been to any of the following places or events?**

<i>(Choose one only for each row)</i>		1. More than once per week	2. Once per week	3. Once per month	4. Once every 6 months	5. Once a year	6. Never
12.1 Play, musical, dance, concert, circus or other live show	AE98_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2 Art gallery, museum or historical site	AE99_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3 Religious or cultural site, event or festival (e.g. marae, Pacifika, Diwali)	AE100_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4 Zoo, aquarium, wildlife reserve or farm	AE101_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5 Theme park or fair	AE102_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6 Cinema	AE103_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7 Watching sport as a spectator at community, regional, national or international level	AE104_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past 12 months, thinking about a normal week, how often has {NAME} participated in the following extracurricular activities?

<i>(Choose one only for each row)</i>		1. More than once per week	2. Once per week	3. Once per month	4. Once every 6 months	5. Once a year	6. Never
12.8 Community group or club (e.g. Cubs, Brownies or cultural group)	AE105_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.9 Organised team sport (e.g. football, cricket, netball, cheerleading– includes practice and games)	<i>AE106_y8Cm</i>	<input type="radio"/>					
12.10 Organised individual sport (e.g. athletics, swimming, surf lifesaving, tennis, gymnastics, horse riding– includes practice and games)	<i>AE107_y8Cm</i>	<input type="radio"/>					
12.11 Art, music, or dance, lessons, practice and performances (e.g. piano, dance, choir, drama, kapa haka)	<i>AE108_y8Cm</i>	<input type="radio"/>					
12.12 Academic lessons (reading, maths, second language etc.)	<i>AE109_y8Cm</i>	<input type="radio"/>					
12.13 Religious services or classes	<i>AE110_y8Cm</i>	<input type="radio"/>					
12.14 Active play (e.g. running around playing informal games, bike riding)	<i>AE111_y8Cm</i>	<input type="radio"/>					
12.15 Quiet/inactive play (e.g. Lego, board game, drawing)	<i>AE112_y8Cm</i>	<input type="radio"/>					
12.16 Reading for pleasure	<i>AE113_y8Cm</i>	<input type="radio"/>					
12.17 Homework	<i>AE114_y8Cm</i>	<input type="radio"/>					
12.18 Household chores	<i>AE115_y8Cm</i>	<input type="radio"/>					
12.19 Before school care	<i>AE116_y8Cm</i>	<input type="radio"/>					
12.20 After school care	<i>AE117_y8Cm</i>	<input type="radio"/>					

12.21 In general, how much does {NAME} enjoy physical activity or exercise?

(Choose one only)

AE11_y8Cm

- 1. Very much enjoys
- 2. Somewhat enjoys
- 3. Neither enjoys nor dislikes
- 4. Somewhat dislikes
- 5. Strongly dislikes
- 99. Don't know
- 98. Prefer not to say

12.22 In general, how much does {NAME} enjoy reading for pleasure?

(Choose one only)

AE93_y8Cm

- 1. Very much enjoys
- 2. Somewhat enjoys
- 3. Neither enjoys nor dislikes
- 4. Somewhat dislikes
- 5. Strongly dislikes
- 99. Don't know
- 98. Prefer not to say

12.23 What does {NAME} usually do when {HE/SHE} has a choice about how to spend free time?

(Choose one only)

AE12_y8Cm

- 1. Usually chooses inactive things to do, like TV, computer, drawing or reading
- 2. Usually chooses active things to do, like bike riding, dancing, or sports
- 3. Just as likely to choose active as inactive things to do
- 99. Don't know

- 98. Prefer not to say

12.24 Thinking about how many opportunities {NAME} has for free or unstructured play during a typical week I think {NAME}:

(Choose one only)

AE97_y8Cm

- 1. Has too much time for free or unstructured play
- 2. Has the right amount of time for free or unstructured play
- 3. Does not have enough time for free or unstructured play
- 99. Don't know
- 98. Prefer not to say

13 Parental Involvement

This set of questions is about some of the activities you might do with {NAME}. Please answer these questions in relation to the typical time that you and {NAME} spend together, even if they do not live with you all the time.

Using a scale of 1 to 5 where 1 is never or almost never and 5 is several times a day, overall how often do you do the following activities with {NAME}?

(Choose one only for each row)		1. Never/ almost never	2. Once a week	3. Several times a week	4. Once a day	5. Several times a day	99. Don't know	98. Prefer not to say
13.1 Reading books to/ with {NAME}?	PC5_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.2 Talking about {NAME's} feelings, or issues, comforting them?	PC19_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3 Singing a song, playing music, or doing some other musical activity with {NAME}?	PC6_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4 Drawing a picture or doing another art/ craft activity with {NAME}?	PC24_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5 Getting {NAME} ready for school?	PC25_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6 Involved in homework and/ or school work with {NAME} or talking about {NAME's} homework or school work with them?	PC26_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.7 Talking to {NAME} about what happens at school and/ or what they did at school?	PC27_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.8 Taking part in physical activity together (e.g. pass a ball, go for a walk)	PC29_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.9 Baking or cooking together	PC30_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.10 Doing chores together	PC32_y8Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13.11 Thinking about the role that you have in {NAME}'s life, would you like to be

(Choose one only)

PCH6_y8Cm

- 1. A lot more involved
- 2. A little more involved
- 3. My level of involvement is about right → **Go to 14.1**
- 4. A little less involved → **Go to 14.1**
- 5. A lot less involved → **Go to 14.1**
- 99. Don't know → **Go to 14.1**
- 98. Prefer not to say → **Go to 14.1**

13.12 What are the current barriers to you being more involved with {NAME}?

(Choose all that apply)

INV15_1_y8Cm to INV15_99_y8Cm

- 1. Current care arrangements

- 2. Distance
- 3. Cost
- 4. My work commitments/ demands
- 5. My own health or disability related reasons
- 6. The poor health of other family members
- 7. Child doesn't want more involvement
- 8. Child's other commitments
- 9. Reasons related to my relationship with {NAME}'s other parent(s)
- 10. Reasons related to my current partner
- 11. Other family commitments/ demands
- 12. Study commitments
- 13. I am just getting to know {NAME}
- 14. Other siblings
- 97. Another reason, please specify _____
- 99. Don't know
- 98. Prefer not to say

[Note that 99 and 98 are exclusive options]

14 Child Behaviour

We will now move on to some questions about {NAME}'s behaviour and some of the things {HE/SHE} does.

For each item, please specify if you feel the statements are Not True, Somewhat True, or Certainly True about {NAME}. It would help us if you answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

<i>(Choose one only for each row)</i>		1. Not true	2. Somewhat true	3. Certainly true
14.1 Considerate of other people's feelings	SDQ1_y8Cm	○	○	○
14.2 Restless, overactive, cannot stay still for long	SDQ2_y8Cm	○	○	○
14.3 Often complains of headaches, stomach-aches, or sickness	SDQ3_y8Cm	○	○	○
14.4 Shares readily with other children, for example toys, treats, pencils	SDQ4_y8Cm	○	○	○
14.5 Often loses temper	SDQ26_y8Cm	○	○	○
14.6 Rather solitary, prefers to play alone	SDQ6_y8Cm	○	○	○
14.7 Generally well behaved, usually does what adults request	SDQ27_y8Cm	○	○	○
14.8 Many worries or often seems worried	SDQ8_y8Cm	○	○	○
14.9 Helpful if someone is hurt, upset or feeling ill	SDQ9_y8Cm	○	○	○
14.10 Constantly fidgeting or squirming	SDQ10_y8Cm	○	○	○
14.11 Has at least one good friend	SDQ11_y8Cm	○	○	○
14.12 Often fights with other children or bullies them	SDQ12_y8Cm	○	○	○
14.13 Often unhappy, down-hearted or tearful	SDQ13_y8Cm	○	○	○
14.14 Generally liked by other children	SDQ14_y8Cm	○	○	○
14.15 Easily distracted, concentration wanders	SDQ15_y8Cm	○	○	○
14.16 Nervous or clingy in new situations, easily loses confidence	SDQ16_y8Cm	○	○	○
14.17 Kind to younger children	SDQ17_y8Cm	○	○	○
14.18 Often lies or cheats	SDQ28_y8Cm	○	○	○
14.19 Picked on or bullied by other children	SDQ19_y8Cm	○	○	○
14.20 Often volunteers to help others (parents, teachers, other children)	SDQ20_y8Cm	○	○	○
14.21 Thinks things out before acting	SDQ29_y8Cm	○	○	○
14.22 Steals from home, school or elsewhere	SDQ30_y8Cm	○	○	○
14.23 Gets along better with adults than with other children	SDQ23_y8Cm	○	○	○
14.24 Many fears, easily scared	SDQ24_y8Cm	○	○	○
14.25 Good attention span, sees work through to the end	SDQ31_y8Cm	○	○	○
14.26 Has many friends at school	SDQ40_y8Cm	○	○	○
14.27 Has many friends outside of school	SDQ41_y8Cm	○	○	○

15 Social skills and relationships

This section of the questionnaire includes questions from the Vineland questionnaire, which have been redacted for copyright purposes. Please contact the team at Growing Up in New Zealand (dataaccess@growingup.co.nz) for more information.

16 Life Events

16.1 Has {NAME} ever experienced any of the following?

(Choose all that apply)

LE1_1_y8Cm to LE1_99_y8Cm

- 1. Death of a parent
- 2. Death of a close family member
- 3. Death of a close friend
- 4. Divorce/ separation of parents
- 5. Moving house
- 6. Moving country
- 7. Stay in foster home/ residential care
- 8. Serious physical illness/ injury
- 9. Serious physical illness/ injury of a family member
- 10. Drug taking/ alcoholism in the immediate family
- 11. Mental illness in the immediate family
- 12. Conflict between parents
- 13. Parent in prison
- 14. Christchurch Earthquake
- 15. Natural disaster (other than Christchurch Earthquake)
- 97. Other disturbing event, please specify _____
- 96. None of the above
- 98. Prefer not to say
- 99. Don't know

[Note that 96, 99 and 98 are exclusive options]

17 Highlights and Challenges

17.1 Please tell us, in one or two sentences what has been the BIGGEST CHALLENGE with {NAME} in the past year?

(Choose one only)

HD1_y8Cm

- 97. Other, please specify _____
- 99. Don't know

17.2 Please tell us, in one or two sentences what has been the BIGGEST HIGHLIGHT with {NAME} in the past year?

(Choose one only)

HD2_y8Cm

- 97. Other, please specify _____
- 99. Don't know

17.3 What are you most looking forward to about the years ahead with {NAME}?

(Choose one only)

HD3_y8Cm

- 97. Other, please specify _____
- 99. Don't know