



54-month Data Collection Wave: Main Cohort

Mother and Child Proxy Questionnaire

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Growing Up in New Zealand

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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 Re	sidence:

INTRODUCTION

CONFIDENTIALITY STATEMENT

I just want to reassure you again that your personal (identifying) information and the personal information about your child and family will be kept in a secure location separate from the main questionnaire data. Your answers are completely confidential, and no personal information such as your name or address will be shared with any other individual or agency. Remember that there are no right or wrong answers and your honesty is greatly appreciated.

[CHILD LOOP STARTS]

0.1 Can I just confirm that your relationship to {NAME} is

- (Tick one only)
- O 1. Biological mother
- O 2. Adoptive mother
- O 3. Foster mother
- O 4. Stepmother
- O 5. Grandmother
- O 6. Aunt
- O 7. Biological father
- O 8. Adoptive father
- O 9. Foster father
- O 10. Stepfather
- O 11. Grandfather
- O 97. Other (Please specify)

0.2 Child's usual country of residence: _____

CountryC_m54Cm

PQ103_m54Cm

1. Motor Skills and Activities (Child Proxy)

The first set of questions is about different physical or motor skills. These questions cover a wide range of movements from things most four year olds can do, to things that very few can do, so don't worry if {NAME} is not yet doing some of these things.

Please indicate whether {NAME} can:

<u>Interviewer Note</u>: Only use Not Applicable (N/A) if question is unable to be answered because of severe disability.

(Tick one only for each row below)

		Never 0	Rarely 1	Some- times 2	Often 3	Always 4	N/A 95	DK 99	Ref 98
1.1	Bend over without falling MTR50_m54Cm	0	0	0	0	0	0	0	0
1.2	Walk in a straight line <i>MTR</i> 51_m54Cm	0	0	0	0	0	0	0	0
1.3	Walk backwards MTR52_m54Cm	0	0	0	0	0	0	0	0
1.4	Walk up and down stairs, alternating feet <i>MTR</i> 53_m54Cm	0	0	0	0	0	0	0	0
1.5	Run easily MTR54_m54Cm	0	0	0	0	0	0	0	0
1.6	Balance on one foot for 10 seconds <i>MTR55_m54Cm</i>	0	0	0	0	0	0	0	0
1.7	Hop on one foot for three hops <i>MTR56_m54Cm</i>	0	0	0	0	0	0	0	0
1.8	Climb well MTR57_m54Cm	0	0	0	0	0	0	0	0
1.9	Kick a ball MTR58_m54Cm	0	0	0	0	0	0	0	0
1.10	Catch a ball thrown from approximately a metre away <i>MTR59_m54Cm</i>	0	0	0	0	0	0	0	0
1.11	Pedal a tricycle or a bicycle <u>Interviewer Note</u> : with or without training wheels MTR61_m54Cm	0	0	0	0	0	0	0	0

Can you tell me how often {NAME} does each of the following?

<u>Interviewer Note</u>: Only use Not Applicable (N/A) if question is unable to be answered because of severe disability.

(Tick one only for each row below)

Activi	ty	Every Day 4	3-6 times per week 3	1-2 times per week 2	Less than once per week	Never 0	N/A 95	DK 99	Ref 98
1.12	Climbs on trees, climbing frame, wall bars etc. AE7_m54Cm	0	0	0	0	0	0	0	0
1.13	Plays with a ball AE8 m54Cm	0	0	0	0	0	0	Ο	Ο
1.14	Plays chasing or running games AE9_m54Cm	0	0	0	0	0	0	0	0
1.15	Rides a bike, tricycle, skateboard or scooter AE10_m54Cm	0	0	0	0	0	0	0	0
1.16	Dances around the house AE17_m54Cm	0	0	0	0	0	0	0	0
1.17	Takes part in physicalexercise or activities thatyou all do together as afamilyAE18_m54Cm	0	0	0	0	0	0	0	0

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

- (Tick one only)
- O 1. Very much enjoys
- O 2. Somewhat enjoys
- O 3. Neither enjoys nor dislikes
- O 4. Somewhat dislikes
- O 5. Strongly dislikes
- O 99. DK
- O 98. Ref

(Tick one only)

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

AE12_m54Cm

AE11_m54Cm

- O 1. Usually chooses inactive things to do, like TV, computer, drawing or reading
- O 2. Usually chooses active things to do, like bike riding, dancing, or sports
- O 3. Just as likely to choose active as inactive things to do
- O 99. DK
- O 98. Ref

2. Diet and Nutrition (Child Proxy)

Food Frequency Questionnaire

I'm now going to ask you some questions about {NAME}'s usual eating patterns. When answering these questions, please think back over the past four weeks.

This is a two part question. Firstly, could you please tell me how often {NAME} has eaten the particular food over the past four weeks.

The second part is about serving size. Please note that a 'serving' in these questions may not be the same size as the amount your child usually eats as a serving. Let me know if {HE/SHE} has one of THESE servings, or a quarter of one of these servings, or a half, etc.

For example, when I say a 'serve' of bread, I mean one slice of bread. If {NAME} eats bread three times a week, but usually only eats half a slice, please select '3-4 per week' for bread, and then tell me that it's usually half a slice each time.

Interviewer Note: Point to photos and examples.

Interviewer Note: Point to option box on show card.

Firstly, fruit. This includes fresh, frozen, or canned fruit.

Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks, and how often {HE/SHE} has eaten this kind of fruit.

Then if {NAME} has eaten this kind of fruit, please tell me the usual serving (or portion) size over the past 4 weeks.

Portion size options are:

 $1 = \frac{1}{4} \text{ serving}$ $2 = \frac{1}{2} \text{ serving}$ 3 = 1 serving4 = 2 + servings

Interviewer Note: Must tick one frequency only in each row and provide an answer in the portion size column.

If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Fruit		None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month 9	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.1	Citrus fruits, such as o Iemons, grapefruit <i>Fi</i>	FQ1A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ1B_m54Cm
2.2	Apples, pears F	FQ2A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ2B_m54Cm
2.3	Bananas Fi	FQ3A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ3B_m54Cm

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	Fruit	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month 9	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.4	Peaches, nectarines, melon, lychees, paw paw FFQ4A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ4B_m54Cm
2.5	Strawberries, raspberries, blueberries, mango, kiwi fruit FFQ5A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ5B_m54Cm
2.6	Plums, cherries, grapes FFQ6A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ6B_m54Cm
2.7	Dried fruit FFQ7A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ7B_m54Cm

Now vegetables. This includes fresh, frozen or canned vegetables.

Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks, and how often.

Then if {NAME} has eaten these vegetables, please tell me the usual size of {HIS/HER} serving (or portion) over the past 4 weeks.

<u>Interviewer Note</u>: Must tick one frequency only in each row and provide an answer in the portion size column. If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Vegetables	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.8	Green leafy vegetables such as lettuce, cabbage, bok choy, spinach, brussel sprouts, taro leaves, pele leaves, puha, or any other green leafy vegetables <i>FFQ9A_m54Cm</i>	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ9B_m54Cm
2.9	Peas, green beans, mushrooms FFQ10A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ10B_m54Cm
2.10	Potatoes, kumara, pumpkin, yams, taro, sweet potatoes FFQ11A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ11B_m54Cm
2.11	Carrots FFQ12A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ12B_m54Cm

	Vegetables	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week	1 per Month 8	2-3 per Month	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.12	Broccoli, cauliflower FFQ13A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ13B_m54Cm
2.13	Sweetcorn FFQ14A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ14B_m54Cm
2.14	Peppers, tomatoes FFQ15A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ15B_m54Cm
2.15	Avocado FFQ106A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ106B_m54C m
2.16	Hot chips, French fries, wedges, or kumara chips FFQ16A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ16B_m54Cm

Now milk, cheese and yoghurt. Looking at this show card please tell me which of the following {NAME} has eaten or drunk over the last 4 weeks, and how often. When estimating milk intake you should include milk on cereal, milk added to beverages and milk as a drink. When {NAME} has eaten or drunk these food types over the last four weeks, what was {HIS/HER} usual serving (or portion) size?

Interviewer Note: Refer to card which shows a glass of milk as 1 serve and estimate number of these serves.

Must tick one frequency only in each row and provide an answer in the portion size column.

If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Milk, cheese and yoghurt	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month 9	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.17	Whole or standard milk (dark blue or silver) FFQ17A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ17B_m54Cm
2.18	Reduced fat (light blue) FFQ19A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ19B_m54Cm
2.19	Skim or Trim (green or yellow) FFQ20A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ20B_m54Cm
2.20	Soy milk FFQ21A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ21B_m54Cm
2.21	Other milk (such as rice milk or goats' milk) FFQ22A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ22B_m54Cm

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	Milk, cheese and yoghurt	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month 9	DK 66	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.22	Cheese (including paneer, cottage cheese) FFQ23A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ23B_m54Cm
2.23	Yoghurt FFQ24A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ24B_m54Cm
2.24	Ice cream FFQ25A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ25B_m54Cm

When {NAME} has eaten this type of food, please tell me {HIS/HER} usual serving (or portion) size over the past 4 weeks.

Interviewer Note: If respondent is unsure whether their cereal is high-fibre or low fibre, code as low fibre. Must tick one frequency only in each row and provide an answer in the portion size column. If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Bread, rice, pasta, cereal	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.25	White bread FFQ27A_m54Cn	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ27B_m54Cm
2.26	High fibre white bread FFQ28A_m54Cn	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ28B_m54Cm
2.27	Brown bread, whole-meal or whole- grain bread FFQ29A_m54Cn	\circ	0	0	0	0	0	0	0	0	0	0	0	 FFQ29B_m54Cm
2.28	Roti, naan, pita FFQ30A_m54Cn	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ30B_m54Cm
2.29	Other bread FFQ31A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ31B_m54Cm

	Bread, rice, pasta, cereal	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week	1 per Month 8	2-3 per Month	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.30	Noodles or rice or pasta, rice porridge FFQ32A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ32B_m54Cm
2.31	Semolina, tapioca, sago FFQ33A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ33B_m54Cm
2.32	High fibre cereals such as muesli, porridge, Weet-bix, bran-flakes etc. FFQ34A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ34B_m54Cm
2.33	Other cereals, such as corn-flakes, Ricies, puffed wheat, Nutri-grain etc. FFQ35A_m54Cm	\sim	0	0	0	0	0	0	0	0	0	0	0	 FFQ35B_m54Cm
2.34	Cakes or biscuits FFQ37A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ37B_m54Cm
2.35	Crackers FFQ37aA_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ37aB_m54Cm

Now spreads. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks, and how often.

Do not include butter used in cooking or baking in this section.

Also, what serving (or portion) size of these spreads has {NAME} eaten over the past 4 weeks?

Interviewer Note: Must tick one frequency only in each row and provide an answer in the portion size column.

If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Spreads	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.36	Butter (including semi soft) FFQ38A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ38B_m54Cm
2.37	Butter and margarine blend FFQ39A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ39B_m54Cm
2.38	Margarine (Canola, sunflower, and olive oil and rice bran oil based) FFQ40A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ40B_m54Cm
2.39	Lite or reduced fat margarine (Canola, sunflower, and olive oil and rice bran oil based) <i>FFQ41A_m54Cm</i>	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ41B_m54Cm
2.40	Plant sterol margarine (such as Proactive or Logical) FFQ42A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ42B_m54Cm

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	Spreads	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.41	Jam, honey, marmalade FFQ43A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ43B_m54Cm
2.42	Peanut butter, Nutella FFQ44A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ44B_m54Cm
2.43	Vegemite, Marmite FFQ45A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ45B_m54Cm

Now thinking about meat, alternative protein, and eggs.

Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks, and how often. When this has been eaten, please tell me the usual serving (or portion) size.

<u>Interviewer Note:</u> Must tick one frequency only in each row and provide an answer in the portion size column. If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Meat, alternative proteins, eggs	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 66	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.44	Red meat or dishes containing red meat – such as beef, pork, mutton, lamb and goat FFQ47A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ47B_m54Cm
2.45	Chicken or dishes containing chicken– such as chicken breast, tenderloins, drumsticks, or whole chickens, but not chicken nuggets or chicken roll <i>FFQ48A_m54Cm</i>	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ48B_m54Cm
2.46	Toddler pre-prepared meals- these are complete meals, not single ingredient 'baby foods' FFQ49A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ49B_m54Cm

	Meat, alternative proteins, eggs	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.47	Processed meats – such as ham, bacon, pastrami, salami, sausages, chicken nuggets, luncheon, canned corned beef FFQ50A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ50B_m54Cm
2.48	Seafood – such as fish or shellfish, fresh or frozen <u>Interviewer Note</u> : Do not include battered/deep fried or canned fish or seafood. FFQ51A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ51B_m54Cm
2.49	Battered or deep fried fish or seafood <u>Interviewer Note</u> : This may include battered or deep fried fish bought from the 'Fish and Chip' shop FFQ52A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ52B_m54Cm
2.50	Processed such as tinned fish or fish sachets FFQ53A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ53B_m54Cm

	Meat, alternative proteins, eggs	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 99	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.51	Takeaways from places like McDonalds, KFC, Burger King, pizza shops or fast food outlets FFQ54A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ54B_m54Cm
2.52	Alternative protein such as legumes, nuts (used in a meal), tofu, textured vegetable protein, vegetarian sausages or patties FFQ55A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ55B_m54Cm
2.53	Eggs FFQ56A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ56B_m54Cm

And finally, soft drinks and snacks.

Looking at this showcard, please tell me which of the following {NAME} has eaten or drunk over the last four weeks, and how often.

What is {HIS/HER} usual serving size of this food or drink?

Interviewer Note: If necessary prompt "think about breakfast, lunch, dinner and snacks" for the first 2 in this list.

Must tick one frequency only in each row and provide an answer in the portion size column.

If the answer is 0 (None) in the frequency, then Portion size can be blank. If the answer is DK or Ref in the frequency, then the Portion size should reflect the same answer (DK or Ref).

	Soft drinks and snacks	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.54	Soft drinks & energy drinks. Soft drinks are usually 'fizzy', such as lemonade. Energy drinks include things like Red Bull & PowerAde, and powdered drinks like Raro. This excludes 'diet' varieties, fruit juice and drinks, flavoured waters, and sports waters <i>FFQ58A_m54Cm</i>	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ58B_m54Cm
2.55	Soft drinks that don't contain sugar- this includes diet varieties FFQ60A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ60B_m54Cm

	Soft drinks and snacks	None 0	1 per Day 1	2 per Day 2	3 per Day 3	4+ per Day 4	1-2 per Week 5	3-4 per Week 6	5-6 per Week 7	1 per Month 8	2-3 per Month	DK 06	Ref 98	Portion Size (Option 1- 4/DK/REF)
2.56	Fruit juices & drinks include freshly squeezed varieties, juices such as Just Juice or Fresh Up, fruit drinks like Ribena or Thextons, spirulina and vegetable juices. This excludes 'diet' varieties, flavoured waters, and sports waters <i>FFQ59A_m54Cm</i>	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ59B_m54Cm
2.57	Confectionary, lollies, sweets and chocolate FFQ61A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ61B_m54Cm
2.58	Snacks, such as crisps, corn chips & similar chips, muesli bars, popcorn, or nuts as a snack FFQ62A_m54Cm	0	0	0	0	0	0	0	0	0	0	0	0	 FFQ62B_m54Cm

2.59 When answering these questions about {NAME}'s eating patterns, how certain were you about what {HE/SHE} had eaten in the last four weeks?

(Tick one only)

- O 1. Very certain \rightarrow Go to 3.1
- \bigcirc 2. Certain \rightarrow **Go to 3.1**
- O 3. Not very certain
- O 4. Not at all certain
- O 99. DK →Go to 3.1
- O 98. Ref →Go to 3.1

2.60 Can you tell me the MAIN reason you are NOT certain about what {NAME} has eaten in the last four weeks?

(Tick one only)

FFQ101_m54Cm

- O 1. {HE/SHE} eats many of {HIS/HER} meals at childcare, e.g. daycare, kohanga reo etc.
- O 2. Many of {HIS/HER} meals are provided by another caregiver, e.g. my partner, a grandparent, etc.
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

FFQ100_m54Cm

3. General Practice and Well Child (Child Proxy)

Now we would like to ask about {NAME}'s care at {HIS/HER} GP or family doctor and whether {NAME} has been to any 'Well-Child/Tamariki Ora' check-ups with a doctor or nurse.

3.1	Which practice (or doctor) is {NAME} enrolled with?	
	Interviewer Note: Gather as much detail about address as possible, even sub	
	(Tick one only)	GP12_name_m54Cm to
	O 1. Name:	GP12_address_m54Cm
	Address:	
	O 0. Not currently enrolled	
	O 99. DK	
	O 98.Ref	
3.2	In the past 12 months, how many times has {NAME} seen a GP or family <u>Interviewer Note:</u> This includes visits for immunisations if {HE/SHE} saw a Ge immunisation (rather than the practice nurse). This also includes visits to any place {HE/SHE} usually goes to for health care. (Tick one only) O 0. Never→Go to 3.4 O 1. Number of times (range 1-200) O 99. DK O as D (P/doctor for the
	O 98. Ref	
3.3	How much does each GP or family doctor visit for {NAME} usually cost (<i>Tick one only</i>) O 1. \$ (range 0-100) O 99. DK O 98. Ref	? GP22_m54Cm
3.4	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?	
	(Tick one only)	GP4_m54Cm
	O 1. Yes	
	O 0. No → Go to 3.7	
	O 99. DK → Go to 3.7	
	O 98. Ref →Go to 3.7	
3.5	How many times has this happened in the past 12 months? (<i>Tick one only</i>) O 1. Once	GP5_m54Cm
	O 2. Twice	
	O 3. Three to five times	
	O 4. More than 5 times	
	O 99. DK	
	O 98. Ref	

3.6	The last time (NAME) was not able to see a CD when (HE/SHE) needed to whe	twos the MAIN
3.0	The last time {NAME} was not able to see a GP when {HE/SHE} needed to, wha reason {HE/SHE} wasn't able to see a GP?	IL WAS LITE MAIN
	(Tick one only)	GP6_m54Cm
	O 1. It cost too much	
	O 2. Had no transport to get there	
	O 3. Lack of childcare	
	O 4. Couldn't get an appointment soon enough/at a suitable time	
	O 5. It was after hours	
	\bigcirc 6. Couldn't get in touch with the doctor	
	O 7. Couldn't spare the time	
	O 97. Other (Please specify)	
	O 99. DK	
	O 98. Ref	
3.7	Has {NAME} had {HIS/HER} 2 – 3 year old Well Child Check? (Tick one only)	CH100 mE10m
	O 1. Yes	CH100_m54Cm
	\bigcirc 0. No \rightarrow Go to 3.9	
	\bigcirc 99. DK \rightarrow Go to 3.9	
	O 98. Ref →Go to 3.9	
3.8	Who did {HIS/HER} 2-3 year old Well Child check?	
5.0	(Tick one only)	CH101_m54Cm
	O 1. Plunket/Well Child nurse	
	O 2. Public health nurse	
	O 3. Māori health provider	
	O 4. Pacific health provider	
	O 5. General Practice nurse	
	O 6. GP or family doctor	
	O 7. Paediatrician/Specialist	
	O 97. Other (Please specify)	
	O 99. DK	
	\bigcirc 98 Ref	

The next question is about the B4 School check, which is the Well Child health and development check provided for all children when they are four years old.

3.9 Which of the following best describes the B4 School check for {NAME}? (*Tick one only*)

CH102_m54Cm

- O 1. Received invitation but not scheduled nor completed {HIS/HER} B4 School check
- O 2. Received invitation and scheduled but not completed {HIS/HER} B4 School check
- O 3. Received invitation and completed {HIS/HER} B4 School check
- O 4. No invitation received but {NAME} has done {HIS/HER} B4 School check
- O 5. No invitation but the B4 School check is scheduled but not completed
- O 6. I know about the B4 School check, but have not received an invitation and have not scheduled nor completed {HIS/HER} B4 School check
- O 7. I didn't or don't know about the B4 School check for {NAME}
- O 99. DK
- O 98. Ref

4. General Health (Child Proxy)

The	next few questions are about {NAME}'s health.	
4.1	In general how would you say {NAME}'s current health is? (<i>Tick one only</i>) O 1. Excellent O 2. Very good O 3. Good O 4. Fair O 5. Poor O 99. DK O 98. Ref	CH1_m54Cm
4.2	 When thinking about {HIS/HER} body weight, do you think {NAME} is (<i>Tick one only</i>) 1. Very underweight 2. Somewhat underweight 3. Normal weight 4. Somewhat overweight 5. Very overweight 99. DK 98. Ref 	CW1_m54Cm
4.3	 Have any of the following been raised as possible areas of concern for {N Interviewer Note: Option 9 is an exclusive option and can only be chosen alone (Tick all that apply - at least one) 1. Hearing 2. Vision 3. Speech 4. Behaviour 5. Autistic Spectrum Disorders (including Asperger's) 6. Learning difficulties 7. Movement or mobility 8. Growth or physical development 9. No concerns have been raised →Go to 5.1 97. Other (Please specify) 	

O 99. DK →Go to 5.1 O 98. Ref →Go to 5.1 Interviewer Note: Questions 4.4 to 4.6 are to be answered for each concern raised in 4.3.

- 4.4 Could you please tell me who first told you, or how you first found out, that there may be concern for {NAME} regarding {HIS/HER} {Condition 1}?
 - (Tick one only)
 - O 1. GP or family doctor→Go to 4.6
 - O 2. Medical specialist→Go to 4.6
 - O 3. Plunket or practice nurse
 - O 4. Other medical professional→Go to 4.6
 - O 5. At the B4 School Check
 - O 6. A friend or family member
 - O 7. A teacher or caregiver
 - O 8. Alternative health practitioner
 - O 9. Someone I don't know
 - O 10. I found it out myself
 - O 97. Other (Please specify)
 - O 99. DK
 - O 98. Ref

4.5 Could you please tell me whether this concern for {NAME} regarding {HIS/HER} {Condition 1} has been confirmed by any of the following?

- (Tick one only)
- O 1. GP or family doctor
- O 2. Medical specialist
- O 3. Other medical professional
- O 97. Other (Please specify)
- O 4. No, not confirmed
- O 99. DK
- O 98. Ref

4.6 What type(s) of treatment or intervention has {NAME} had for {HIS/HER} {Condition 1}?

Interviewer Note: Option 1 is an exclusive option and can only be chosen alone.

- (Tick all that apply at least one)
- O 1. No treatment or intervention
- O 2. Medicines, pills, or inhaler
- O 3. Glasses, eye patch
- O 4. Surgical procedure
- O 5. Physical therapy
- O 6. Speech and/or language therapy
- O 7. Occupational therapy
- O 8. Hearing aids or assistance
- O 9. Grommets
- O 10. Waiting further testing or appointments
- O 11. Diet or nutritional changes
- O 971. Other medical intervention (Please specify)
- O 972. Other non-medical intervention (Please specify)
- O 99. DK
- O 98. Ref

Growing Up in New Zealand

DEV11_m54Cm

DEV12_1_m54Cm to DEV12_99_m54Cm

DEV13_m54Cm

5. Illnesses and Injuries (Child Proxy)

We now have a number of questions about some of the illnesses {NAME} may have had, and some of the medications that **{HE/SHE}** may have received over the last year.

5.1 Which, if any, of these common childhood illnesses has {NAME} had in the last 12 months? <u>Interviewer Note:</u> Option 96 (None of the above) is an exclusive option and can only be chosen alone (Tick all that apply - at least one) CH111_1 m54Cm to

CH111_1 m54Cm to CH111_99 m54Cm

- O 1. Non-food allergies (Please specify)
- O 2. Hay-fever
- O 3. Ear infections
- O 4. Asthma
- O 5. Whooping cough or pertussis
- O 6. Other respiratory disorders including chest infections, bronchiolitis, bronchitis, pneumonia
- O 7. Cough lasting more than four weeks
- O 8. Wheezing in the chest
- O 9. Gastroenteritis (this is 3 or more watery or looser-than-normal bowel movements or diarrhoea within a 24 hour period)
- O 10. Eczema or dermatitis
- O 11. Throat infection or tonsillitis
- O 12. Skin infections (where the skin is red or warm or painful or swollen, or there are pustules or boils, or crusting or oozing)
- \bigcirc 96. None of the above \rightarrow **Go to 5.4**
- O 99. DK →Go to 5.4
- O 98. Ref \rightarrow **Go to 5.4**

Interviewer Note: Questions 5.2 and 5.3 are to be answered for each illness ticked in 5.1

5.2 What type(s) of treatment has {NAME} had for {HIS/HER} {Condition 1} in the last 12 months? Interviewer Note: Option 0 is an exclusive option and can only be chosen alone

(Tick all that apply - at least one)

CH112_1_m54Cm to CH112_99_m54Cm

- O 1. Medicines, pills, or inhaler from a GP or medical specialist
- O 2. Medicines, pills, or inhaler from an alternative health practitioner
- O 3. Surgical procedure

O 0. No treatment

- O 4. Physical/occupational/speech therapy
- O 5. Skin ointments/creams
- O 971. Other medical intervention (Please specify)
- O 972. Other non-medical intervention (Please specify)
- O 99. DK
- O 98. Ref

CH115_m54Cm

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

By admitted I mean {HE/SHE} stayed in hospital at least one night.

- (Tick one only)
- O 0. Never
- O 1. Number of times _ _ (range 1-90)
- O 99. DK
- O 98. Ref

5.4 Which, if any of these other childhood illnesses, has {NAME} ever had?

<u>Interviewer Note:</u> Option 96 is an exclusive option and can only be chosen alone (Tick all that apply - at least one)

- O 1. Measles including German Measles (Rubella)
- O 2. Chicken Pox
- O 3. Mumps
- O 4. Meningitis
- O 5. Whooping cough or pertussis
- O 6. Rheumatic Fever
- O 7. Scarlet Fever
- O 96. None of the above
- O 99. DK
- O 98. Ref

Now I have a few questions about medications {NAME} may have had, again over the last 12 months.

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

<u>Interviewer Note</u>: 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 – each injection can be coded as a course, and therefore it would be expected that these children would have had option 4. (Tick one only) CH121_m54Cm

\bigcirc 0. None \rightarrow Go to 5.8

- O 1. One to two courses
- O 2. Three to four courses
- O 3. Five to six courses
- O 4. Seven or more courses
- O 99. DK
- O 98. Ref

5.6 When was the most recent course of antibiotics?

(Tick one only)

- O 1. Currently on antibiotics
- O 2. Completed in the last week
- O 3. Completed in the last month
- O 4. Completed in the last three months
- O 5. Completed more than three months ago
- O 99. DK
- O 98. Ref

CH122_m54Cm

CH116_1_m54Cm to CH116_99_m54Cm

5.7 What was the main reason {NAME} was on antibiotics most recently?

- (Tick one only)
- O 1. Ear infection
- O 2. Skin infection
- O 3. Respiratory or chest infection, bronchiolitis, bronchitis, pneumonia
- O 4. Throat infection or tonsillitis
- O 5. Eve infection
- O 6. Bladder or urinary tract infection
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

The next set of questions is about accidents or injuries that {NAME} may have had over the last couple of years.

5.8 Most children have accidents or injuries at some time. Since {NAME} was two, has {HE/SHE} ever had an accident or injury for which {HE/SHE} was taken to the doctor, dentist, health centre, or hospital?

Interviewer Note: This includes swallowing anything poisonous. (Tick one only)

- O 1. Yes
- O 0. No →Go to 5.14
- O 99. DK →Go to 5.14
- O 98. Ref →Go to 5.14

5.9 How many accidents or injuries?

(Tick one only)

- O 1. Number of accidents _ _ (range 1-50)
- O 99. DK
- O 98. Ref

5.10 Thinking about the most severe (or only) accident or injury since {NAME} was two, what sort of accident or injury was this?

- (Tick one only)
- O 1. Loss of consciousness/knocked out
- O 2. Bang on the head/injury to head without being knocked out
- O 3. Broken bone, fracture or dislocation
- O 4. Near drowning
- O 5. Swallowed household cleaner/other poison/pills
- O 6. Swallowed object
- O 7. Cut needing stitches or glue
- O 8. Injury to mouth or tooth
- O 9. Burn or scald
- O 10. Fall
- O 11. Motor vehicle related crash (occupant or pedestrian)
- O 97. Other (Please specify)
- O 99. DK → Go to 5.14
- \bigcirc 98. Ref \rightarrow Go to 5.14

INJ11 m54Cm

CH123 m54Cm

INJ2 m54Cm

INJ10 m54Cm

5.11	How old (in years) was {NAME} when this accident or injury happened? (<i>Tick one only</i>) O 1. Years _ (range 2-5) O 99. DK O 98. Ref	INJ12_m54Cm
5.12	 Was {NAME} admitted to hospital as a result of this accident or injury? By admitted I mean {HE/SHE} stayed in hospital at least one night. (<i>Tick one only</i>) 1. Yes 0. No 0. 99. DK 0. 98. Ref 	INJ5_m54Cm
5.13	 Where did this accident or injury happen? (<i>Tick one only</i>) 1. Own home (including swimming pool and outside area at home) 2. Someone else's home (including swimming pool and outside area at someone else's home (including swimming pool and outside area at someone else's acceleration or care centre, including Playcentre or Playgroup 4. Playground or park 5. Public swimming pool/beach/river/etc. 6. Road—as a pedestrian/in a buggy/on a trike etc. 7. Road—as a passenger in a vehicle 97. Other (Please specify)	<i>INJ6_m54Cm</i> else's home)
E 4 4	When the values in some how often door (NAME) use on environment on he	

5.14 When travelling in cars, how often does {NAME} use an approved car seat or booster seat? Interviewer Note: Not Applicable option only to be used if child NEVER travels in cars.

(Tick one only)

SF20_m54M

- O 1. Always
- O 2. Most of the time
- O 3. Sometimes
- O 0. Never
- O 95. Not Applicable
- O 99. DK
- O 98. Ref

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

5.15 In general, over the last year, how much worry or concern did {NAME}'s health cause you? EFF10 m54Cm

(Tick one only)

- O 1. No worry or concern
- O 2. A little worry or concern
- O 3. Some worry or concern
- O 4. Quite a bit of worry or concern
- O 5. A lot of worry or concern
- O 99. DK
- O 98. Ref

5.16 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?

(Tick one only)

- O 1. No, not limited
- O 2. Yes, limited a little
- O 3. Yes, limited a lot
- O 4. Yes, limited a great deal
- O 99. DK
- O 98. Ref

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

(Tick one only)

- O 0. Never
- O 1. Almost never
- O 2. Sometimes
- O 3. Often
- O 4. Very often
- O 99. DK
- O 98. Ref

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

(Tick one only)

- O 4. No impact
- O 3. Yes, a little impact
- O 2. Yes, some impact
- O 1. Yes, a large impact
- O 99. DK
- O 98. Ref

EFF11 m54Cm

EFF12 m54Cm

EFF13 m54Cm

In general, how much do you usually spend on {NAME}'s health care per month (including 5.19 costs for health care visits, medications and insurance if relevant)? CH117_m54Cm

(Tick one only)

- O 1. \$ _ _ _ (range 0-1,000)
- O 99. DK
- O 98. Ref

6. Immunisations (Child Proxy)

The next set of questions is updating our information about {NAME}'s immunisation.

6.1 Has {NAME} received the immunisations due at four years (this includes partial or full immunisation)?

<u>Interviewer Note</u>: This is the immunisation DUE at 4 years, regardless of when the child actually had the immunisations. 4 year immunisations: Diphtheria/Tetanus/Whooping cough/Polio and Measles/Mumps/Rubella. (Tick one only)

- O 1. Yes All of the 4 year immunisations \rightarrow Go to 6.4
- O 2. Yes Some of the 4 year immunisations
- O 0. No \rightarrow Go to 6.3
- O 99. DK →Go to 6.4
- O 98. Ref →Go to 6.4

6.2 Could you please tell which immunisations {NAME} did NOT have?

- (Tick all that apply at least one)
- O 1. Diphtheria
- O 2. Tetanus
- O 3. Whooping cough
- O 4. Polio
- O 5. Measles
- O 6. Mumps
- O 7. Rubella
- O 99. DK
- O 98. Ref

6.3 For which of the following reasons was {NAME} not immunised, or only partially immunised at four years?

(Tick all that apply - at least one)

- O 1. Child unwell when immunisations due
- O 2. Inconvenient clinic hours
- O 3. Unable to get appointment at GP practice
- O 4. Unable to afford visit to GP practice
- O 5. Lack of transport to GP practice
- O 6. Nurse advised immunisation be delayed or not given
- O 7. Doctor advised immunisation be delayed or not given
- O 8. Concerns about the risk of side-effects and complications from immunisations
- O 9. Concerns regarding child's immune system
- O 10. Diseases not severe enough to justify immunisation
- O 11. Concerns about the effectiveness of immunisations
- O 12. Having or knowing a child thought to have suffered an adverse effect from an immunisation
- O 13. Work commitments
- O 14. Difficult to organise care for other children
- O 15. Intend to but not yet organised
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

CH108_1_m54Cm to CH108_99_m54Cm

CH109_1_m54Cm to CH109_99_m54Cm

6.4 Has {NAME} received any of the following additional immunisations?

<u>Interviewer Note:</u> Options 7, 99, and 98 are exclusive options and can only be chosen alone. (Tick all that apply - at least one) CH65__1_m54

CH65__1_m54Cm to CH65__99_m54Cm

- O 1. Flu or Influenza (in the last 12 months)
- O 2. Chicken Pox
- O 3. Rotavirus
- O 4. Hepatitis A
- O 5. Hepatitis B
- O 6. Meningitis
- O 7. No additional immunisations
- O 97. Other (Please specify) _____
- O 99. DK
- O 98. Ref

7. Motivation and Emotion (Child Proxy)

Now I will read you a set of statements that describe children's reactions to a number of situations. I would like you to tell me what {NAME}'s reaction is likely to be in those situations. There are of course no "correct" ways of reacting; children differ widely in their reactions, and it is these differences we are trying to learn about. Please listen to each statement and decide whether it is a "true" or "untrue" description of {NAME}'s reaction within the past six months.

If you cannot answer one of the items because you have never seen {NAME} in that situation, for example, if the statement is about {NAME}'s reaction to your singing and you have never sung to {NAME}, then choose Not Applicable (N/A).

Use the following scale to indicate how well a statement describes {NAME}.

(Tick one only for each row)

	Extremely untrue	Quite untrue 2	Slightly untrue 3	Neither true nor untrue 4	Slightly true 5	Quite true 6	Extremely true	N/A 95	DK 99	Ref 98
CBQ1_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ2_m54Cm	0	0	0	0	0	0	0	0	0	0
 CBQ3_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ4_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ5_m54Cm	0	0	0	0	0	0	0	0	0	0
	Extremely untrue	Quite untrue 2	Slightly untrue 3	Neither true nor untrue 4	Slightly true 5	Quite true 6	Extremely true 7	N/A 95	DK 99	Ref 98
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0

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CBQ8_m54Cm										
CBQ9_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ10_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ11_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ12_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ13_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ14_m54Cm	0	0	0	0	0	0	0	0	0	0
	Extremely untrue 1	Quite untrue 2	Slightly untrue 3	Neither true nor untrue 4	Slightly true 5	Quite true 6	Extremely true 7	N/A 95	DK 99	Ref 98
CBQ15_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ16_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ17_m54Cm	0	0	0	0	0	0	0	0	0	0

					1					
CBQ18_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ19_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ20_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ21_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ22_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ23_m54Cm	0	0	0	0	0	0	0	0	0	0
	Extremely untrue 1	Quite untrue 2	Slightly untrue 3	Neither true nor untrue 4	Slightly true 5	Quite true 6	Extremely true 7	N/A 95	DK 66	Ref 98
CBQ24_m54Cm	0	0	0	0	0	0	0	0	0	0
								(
CBQ25_m54Cm	0	0	0	0	0	0	0	0	0	0
CBQ25_m54Cm CBQ26_m54Cm	0	0	0	0	0	0	0	0	0	0
	0									

Growing Up in New Zealand

54 Month Questionnaire MC_ 10_12.11.2013

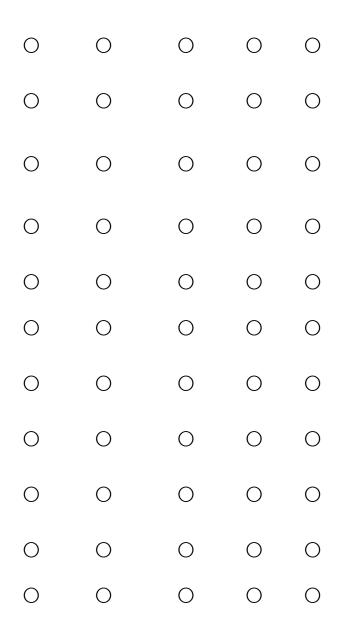
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CBQ30_m54Cm	0	0	0	0	0	0	0	0	0	0
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CBQ32_m54Cm	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
CBQ33_m54Cm										
CBQ33_m54Cm	Extremely untrue	Quite untrue 2	Slightly untrue 3	Neither true nor untrue 4	Slightly true 5	Quite true 6	Extremely true	N/A 95	DK 99	Ref 98
CBQ33_m54Cm CBQ34_m54Cm	O Extremely untrue	O Quite untrue	O Slightly untrue	O Neither true nor untrue 4	O Slightly true 5	O Quite true 6	 Extremely true 	O N/A 95	M 66	Ref 98
										C BB

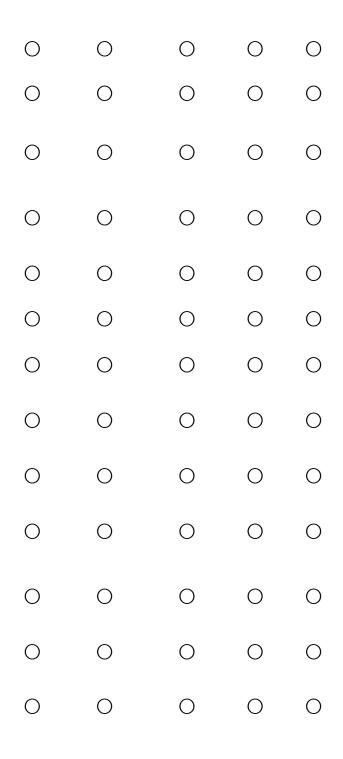
8. Conduct and Behaviour (Child Proxy)

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

For each item, please tell us if you feel the statements are Not True, Somewhat True, or Certainly True about your child. It would help us if you answered 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 <u>over the last six</u> <u>months</u>.

(Tick one only for each row below)





8.25 Overall, do you think that {NAME} has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people? (Tick one only)

O 0. No →Go to 9.1

- O 1. Yes minor difficulties
- O 2. Yes definite difficulties
- O 3. Yes severe difficulties
- O 99. DK →Go to 9.1
- O 98. Ref →Go to 9.1

8.26 How long have these difficulties been present?

(Tick one only)

- O 1. Less than a month
- O 2. One to five months
- O 3. Six to twelve months
- O 4. Over a year
- O 99. DK
- O 98. Ref

8.27 Do the difficulties upset or distress your child?

- (Tick one only)
- O 1. Not at all
- O 2. Only a little
- O 3. Quite a lot
- O 4. A great deal
- O 99. DK
- O 98. Ref

Growing Up in New Zealand

Do the difficulties interfere with your child's everyday life in the following areas? (Tick one only for each row below)

		Not at all	Only a little 2	Quite a lot 3	A great deal 4	DK 99	Ref 98
8.28	Home life SDQ35_m54Cm	0	0	0	0	0	0
8.29	Friendships SDQ36_m54Cm	0	0	0	0	0	0
8.30	Learning SDQ37_m54Cm	0	0	0	0	0	0
8.31	Leisure activities SDQ38_m54Cm	0	0	0	0	0	0

SDQ33 m54Cm

SDQ34_m54Cm

SDQ32 m54Cm

8.32 Do the difficulties put a burden on you or the family as a whole?

- (Tick one only)
- O 1. Not at all
- O 2. Only a little
- O 3. Quite a lot
- O 4. A great deal
- O 99. DK
- O 98. Ref

SDQ39_m54Cm

9. Ethnicity (Child Proxy)

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

9.1 Which ethnic group or groups does {NAME} belong to?

(Tick all that apply - at least one)

- O 1. New Zealand European
- O 2. Māori
- O 3. Samoan
- O 4. Cook Islands Māori
- O 5. Tongan
- O 6. Niuean
- O 7. Tokelauan
- O 8. Fijian
- O 9. Fijian Indian
- O 10. Indian
- O 11. Sri Lankan
- O 12. Chinese
- O 13. Korean
- O 14. Japanese
- O 15. Filipino
- O 16. Cambodian
- O 17. Vietnamese
- O 18. Australian
- O 19. British and Irish
- O 20. Dutch
- O 21. Greek
- O 22. Polish
- O 23. South Slav (formerly Yugoslav)
- O 24. Italian
- O 25. German
- O 26. Middle Eastern
- O 27. Latin American/Hispanic
- O 28. African
- O 29. New Zealander
- O 30. Thai
- O 31. American
- O 32. French
- O 971. Other Ethnicity (Please specify)
- O 972. Other Ethnicity (Please specify)
- O 99. DK
- O 98. Ref

ETH5_1_m54C to ETH5_99_m54Cm

9.2 Which is the MAIN ethnic group that {NAME} identifies with?

<u>Interviewer Note:</u> This response list should be seeded from the answers given in 9.1. If DK/Ref ticked in 9.1, then 9.2 is answered using full response list. This is tick one only, but if the participant requires two to describe the study child's ethnicity, then allow two. (Tick at least one but no more than two) CETH1_1_m54Cm to

CETH1_1_m54Cm to CETH1_99_m54Cm

- O 1. New Zealand European
- O 2. Māori
- O 3. Samoan
- O 4. Cook Islands Māori
- O 5. Tongan
- O 6. Niuean
- O 7. Tokelauan
- O 8. Fijian
- O 9. Fijian Indian
- O 10. Indian
- O 11. Sri Lankan
- O 12. Chinese
- O 13. Korean
- O 14. Japanese
- O 15. Filipino
- O 16. Cambodian
- O 17. Vietnamese
- O 18. Australian
- O 19. British and Irish
- O 20. Dutch
- O 21. Greek
- O 22. Polish
- O 23. South Slav (formerly Yugoslav)
- O 24. Italian
- O 25. German
- O 26. Middle Eastern
- O 27. Latin American/Hispanic
- O 28. African
- O 29. New Zealander
- O 30. Thai
- O 31. American
- O 32. French
- O 971. Other Ethnicity (Please specify)
- O 972. Other Ethnicity (Please specify)
- O 99. DK
- O 98. Ref

9.3 With which ethnic group do other people usually classify {NAME}?

(Tick one only)

- O 1. New Zealand European
- O 2. Māori
- O 3. Samoan
- O 4. Cook Islands Māori
- O 5. Tongan
- O 6. Niuean
- O 7. Tokelauan
- O 8. Fijian
- O 9. Fijian Indian
- O 10. Indian
- O 11. Sri Lankan
- O 12 Chinese
- O 13. Korean
- O 14. Japanese
- O 15. Filipino
- O 16. Cambodian
- O 17. Vietnamese
- O 18. Australian
- O 19. British and Irish
- O 20. Dutch
- O 21. Greek
- O 22. Polish
- O 23. South Slav (formerly Yugoslav)
- O 24. Italian
- O 25. German
- O 26. Middle Eastern
- O 27. Latin American/Hispanic
- O 28. African
- O 29. New Zealander
- O 30. Thai
- O 31. American
- O 32. French
- O 971. Other Ethnicity (Please specify)
- O 99. DK
- O 98. Ref

CETH2_m54Cm

Does {NAME} talk about which ethnic or cultural group or groups {HE/SHE} belongs to? 9.4 CETH3 m54Cm

- (Tick one only)
- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

Does {NAME} notice or point out differences between ethnic groups? 9.5

- (Tick one only)
- O 1. Yes
- O 0. No →Go to 9.7
- O 99. DK →Go to 9.7
- O 98. Ref →Go to 9.7

- CETH4_m54Cm
- 9.6 If {NAME} points out differences, which of the following are mentioned by {HIM/HER}? (Tick all that apply - at least one)

CETH5 1 m54Cm to CETH5 99 m54Cm

CETH6_m54Cm

- O 1. Different skin colour
- O 2. Different way of talking
- O 3. Different facial features
- O 4. Different ways of dressing
- O 5. Different foods or eating practices
- O 6. Different cultural celebrations
- O 7. Different music or dance
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

How often do you discuss the differences between your ethnicity or culture and other ethnic 9.7 or cultural groups with {NAME}?

(Tick one only)

- O 0. Never
- O 1. Sometimes
- O 2. Often
- O 3. Very often
- O 99. DK
- O 98. Ref

10. Language (Child Proxy)

The following set of questions is about {NAME}'s language.

10.1. What language(s) does {NAME} speak?

<u>Interviewer Note:</u> Option 21 (Unable to speak) is an exclusive option and can only be chosen alone. Sign language is included here as a 'spoken' language. (Tick all that apply – at least one) LD25_1_m54Cm to LD25_99_m54Cm

- O 1. English
- O 2. Māori
- O 3. Samoan
- O 4. Tongan
- O 5. Fijian
- O 6. Niuean
- O 7. Cook Island Maori
- O 8. Cantonese
- O 9. Mandarin
- O 10. Korean
- O 11. Japanese
- O 12. Hindi
- O 13. Arabic
- O 14. Sign Language
- O 15. Filipino
- O 16. Gujurati
- O 17. Punjabi
- O 18. Spanish
- O 19. Italian
- O 20. French
- O 971. Other (Please specify)
- O 972. Other (Please specify)
- O 973. Other (Please specify) ____
- O 21. Unable to speak \rightarrow **Go to 11.1**
- O 99. DK →**Go to 11.1**
- O 98. Ref →Go to 11.1

The following set of questions is about {NAME}'s use of Māori language or words

How often does {NAME} do any of the following?

(Tick one only for each row below)

		Often 3	Sometimes 2	Rarely 1	Never 0	DK 96	Ref 98
10.2.	Greet and/or farewell people in te reo Māori LD40_m54Cm	0	0	0	0	0	0
10.3.	Introduce [HIMSELF/HERSELF] to others in te reo Māori LD41_m54Cm	0	0	0	0	0	0
10.4.	Speak simple words in te reo Māori LD43_m54Cm	0	0	0	0	0	0
10.5.	Communicate about personal information in te reo Māori, such as iwi, hapū, mountain and river; or hometown and place of origin LD42_m54Cm	0	0	0	0	0	0
10.6.	Recognise and respond to simple spoken words in te reo Māori LD46_m54Cm	0	0	0	0	0	0

Interviewer Note: Questions 10.7-10.10 are ONLY for those who chose option 2. Māori in 10.1

How often does {NAME} do the following when using te reo Māori?

(Tick one only for each row below)

		Often 3	Sometime s 2	Rarely 1	Never 0	DK 99	Ref 98
10.7.	Speak simple sentences or phrases in te reo Māori LD44_m54Cm	0	0	0	0	0	0
10.8.	Ask simple questions in te reo Māori LD45_m54Cm	0	0	0	0	0	0
10.9.	Recognise and respond to spoken sentences or phrases in te reo Māori LD47_m54Cm	0	0	0	0	0	0
10.10.	Read and understand written words in te reo Māori LD48_m54Cm	0	0	0	0	0	0

<u>Interviewer Note:</u> If more than one language is spoken by child as indicated in 10.1 then ask 10.11 to determine the main language spoken. If only one language is spoken by child – go straight to 10.12.

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

(Tick one only)

LD39_m54Cm

- O 1. English
- O 2. Māori
- O 3. Samoan
- O 4. Tongan
- O 5. Fijian
- O 6. Niuean
- O 7. Cook Island Māori
- O 8. Cantonese
- O 9. Mandarin
- O 10. Korean
- O 11. Japanese
- O 12. Hindi
- O 13. Arabic
- O 14. Sign Language
- O 15. Filipino
- O 16. Gujurati
- O 17. Punjabi
- O 18. Spanish
- O 19. Italian
- O 20. French
- O 971. Other (Please specify)
- O 972. Other (Please specify)
- O 973. Other (Please specify)
- O 99. DK
- O 98. Ref

<u>Interviewer Note:</u> Ask questions 10.12 to 10.16 regarding communication ability in <u>one</u> language (the only language identified in 10.1 or the main language described in 10.11).

These next questions are about the way that {NAME} communicates in {HIS/HER} main language. They cover a wide range of language abilities, so don't worry if {NAME} is not yet doing some of these things.

10.12. Which of the following best describes {NAME}'s pattern of asking questions? (*Tick one only*)

LD35_m54Cm

- O 1. {HE/SHE} never or rarely asks adults questions
- O 2. {HE/SHE} occasionally asks adults questions
- O 3. {HE/SHE} sometimes asks adults interesting questions
- O 4. {HE/SHE} often asks adults interesting or long questions
- O 99. DK
- O 98. Ref

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LD36_m54Cm

10.13. How often does {NAME} try out new words?

- (Tick one only)
- O 3. Often
- O 2. Sometimes
- O 1. Rarely
- O 0. Never
- O 99. DK
- O 98. Ref
- 10.14. Which of the following best describes {NAME}'s ability to communicate personal experiences in a clear and logical way? Think of a time when {NAME} was telling you about something that happened when you were not present.
 - (Tick one only)
 - O 1. {HE/SHE} is very tentative, only offers a few words and requires you to ask questions
 - O 2. {HE/SHE} offers some information, but needs you to prompt for key parts of the story
 - O 3. {HE/SHE} offers information and includes the necessary information to really understand the event
 - O 4. {HE/SHE} offers information and tells experiences in a way that is nearly always complete, logical and understandable
 - O 99. DK
 - O 98. Ref

10.15. How often is {NAME} understandable when speaking to adults other than you or other family members? LD37 m54Cm

(Tick one only)

- O 3. Often
- O 2. Sometimes
- O 1. Rarely
- O 0. Never
- O 99. DK
- O 98. Ref

10.16. Which of the following best describes {NAME}'s ability to communicate if {HE/SHE} is not first understood?

(Tick one only)

- O 1. {HE/SHE} never continues trying to be understood.
- O 2. {HE/SHE} often gives up trying to be understood.
- O 3. {HE/SHE} often keeps trying to be understood.
- O 4., {HE/SHE} will work hard to be understood.
- O 99. DK
- O 98. Ref



LD33 m54Cm

LD34 m54Cm

11. Household Structure and Family Relationships (Child Proxy)

The following questions are about the people in your house and the relationships that {NAME} currently has with other family members and children.

11.1 How many adults (aged 18 and over) live in the same house as {NAME}?

<u>Interviewer Note</u>: Include all adults, including the mother. Include those living for more than half of the week (4 days +) with the child and if the child splits their time between two houses equally, then describe the house in which the child lives with mother. (Tick one only) HCl1_m54Cm

- O 1. Number of adults $_$ (1-50)
- O 99. DK
- O 98. Ref

11.2 How many adult couples live in the same house as {NAME}?

<u>Interviewer Note:</u> Live for at least half the week. The number of couples should be less than or equal to half the number of adults stated in 11.1. For example if there are 5 adults stated in 11.1, there cannot be more than 2 couples (Tick one only) HCI4_m54Cm

- O 1. Number of couples $_{-}$ (1-25)
- O 0. None
- O 99. DK
- O 98. Ref

11.3 How many boys (aged under 18 years) live in the same house as {NAME}, and what are their current ages?

<u>Interviewer Note</u>: Include all children, <u>including the study child</u>. Ages in year if 1 or over, in months if less than one year old. Include those living for more than half of the week (4 days +). If unsure of age of child, provide an estimate within a year. Answer 0. (None) cannot apply if the study child is a boy. (Tick one only) HCl2_m54Cm

- O 1. Number of boys _ _ (1-50)
- O 0. None
- O 99. DK
- O 98. Ref
 - (Tick one only for each row)

Воу	Age in Months (less th	nan 1 year of	Age in Y	ears	
-	age) HCI2	_1m_m54Cm to	-		HCl2_1y_m54Cm to
	1 <i>H</i> C	2_50m_m54Cm		2	HCl2_50y_m54Cm
11.3.1	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.2	O (Range 0-1	1)	Ο_	_ (Range	1-17)
11.3.3	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.4	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.5	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.6	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.7	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.8	O (Range 0-1	1)	0	_ (Range	1-17)
11.3.9	O (Range 0-1	1)	0_	_ (Range	1-17)
11.3.10	O (Range 0-1	1)	0_	_ (Range	1-17)

11.4 How many girls (aged under 18) live in the same house as {NAME}, and what are their current ages?

Interviewer Note: Include all children, including the study child. Ages in year if 1 or over, in months if less than one year old. Include those living for more than half of the week (4 days +). If unsure of age of child, provide an estimate within a year. Answer 0. (None) cannot apply if the study child is a girl. (Tick one only) HCI3 m54Cm

- O 1. Number of girls $_$ (1-50)
- O 0. None
- O 99. DK
- O 98. Ref

(Tick one only for each row)

Girl	Age in Months (less than one year	Age in Years	
	of age) HCl3_1m_m54Cm to 1 HCl3_50m_m54Cm	2	HCl3_1y_m54Cm to HCl3_50y_m54Cm
11.4.1	O (Range 0-11)	O (Range 1-17)	
11.4.2	O (Range 0-11)	O (Range 1-17)	
11.4.3	O (Range 0-11)	O (Range 1-17)	
11.4.4	O (Range 0-11)	O (Range 1-17)	
11.4.5	O (Range 0-11)	O (Range 1-17)	
11.4.6	O (Range 0-11)	O (Range 1-17)	
11.4.7	O (Range 0-11)	O (Range 1-17)	
11.4.8	O (Range 0-11)	O (Range 1-17)	
11.4.9	O (Range 0-11)	O (Range 1-17)	
11.4.10	O (Range 0-11)	O (Range 1-17)	

11.5 How many siblings does {NAME} have?

Interviewer Note: This includes children who may have been adopted out to other families, and children who may not be biologically related to {NAME} but who you still consider their brother or sister. (Tick one only)

SIB102 m54Cm

- O 1. Number of siblings _ (1-50)
- \bigcirc 0. None \rightarrow Go to 11.7
- O 99. DK→Go to 11.7
- O 98. Ref→Go to 11.7

11.6 How many of these siblings live in the same house as {NAME} for at least half the week? SIB103 m54Cm

(Tick one only)

- O 1. Number of siblings in the same house $_$ (1-50)
- O 0. None
- O 99. DK
- O 98. Ref

11.7 How many bedrooms are in the house where {NAME} lives?

<u>Interviewer Note</u>: Check Briefing Notes for definition of bedroom if required. (Tick one only)

- O 1. Number of bedrooms $__(1-50)$
- O 0. None
- O 99. DK
- O 98. Ref

How often does {NAME} do the following?

Interviewer Note: 'Sees' refers to a physical relationship.

(Tick one only for each row below)

		Never	Rarely	Once a month	Once or twice a week	Every day	{NAME} lives with	DK	Ref
		0	1	2	3	4	5	99	98
11.8	See any of {HIS/HER} maternal grandparents? Interviewer Note: These can be any grandparents, including step-grandparents INTEF1_ m54Cm	0	0	0	0	0	0	0	0
11.9	See any of {HIS/HER} paternal grandparents? Interviewer Note: These can be any grandparents, including step-grandparents INTEF1a_ m54Cm	0	0	0	0	0	0	0	0
11.10	See {HIS/HER} other relatives? INTEF2_ m54Cm	0	0	0	0	0	0	0	0

HCI5_m54Cm

12. Parent-Child Interactions and Media Interaction (Mother and Child Proxy)

Now I am going to ask you some questions about activities you do with {NAME}.

(Tick one only for each row below)

		Seldom or never 1	Once a week 2	Several times a week 3	Once a day 4	Several times a day 5	DK 66	Ref 98
12.1	How often do you read books with {NAME}? PC5_m54M	0	0	0	0	0	0	0
12.2	How often do you tell stories to {NAME}? Do not include reading books PC4_m54M	0	0	0	0	0	0	0
12.3	How often do you sing songs or play music with {NAME}? PC6_m54M	0	0	0	0	0	0	0
12.4	How often do you encourage {NAME} to print letters, words, or numbers? PC7_m54M	0	0	0	0	0	0	0
12.5	How often do you encourage {NAME} to read words? PC8_m54M	0	0	0	0	0	0	0
12.6	How often do you encourage {NAME} to count? PC9_m54M	0	0	0	0	0	0	0
12.7	How often do you encourage {NAME} to recognise numbers? PC10_m54M	0	0	0	0	0	0	0

These next questions are about ethnic or cultural activities you might do with {NAME}. (*Tick one only for each row below*)

	,	Never	Rarely	Some- times	Often	Very often	DK	Ref
		0	1	2	3	4	99	98
12.8	How often do you read to {NAME} about {HIS/HER} ethnicity or culture? PCETH1_m54M	0	0	0	0	0	0	0
12.9	How often do you listen to your own ethnic or cultural music with {NAME}? PCETH2_m54M	0	0	0	0	0	0	0
12.10	How often do you attend your own ethnic or cultural celebrations with {NAME}? PCETH3_m54M	0	0	0	0	0	0	0

Interviewer Note:

If all responses in 12.8, 12.9, and 12.10 are any combination of Never, DK, Ref then go to 12.12, otherwise continue to 12.11

12.11 The reasons why you engage in your own ethnic or cultural activities with {NAME} are:

(Tick all that apply - at least one)

PCETH4_1_m54Cm to PCETH4_99_m54Cm

- O 1. To teach them about their own culture or ethnicity
- O 2. To expose them to important cultural principles
- O 3. To expose them to their own ethnic language
- O 4. So that they don't lose their culture
- O 5. Because our ethnic or cultural activities are a part of what we do
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

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

<u>Interviewer Note:</u> These questions include DVDs etc. watched in the car, but NOT in other locations outside the home. Watching music TV channels with video is included as TV viewing. The maximum for any one response is 24 hours.

Thinking about a usual week day, approximately how many hours does {NAME} spend at home... (*Tick one only for each row below*)

		None	Total Time	DK	Ref
		0	(Hours:Mins) 1	99	98
12.12	watching television programming including free-to-air, online, and pay TV or DVDs either on TV or other media? <i>TU11_ m54Cm</i>	0	(00-24:00-59)	0	0
12.13	with the TV on in the same room as {NAME}, whether or not {HE/SHE} was watching it? TU17n_m54Cm	0	(00-24:00-59)	0	0
12.14	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? TU14_m54CM	0	(00-24:00-59)	0	0

[CHILD LOOP ENDS]

12.15 In your household are there rules for your {CHILD/CHILDREN} about the amount of computer, TV, or DVD time they are allowed?

(Tick one only)

- O 1. Yes
- O 0. No→Go to 13.1
- O 99. DK→Go to 13.1
- O 98. Ref→Go to 13.1

12.16 How often does someone in your household make sure that your {CHILD follows/CHILDREN follow} these rules?

(Tick one only)

- O 4. All of the time
- O 3. Most of the time
- O 2. About half the time
- O 1. Less than half the time
- O 0. Never
- O 99. DK
- O 98. Ref

TU24_ m54CM

TU23 m54CM

13. Parenting (Mother and Child Proxy)

The following questions are about the different ways people bring up their children.

Thinking about your values and attitudes toward parenting in general, how much do you agree with the following statements?

(Tick one only for each row below)

		Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	DK 99	Ref 98
13.1	There should be a clear line of authority within the family and no doubt about who decides PAR1_m54M	0	0	0	0	0	0	0
13.2	Children should obey their parents PAR2_m54M	0	0	0	0	0	0	0
13.3	Parents should teach their children to behave properly PAR3_m54M	0	0	0	0	0	0	0
13.4	Children should not talk back to their parents PAR4_m54M	0	0	0	0	0	0	0
13.5	It is a child's responsibility to look after the parents when they need help PAR5_m54M	0	0	0	0	0	0	0
13.6	Parents always know what is best PAR6_m54M	0	0	0	0	0	0	0

[CHILD LOOP STARTS]

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

(Tick one only for each row below)

	o ony for odon for bolowy	Never 1	Once in a while 2	About half the time 3	Very often 4	Always 5	DK 99	Ref 98
13.7	I encourage {HIM/HER} to talk about {HIS/HER} troubles PAR7_m54Cm	0	0	0	0	0	0	0
13.8	I give praise when {HE/SHE} is good PAR8_m54Cm	0	0	0	0	0	0	0
13.9	I show sympathy if {HE/SHE} is hurt or frustrated PAR9_m54Cm	0	0	0	0	0	0	0
13.10	I give comfort and understanding when {HE/SHE} is upset PAR10_m54Cm	0	0	0	0	0	0	0
13.11	I am responsive to {HIS/HER} feelings and needs PAR11_m54Cm	0	0	0	0	0	0	0
13.12	I tell {HIM/HER} that I appreciate what they try to accomplish PAR12_m54Cm	0	0	0	0	0	0	0
13.13	I express affection by hugging, kissing, and holding {HIM/HER} <i>PAR13_m54Cm</i>	0	0	0	0	0	0	0
13.14	I apologise to {HIM/HER} when I make a mistake in parenting PAR14_m54Cm	0	0	0	0	0	0	0
13.15	I guide {HIM/HER} by punishment more than by reason PAR15_m54Cm	0	0	0	0	0	0	0
13.16	I smack {HIM/HER} when {HE/SHE} is disobedient PAR16_m54Cm	0	0	0	0	0	0	0
13.17	I grab {HIM/HER} when {HE/SHE} is being disobedient PAR17_m54Cm	0	0	0	0	0	0	0
13.18	I use physical punishment as a way of disciplining {HIM/HER} <i>PAR18_m54Cm</i>	0	0	0	0	0	0	0

13.19	I argue with {HIM/HER} PAR19_m54Cm	0	0	0	0	0	0	0
L				1	1 1		1	
		Never 1	Once in a while 2	About half the time 3	Very often 4	Always 5	DK 06	Ref 98
13.20	I yell or shout when {HE/SHE} misbehaves PAR20_m54Cm	0	0	0	0	0	0	0
13.21	I explode with anger at {HIM/HER} PAR21_m54Cm	0	0	0	0	0	0	0
13.22	I disagree with {HIM/HER} PAR22_m54Cm	0	0	0	0	0	0	0
13.23	I find it difficult to discipline {HIM/HER} PAR23_m54Cm	0	0	0	0	0	0	0
13.24	I am afraid that disciplining my child for misbehaviour will cause {HIM/HER} to not like me PAR24_m54Cm	0	0	0	0	0	0	0
13.25	I threaten {HIM/HER} with punishment more often than actually giving it PAR25_m54Cm	0	0	0	0	0	0	0
13.26	I set strict, well-established rules for {HIM/HER} PAR26_m54Cm	0	0	0	0	0	0	0
13.27	I am unsure of how to solve {HIS/HER} misbehaviour PAR27_m54Cm	0	0	0	0	0	0	0

[CHILD LOOP ENDS]

O 98. Ref →**Go to 14.3**

O 0. No

childhood centres.

14.2 What is the MAIN reason your {CHILD does/CHILDREN do} NOT have any regular early childhood education or care arrangements at present?

Now we have a few questions about your {CHILD/CHILDREN}'s early childhood education or care. DO include regular care by neighbours and/or grandparents. DO NOT include casual or occasional babysitting. DO NOT include care by a non-resident parent or the {CHILD/CHILDREN}'s other parent. DO include early

Interviewer Note: If the mother has twins or triplets in the study they answer this section only once.

14.1 Over the past year {has your CHILD/have your CHILDREN} been looked after at regular times

(Tick one only)

(Tick one only)

O 1. Yes \rightarrow Go to 14.3

O 99. DK →Go to 14.3

O 1. Child does not need it \rightarrow **Go to 15.1**

during the week by anyone other than you?

- O 2. No spare places/waiting list \rightarrow Go to 15.1
- O 3. Transport difficulties \rightarrow Go to 15.1
- O 4. No care available locally \rightarrow Go to 15.1
- O 5 Care not available on days/times I need it \rightarrow Go to 15.1
- O 6. Too expensive \rightarrow **Go to 15.1**

14. Early Childhood Education (Mother)

- O 7. Concerned with quality of care \rightarrow Go to 15.1
- O 8. Does not suit our cultural or ethnic beliefs \rightarrow Go to 15.1
- O 9. Do not want {CHILD/CHILDREN} cared for by strangers \rightarrow Go to 15.1
- O 97. Other (Please specify) \longrightarrow Go to 15.1
- O 99. DK →**Go to 15.1**
- O 98. Ref \rightarrow **Go to 15.1**

CC122 m54M

CC121 m54M

14.3 What type or types of early childhood education or care {does your CHILD/do your CHILDREN} usually attend?

(Tick all that apply - at least one)

- O 1. Kindergarten
- O 2. Early Childhood Education Service /Childcare Centre or Preschool
- O 3. Playcentre
- O 4. An organised home-based care programme such as Barnados or PORSE
- O 5. Kohanga Reo
- O 6. Pacific Islands early childhood centre
- O 7. Nanny (not live-in)
- O 8. Au pair or live-in Nanny
- O 9. Grandparent
- O 10. Other relative
- O 11. Church crèche
- O 12. Other crèche
- O 13. Gym, leisure or community centre
- O 14. Other person (includes friend or neighbour)
- O 971. Other (Please specify)
- O 972. Other (Please specify) _____
- O 99. DK
- O 98. Ref

14.4 What type of early childhood education or care {does your CHILD/do your CHILDREN} have for the most hours per week?

<u>Interviewer Note:</u> This response list should be seeded from the answers given in 14.3. If DK/Ref ticked in 14.3, then 14.4 is answered using full response list. If your {CHILD ATTENDS/ CHILDREN ATTEND} two arrangements for an equal number of hours, choose the one your {CHILD HAS/CHILDREN HAVE} been in longest.

(Tick One Only)

- O 1. Kindergarten
- O 2. Early Childhood Education Service /Childcare Centre or Preschool
- O 3. Playcentre
- O 4. An organised home-based care programme such as Barnados or PORSE
- O 5. Kohanga Reo
- O 6. Pacific Islands early childhood centre
- O 7. Nanny (not live-in)
- O 8. Au pair or live-in Nanny
- O 9. Grandparent
- O 10. Other relative
- O 11. Church crèche
- O 12. Other crèche
- O 13. Gym, leisure or community centre
- O 14. Other person (includes friend or neighbour)
- O 971. Other (Please specify)
- O 972. Other (Please specify)
- O 99. DK
- O 98. Ref

Growing Up in New Zealand

CC70_1_m54M to CC70_99_m54M

CC123_m54M

Interviewer Note: If respondents answer DK/Ref to BOTH 14.3 and 14.4 then skip to 15.1

14.5 When deciding to use this type of early childhood education or care, did you feel like you had a choice?

CC101_m54M

- (*Tick one only*) O 1. Yes
- O 0. No→**Go to 14.8**
- O 99. DK
- O 98. Ref

14.6 What are the reasons that you chose to use this type of early childhood education or care? (*Tick all that apply - at least one*) CC102_1_m54M

- to
- O 1. It best suits our cultural needs

CC102_99_m54

- O 2. It best suits our needs for work or study
- O 3. It has the best location
- O 4. Because of reputation of the centre or care provider
- O 5. Because of cost
- O 6. Because of the programme/policies of the centre or care provider
- O 7. Because of the facilities of the centre or care provider
- O 8. Because of the opportunities for parental involvement with the centre or care provider
- O 9. Other siblings use or have used this type of care
- O 10. It best suits their physical needs
- O 11. It best suits their social needs
- O 12. It best suits their learning needs
- O 13. Recommended by others
- O 14. It was the only available option
- O 15. Because of a personal relationship with the centre or care provider
- O 97. Other (Please specify) _____
- O 99. DK
- O 98. Ref

14.7 What is the MAIN reason that you chose to use this type of early childhood education or care? <u>Interviewer Note:</u> Options available to be based on the answers given in 14.6. If DK/Ref ticked in 14.6, then 14.7 is answered using full response list.

(Tick one only)

- O 1. It best suits our cultural needs
- O 2. It best suits our needs for work or study
- O 3. It has the best location
- O 4. Because of reputation of the centre or care provider
- O 5. Because of cost
- O 6. Because of the programme/policies of the centre or care provider
- O 7. Because of the facilities of the centre or care provider
- O 8. Because of the opportunities for parental involvement with the centre or care provider
- O 9. Other siblings use or have used this type of care
- O 10. It best suits their physical needs
- O 11. It best suits their social needs
- O 12. It best suits their learning needs
- O 13. Recommended by others
- O 14. It was the only available option
- O 15. Because of a personal relationship with the centre or care provider
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

14.8 What forms of communication are used between you and this early childhood education or care arrangement?

<u>Interviewer Note:</u> Option 1 is an exclusive option and can only be chosen alone. (Tick all that apply - at least one)

CC105_1_m54M to CC105_99_m54M

- O 1. No communication
- O 2. Short face to face conversations (e.g. at arrival or departure)
- O 3. Written entries in a notebook
- O 4. Regular paper or electronic newsletters
- O 5. Noticeboard
- O 6. Learning story or portfolio or child profile book
- O 7. Telephone calls
- O 8. Visits to the home
- O 9. Meetings with staff
- O 10. Emails
- O 11. Social media
- O 12. Online communication boards or portfolios
- O 13. Texts
- O 14. Organised events
- O 97. Other (Please specify)

CC103_m54M

- O 99. DK
- O 98. Ref

14.9 Overall, how satisfied are you with the communication between you and this early childhood education or care arrangement?

(Tick one only)

- O 1. Very satisfied
- O 2. Satisfied
- O 3. Neither satisfied nor dissatisfied
- O 4. Dissatisfied
- O 5. Very dissatisfied
- O 99. DK
- O 98. Ref

14.10 What form of involvement do you have with this early childhood education or care arrangement?

<u>Interviewer Note:</u> Option 0 (none) is an exclusive option and can only be chosen alone. (Tick all that apply - at least one) CC106_1_m54M to CC106_99_m54M

- O 0. None
- O 1. Teaching or supervising
- O 2. Help with or attend activities, trips and special events
- O 3. Serve on committees
- O 4. Training or course work
- O 5. Support through fund raising, working groups, providing supplies or cleaning
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

CC120_m54M

Thinking about this early childhood education or care arrangement, how satisfied are you with the effect that this has had on the following for your {CHILD/CHILDREN}'s...

(Tick one only for each row)

		Very satisfied 1	Satisfied 2	Neither satisfied	Dissatisfied 4	Very dissatisfied 5	DK 06	Ref 98
14.11	Independence CC107_m54M	0	0	0	0	0	0	0
14.12	Social skills: playing, joining in, relationships with others CC108_m54M	0	0	0	0	0	0	0
14.13	Development of language and communication CC109_m54M	0	0	0	0	0	0	0
14.14	Development of cultural awareness and/or belonging CC116 m54M	0	0	0	0	0	0	0
14.15	Pre-writing/writing skills CC110_m54M	0	0	0	0	0	0	0
14.16	Pre-reading/reading skills CC111_m54M	0	0	0	0	0	0	0
14.17	Skills with numbers CC112_m54M	0	0	0	0	0	0	0
14.18	Physical or motor skills CC113_m54M	0	0	0	0	0	0	0
14.19	Interest in music or singing CC114_m54M	0	0	0	0	0	0	0
14.20	Interest in learning and exploring CC115_m54M	0	0	0	0	0	0	0

14.21 On average, how much do you pay per week for ALL the early childhood education or care arrangements that your {CHILD attends/CHILDREN attend}?

Interviewer Note: This is for the study {child/children} only. It does not include the cost of early childhood education or care arrangements for any other children. (Tick one only)

CC100_m54M

O 1. Weekly amount \$_ _ _ (range 0-2,000)

O 98. Ref

O 99. DK

15. School (Mother and Child Proxy)

Now thinking about your {CHILD/CHILDREN} getting ready to start primary school.

15.1. Do you know which school your {CHILD/CHILDREN} will attend?

- (Tick one only)
- O 1. Yes
- O 0. No \rightarrow **Go to 15.3**
- O 98. Ref \rightarrow **Go to 15.3**

15.2. What type of school is this?

(Tick all that apply - at least one)

- O 1. State/Public primary school
- O 2. Private/Independent primary school
- O 3. Charter/Partnership school
- O 4. Home schooling
- O 5. Correspondence school
- O 6. Te Kura Kaupapa Māori
- O 7. Bilingual school/unit
- O 8. Religious school
- O 9. Special education school
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

SS4_1_m54M to SS4_99_m54M



15.3. Which of the following sources of advice or information have you accessed about what school your {CHILD/CHILDREN} might or will go to?

<u>Interviewer Note:</u> Options 17 and 18 are exclusive options and can only be chosen alone. (Tick all that apply - at least one) SS24_

SS24_1_m54M to SS24_99_m54M

- O 1. Primary school staff
- O 2. ERO reports
- O 3. National standards results
- O 4. School website/prospectus
- O 5. School zoning information
- O 6. Early childhood education or care staff or other child carers
- O 7. Social workers or community workers
- O 8. Other professionals (GPs etc.)
- O 9. Older siblings or relatives already attend school
- O 10. You and/or your partner have enough knowledge about primary school
- O 11. Family or extended family
- O 12. Friends
- O 13. Parenting websites
- O 14. Other websites
- O 15. Books, magazines or newspapers
- O 16. TV/radio
- O 17. I didn't look for advice or information
- O 18. I was unable to find advice or information
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

[CHILD LOOP STARTS]

I am going to read out a series of statements about how you feel about {NAME} starting school. Please tell me how much you agree or disagree with each statement.

(Tick one only for each row below)

		Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	DK 66	Ref 98
45.4	I feel that (NAME) will be able to mix	S		2				
15.4.	I feel that {NAME} will be able to mix with other children well enough to get along at primary school SS25_m54Cm	0	0	0	0	0	0	0
15.5.	I believe that {NAME} has the pre- reading and writing skills necessary to start school SS26_m54Cm	0	0	0	0	0	0	0
15.6.	I am worried that {NAME} will find being apart from me too difficult SS27_m54Cm	0	0	0	0	0	0	0
15.7.	I am concerned that {NAME} will be reluctant to go to primary school SS28_m54Cm	0	0	0	0	0	0	0
15.8.	I am worried that {NAME} is not independent enough to cope with primary school SS29_m54Cm	0	0	0	0	0	0	0

15.9. Even though it may be a long way off, how far in school, further or higher education do you expect {NAME} to go?

(Tick one only)

- O 1. Some secondary school
- O 2. Finish secondary school
- O 3. Trade certificate
- O 4. Diploma
- O 5. University degree
- O 6. Post graduate university degree
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

[CHILD LOOP ENDS]

SS30_m54Cm

16. Parental Health (Mother)

This is a question about your own general health.

16.1. Thinking about your current health, in general how would you say your health is?

GH1_m54M

- (*Tick one only*) O 1. Excellent
- O 2. Very good
- O 3. Good
- O 4. Fair
- O 5. Poor
- O 99. DK
- O 98. Ref

Now I have a few questions about smoking and alcohol.

16.2. On average, how many standard drinks of alcohol (beer, wine, and spirits) do you currently have per week?

<u>Interviewer Note:</u> Use standard drink conversion chart to calculate correct standard drinks from participants responses.

(Tick one only)

- O 1. I do not currently drink alcohol \rightarrow **Go to 16.5**
- O 2. Less than 1 drink per week
- O 3. 1 drink per week
- O 4. 2 drinks per week
- O 5. 3 drinks per week
- O 6. 4–6 drinks per week
- O 7. 7–9 drinks per week
- O 8. 10–14 drinks per week
- O 9. 15–19 drinks per week
- O 10. 20–39 drinks per week
- O 11. 40+ drinks per week
- O 99. DK
- O 98. Ref

16.3. How often do you drink six or more standard alcoholic drinks on one occasion?

(Tick one only)

- O 0. Never
- O 1. Less than monthly
- O 2. Monthly
- O 3. Weekly
- O 4. Daily or almost daily
- O 99. DK
- O 98. Ref

16.4. How many standard alcoholic drinks do you have on a typical day when you are drinking?

ALC7_m54M

ALC5_m54M

	Page 72 of 99
(<i>Tick one only</i>) O 1. One or two	ALC8_m54M
O 2. Three or four O 3. Five or six	
O 4. Seven to nine	
O 5. Ten or more	
O 99. DK	
O 98. Ref	
16.5. Have you ever sought help in relation to alcohol use? (<i>Tick one only</i>) O 1. Yes	ALC6_m54M
O 0. No	
O 99. DK	
O 98. Ref	
16.6. Do you currently smoke regularly, at least one cigarette a day?	SMA mEANA
(Tick one only) O 1. Yes	SM4_m54M
O 0. No → Go to 16.8	
O 99. DK → Go to 16.8	
O 98. Ref → Go to 16.8	
16.7. How many per day, on average?	
<i>(Tick one only)</i> O 1. Number of cigarettes (range 1–100)	SM5_m54M
О 99. DK	
O 98. Ref	
16.8. Have you ever sought any help to quit or cut down on cigarette smoking?	<u></u>
<i>(Tick one only)</i> O 1. Yes	SM13_m54M
O 0. No	
О 99. DK	
O 98. Ref	
16.9. How many people who live in your household smoke cigarettes? Please count well if you smoke.	-
<u>Interviewer Note</u> : If 16.6 = Option 1 (Yes) then answer cannot be Option 1 (No one) (<i>Tick one only</i>) \bigcirc 1. No one \rightarrow Go to 17.1	in 16.9. SM15_m54M
O 2. Number of people (range 1–100)	
O 99. DK	
O 98. Ref	

16.10. Does anyone ever smoke in the same room that your {CHILD IS/CHILDREN ARE} in? SM14_m54M

- (Tick one only)
- O 1. Yes
- O 0. No \rightarrow **Go to 17.1**
- O 99. DK →Go to 17.1
- O 98. Ref →Go to 17.1

16.11. How often?

(Tick one only)

- O 1. Rarely i.e. less than once a week
- O 2. Occasionally, or a few times a week
- O 3. Often i.e. every day or almost every day of the week
- O 99. DK
- O 98. Ref

17. Motivation and Emotion (Mother)

These are some questions about your thoughts and feelings.

Over the LAST TWO WEEKS, how often have you been bothered by the following problems?

(Tick one only for each row below)

		Not at all 1	Several days 2	More than half the days 3	Nearly every day 4	DK 99	Ref 98
17.1	Little interest or pleasure in doing things PH1_m54M	0	0	0	0	0	0
17.2	Feeling down, depressed, or hopeless PH2_m54M	0	0	0	0	0	0
17.3	Trouble falling or staying asleep, or sleeping too much <i>PH3_m54M</i>	0	0	0	0	0	0
17.4	Feeling tired or having little energy PH4_m54M	0	0	0	0	0	0
17.5	Poor appetite or overeating PH5_m54M	0	0	0	0	0	0
17.6	Feeling bad about yourself—or that you are a failure or have let yourself or your family down PH6_m54M	0	0	0	0	0	0
17.7	Trouble concentrating on things, such as reading the newspaper or watching television PH7_m54M	0	0	0	0	0	0
17.8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual <i>PH8_m54M</i>	0	0	0	0	0	0
17.9	Thoughts that you would be better off dead or of hurting yourself in some way PH9_m54M	0	0	0	0	0	0

<u>Interviewer Note:</u> If option 3 or 4 selected for ANY of 17.1 - 17.9 (i.e. if there are indications of moderate to serious difficulties) then ask 17.10, if not then go to 18.1.

17.10 How difficult have these things made it for you to do your work, take care of things at home, or get along with other people?

(Tick one only)

PH10_m54M

- O 1. Not difficult at all
- O 2. Somewhat difficult
- O 3. Very difficult
- O 4. Extremely difficult
- O 99. DK
- O 98. Ref

18. Your Ethnicity and Culture (Mother)

The next set of questions asks about who you are - your own cultural or ethnic identity, and your feelings about belonging to your ethnic or cultural group and to New Zealand society.

The following questions concern how much you feel you belong to your ethnic or cultural group (including a New Zealand/Kiwi identity or culture) and how connected you feel to a New Zealand society.

Please could you indicate how much you agree or disagree with the following statements?

(Tick one only for each row below)

		Strongly disagree	Disagree 2	Neither agree nor disagree	Agree 4	Strongly agree 5	DK 66	Ref 98
18.1	I have spent time trying to find out more about my ethnic or cultural group, such as its history, traditions, and customs ETHID1_m54M	0	0	0	0	0	0	0
18.2	I am active in organisations or social groups that include mostly members of my own ethnic or cultural group ETHID2_m54M	0	0	0	0	0	0	0
18.3	I have a clear sense of my ethnic or cultural background and what it means for me ETHID3_m54M	0	0	0	0	0	0	0
18.4	I think a lot about how my life will be affected by my ethnic or cultural group membership <i>ETHID4_m54M</i>	0	0	0	0	0	0	0
18.5	I am happy that I am a member of the ethnic or cultural group I belong to ETHID5_m54M	0	0	0	0	0	0	0
18.6	I have a strong sense of belonging to my own ethnic or cultural group ETHID6_m54M	0	0	0	0	0	0	0
18.7	I understand pretty well what my ethnic or cultural group membership means to me ETHID7_m54M	0	0	0	0	0	0	0
18.8	In order to learn more about my ethnic or cultural background, I have often talked to other people about my ethnic group ETHID8_m54M	0	0	0	0	0	0	0

		Strongly disagree	Disagree 2	Neither agree nor disagree	Agree 4	Strongly agree 5	DK 06	Ref 98
18.9	I have a lot of pride in my ethnic or cultural group					\sim		\bigcirc
	ETHID9_m54M	0	0	0	0	0	0	0
18.10	I participate in cultural practices of my own ethnic or cultural group, such as special food, music, or customs ETHID10_m54M	0	0	0	0	0	0	0
18.11	I feel a strong attachment towards my own ethnic or cultural group ETHID11_m54M	0	0	0	0	0	0	0
18.12	I feel good about my ethnic or cultural background ETHID12_m54M	0	0	0	0	0	0	0
18.13	I think of myself as a New Zealander NZID1_m54M	0	0	0	0	0	0	0
18.14	I feel that I am a part of New Zealand culture NZID2_m54M	0	0	0	0	0	0	0

And please indicate how much you agree or disagree with the following statements?

(Tick one only for each row below)

<u>Interviewer Note</u>: The Not Applicable (N/A) response is only available for those participants who respond with strongly disagree or disagree to question 18.13.

	Strongly disagree	Disagree 2	Neither agree nor disagree	Agree 4	Strongly Agree	N/A 95	66 DK	Ref 98
18.15 I am proud of being a New Zealander <i>NZID3_m54M</i>	0	0	0	0	0	0	0	0
18.16 I am happy to be a New Zealander NZID4_m54M	0	0	0	0	0	0	0	0

19. Work (Mother)

Now thinking about yourself and your current situation in regard to paid work, that might include working for pay or profit or income for an hour or more, or working in a family business or family farm with or without pay, or working in a job or business.

19.1. Which of the following best describes your current situation in regard to paid work?

<u>Interviewer Note</u>: Those currently on leave from paid employment count as being in current paid work Include "Stay at home parents" as code 6. (Tick one only) OC103_1_m54M

- O 1. A paid employee (include those on leave) \rightarrow Go to 19.5
- O 2. Self-employed and NOT employing others \rightarrow Go to 19.5
- O 3. An employer of other persons in my own business \rightarrow Go to 19.5
- O 4. Working in a family business or family farm with or without pay \rightarrow Go to 19.5
- O 5. Not currently in paid work and have a new job to start within four weeks
- O 6. Not currently in paid work and not seeking work \rightarrow **Go to 19.4**
- O 7. Not currently in paid work and unavailable to work \rightarrow **Go to 19.4**
- O 8. Not currently in paid work and seeking work
- O 99. DK →Go to 19.6
- O 98. Ref →Go to 19.6

19.2. How long have you been, or how long were you, seeking work?

(Tick one only)

- O 1. Less than a month
- O 2. One month to less than two months
- O 3. Two months to less than four months
- O 4. Four months to less than six months
- O 5. Six months to less than a year
- O 6. More than a year
- O 99. DK
- O 98 Ref

19.3. What is the MAIN reason you are, or were, seeking work?

- (Tick one only)
- O 1. To support my family financially \rightarrow **Go to 19.12**
- O 2. To support my career \rightarrow Go to 19.12
- O 3. Because of the changes in the benefit system \rightarrow Go to 19.12

OC102_1_m54M

OC104_m54M

OC100 m54M

- \bigcirc 4. Because I now have time available to work \rightarrow **Go to 19.12**
- O 5. Because working is expected of $me \rightarrow Go$ to 19.12
- \bigcirc 6. Because I want to work \rightarrow **Go to 19.12**
- O 99. DK→Go to 19.12
- O 98 Ref→Go to 19.12

19.4. What is the MAIN reason you are not currently in paid work?

(Tick one only)

- O 1. Family responsibilities such as unpaid house work and childcare \rightarrow Go to 19.12
- O 2. My partner/family earns enough to support us \rightarrow Go to 19.12
- \bigcirc 3. No jobs available \rightarrow Go to 19.12
- \bigcirc 4. I can't find a job that interests me \rightarrow **Go to 19.12**
- \bigcirc 5. I can't find a job with enough flexibility \rightarrow **Go to 19.12**
- \bigcirc 6. I do voluntary work \rightarrow **Go to 19.12**
- \bigcirc 7. It's not worthwhile with childcare costs \rightarrow Go to 19.12
- O 8. Will lose government benefits if I work \rightarrow Go to 19.12
- O 9. I am permanently unable to work due to physical or mental disabilities \rightarrow Go to 19.12
- O 10. I am studying \rightarrow Go to 19.12
- O 11. I am retired \rightarrow Go to 19.12
- O 12. I am currently on parental leave \rightarrow Go to 19.6
- O 13. I am currently on leave (not parental leave) \rightarrow Go to 19.6
- O 97. Other (Please specify) _____ \rightarrow Go to 19.12
- O 99. DK →Go to 19.12
- O 98. Ref→Go to 19.12

19.5. What is the MAIN reason you are currently in paid work?

(Tick one only)

- O 1. To support my family financially
- O 2. To support my career
- O 3. My job interests me
- O 4. Because of the changes in the benefit system
- O 5. Because it is expected of me
- O 6. Because I want to work
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

I'm now going to ask you some questions about the work that you do. Include jobs from which you are currently on leave.

19.6. How many paid jobs do you currently have?

Interviewer Note: This includes those who previously stated they are working in a family business or family farm with or without pay. (Tick one only)

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OCC4 m54M

OC105 m54M

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O 1. _ _ (range 1–10)

O 99. DK

O 98. Ref

19.7. Including overtime, how many hours a week do you usually work in all your jobs?

<u>Interviewer Note:</u> If respondent is working variable hours, ask for an <u>average</u> number of hours worked per week over the past 4 weeks. If on leave, code 0 and go to 19.9. If necessary: overtime includes both paid and unpaid work.

(Tick one only)

- O 1. _ _ (range 0-90). If 1-29, → **Go to 19.8**. If 0 or ≥30, → **Go to 19.9**
- O 99. DK →**Go to 19.9**
- O 98. Ref →Go to 19.9

19.8. You have said currently that you usually work fewer than 30 hours per week, what is the MAIN reason for your working part-time hours rather than full-time hours?

(Tick one only)

- O 1. I am caring for children
- O 2. I am caring for disabled or elderly relatives (not children)
- O 3. I have other personal or family responsibilities
- O 4. I am also studying
- O 5. I could not find full-time work
- O 6. I prefer part-time work
- O 7. I am involved in voluntary work
- O 8. Because my welfare payments or pension may be affected by working full-time
- O 9. My preferred job offers only part-time hours
- O 10. I can't get suitable childcare
- O 11. I'm currently pregnant
- O 12. Because of my own illness or disability
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

19.9. In the job that you spend the most time on, what is your occupation?

<u>Interviewer Note:</u> IF NECESSARY: Some examples of occupations are primary school teacher, clothing machinist, motel manager, receptionist.

Probe for a clear answer. Probe may include "What kind of business/industry is that in? What do they make or do?"

(Tick one only)

O 97.Please specify _____

- O 99. DK
- O 98. Ref

OCC6 m54M

OCC7 m54M

OCC5 m54M

OCC8_m54M

19.10. Which category would you consider your job to be in?

- (Tick one only)
- O 1. Manager
- O 2. Professional
- O 3. Technician or trades worker
- O 4. Community or personal service worker
- O 5. Clerical or administrative worker
- O 6. Sales worker
- O 7. Machinery operator or driver
- O 8. Labourer
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

19.11. Do you usually work on weekends?

- (Tick one only)
- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

The following questions are about your opinions about work-life balance and do not require you to be working at the moment.

Please could you tell me how much you agree or disagree with the following statements? (*Tick one only for each row below*)

		Strongly disagree	Moderately disagree	Mildly disagree	Neutral 4	Mildly agree	Moderately agree 6	Strongly agree	DK 99	Ref 98
19.12	responsibilities I have to turn down work activities or opportunities I would prefer to take on <i>WL01_m54M</i>	0	0	0	0	0	0	0	0	0
19.13	Having both work and family responsibilities makes me a more well-rounded person <i>WL02_m54M</i>	0	0	0	0	0	0	0	0	0
19.14	Because of the requirements of my job I miss out on home or family activities I would prefer to participate in <i>WL03_m54M</i>	0	0	0	0	0	0	0	0	0

OC48_m54M

		Strongly disagree	Moderately disagree	Mildly disagree	Neutral 4	Mildly agree 5	Moderately agree 6	Strongly agree	DK	Ref 98
19.15	Managing work and family responsibilities makes me feel competent <i>WL04_m54M</i>	0	0	0	0	0	0	0	0	0
19.16	My work has a positive effect on my children and my family life generally WL05_m54M	0	0	0	0	0	0	0	0	0
19.17	Work leaves me with too little time or energy to be the kind of parent I want to be <i>WL06_m54M</i>	0	0	0	0	0	0	0	0	0
19.18	Thinking about the children interferes with my life at work <i>WL07_m54M</i>	0	0	0	0	0	0	0	0	0
19.19	Working makes me a better parent WL08_m54M	0	0	0	0	0	0	0	0	0

O 1. Yes

(Tick one only)

O 0. No →Go to 21.1

20. You and Your Partner (Mother)

20.1. Do you have a current partner?

- O 99. DK→Go to 21.1
- O 98. Ref→Go to 21.1

20.2. Does this partner live with you and your {CHILD/CHILDREN }?

<u>Interviewer Note:</u> Live with for at least half the week (4 days or more) (Tick one only) O 1. Yes O 0. No

Interviewer Note: Partner in the following sections is a partner with whom the respondent is in a

permanent relationship, whether they are cohabiting (i.e., living together) or not.

- 20.3. Were you in a relationship with this same partner when your {CHILD was/CHILDREN were} two years old?
 - (Tick one only)
 - O 1. Yes

O 99. DK O 98. Ref

- O 0. No
- O 99. DK
- O 98. Ref

<u>Interviewer Note:</u> For this next set of questions (20.5-20.19) the mother will be asked to complete the items themselves. Should someone enter the room, the respondent should hand the questionnaire back to you. Question 20.4 must be completed by the interviewer before the participant completed 20.5-20.19 and must not be read out to the participant.

20.4. Is the participant able to answer these questions?

- (Tick one only)
- O 1. Yes
- O 2. No Interpreter was used \rightarrow Go to 20.18
- O 3. No Other person over 5 years old present in room \rightarrow Go to 20.18
- O 4. No Language difficulties \rightarrow Go to 20.18
- O 5. No Cannot use computer \rightarrow Go to 20.18
- O 6. No Interview not being conducted in person→Go to 20.18
- O 7. No Other (Please specify) \rightarrow Go to 20.18

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PQ5_m54M

PQ6_m54M

PQ5A_m54M

PQ5B_m54M

[SELF COMPLETE STARTS]

The next set of questions is about you and your partner.

Please think about a time <u>during the past four weeks</u> when you and your partner have spent time talking or doing things together. With those times in mind, please select the number on the showcard that tells how often you acted in the following way <u>towards each other</u> during the past four weeks.

During the past four weeks how often do the following things happen in your relationship?

(Tick one only for each row below)

		Never 0	Almost never 1	Not very often 2	Quite Often	Very often 4	Extremely often	All the time	Don't Know	Prefer not to say
20.5	Your partner raises their voice at you when you are arguing CFL20_m54M	0	0	0	0	0	0	0	0	0
20.6	Your partner yells at you when they are angry CFL21_m54M	0	0	0	0	0	0	0	0	0
20.7	Your partner swears at you when they are angry CFL22_m54M	0	0	0	0	0	0	0	0	0
20.8	Your partner insults you or makes you feel bad about yourself CFL23_m54M	0	0	0	0	0	0	0	0	0
20.9	Your {CHILD is /CHILDREN are} present when you have arguments with your partner <i>CFL24_m54M</i>	0	0	0	0	0	0	0	0	0
20.10	Your partner belittles you or humiliates you in front of other people CFL25_m54M	0	0	0	0	0	0	0	0	0
20.11	Your partner does things to scare or intimidate you on purpose <i>CFL26_m54M</i>	0	0	0	0	0	0	0	0	0
20.12	You feel frightened by what your partner says or does CFL27_m54M	0	0	0	0	0	0	0	0	0
20.13	Your {CHILD is/CHILDREN are} present when your partner insults or frightens you <i>CFL28_m54M</i>	0	0	0	0	0	0	0	0	0

		Never 0	Almost never 1	Not very often 2	Quite Often	Very often 4	Extremely often	All the time	Don't Know	Prefer not to say
20.14	Your partner slaps you or throws	0	(((0
	things at you that could hurt you CFL29_m54M	0	0	0	0	0	0	0	0	0
20.15	Your partner pushes or shoves you									
	or pulls your hair CFL30_m54M	0	0	0	0	0	0	0	0	0
20.16	Your partner hits you with a fist or something else that could hurt you CFL31_m54M	0	0	0	0	0	0	0	0	0
20.17	Your {CHILD is/CHILDREN are} present when you have a physical conflict with your partner CFL32_m54M	0	0	0	0	0	0	0	0	0

[SELF COMPLETE ENDS]

20.18 In general, how much tension is there in your relationship?

- (Tick one only)
- O 1. No tension
- O 2. A little tension
- O 3. Some tension
- O 4. Quite a bit of tension
- O 5. A lot of tension
- O 99. DK
- O 98. Ref

20.19 Do you and your partner work out arguments with:

- (Tick one only)
- O 1. No difficulty
- O 2. A little difficulty
- O 3. Some difficulty
- O 4. Quite a bit of difficulty
- O 5. Great difficulty
- O 99. DK
- O 98. Ref

CFL19_m54M

CFL18_m54M

NE30 m54M

21. About Your House (Mother)

21.1 How many times have you moved house since your {CHILD was/CHILDREN were} two years old?

(Tick one only)

- \bigcirc 0. None \rightarrow Go to 21.6
- O 1. One
- O 2. Two
- O 3. Three
- O 4. Four or more
- O 99. DK
- O 98. Ref

Thinking about the house you are now in...

21.2 Do you or anyone else who lives there, own or partly own the house/flat you live in (with or without a mortgage)?

Interviewer Note: If house is owned by a family trust, code NO (Tick one only) O 1. Yes O 0. No \rightarrow Go to 21.4 O 99. DK

O 98. Ref

21.3 Do you, or anyone else who lives with you, make mortgage payments for the house/flat you live in?

(Tick one only)

- O 1. Yes \rightarrow Go to 21.6
- O 0. No
- O 99. DK
- O 98. Ref

21.4 If nobody who lives here owns the house/flat you live in, who owns it?

(Tick one only)

- O 1. Private person, trust, or business
- O 2. Family trust
- O 3. Local Authority/City Council
- O 4. Housing New Zealand
- O 5. Other State-Owned
- O 97. Other (Please specify) _____
- O 99. DK
- O 98. Ref

HH7_m54M

HH9 m54M

21.5	Do you, or anyone else who lives with you, pay rent to an owner or to an agen house/flat you live in?	
	<u>Interviewer Note</u> : If respondent indicates they pay rent to another organisation (e.g. individual, $21.5 = 1$ (Yes).	church) or
	(Tick one only) O 1. Yes	HH8_m54M
	O 0. No	
	O 99. DK	
	O 98. Ref	
21.6	How much are your usual housing costs per month? This includes all rent/mo expenses, rates and other mandatory expenses and excludes insurance, utilit costs.	
	(Tick one only)	HH29_m54M
	O 1. Monthly Amount (range \$0 – 50,000)	
	O 99. DK	
	O 98. Ref	
21.7	How would you describe the condition of your house/flat?	
	(Tick one only)	HH30_m54M
	O 1. Excellent – no immediate repair and maintenance needed	
	O 2. Good – minor maintenance needed	
	O 3. Average – some repair and maintenance needed	
	O 4. Poor – immediate repairs and maintenance needed	
	O 5. Very poor – extensive and immediate repair and maintenance needed	
	O 99. DK	
	O 98. Ref	
21.8	Approximately when was your house/flat built?	
	(Tick one only)	HH31_m54M
	O 1. In or after 1991	
	O 2. Between 1978 and 1990	
	O 3. Between 1960 and 1977	
	O 4. In 1959 or before	
	O 99. DK	
	O 98. Ref	
21.9	Is your house/flat insulated?	
	Interviewer Note: Option "0. No" is an exclusive option and can only be chosen alon	
	(Tick all that apply - at least one)	HH32_1_m54M to HH32_99_m54M
	O 1. Yes – in the ceiling	. <u></u> 000
	O 2. Yes – under the floor	
	O 3. Yes – in the walls	
	O 0. No	
	O 99. DK	

Growing Up in New Zealand

21.10 Since you have been living in this house has it undergone any of these major changes?

<u>Interviewer Note:</u> Option "0. No" is an exclusive option and can only be chosen alone. (Tick all that apply - at least one) HH33

HH33_1_m54M to HH33_99_m54M

- O 1. Renovation of kitchen or bathroom
- O 2. Renovation of bedroom(s)
- O 3. Renovation of living area(s)
- O 4. Insulation installed
- O 5. Heat pump installed
- O 6. Installation of any other heating system
- O 7. Yes, new drapes/curtains
- O 8. Yes, new carpets/vinyl or changes to the floor cover
- O 9. Extension to house and decking
- O 10. HRV/DVS or similar ventilation system installed
- O 11. Double glazing
- O 12. Renovation of roof or new roof
- O 0. No
- O 99. DK
- O 98. Ref

If in 21.10 the option 4. "Insulation installed" and/or the option 5 "Heat pump installed" was chosen, go to 21.11, otherwise go to 21.12.

21.11 Was your insulation or your heat pump installation subsidised through the Warm Up New Zealand scheme or similar?

<u>Interviewer Note:</u> In the Warm Up NZ scheme a subsidy would have been received to install the insulation or heat pump at a reduced (or no) cost to the householder. (Tick one only) HH45_m54M

- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

21.12 Did you use any heating when your house was cold during the most recent winter? (*Tick one only*)

. HH36 m54M

- O 1. Yes, always
- O 2. Yes, most of the time
- O 3. Yes, sometimes
- O 4. No, I did not use any heating even though the house was cold \rightarrow Go to 21.15
- O 5. No, I did not use any heating because my house was not cold \rightarrow **Go to 21.15**
- O 99. DK
- O 98. Ref

21.13 What types of heating do you use when your house is cold?

(Tick all that apply - at least one)

- O 1. Open fire, there is no glass in front of the flames
- O 2. Enclosed fire / wood burner / multiburner
- O 3. Wood pellet burner
- O 4. Flued gas heater, which burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle, and is attached to a flue or chimney
- O 5. Fixed unflued gas heater, which cannot be moved and is not attached to a flue or chimney
- O 6. Moveable unflued gas heater containing a gas bottle, which is not attached to a flue or chimney
- O 7. Moveable unflued gas heater using mains or large gas cylinders outside the house, which is not attached to a flue or chimney but has a flexible gas supply hose
- O 8. Heat pump
- O 9. Electric fixed heater e.g. wall mounted panel heaters, night store heaters (do not include heat pumps)
- O 10. Electric portable heater e.g. fan heater, a radiant heater with glowing bars, a box-type heater with a grille at the top, electrically powered oil-filled column heaters
- O 11. Central heating
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

21.14 What types of heating do you use in your {CHILD/CHILDREN}'s bedroom when your house is cold?

(Tick all that apply - at least one)

O 1. Open fire, there is no glass in front of the flames

HH38_1_m54M to HH38_99_m54M

- O 2. Enclosed fire / wood burner / multiburner
- O 3. Wood pellet burner
- O 4. Flued gas heater, which burns gas that comes from a gas outlet in the wall or floor, or from a gas bottle, and is attached to a flue or chimney
- O 5. Fixed unflued gas heater, which cannot be moved and is not attached to a flue or chimney
- O 6. Moveable unflued gas heater containing a gas bottle, which is not attached to a flue or chimney
- O 7. Moveable unflued gas heater using mains or large gas cylinders outside the house, which is not attached to a flue or chimney but has a flexible gas supply hose
- O 8. Heat pump
- O 9. Electric fixed heater e.g. wall mounted panel heaters, night store heaters (do not include heat pumps)
- O 10. Electric portable heater e.g. fan heater, a radiant heater with glowing bars, a box-type heater with a grille at the top, electrically powered oil-filled column heaters
- O 11. Central heating
- O 12. Do not use heating
- O 97. Other (Please specify)
- O 99. DK
- O 98. Ref

HH37_1_m54M to HH37_99_m54M

21.15 Have you ever had the power cut off in your household?

(Tick one only)

- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

21.16 Does your household have power on prepay?

Interviewer Note: Refers to households that MUST pay for power before it is used.

- (Tick one only)
- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

HH39_m54M

HH40 m54M

CO1 m54M

CO3_ m54M

{HIM/HER/THEM}?

22. Contact With Organisations (Mother)

People may have contact with social service agencies, support services, or professionals about a range of things associated with their child. For these questions, we would like to know about any contact you may have had with any social service agencies in relation to your [CHILD/CHILDREN].

22.1. Are you in contact with any Whānau Ora service at the present time in relation to your {CHILD/CHILDREN}?

(Tick one only)

- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

22.2 Are you in contact with Child, Youth and Family at the present time in relation to your {CHILD/CHILDREN}?

22.4 Can you give the name/s of these other services, and tell me how old your {CHILD WAS/CHILDREN WERE} when you first had contact with the service in relation to

(Tick one only)

O 1. Yes

- O 0. No
- O 99. DK
- O 98. Ref
- 22.3 Are you in contact with any other social service agencies, support services, or professionals at the present time in relation to your {CHILD/CHILDREN} that we haven't already discussed? (*Tick one only*)
 - O 1. Yes
 - O 0. No→Go to 22.5
 - O 99. DK→Go to 22.5
 - O 98. Ref→Go to 22.5

<u>Interviewer Note:</u> Code up to FIVE. Include anything mentioned by the respondent, even if it does not seem like a service, but do <u>not</u> include early childhood education centres. Options 99 and 98 are exclusive options and can only be chosen alone.

(Tick one only for each row)

Service Used	Age in months <u>Interviewer Note:</u> Only if child was less than one year old at first contact with service 1	Age in years <u>Interviewer Note:</u> If child was at least one year old at first contact with service 2	DK 99	Ref 98
O971. Please specify	O(Range 0-11)	O _ (Range 1-5)	0	0
CO11_971A_m54M	CO11_971B_mths_m54M	CO11_971B_yrs_m54M		
O972. Please specify	O(Range 0-11)	O _ (Range 1-5)	0	0
CO11_972A_m54M	CO11_972B_mths_m54M	CO11_972B_yrs_m54M		
O973. Please specify	O(Range 0-11)	O _ (Range 1-5)	0	0
CO11_973A_m54M	CO11_973B_mths_m54M	CO11_973B_yrs_m54M		
O974. Please specify	O(Range 0-11)	O _ (Range 1-5)	0	0
CO11_974A_m54M	CO11_974B_mths_m54M	CO11_974B_yrs_m54M		
O975. Please specify	O(Range 0-11)	O _ (Range 1-5)	0	0
CO11_975A_m54M	CO11_975B_mths_m54M	CO11_975B_yrs_m54M		

22.5 Have you ever been convicted of a crime which resulted in a jail sentence?

- (Tick one only)
- O 1. Yes
- O 0. No \rightarrow Go to 22.7
- O 99. DK→ Go to 22.7
- O 98. Ref→ Go to 22.7

22.6 Was this conviction in the last 5 years?

- (Tick one only)
- O 1. Yes
- O 0. No
- O 99. DK
- O 98. Ref

22.7 Have you ever been convicted of a crime which did not result in a jail sentence?

- (Tick one only)
- O 1. Yes

AS3_m54M

AS21_m54M

AS20_m54M

- O 0. No \rightarrow Go to 23.1
- O 99. DK \rightarrow Go to 23.1
- O 98. Ref→ Go to 23.1

22.8 Was this conviction in the last 5 years?

(Tick one only)

AS22_m54M

- O 1. Yes O 0. No
- O 99. DK
- O 98. Ref

23. Household Socioeconomic Status (Mother)

The next set of questions asks about your work and the income for your household. We'll start with some questions that focus on your household.

23.1 How many adults (18 years or older) who are living in your house are currently in paid work?

<u>Interviewer Note</u>: Including mother. (Tick one only) O 1. _ _ (0-50)

O 99. DK

O 98. Ref

23.2 How many adults (18 years or older) who are living in your house are actively seeking work? <u>Interviewer Note</u>: Including mother.

FIN52A_m54M

FIN51A m54M

- (*Tick one only*) O 1. _ _ (0-50)
- O 99. DK
- O 98. Ref

23.3 How many adults (18 years or older) who are living in your house provide income for your household?

Interviewer Note: Including mother.

(*Tick one only*) O 1. _ _ (0-50)

- O 99. DK
- O 98. Ref
- 0 00.101

23.4 How many people under 18 years who are living in your house provide income for your household?

(*Tick one only*) *FIN50B_m54M* O 1. _ _ (0-50)

- O 99. DK
- O 98. Ref

FIN50A_m54M

23.5 Which of the following are current sources of income for your household?

<u>Interviewer Note:</u> Option 16 is an exclusive option and can only be chosen alone. (Tick all that apply – at least one)

FIN57_1_m54M to FIN57_99_m54M

- O 1. Wages, salary, commissions, bonuses, etc. paid by an employer
- O 2. Self-employment or business
- O 3. Interest, dividends, rent, other investments
- O 4. Regular payments from ACC or a private work accident insurer
- O 5. Jobseeker Support
- O 6. Sole Parent Support
- O 7. Supported Living Payment
- O 8. NZ superannuation or veteran's pension
- O 9. Other superannuation pensions, annuities
- O 10. Accommodation supplement
- O 11. Student allowance (including scholarships or stipends)
- O 12. Paid parental leave
- O 13. Other sources of income, counting support payments from people who do not live in your household
- O 14. Child support payments
- O 15. Family tax credits e.g. Working for Families
- O 16. No source of income
- O 99. DK
- O 98. Ref

23.6 What is the current total income for your household? Please include your personal income in this total.

Interviewer Note: Write in numbers amount mentioned e.g. \$20,000.

(Tick one only)

O 1. \$____(0-9,999,999)

FIN53_m54M

- O 99. DK → Go to 23.9
- O 98. Ref \rightarrow Go to 23.9

23.7 What time period does that cover?

Interviewer Note: Please specify if not on coded list. (Tick one only)

- O 1. Weekly before tax
- O 2. Fortnightly before tax
- O 3. Four weekly before tax
- O 4. Calendar monthly before tax
- O 5. Yearly before tax
- O 6. Weekly after tax
- O 7. Fortnightly after tax
- O 8. Four weekly after tax
- O 9. Calendar monthly after tax
- O 10. Yearly after tax
- O 97. Other (Please specify)
- O 99. DK→ Go to 23.9
- O 98. Ref→ Go to 23.9

23.8 So that's [CAPI feed through of 23.6] [CAPI feed through of 23.7], right?

(Tick one only)

- O 1. Yes \rightarrow Go to 23.10
- \bigcirc 0. No \rightarrow Go to 23.6

23.9 In the last 12 months what was your household's total income, before tax or anything else was taken out of it? Please include your personal income in this total. FIN56_m56M

- (Tick one only)
- O 1. Loss
- O 2. Zero Income
- O 3. \$1-\$5,000
- O 4. \$5,001-\$10,000
- O 5. \$10,001-\$15,000
- O 6. \$15,001-\$20,000
- O 7. \$20,001-\$25,000
- O 8. \$25,001-\$30,000
- O 9. \$30,001-\$40,000
- O 10 \$40,001-\$50,000
- O 11. \$50,001-\$70,000
- O 12. \$70,001-\$100,000
- O 13. \$100,001-\$150,000
- O 14. \$150,001-\$200,000
- O 15. \$200,001-\$250,000
- O 16. \$250,000 or more
- O 99. DK
- O 98. Ref

FIN54 m54M

(Tick on	e only for each row below)				
In the I	ast 12 months have you personally	Yes	° 0	DK 00	Ref 98
23.10	Been forced to buy cheaper food so that you could pay for other things you needed? DP1_m54M	0	0	0	0
23.11	Put up with feeling cold to save heating costs? DP2_m54M	0	0	0	0
23.12	Made use of special food grants or food banks because you did not have enough money for food? DP3_m54M	0	0	0	0
23.13	Continued wearing shoes with holes because you could not afford replacements? DP4_m54M	0	0	0	0
23.14	Gone without fresh fruit and vegetables often, so that you could pay for other things you needed? DP5_m54M	0	0	0	0
23.15	Received help in the form of food, clothes or money from a community organisation (like the Salvation Army)? DP6_m54M	0	0	0	0

23.16 Which of the following do you have?

Interviewer Note: Option 96 is an exclusive option and can only be chosen alone. (Tick all that apply - at least one)

DP30_1_m54M to DP30_99_m54M

- O 1. Savings for your {CHILD/CHILDREN}
- O 2. Savings for yourself
- O 3. Kiwisaver for your {CHILD/CHILDREN}
- O 4. Kiwisaver for yourself
- O 5. A bank account for your {CHILD/CHILDREN}
- O 6. Bonus bonds or other savings for your {CHILD/CHILDREN}
- O 7. Loan from bank, building society, or credit union (not mortgage)
- O 8. Student loan
- O 9. Loan from finance company
- O 10. Loan on credit card
- O 11. Loan from family or friends
- O 12. Regular contributions of money to individuals, organisations or family not living in this household. This includes sending money overseas
- O 13. Debt that is currently being managed by a debt collection agency
- O 14. Unpaid fines
- O 96. None of these
- O 99. DK
- O 98. Ref

24. Hopes and Dreams (Child Proxy)

[CHILD LOOP STARTS]

24.1. Finally, to finish this questionnaire we would like to ask you about the hopes, dreams and expectations you have for {NAME}. Please tell us one or two sentences about these hopes, dreams and expectations.

<u>Interviewer Note:</u> Attempt to get an answer from all participants. DO NOT PROBE- ENTER VERBATIM ONLY-NO CLARIFICATION REQUIRED.

(Tick one only)

HD2_m54M

O 97. Please specify _____ (max 1,000 characters)

O 99. DK

O 98. Ref