



12-Year Data Collection Wave: Main Cohort

Child Proxy Questionnaire

Te Kohikohi Raraunga 12Y: Te Rōpū Pīata

Pukapuka Uiui Rangatahi mō Ngā Matua

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1. Introduction – Whakatakinga

Section 1) Your child/children – Tā tamaiti/ ā tamariki

We are now going to ask some questions about {NAME/s} and their life with you. There are 7 sections in this part of the questionnaire.

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

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

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

1.1 Please confirm that your relationship to {NAME} is:

(Choose one only)

PQ103_y12Cm

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

1.2 What is {NAME}'s usual country of residence?

(Choose one only)

COUNTRYC_y12Cm

Please specify: _____ (all countries, in a drop-down list).

1.3 How much of the time does {NAME} live in your house? (Do not include temporary arrangements, such as sleepovers or nights with grandparents).

(Choose one only)

HCI9_y12Cm

- ☐ 1. All of the time (7 days a week) -> **Skip to 2.1**
- ☐ 2. Almost all the time or almost every day
- ☐ 3. Approximately half of every week
- ☐ 4. Around one or two days every week
- ☐ 5. Only on weekends
- ☐ 6. Approximately half of every fortnight
- ☐ 7. One to a few days a fortnight
- ☐ 8. One to a few days a month
- ☐ 9. One to a few days each 2-3 months
- ☐ 10. Only on school holidays
- ☐ 11. Occasionally every year
- ☐ 12. Less than once a year or not at all
- ☐ 99. Don't Know -> **Skip to 2.1**

1.4 If {NAME} lives any amount of time with someone else, who else does {NAME} live with mainly?

(Choose one only)

HCI10_y12Cm

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

2. General Health – Hauora Tinana

Section 2) General health and health services - Hauora

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

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

(Choose one only)

CH1_y12Cm

- ☐ 1. Excellent
- ☐ 2. Very good
- ☐ 3. Good
- ☐ 4. Fair
- ☐ 5. Poor

The next questions are about some of the illnesses {NAME} may have had.

2.2

(Choose all that apply—at least one)

DEV10_1_y12Cm to DEV10_99_y12Cm

- ☐ 1. Hay-fever
- ☐ 2. Asthma
- ☐ 3. Eczema or dermatitis
- ☐ 4. Food allergy
- ☐ 5. Rheumatic fever
- ☐ 6. Eating disorder
- ☐ 7. ADHD
- ☐ 8. Learning disability
- ☐ 9. Autism Spectrum Disorder
- ☐ 10. COVID-19
- ☐ 11. Anxiety and/or depression
- ☐ 97. Other long-term health condition, mental health condition or disability_____
- ☐ 96. None of the above
- ☐ 99. Don't know

[Note: 96, and 99 are exclusive options]

2.3 In the past 12 months, has {NAME} been diagnosed by a doctor with any of the following?

(Choose all that apply—at least one)

CH111_1_y12Cm to CH111_99_y12Cm

- ☐ 1. Ear infections
- ☐ 2. Whooping cough or pertussis
- ☐ 3. Other respiratory disorders including chest infections, bronchitis, pneumonia
- ☐ 4. Gastroenteritis (this is 3 or more watery or looser-than-normal bowel movements or diarrhoea within a 24-hour period)
- ☐ 5. Throat infection or tonsillitis
- ☐ 6. Skin infections (where the skin is red or warm or painful or swollen, or there are pustules or boils, or crusting or oozing)
- ☐ 7. Measles including German Measles (Rubella)
- ☐ 8. Chicken Pox
- ☐ 9. Mumps
- ☐ 97. Other, please specify _____
- ☐ 96. None of the above
- ☐ 99. Don't know

[Note: 96, and 99 are exclusive options]

3. Disability – Ngā Whaikaha

The next questions are about {NAME}'s ability to do different activities.

(Choose one only for each row)	Variable name	0. No difficulty	1. Some difficulty	2. A lot of difficulty	3. Cannot do at all
3.1 Does {NAME} have difficulty with self-care such as feeding or dressing themselves?	DIS1_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 When {NAME} speaks, do they have difficulty being understood by people inside of this household?	DIS2_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 When {NAME} speaks, do they have difficulty being understood by people outside of this household?	DIS3_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4 Compared with children of the same age, does {NAME} have difficulty learning things?	DIS4_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5 Compared with children of the same age, does {NAME} have difficulty remembering things?	DIS5_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.6 Does {NAME} have difficulty concentrating on an activity that they enjoy doing?	DIS6_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 Does {NAME} have difficulty accepting changes in their routine?	DIS7_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 Compared with children of the same age, does {NAME} have difficulty controlling their behaviour?	DIS8_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Overseas participants skip to section 5]

4. Immunisations – Tuku Awhikiri

There are two vaccinations due at 11 years: Human Papillomavirus (HPV) and Boostrix. The HPV vaccine protects against HPV infection, cancer and most genital warts. It is sometimes called the cervical cancer vaccine or Gardasil.

4.1 Has {NAME} had the HPV Vaccine?

(Choose one only)

CH134_y12Cm

- ☐ 1. Yes
- ☐ 0. No → **Go to 4.4**
- ☐ 99. Don't know → **Go to 4.6**

4.2 How many shots of the HPV vaccine has {child's name} had so far?

(Choose one only)

CH135_y12Cm

- ☐ 1. One shot
- ☐ 2. Two shots
- ☐ 3. Three shots
- ☐ 99. Don't know

4.3 Here are some reasons that have been given by parents for deciding to vaccinate children against HPV. Which of the following were reasons for your decision to vaccinate {NAME} against HPV?

(Choose all that apply—at least one)

CH136__1_y12Cm to CH136_97_y12Cm

- ☐ 1. Believing the vaccine will protect against HPV
- ☐ 2. Believing the vaccine will protect against certain cancers
- ☐ 3. The HPV vaccine was recommended by a GP
- ☐ 4. The HPV vaccine is available at no cost (free)
- ☐ 5. Having the HPV vaccine in schools saves parents some time
- ☐ 6. Believing that children should get all recommended vaccines
- ☐ 97. Other (please specify)_____

[Note: Go to Question 4.6]

4.4 Here are some reasons that have been given by parents as to why their children have NOT had the HPV vaccine. Which of the following are reasons why {child's name} has NOT had the HPV vaccine before today?

(Choose all that apply—at least one)

CH137__1_y12Cm to CH137__97_y12Cm

- ☐ 1. NOT having enough information about the HPV vaccine
- ☐ 2. Having concerns about side-effects of the HPV vaccine
- ☐ 3. Feeling {child's name} is too young to get the HPV vaccine
- ☐ 4. Feeling {child's name} is NOT at risk of getting an HPV infection
- ☐ 5. Feeling that the HPV vaccine will affect the sexual behavior of girls or boys
- ☐ 6. Having concerns about vaccines in general
- ☐ 7. Medical professional advised immunisation be delayed or not given
- ☐ 8. Concerns regarding children's immune system
- ☐ 9. Having or knowing a child thought to have suffered an adverse effect from an immunisation
- ☐ 10. Work Commitments
- ☐ 11. Difficult to organise care for my other children
- ☐ 12. Intend to but not yet organised or offered
- ☐ 13. Child's fear of needles
- ☐ 97. Other (please specify) _____

4.5 Do you intend to get {NAME} the HPV vaccine before the age 16 years?

(Choose one only)

CH138_y12Cm

- ☐ 1. Yes, at age 12 years
- ☐ 2. Yes, at age 13 years
- ☐ 3. Yes, at age 14 years
- ☐ 4. Yes, at age 15 years
- ☐ 0. No
- ☐ 5. I will let {NAME} decide whether to get the HPV vaccine
- ☐ 99. Don't know

Boostrix vaccine boosts immunity against diphtheria, tetanus and whooping cough.

4.6 Has {NAME} had the Boostrix vaccine?

(Choose one only)

CH139_y12Cm

- ☐ 1. Yes
- ☐ 0. No → **Go to 4.8**
- ☐ 99. Don't know → **Go to 5.1**

4.7 Which of the following were reasons for your decision to vaccinate {child's name} with Boostrix?

(Choose all that apply—at least one)

CH141__1_y12Cm to CH141__97_y12Cm

- ☐ 1. Believing the Boostrix vaccine will protect against diphtheria, tetanus and whooping cough → **Go to 5.1**
- ☐ 2. The Boostrix vaccine was recommended by a GP → **Go to 5.1**
- ☐ 3. The Boostrix vaccine is available at no cost (free) → **Go to 5.1**
- ☐ 4. Having the Boostrix vaccine in schools saves parents some time → **Go to 5.1**
- ☐ 5. Believing that children should get all recommended vaccines → **Go to 5.1**
- ☐ 97. Other (please specify) _____ → **Go to 5.1**

4.8 For which of the following reasons did {NAME} NOT receive the Boostrix immunisation at 11 years.

(Choose all that apply—at least one)

CH142_1_y12Cm to CH142_97_y12Cm

- ☐ 1. NOT having enough information about the Boostrix vaccine
- ☐ 2. Having concerns about side-effects of the Boostrix vaccine
- ☐ 3. Medical professional advised immunisation be delayed or not given
- ☐ 4. Concerns regarding children's immune system
- ☐ 5. Diseases not severe enough to justify immunisation
- ☐ 6. Having concerns about vaccines in general
- ☐ 7. Having or knowing a child thought to have suffered an adverse effect from an immunisation
- ☐ 8. Work Commitments
- ☐ 9. Difficult to organise care for my other children
- ☐ 10. Intend to but not yet organised or offered
- ☐ 11. Child's fear of needles
- ☐ 97. Other (please specify) _____

5. Injury – Wharatanga

5.1 In the last 12 months how many times has {child's name} had an injury that resulted in them needing to see a doctor, nurse, or physio?

(Choose one only)

INJ1_y12Cm

- ☐ 1. Not at all → **Go to 6.1**
- ☐ 2. Once
- ☐ 3. Two or three times
- ☐ 4. Four or more times

5.2 In the last 12 months, which of the following caused the injury or injuries?

(Choose all that apply—at least one)

INJ7_1_y12Cm to INJ7_97_y12Cm

- ☐ 1. Motor vehicle crash (including car and motorbike)
 - ☐ 2. Cycling, scootering or skateboarding
 - ☐ 3. Fall
 - ☐ 4. Sport or recreation related injury
 - ☐ 5. Hit, struck, kicked, twisted, bitten, or scratched by another person
 - ☐ 97. Other (please specify) _____
-

[Overseas participants skip to section 7]

**6. Health Service Use/Access to Social Services – Ngā Ratonga
Hauora Kua Mahia**

These questions are about some of the health services that your {CHILD/CHILDREN} access in the community.

6.1 In the last 12 months, has there been any time when {NAME} needed to see a GP or family doctor about their health, but didn't get to see any doctor at all?

(Choose one only)

GP4_y12Cm

- ☐ 1. Yes
- ☐ 0. No → **Go to 6.3**
- ☐ 99. Don't know → **Go to 6.3**
- ☐ 98. Prefer not to say → **Go to 6.3**

6.2 The last time {NAME} was not able to see a GP when they needed to, what was the MAIN reason they weren't able to see a GP?

(Choose one only)

GP6_y12Cm

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

6.3 In the past 12 months, has {NAME} had contact with any of the following services?

(Choose all that apply - at least one)

HCS1_y12Cm to HCS1_96_y12Cm

- ☐ 1. Mental health services (for example: psychologist, psychiatrist, specialist mental health nurse, specialist mental health community worker, counsellors, social worker)
- ☐ 2. School health services (for example: school nurse, school clinic, social worker, community health worker, oral health)
- ☐ 3. Disability and learning difficulty support services (for example: educational psychologist, respite, behaviour support, hearing and vision services, speech and language therapy, physiotherapy, occupational therapy)
- ☐ 4. Oral Health (For example: dental nurse, dentist, orthodontist)
- ☐ 96. None of the above/None of these → **Go to 7.1**

[Note: Option 96 is an exclusive option]

6.4 In the past 12 months, when {NAME} had contact with {seeded from 6.3 for all selected individually}, they..?

(Choose one only)

HCS5_y11Cm

- ☐ 1. Received all they needed→ **Go to 7.1**
- ☐ 2. Received some of what they needed
- ☐ 3. Did not receive what they needed at all
- ☐ 99. Don't know→ **Go to 7.1**

6.5 If {NAME} was unable to receive these services or did not receive all the services they required from {seeded from 6.3 for all selected individually} what was the reason/s.

(Choose all that apply — at least one)

SPE28_1_y12Cm to SPE28_99_y12Cm

- ☐ 1. Had no transport to get there.
- ☐ 2. We weren't eligible
- ☐ 3. I couldn't find the time
- ☐ 4. I Couldn't get an appointment soon enough/at a suitable time
- ☐ 5. Lack of childcare
- ☐ 6. I have had a bad experience before with this service
- ☐ 7. I did not feel the service met my cultural needs
- ☐ 8. They were not accessible in my language
- ☐ 9. It wasn't clear how to access the service/get an appointment
- ☐ 10. I was worried about what other people might think
- ☐ 11. Because of Covid-19/Lockdown
- ☐ 97. Other, please specify_____
- ☐ 99. Don't know

[Option 99 is an exclusive code]

7. Sleep – Moe

7.1 How many hours of sleep does {NAME} usually get in a 24 hour period, including all naps and sleeps, on days when they have school the next day (Sunday to Thursday)?

Please respond to the nearest half hour, for example 9.0 hours or 9.5 hours.

(Choose one only)

SLP1_y12Cm

- ☐ 1. Time ____ hours (range:1 -24 hours, with half hour units)
- ☐ 99. Don't know

7.2 How many hours of sleep does {NAME} usually get in a 24 hour period, including all naps and sleeps, on days when they do NOT have school the next day (Friday and Saturday)?

Please respond to the nearest half hour, for example 9.0 hours or 9.5 hours.

(Choose one only)

SLP12_y12Cm

- ☐ 1. Time ____ hours (range:1–24 hours, with half hour units)
- ☐ 99. Don't know

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

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

(Choose one only)

SLP10_y12Cm

- ☐ 1 No problem at all
 - ☐ 2. A small problem
 - ☐ 3. A moderate problem
 - ☐ 4. A large problem
 - ☐ 99. Don't know
-

[Overseas participants skip to section 9]

8. School Information – Pārongo Kura

Section 3) School and school services – Pārongo Kura

Now we are going to ask you some questions about {NAME}'s schooling. Please note that these questions are also for children schooled at home, or children who are attending alternative schooling or state-integrated schools such as those with specialist methods like Steiner or Montessori and those that focus on a particular religious faith.

8.1 What type of school is {NAME} currently in?

(Choose only one)

SS35_y12Cm

- ☐ 1. Contributing primary school (Year 1–6)
- ☐ 2. Full primary school (Year 1–8)
- ☐ 3. Intermediate school (Year 7–8)
- ☐ 4. Composite school (e.g. Year 1–10 or Year 1–13)
- ☐ 5. Restricted composite (Year 7–10)
- ☐ 6. Secondary school (Year 7–13 or Year 9–13)
- ☐ 7. Kura Kaupapa Māori
- ☐ 8. Home school
- ☐ 9. School is outside New Zealand
- ☐ 10. Special School
- ☐ 11. Not currently attending school, please specify the reason: _____ → **Go to 9.1**
- ☐ 97. Other: Please specify: _____
- ☐ 99. Don't know

8.2 In which year level is {NAME} currently placed?

(Choose one only)

YL_y12Cm

- ☐ 1. Year 5
- ☐ 2. Year 6
- ☐ 3. Year 7
- ☐ 4. Year 8
- ☐ 5. Year 9
- ☐ 97. Other, please specify: _____ [Free text]

9. School Mobility and transportation – Whakawhiti

9.1 Since starting school (not including early childhood or kindergarten), how many schools has {NAME} attended, including their current school?

(Choose only one)

SS36_y12Cm

- ☐ 1. One → **Go to 10.1**
- ☐ 2. Two
- ☐ 3. Three
- ☐ 4. Four
- ☐ 5. Five or more
- ☐ 99. Don't know → **Go to 10.1**

9.2 Which of the following reasons relate to why {NAME} moved to their current school?

(Choose all that apply)

SS38_1_y12CM to SS38_99_y12Cm

- ☐ 1. Moving to an intermediate school or secondary school
- ☐ 2. Because we moved house
- ☐ 3. Because we were not happy with the previous school's ability to meet {NAME}'s specific learning or developmental needs
- ☐ 4. Because of better opportunities/resources at the new school
- ☐ 5. Because of parent(s) work-related reasons
- ☐ 6. Because of a change in living arrangements
- ☐ 7. Because of transport-related reasons
- ☐ 8. Because we wanted bilingual or multilingual options
- ☐ 9. Because this school was better suited to my child's well-being
- ☐ 10. {NAME} is not currently in school → **Go to 9.7**
- ☐ 97. Other, please specify _____
- ☐ 99. Don't know
- ☐ 98. Prefer not to say

[Note: 10, 98 and 99 are exclusive codes]

9.3 When choosing {NAME}'s current school, to what extent were you satisfied with the choice of schools available to you?

(Choose only one)

SS83_y12Cm

- ☐ 1. Not at all satisfied -> **Go to 9.5**
- ☐ 2. Not satisfied-> **Go to 9.5**
- ☐ 3. Neutral -> **Go to 9.4**
- ☐ 4. Satisfied -> **Go to 9.4**
- ☐ 5. Very satisfied -> **Go to 9.4**

9.4 In terms of the choice of schools available to you, what aspects were you satisfied with? (Choose all that apply)

The schools available to us **included** schools that...

SS84_y12Cm

- ☐ 1. Are able to provide good resources
- ☐ 2. Have a good reputation
- ☐ 3. Foster strong parent family, or community involvement
- ☐ 4. Cater for individual child needs
- ☐ 5. Have a strong anti-bullying policy
- ☐ 6. Are easy to access (e.g., within walking distance, accessible by public transport)
- ☐ 7. Other family members attend/have attended
- ☐ 8. Align with our preferred religious practices or activities
- ☐ 9. Cater for special needs
- ☐ 10. Have a diversity of the children attend
- ☐ 11. Offer before/after school care
- ☐ 12. Teach in a language other than English
- ☐ 13. Have a range of extracurricular activities
- ☐ 14. Offer private education
- ☐ 15. Have our preferred gender distribution (single-sex or co-educational)
- ☐ 16. Have small class sizes
- ☐ 97. Other, please tell us: _____[Free text]

9.5 In terms of the choice of schools available to you, what aspects were you not satisfied with? (Choose all that apply)

The schools available to us **did not include** schools that...

SS85_y12Cm

- ☐ 1. Are our preferred option because we are out of zone
- ☐ 2. Are able to provide good resources
- ☐ 3. Have a good reputation
- ☐ 4. Foster strong parent family, or community involvement
- ☐ 5. Cater for individual child needs
- ☐ 6. Have a strong anti-bullying policy
- ☐ 7. Are easy to access (e.g., within walking distance, accessible by public transport)
- ☐ 8. Other family members attend/have attended
- ☐ 9. Align with our preferred religious practices or activities
- ☐ 10. Cater for special needs
- ☐ 11. Have a diversity of the children attend
- ☐ 12. Offer before/after school care
- ☐ 13. Teach in a language other than English
- ☐ 14. Have a range of extracurricular activities
- ☐ 15. Offer private education
- ☐ 16. Have our preferred gender distribution (single-sex or co-educational)
- ☐ 17. Have small class sizes
- ☐ 97. Other, please tell us: _____[Free text]

[Overseas participants skip to question 9.7]

9.6 What is the MAIN form of transport {NAME} uses to get to and from school?*(Choose one only)*

NTR6_y12Cm

- ☐ 1. Car
- ☐ 2. School bus
- ☐ 3. Public transport
- ☐ 4. Bicycle or scooter
- ☐ 5. Walking alone
- ☐ 6. Walking with an adult (family or friend)
- ☐ 7. Walking without an adult but with school friends
- ☐ 8. Walking without an adult but with sibling(s)
- ☐ 9. Walking school bus
- ☐ 10. Lift from family or friends in their car
- ☐ 11. Taxi
- ☐ 12. No transport required
- ☐ 97. Other form of transport, please tell us: _____

9.7 Even though it may be a long way off, how far in school, further or higher education do you expect {NAME} to go?*(Choose one only)*

SS30_y12Cm

- ☐ 1. Some secondary school
 - ☐ 2. Finish secondary school
 - ☐ 3. Trade certificate
 - ☐ 4. Diploma
 - ☐ 5. University degree
 - ☐ 6. Postgraduate university degree
 - ☐ 7. Complete a doctorate at university
 - ☐ 97. Other (Please specify) _____
 - ☐ 99. Don't Know
-

10. Satisfaction with School Support of Child's Needs – Mokori o te Kura

Thinking about {NAME}'s school, how satisfied are you with the support provided for {NAME}'s...

(Choose one option per row)	Variable name	1. Very dissatisfied	2. Dissatisfied	3. Neither satisfied nor dissatisfied	4. Satisfied	5. Very Satisfied
10.1 Growing independence	CC125_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2 Social and emotional development	CC126_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 Development of spoken language and communication skills	CC127_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 Writing/writing skills	CC128_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 Reading/reading skills	CC129_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 Skills with numbers	CC130_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 Physical or motor skills	CC131_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 Special interests and talents	CC132_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 Culture	CC135_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 Gender	CC150_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Overseas participants skip to section 12]

11. School Attendance – Kura

Thinking about the past 12 months, how often has {NAME} physically not attended school for any of the following reasons?

(Choose one only for each row)	Variable name	0. Never/ almost never	1. 1–2 days	2. 3–4 days	3. 1–2 weeks	4. 3–4 weeks	5. Most of a school term	6. More than one school term	99. Don't know	98. Prefer not to say
11.0 Child illness/sickness	SS117_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1 Special occasions (e.g. family holidays or trips) or cultural celebration	SS104_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2 Family illness	SS105_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3 Usual means of transport to school unavailable	SS110_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4 Child reluctant to go (e.g., because of being bullied, wants to skip a school activity)	SS111_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5 A shortage of money (e.g., not have enough money for equipment or school activity, lack of food)	SS115_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6 Someone in the family or close to the family has passed away	SS116_y12 Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>(Choose one only for each row)</i>	Variable name	0. Never/ almost never	1. 1–2 days	2. 3–4 days	3. 1–2 weeks	4. 3–4 weeks	5. Most of a school term	6. More than one school term	99. Don't know	98. Prefer not to say
11.7 Caring for a sibling or other family member	SS119_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8 Other	SS120_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.9 Over the past 12 months, thinking about a normal week, how often has {NAME} participated in before-school care?

(Choose only one)

AE116_y12Cm

- ☐ 0. Never
- ☐ 1. Once a week
- ☐ 2. Several times a week
- ☐ 3. Every weekday
- ☐ 4. Don't know

11.10 Over the past 12 months, thinking about a normal week, how often has {NAME} participated in after-school care?

(Choose only one)

AE117_y12Cm

- ☐ 0. Never
 - ☐ 1. Once/twice a week
 - ☐ 2. Several times a week
 - ☐ 3. Every weekday
 - ☐ 4. Don't know
-

12. Learning support

The questions in this section focus on learning support needs that help students to succeed at school. This section includes gifted and/or talented students.

12.1 Has {NAME} been identified as having a learning support need, disability, or as gifted and/or talented?

(Choose one only)

SS126_y12Cm

- ☐ 1. Yes
- ☐ 0. No → **Go to 13.1**
- ☐ 99. Don't Know → **Go to 13.1**

12.2 What is the reason that {NAME} has been identified as having a learning support need, disability, or as gifted and/or talented?

Note: If your child has been identified as **twice-exceptional**, please select all relevant abilities and disabilities from the list below.

(Choose all that apply)

SS127_1_y12Cm to SS127_99_y12Cm

- ☐ 1. Hearing impairment
- ☐ 2. Vision impairment
- ☐ 3. Physical disability
- ☐ 4. Speech or language impairment
- ☐ 5. Learning disability/intellectual disability
- ☐ 6. Specific learning disability (literacy)
- ☐ 7. Specific learning disability (numeracy)
- ☐ 8. Emotional or behavioural problems
- ☐ 9. Gifted and/or talented—Intellectual ability (exceptional ability in one or more learning area)
- ☐ 10. Gifted and/or talented—Other ability (e.g. culture-specific, creativity, visual and performing arts, social/leadership, physical/sport)
- ☐ 11. Poor understanding of English/ ESL
- ☐ 12. Autism Spectrum Disorder
- ☐ 13. Illness
- ☐ 14. Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ 15. Extra subject specific support needed
- ☐ 97. Other (Please specify _____)

[Note: 98 and 99 are exclusive codes]

[Overseas participants skip to section 13]

12.3 Does {NAME} receive any of the following supports at school?

(Choose all that apply)

SS130_1_y12Cm to SS130_99_y12Cm

- ☐ 1. Assistive technology support (specialist equipment)
- ☐ 2. An Individual Behavioural Management Plan
- ☐ 3. Accelerated Learning in Mathematics (ALiM0)
- ☐ 4. Ongoing and Reviewable Resourcing Schemes (ORRS) funding
- ☐ 97. Other (please specify) _____
- ☐ 96. None of these
- ☐ 99. Don't know
- ☐ 98. Prefer not to say

[Note: 96, 98 and 99 are exclusive codes]

12.4 Does {NAME} receive any of the following services at school?

(Choose all that apply)

SS131_1_y12Cm to SS131_99_y12Cm

- ☐ 1. Reading Recovery Teacher
- ☐ 2. Teacher Aide
- ☐ 3. Gifted and/or talented support
- ☐ 4. A special education needs coordinator (SENCO)
- ☐ 5. Resource Teacher for Learning and Behaviour (RTLb)
- ☐ 6. Mathematics Support Teacher (MST)
- ☐ 7. Resource Teacher for Literacy (RTLit)
- ☐ 8. Speech-language therapist (SALT)
- ☐ 9. Psychologist
- ☐ 10. Occupational therapist/ Physiotherapist/ Conductive education specialist
- ☐ 11. Intensive Wraparound Service
- ☐ 12. High and Complex Needs service (HCN)
- ☐ 97. Other (please specify) _____
- ☐ 96. None of these -> **Go to 13.1**
- ☐ 99. Don't know -> **Go to 13.1**
- ☐ 98. Prefer not to say -> **Go to 13.1**

[Note: 96, 98, and 99 are exclusive codes]

12.5 Approximately, how many hours of assistance per week are currently being provided to {NAME} during school time by the following professionals or services? (Please round the amount to the closest hour).

(Choose all that apply)

SS128_1_y12Cm to SS128_99_y12Cm

[Note: Each option for the below option seeded if selected in from 14.4. All options which are selected in the previous question are listed below. Number of hours required for each answer individually]

- ☐ 1. Reading recovery teacher:____(Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 2. Teacher Aide:____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 3. Gifted and/or talented support:____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 4. A special education needs coordinator (SENCO) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 5. Resource Teacher for Learning and Behaviour (RTLb) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 6. Mathematics Support Teacher (MST) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 7. Resource Teacher for Literacy (RTLit) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 8. Speech-language therapist (SALT) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 9. Psychologist:____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 10. Occupational therapist/ Physiotherapist/ Conductive education specialist :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 11. Intensive Wraparound Service :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 12. High and Complex Needs service (HCN) :____ (Lower limit of 1- upper limit of 40, 99. Don't know)
 - ☐ 97. Other (please specify):_____ (Lower limit of 1- upper limit of 40, 99. Don't know)
-

13. Parental Involvement – Te Whakauru Atu I Ngā Mātua

Section 4) Parenting – Tikanga o ngā mātua

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

Overall, how often do you do the following activities with {NAME}?

(Choose one only for each row)	Variable name	0. Never/ almost never	1. Once a week	2. Several times a week	3. Once a day	4. Several times a day
13.1 Read books together	PC5_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.2 Sing, play music, or listen to music together	PC6_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.3 Talk about {NAME's} feelings, or issues	PC19_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.4 Talk about what {NAME} is learning in school	PC34_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.5 Talk about or help {NAME} with their homework	PC35_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.6 Talk with {NAME} about what happens at school	PC36_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Parental Monitoring/Autonomy – Mana Motuhake

We are interested in how children become more autonomous and independent as they grow up, and how much parents know or think they know about what their children do.

(Choose one only for each row)	Variable name	Never 0.	Sometimes 1.	Half of the time 2.	Often 3.	Almost always 4.	Not applicable 95.
14.1 Do you know what {NAME} does during their free time?	KNOW1_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.2 Do you know which friends {NAME} spends their free time with?	KNOW2_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.3 Do you know what type of homework {NAME} has?	KNOW3_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.4 Do you know what {NAME} spends their money on?	KNOW4_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.5 Do you know when {NAME} has an assignment due at school?	KNOW5_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.6 Do you know how {NAME} is doing in different subjects at school?	KNOW6_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.7 Do you know where {NAME} goes when they are out with friends at night?	KNOW7_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.8 Do you know where {NAME} goes and what they do after school?	KNOW8_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.9 Do you know what {NAME} eats in their free time?	AUT1_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.10 Do you know what {NAME} does or watches on screen devices or on the internet?	AUT2_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14.11 In the last month, have you ever had no idea of where {NAME} was at night?
(Only when they were in your care).**

(Choose only one)

DISC1_y12Cm

- ☐ 1. Yes
- ☐ 0. No
- ☐ 98. Prefer not to say
- ☐ 95. Not applicable

**14.12 Does {NAME} keep a lot of secrets from you about what they do during their
free time?**

(Choose only one)

DISC3_y12Cm

- ☐ 1. Yes
 - ☐ 0. No
 - ☐ 99. I don't know
-

15. Parenting – Whakaaetanga Tiaki Rangatahi

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

(Choose one only for each row)	Variable name	0. Never / almost never	1. Rarely	2. Occasionally	3. Often	4. Always / almost always
15.1 How often do you feel close to {NAME} both when they are happy and upset?	PAR34_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.2 How often do you hug or hold {NAME} for no particular reason?	PAR63_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.3 How often do you have warm, close times together with {NAME}?	PAR32_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.4 How often do you express affection by hugging, kissing, holding {NAME}?	PAR13_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.5 How often do you enjoy listening to {NAME} and doing things with them?	PAR33_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.6 How often do you tell {NAME} how happy they make you?	PAR31_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Discipline

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

(Choose one only for each row)	Variable name	0. Never / almost never	1. Rarely	2. Occasionally	3. Often	4. Always / almost always	99. Don't know	98. Prefer not to say
16.1 Made {NAME} go without something or miss out on something	PAR55_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.2 Yelled or shouted at {NAME}	PAR56_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.3 Explained or discussed why {NAME} should not do it	PAR57_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.4 Physical punishment, such as smacking	PAR58_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.5 Told {NAME} off	PAR59_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.6 Sent {NAME} to the bedroom or other place in the house	PAR60_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.7 Ignored {NAME's} behaviour	PAR61_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.8 Made {NAME} apologise or make it right	PAR70_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16.9 Thinking about the methods you use when {NAME} misbehaves, do you think they are effective?

(Choose one only)

PAR73_y12Cm

- ☐ 1. Yes, always
 - ☐ 2. Yes, most of the time
 - ☐ 3. Half of the time
 - ☐ 4. Sometimes
 - ☐ 5. No, never
 - ☐ 99. I don't know
 - ☐ 98. Prefer not to say
-

17. Adverse Childhood Experiences

17.1 Since {NAME} was 8 years of age have they experienced any of the following?

(Choose all that apply)

LE1_1_y12Cm to LE1_99_y12Cm

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

[Note that 96 and 98 are exclusive options]

[Overseas participants skip to section 19]

18. Police Interactions – Pirihimana

18.1 In the last 12 months has your child been in trouble with the police (e.g. youth justice, diversion)?

(Choose one only)

PI1_y12Cm

- ☐ 0. Never
 - ☐ 1. Not in the last 12 months
 - ☐ 2. Once
 - ☐ 3. Two or more times
-

19. Screen-Based Media – Mata Hunga Pāpāho

Section 5) Screen time– Mata hunga pāpāho

In your household are there rules about..

<i>(Choose one only for each row)</i>	Variable name	1. Yes	0. No	95. This question doesn't apply to {Name}
9.1 ..what websites, social media, and apps {Name} can use?	<i>TU101_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 ..what games {Name} can play on a device?	<i>TU102_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 ..what TV shows, movies, and videos {Name} can watch?	<i>TU103_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.4 ..how much time {Name} can spend on a device or TV? (e.g. how much 'screentime' {Name} can have?)	<i>TU104_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 ..when {Name} is/are allowed to go on a device or TV (e.g. only at certain times of the day, only on certain days, not until homework is done etc)	<i>TU105_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19.6 How often do you feel that your use of a screen device (e.g. phone, TV, iPad) gets in the way of something you are doing or want to do with {NAME}?

(Choose only one)

TU113_y12Cm

- ☐ 0. Never
- ☐ 1. Not very often
- ☐ 2. Sometimes
- ☐ 3. Often
- ☐ 4. A lot/always

We want to know about how your child uses screen media and your experiences with your child's media use. When we say screen media, we mean any type of media that your child uses that has a screen (such as television, video games, tablets, smartphones, handheld video games, laptops, computers).

For each statement select the option that is true for {NAME} in the past month.

(Choose one only for each row)	Variable name	0. Never	1. A little bit / Occasionally	2. Sometimes	3. Often	4. Always	99. Don't know
19.7 It is hard for {NAME} to stop using screen device.	TU114_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.8 Using screen devices is all that {NAME} seems to think about.	TU115_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.9 {NAME}'s screen device use interferes with family activities.	TU116_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.10 {NAME}'s screen device use causes problems for the family.	TU117_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.11 {NAME} becomes frustrated when they cannot use screen devices.	TU118_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.12 {NAME} sneaks using screen devices.	TU119_y1 2Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Eating Behaviours – Kai

Section 6) Food – Kai

These next questions are about {NAME}'s eating patterns for mealtimes.

20.1 Over a usual week, how many days does {NAME} eat breakfast? 'Usual' refers to a usual school week including the weekend days.

(Choose one only)

EAH35_y12Cm

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

20.2 Over a usual week, how many days does {NAME} sit together with family to eat any main meal? This also includes occasions when not all members of the family are present.

(Choose one only)

EAH18_y12Cm

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

In the past 12 months, how often has {NAME} used any of the following food programmes?

<i>(Choose one only from each row)</i>	Variable name	0. Never	1. About once a term or less	2. About once a month	3. About once a week	4. About 2-3 days a week	5. Every day	99. Don't know
20.3 Breakfast programme	<i>EAH36_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.4 Fruit in Schools	<i>EAH37_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.5 Milk in Schools	<i>EAH38_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.6 Free and Healthy School Lunch programme (Government funded)	<i>EAH39_y12Cm</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.7 Charitable food programme (e.g. KidsCan, Eat My Lunch)	<i>EAH40_y12CM</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Food Frequency Questionnaire – Kai Auau

You're nearly there! There is about 20 minutes left in the questionnaire.

Next are questions about the foods that {NAME} usually eats. When answering these questions, please think back over the past **four weeks**.

This is a two-part question. Firstly, you are asked how often {NAME} has eaten the particular food over the past four weeks.

The second part is about serving size. The **standard** serving size is shown in the photo and your child may eat more or less.

For example, a 'serve' of bread in the photo is one slice of bread. If {NAME} eats bread three times a week, but usually eats two slices when they have bread, then please select '3-4 times a week', and then that it is usually two servings.

<p>First, fruit. This includes fresh, frozen, or canned fruit.</p> <p>How often in the past 4 weeks has {NAME} eaten {FRUIT}?</p> <p>What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.</p>	<p>Portion size options are:</p> <p>1 = ½ serving</p> <p>2 = 1 serving</p> <p>3 = 2 servings</p> <p>4 = 3 servings</p> <p>5 = 4 or more servings</p> <p>99. Don't know</p>
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[Note: Participant must answer frequency and portion size question for each food type. If none or don't know is selected in frequency question, portion size question is not asked.]

FRUIT			Per day					Per week			Per month			Portion size	option: 1 -- 5	99) DK
			0) Never	1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times	99) DK			
21.1 citrus fruits, such as oranges, lemons, grapefruit	FFQ1A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ1B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.2 apples, pears	FFQ2A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ2B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.3 bananas	FFQ3A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ3B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.4 peaches, nectarines, melon, lychees, pawpaw	FFQ4A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ4B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.5 strawberries, raspberries, blueberries, mango, kiwi fruit	FFQ5A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ5B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.6 plums, cherries and grapes	FFQ6A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ6B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.7 dried fruits	FFQ7A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ7B_y12Cm	<input type="radio"/>	<input type="radio"/>

<p>Now, vegetables. This includes fresh, frozen or canned vegetables.</p> <p>How often in the past 4 weeks has {NAME} eaten {VEGETABLE}.</p> <p>What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.</p>	<p>Portion size options are:</p> <p>1 = ½ serving</p> <p>2 = 1 serving</p> <p>3 = 2 servings</p> <p>4 = 3 servings</p> <p>5 = 4 or more servings</p> <p>99. Don't know</p>
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

VEGETABLE		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.8 green leafy vegetables such as lettuce, cabbage, bok choy, spinach, brussel sprouts, taro leaves, pele leaves, puha, or any other green leafy vegetables	FFQ9A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ9B_y12Cm		<input type="radio"/>
21.9 peas, green beans, mushrooms	FFQ10A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ10B_y12Cm		<input type="radio"/>

VEGETABLE		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.10 potatoes, kumara, pumpkin, yams, taro, sweet potatoes	FFQ11A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ11B_y12Cm		<input type="radio"/>
21.11 carrot	FFQ12A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ12B_y12Cm		<input type="radio"/>
21.12 broccoli and cauliflower	FFQ13A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ13B_y12Cm		<input type="radio"/>
21.13 sweetcorn	FFQ14A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ14B_y12Cm		<input type="radio"/>
21.14 peppers or tomatoes	FFQ15A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ15B_y12Cm		<input type="radio"/>
21.15 avocado	FFQ106A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ106B_y12Cm		<input type="radio"/>
21.16 hot chips, French fries, wedges or kumara chips	FFQ16A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ16B_y12Cm		<input type="radio"/>

<p>Milk, cheese and yoghurt</p> <p>How often in the past 4 weeks has {NAME} eaten {MILK, CHEESE and YOGHURT}. Please include milks on cereal, milk added to beverages and milk as a drink.</p> <p>What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.</p>	<p>Portion size options are: 1 = ½ serving 2 = 1 serving 3 = 2 servings 4 = 3 servings 5 = 4 or more servings 99. Don't know</p>
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

Milk, cheese and yoghurt		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.17 whole or standard milk (dark blue or silver)	FFQ17A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ17B_y12Cm		<input type="radio"/>
21.18 reduced fat (light blue)	FFQ19A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ19B_y12Cm		<input type="radio"/>
21.19 skim or Trim (green or yellow)	FFQ20A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ20B_y12Cm		<input type="radio"/>

Milk, cheese and yoghurt		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.20 flavoured milk (e.g. hot chocolate, Nesquick, Milo, Calciyum, Primo)	FFQ66A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ66B_y12Cm		<input type="radio"/>
21.21 soy milk	FFQ21A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ21B_y12Cm		<input type="radio"/>
21.22 other milk (such as rice milk, or goat's milk)	FFQ22A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ22B_y12Cm		<input type="radio"/>
21.23 cheese (including paneer, cottage cheese)	FFQ23A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ23B_y12Cm		<input type="radio"/>
21.24 yoghurt	FFQ24A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ24B_y12Cm		<input type="radio"/>
21.25 ice cream	FFQ25A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ25B_y12Cm		<input type="radio"/>

<p>Now bread, rice, pasta and cereals.</p> <p>How often in the past 4 weeks has {NAME} eaten {CEREAL}.</p> <p>What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.</p>	<p>Portion size options are:</p> <p>1 = ½ serving</p> <p>2 = 1 serving</p> <p>3 = 2 servings</p> <p>4 = 3 servings</p> <p>5 = 4 or more servings</p> <p>99. Don't know</p>
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

CEREAL		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.26 white bread	FFQ27A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ27B_y12Cm		<input type="radio"/>
21.27 high fibre white bread	FFQ28A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ28B_y12Cm		<input type="radio"/>
21.28 brown bread, whole-meal or whole-grain bread	FFQ29A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ29B_y12Cm		<input type="radio"/>
21.29 roti, naan, pita	FFQ30A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ30B_y12Cm		<input type="radio"/>
21.30 other bread	FFQ31A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ31B_y12Cm		<input type="radio"/>

CEREAL		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.31 noodles or rice or pasta, rice porridge	FFQ32A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ32B_y12Cm		<input type="radio"/>
21.32 semolina, tapioca, sago	FFQ33A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ33B_y12Cm		<input type="radio"/>
21.33 high fibre cereals such as muesli, porridge, weet-bix, bran-flakes	FFQ34A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ34B_y12Cm		<input type="radio"/>
21.34 other cereals, such as corn flakes, Ricpies, puffed wheat, Nutri-grain etc	FFQ35A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ35B_y12Cm		<input type="radio"/>
21.35 cakes or biscuits	FFQ37A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ37B_y12Cm		<input type="radio"/>
21.36 crackers	FFQ37aA_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ37aB_y12Cm		<input type="radio"/>

<p>Spreads</p> <p>How often in the past 4 weeks has {NAME} eaten {SPREAD}. Do not include butter used in cooking or baking in this section.</p> <p>What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.</p>	<p>Portion size options are:</p> <p>1 = ½ serving</p> <p>2 = 1 serving</p> <p>3 = 2 servings</p> <p>4 = 3 servings</p> <p>5 = 4 or more servings</p> <p>99. Don't know</p>
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

SPREAD		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.37 butter (including semi soft)	FFQ38A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ38B_y12Cm		<input type="radio"/>
21.38 butter and margarine blend	FFQ39A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ39B_y12Cm		<input type="radio"/>
21.39 margarine (any type, e.g. canola, sunflower, olive oil or rice bran oil based)	FFQ40A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ40B_y12Cm		<input type="radio"/>
21.40 jam, honey or marmalade	FFQ43A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ43B_y12Cm		<input type="radio"/>

SPREAD		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.41 peanut butter or nut butters including Nutella	FFQ44A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ44B_y12Cm		<input type="radio"/>
21.42 Vegemite or Marmite	FFQ45A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ45B_y12Cm		<input type="radio"/>

Meat, alternative protein, and eggs How often in the past 4 weeks has {NAME} eaten { Meat, alternative, proteins, eggs }. What is {CHILD NAME}'s usual serving of this food item over the past 4 weeks? The photo shows one serve.	Portion size options are: 1 = ½ serving 2 = 1 serving 3 = 2 servings 4 = 3 servings 5 = 4 or more servings 99. Don't know
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

Meat, alternative, proteins, eggs		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.43 red meat or dishes containing red meat-such as beef, pork, mutton, lamb and goat	FFQ47A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ47B_y12Cm		<input type="radio"/>
21.44 chicken or dishes containing chicken-such as chicken breast, tenderloins, drumsticks, or whole chickens, but not chicken nuggets or chicken roll	FFQ48A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ48B_y12Cm		<input type="radio"/>

Meat, alternative, proteins, eggs		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.45 processed meats-such as ham, bacon, pastrami, salami, sausages, chicken nuggets, luncheon, canned corned beef	FFQ50A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ50B_y12Cm		<input type="radio"/>
21.46 seafood-such as fish, shellfish, fresh or frozen (do not include battered/deep fried or canned fish or seafood)	FFQ51A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ51B_y12Cm		<input type="radio"/>
21.47 battered or deep-fried fish or seafood, do not include battered/deep fried fish bought from the "Fish and Chip shop"	FFQ52A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ52B_y12Cm		<input type="radio"/>
21.48 processed such as tinned fish or fish sachets	FFQ53A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ53B_y12Cm		<input type="radio"/>

Meat, alternative, proteins, eggs		0) Never	Per day				Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times				
21.49 takeaways from places like McDonalds, KFC, Burger King, Pizza shops or fast food outlets, including Fish and Chip shops	FFQ54A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ54B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.50 alternate protein such as legumes, nuts (used in a meal), tofu, textured vegetable protein, vegetarian sausages or patties	FFQ55A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ55B_y12Cm	<input type="radio"/>	<input type="radio"/>
21.51 eggs	FFQ56A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ56B_y12Cm	<input type="radio"/>	<input type="radio"/>

<p>And finally, drinks and snacks</p> <p>How often in the past 4 weeks has {NAME} eaten or drunk { Soft drinks and snacks }.</p> <p>What is {CHILD NAME}'s usual serving of this food or drink item over the past 4 weeks? The photo shows one serve</p>	<p>Portion size options are: 1 = ½ serving 2 = 1 serving 3 = 2 servings 4 = 3 servings 5 = 4 or more servings 99. Don't know</p>
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[Note: Participant must answer both frequency and portion size question for each food type. If none/prefer not to say or don't know is selected in frequency question, portion size question is not asked.]

Soft drinks and snacks		0) Never	Per day					Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times					
21.52 soft 'fizzy' drinks, such as lemonade, and cola. This excludes 'diet' varieties, energy and sports drinks, fruit juice, flavoured milks and waters.	FFQ58A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		FFQ58B_y12Cm		<input type="radio"/>
21.53 fizzy (soft) drinks that don't contain sugar (e.g. Coke Zero, Coke No Sugar, diet varieties)	FFQ60A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		FFQ60B_y12Cm		<input type="radio"/>
21.54 energy drinks (e.g. Red Bull, V, Monster)	FFQ63A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		FFQ63B_y12Cm		<input type="radio"/>

Soft drinks and snacks		0) Never	Per day					Per week			Per month		99) DK	Portion size	option: 1 -- 5	99) DK
			1) Once	2) Twice	3) 3 times	4) 4+ times	5) Once or twice	6) 3 or 4 times	7) 5 or 6 times	8) Once or less	9) 2 or 3 times					
21.55 100% fruit and vegetable juices and drinks, including freshly squeezed varieties. This excludes 'diet' varieties, flavoured waters.	FFQ64A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ64B_y12Cm		<input type="radio"/>
21.56 other sugary drinks (e.g. Raro, fruit punch, cordial, sports drinks, iced/bubble tea, kombucha)	FFQ59A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ59B_y12Cm		<input type="radio"/>
21.57 tea and coffee	FFQ65A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ65B_y12Cm		<input type="radio"/>
21.58 confectionary, lollies, sweets and chocolate	FFQ61A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ61B_y12Cm		<input type="radio"/>
21.59 snacks, such as crisps, corn chips, similar chips, muesli bars, popcorn, or nuts as a snack	FFQ62A_y12Cm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FFQ62B_y12Cm		<input type="radio"/>

22. Hopes and Dreams – Wawata

Section 7) Hopes and dreams - Wawata

22.1 What concerns you most about the years ahead with {NAME}?

(Choose only one)

HD5_y12Cm

97. Please tell us: _____ [Free text response]

99. I don't know

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

(Choose only one)

HD3_y12Cm

97. Please tell us: _____ [Free text response]

99. I don't know

END OF THE QUESTIONNAIRE – THANK YOU VERY MUCH!

Ko tēnei te mutunga o ngā patai katoa – ngā mihi nui!