

MUSP Maternal 14 years

THE QUESTIONS BELOW REFER TO YOUR  
CHILD BORN AT THE MATER HOSPITAL ON  
...../...../.....

PHASE: 

6	2
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CODE: \_\_\_\_\_

DATE: \_\_\_\_\_

WHICH BEST DESCRIBES YOUR CHILD IN THE LAST SIX MONTHS?

(Circle one number for each question 1-111)

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
1	Acts too young for his/her age	1	2	3
2	Allergy	1	2	3
3	Argues a lot	1	2	3
4	Asthma	1	2	3
5	Behaves like opposite sex	1	2	3
6	Bowel movements outside toilet	1	2	3
7	Bragging, boasting	1	2	3
8	Can't concentrate, can't pay attention for long	1	2	3
9	Can't get his/her mind off certain thoughts; obsessions	1	2	3
10	Can't sit still, restless, or hyperactive	1	2	3
11	Clings to adults or too dependent	1	2	3
12	Complains of loneliness	1	2	3
13	Confused or seems to be in a fog	1	2	3

14	Cries a lot	1	2	3
15	Cruel to animals	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
16	Cruelty, bullying, or meanness to others	1	2	3
17	Day-dreams or gets lost in his/her thoughts	1	2	3
18	Deliberately harms self or attempts suicide	1	2	3
19	Demands a lot of attention	1	2	3
20	Destroys his/her own things	1	2	3
21	Destroys things belonging to his/her family or other children	1	2	3
22	Disobedient at home	1	2	3
23	Disobedient at school	1	2	3
24	Doesn't eat well	1	2	3
25	Doesn't get along with other children	1	2	3
26	Doesn't seem to feel guilty after misbehaving	1	2	3
27	Easily jealous	1	2	3
28	Eats or drinks things that are not food - don't include sweets	1	2	3
29	Fears certain animals, situations, or places, other than school	1	2	3
30	Fears going to school	1	2	3
31	Fears he/she might think or do something bad	1	2	3
32	Feels he/she has to be perfect	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
33	Feels or complains that no one loves him/her	1	2	3
34	Feels others are out to get him/her	1	2	3
35	Feels worthless or inferior	1	2	3
36	Gets hurt a lot, accident prone	1	2	3
37	Gets in many fights	1	2	3
38	Gets teased a lot	1	2	3
39	Hangs around with children who get in trouble	1	2	3
40	Hears sounds or voices that aren't there	1	2	3
41	Impulsive or acts without thinking	1	2	3
42	Likes to be alone	1	2	3
43	Lying or cheating	1	2	3
44	Bites fingernails	1	2	3
45	Nervous, highstrung, or tense	1	2	3
46	Nervous movements or twitching	1	2	3
47	Nightmares	1	2	3
48	Not liked by other children	1	2	3
49	Constipated, doesn't move bowels	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
50	Too fearful or anxious	1	2	3
51	Feels dizzy	1	2	3
52	Feels too guilty	1	2	3
53	Overeating	1	2	3
54	Overtired	1	2	3
55	Overweight	1	2	3
56	Physically attacks people	1	2	3
57	Picks nose, skin or other parts of body	1	2	3
58	Plays with own sex parts in public	1	2	3
59	Plays with own sex parts too much	1	2	3
60	Poor school work	1	2	3
61	Poorly coordinated or clumsy	1	2	3
62	Prefers being with older kids	1	2	3
63	Prefers being with younger kids	1	2	3
64	Refuses to talk	1	2	3
65	Repeats certain acts over and over	1	2	3
66	Runs away from home	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
67	Screams a lot	1	2	3
68	Secretive, keeps things to self	1	2	3
69	Sees things that aren't there	1	2	3
70	Self-conscious or easily embarrassed	1	2	3
71	Sets fires	1	2	3
72	Sexual problems	1	2	3
73	Showing off or clowning	1	2	3
74	Shy or timid	1	2	3
75	Sleeps less than most kids	1	2	3
76	Sleeps more than most kids during day and/or night	1	2	3
77	Smears or plays with bowel movements	1	2	3
78	Speech problem	1	2	3
79	Stares blankly	1	2	3
80	Steals at home	1	2	3
81	Steals outside home	1	2	3
82	Stores up things he/she doesn't need	1	2	3
83	Strange behaviour	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
84	Strange ideas	1	2	3
85	Stubborn, sullen, or irritable	1	2	3
86	Sudden changes in mood or feelings	1	2	3
87	Sulks a lot	1	2	3
88	Suspicious	1	2	3
89	Swearing or obscene language	1	2	3
90	Talks about killing self	1	2	3
91	Talks or walks in sleep	1	2	3
92	Talks too much	1	2	3
93	Teases a lot	1	2	3
94	Temper tantrums or hot temper	1	2	3
95	Thinks about sex too much	1	2	3
96	Threatens people	1	2	3
97	Thumb-sucking	1	2	3
98	Too concerned with neatness or cleanliness	1	2	3
99	Trouble sleeping	1	2	3
100	Truancy, skips school	1	2	3

*(Circle one number)*

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
101	Underactive, slow moving, or lacks energy	1	2	3
102	Unhappy, sad or depressed	1	2	3
103	Unusually loud	1	2	3
104	Uses alcohol or drugs for nonmedical purposes	1	2	3
105	Vandalism	1	2	3
106	Wets self during the day	1	2	3
107	Wets the bed	1	2	3
108	Whining	1	2	3
109	Wishes to be of the opposite sex	1	2	3
110	Withdrawn, doesn't get involved with others	1	2	3
111	Worries	1	2	3



NOW WE HAVE SOME QUESTIONS ABOUT HOW YOU COMMUNICATE WITH YOUR CHILD .  
HOW WELL DO THE FOLLOWING STATEMENTS DESCRIBE WHAT HAPPENS IN YOUR HOME?

**(Please circle one number for each question 112-131)**

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
112	I can discuss my beliefs with my child without feeling restrained or embarrassed.	1	2	3	4	5
113	Sometimes I have trouble believing everything my child tells me.	1	2	3	4	5
114	My child is always a good listener.	1	2	3	4	5
115	I am sometimes afraid to ask my child for what I want.	1	2	3	4	5
116	My child has a tendency to say things to me which would be better left unsaid.	1	2	3	4	5
117	My child can tell how I'm feeling without asking.	1	2	3	4	5
118	I am very satisfied with how my child and I talk together.	1	2	3	4	5
119	If I were in trouble, I could tell my child.	1	2	3	4	5
120	I openly show affection to my child.	1	2	3	4	5
121	When we are having a problem, I often give my child the silent treatment.	1	2	3	4	5
122	I am careful about what I say to my child.	1	2	3	4	5
123	When talking with my child, I have a tendency to say things that would be better left unsaid.	1	2	3	4	5

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
124	When I ask questions, I get honest answers from my child.	1	2	3	4	5
125	My child tries to understand my point of view.	1	2	3	4	5
126	There are topics I avoid discussing with my child.	1	2	3	4	5
127	I find it easy to discuss problems with my child.	1	2	3	4	5
128	It is very easy for me to express all my true feelings to my child.	1	2	3	4	5
129	My child nags/bothers me	1	2	3	4	5
130	My child insults me when he/she is angry with me.	1	2	3	4	5
131	I don't think I can tell my child how I really feel about some things.	1	2	3	4	5

HOW OFTEN HAS YOUR CHILD HAD THE FOLLOWING IN THE **LAST SIX MONTHS?**

**(Circle one number for each question 132-138)**

		<b>Often</b>	<b>Sometimes</b>	<b>Rarely/ Never</b>
132	Aches or pains (not headaches)	1	2	3
133	Headaches	1	2	3
134	Nausea, feel sick	1	2	3
135	Problems with eyes	1	2	3
136	Rashes or other skin problems	1	2	3
137	Stomach aches or cramps	1	2	3
138	Vomiting, throwing up	1	2	3

## HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

(Circle one number; or each question 139-150)

	No	Yes
139 Acne (pimples)	1	2
140 Asthma	1	2
141 Epileptic fits	1	2
142 Diabetes	1	2
143 Food allergies	1	2
144 A head injury with loss of consciousness	1	2
145 Broken bones or fractures	1	2
146 Burns requiring hospitalization	1	2
147 Poisoning requiring hospitalization	1	2
148 In the <b>last year</b> , an accident needing a doctor's help	1	2
149 In the <b>last year</b> , bedwetting	1	2
150 In the <b>last year</b> , snoring	1	2

151 In general, in the **last year**, do you think your child's health has been?

(Circle one number)

- Excellent..... 1  
 Good..... 2  
 Fair ..... 3  
 Poor ..... 4

152 How many times has your child been to a doctor in the last year?

\_\_\_\_\_ times (write 0 if never)

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153 What is the total number of times your child has been admitted to hospital since birth?

\_\_\_\_\_ times (write 0 if never)

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- 154 Does your child wear glasses or contact leases? **(Circle one number)**  
 No ..... 1  
 Yes, prescribed by doctor..... 2  
 Yes, but not prescribed by doctor..... 3
- 155 Does your child have a hearing problem? **(Circle one number)**  
 No ..... 1  
 Yes, mild ..... 2  
 Yes, uses a hearing aid ..... 3
- 156 Has your child got holes and/or fillings in his/her teeth?  
**(Circle one number)**  
 No ..... 1  
 Yes, a few ..... 2  
 Yes, a lot..... 3
- 157 About how many close friends does your child have?  
**(Circle one number)**  
 None ..... 1  
 One ..... 2  
 Two or three ..... 3  
 Four or more ..... 4
- 158 On average how many hours a day (Monday to Friday) does your child sit and watch TV?  
**(Circle one number)**  
 7 hours or more ..... 1  
 5 - less than 7 hours..... 2  
 3 - less than 5 hours..... 3  
 1 - less than 3 hours..... 4  
 Less than 1 hour ..... 5  
 Never watches TV ..... 6
- 159 On average how many hours a day (Saturday to Sunday) does your child sit and watch TV?  
**(Circle one number)**  
 7 hours or more ..... 1  
 5 - less than 7 hours..... 2  
 3 - less than 5 hours..... 3  
 1 - less than 3 hours..... 4  
 Less than 1 hour ..... 5  
 Never watches TV ..... 6

160 For writing is your child? **(Circle one number)**

- Left handed..... 1
- Right handed ..... 2
- Either handed..... 3

161 What is your child's year level (grade) at school?

\_\_\_\_\_ year level

162 How many primary schools did your child attend?

\_\_\_\_\_ number of schools

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HAS YOUR CHILD EVER HAD CONTACT WITH ANY OF THE FOLLOWING?

**(Circle one number for each question 163-165)**

	No	Yes
163 Guidance Officer	1	2
164 Children's Services	1	2
165 Police or Juvenile Aid	1	2

166 Has your child ever been suspended from school for any reason?

**(Circle one number)**

- No..... 1
- Yes..... 2

167 How would you describe your child's current school performance overall?

**(Circle one number)**

- Below average ..... 1
- A bit below average..... 2
- Average ..... 3
- A bit above average..... 4
- Above average..... 5

**(Circle one number for each question 168-170)**

	No	Yes
168 Has your child ever repeated a year at school?	1	2
169 Has your child ever needed remedial help?	1	2
170 Has your child ever attended a special education unit or special school for learning difficulties?	1	2

171 How important is it to you for your child to do well at school?

**(Circle one number)**

- Not important ..... 1  
 Quite important ..... 2  
 Fairly important..... 3  
 Very important ..... 4

172 What would you most like your child to do after he/she finishes school?

**(Circle one number)**

- Get a job ..... 1  
 Trade/Apprenticeship ..... 2  
 College ..... 3  
 University ..... 4  
 Other (please specify)..... 5

NOW WE HAVE SOME QUESTIONS ABOUT YOURSELF.  
HAVE ANY OF THE FOLLOWING HAPPENED TO YOU IN THE **LAST SEVEN YEARS?**

**(Circle one number for each time this happened in questions 173-188)**

		No	Yes - it happened					
			1 yr. ago	2 yrs. ago	3 yrs. ago	4 yrs. ago	5-7 yrs. ago	
173	Have you lost your job?	0	1	2	3	4	5	<input type="checkbox"/>
174	Has your partner lost his job?	0	1	2	3	4	5	<input type="checkbox"/>
175	Have you or your partner had a problem with the police?	0	1	2	3	4	5	<input type="checkbox"/>
176	Has anyone close to you died?	0	1	2	3	4	5	<input type="checkbox"/>
177	Have you been divorced?	0	1	2	3	4	5	<input type="checkbox"/>
178	Have you and your partner separated?	0	1	2	3	4	5	<input type="checkbox"/>
179	Have you changed partners?	0	1	2	3	4	5	<input type="checkbox"/>
180	Have you had trouble finding somewhere to live?	0	1	2	3	4	5	<input type="checkbox"/>

			Yes - it happened					
		No	1 yr. ago	2 yrs. ago	3 yrs. ago	4 yrs. ago	5-7 yrs. ago	
181	Have you been treated for a mental or an emotional problem?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
182	Has your partner been treated for a mental or an emotional problem?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
183	Have you had any serious financial problems?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
184	Have you had a serious illness or injury?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
185	Has your current partner had a serious illness or injury?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
186	Have you changed your address?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
187	Have you experienced violence in a relationship with a partner?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>
188	Have you had some other major crisis or worry?	0	1	2	3	4	5	<input type="checkbox"/> <input type="checkbox"/>



189 In general, in the last year, do you think your health has been?

**(Circle one number)**

- Excellent..... 1  
 Good..... 2  
 Fair ..... 3  
 Poor ..... 4

190 How many times have you been to a doctor about your own health in the **last six months**?

\_\_\_\_\_ times (write 0 if never)

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191 To what extent has your physical health or emotional problems interfered with your normal activities in the **last six months**?

**(Circle one number)**

- Not at all..... 1  
 Slightly ..... 2  
 Moderately ..... 3  
 Quite a bit..... 4  
 Extremely ..... 5

**HAVE YOU BEEN TO ANY OF THE FOLLOWING FOR A MENTAL OR EMOTIONAL PROBLEM IN THE LAST SEVEN YEARS?**

*(Circle one number for each question 192-195)*

		No	Yes
192	A natural therapist	1	2
193	A general practitioner	1	2
194	A counsellor, psychologist or psychiatrist	1	2
195	Hospital for admission	1	2

196 In the last week, how many cigarettes did you usually smoke per day?  
(Circle one number)

- 50 or more per day ..... 1
- 30 - 49 per day..... 2
- 20 - 29 per day..... 3
- 10 - 19 per day..... 4
- 1 - 9 per day..... 5
- None ..... 6

197 Do you smoke? (Circle one number)

- Nonsmoker ..... 1
- Inside the house..... 2
- Outside the house ..... 3
- Both ..... 4

198 Does your partner smoke? (Circle one number)

- Non-smoker ..... 1
- Inside the house..... 2
- Outside the house ..... 3
- Both ..... 4
- No partner..... 5

199 How often do you drink alcohol? (Circle one number)

- Daily ..... 1
- A few times a week ..... 2
- A few times a month ..... 3
- A few times a year..... 4
- Rarely ..... 5
- Never ..... 6

200 How much alcohol do you usually drink at those times?  
(Circle one number)

- Seven or more glasses ..... 1
- Five or six glasses ..... 2
- Three or four glasses ..... 3
- One or two glasses..... 4
- Less than one glass..... 5
- Never drink..... 6

NOW WE ARE INTERESTED IN HOW YOU HAVE BEEN FEELING RECENTLY.

*(Circle one number for each question 201-214)*

		<b>All the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>Rarely</b>	<b>Never</b>
201	I have worried about every little thing	1	2	3	4	5
202	I have been so miserable that I have had difficulty sleeping	1	2	3	4	5
203	I have been breathless or had a pounding of my heart	1	2	3	4	5
204	I have been so worked up that I couldn't sit still	1	2	3	4	5
205	I have been depressed without knowing why	1	2	3	4	5
206	I have gone to bed not caring if I never woke up	1	2	3	4	5
207	For no good reason I have had feelings of panic	1	2	3	4	5
208	I have been so low in spirit that I have sat up for ages doing absolutely nothing	1	2	3	4	5
209	I have had a pain or tense feeling in my neck or head	1	2	3	4	5
210	The future seems hopeless	1	2	3	4	5
211	Worrying has kept me awake at night	1	2	3	4	5
212	I have lost interest in just about everything	1	2	3	4	5
213	I have been so anxious that I couldn't make up my mind about the simplest thing	1	2	3	4	5
214	I have been so depressed that I have thought of doing away with myself	1	2	3	4	5

AT TIMES THERE ARE ARGUMENTS AND UPSETS IN EVERY RELATIONSHIP.  
HOW WELL DO THE FOLLOWING STATEMENTS DESCRIBE THE RELATIONSHIP  
BETWEEN YOU AND YOUR PARTNER?

(Circle one number for each question 215-223)

		No partner	All the time	Most of the time	Some of the time	Rarely	Never
215	In general, would you say that things between you and your partner are going well?	1	2	3	4	5	6
216	How often do you think about divorce, separation or terminating your relationship?	1	2	3	4	5	6
217	How often do you or your partner leave the house after a fight?	1	2	3	4	5	6
218	Do you find it easy to confide in your partner?	1	2	3	4	5	6
219	Do you ever regret that you married (or are living together)?	1	2	3	4	5	6
220	How often do you and your partner quarrel?	1	2	3	4	5	6
221	How often do you and your partner 'get on each other's nerves'?	1	2	3	4	5	6
222	When you have an argument with your partner, does the child know about it?	1	2	3	4	5	6
223	If you have an argument with your partner, is the child involved?	1	2	3	4	5	6

224 How satisfied are you with your relationship with your husband/partner?

(Circle one number)

- No husband/partner ..... 1  
 Very satisfied..... 2  
 Satisfied..... 3  
 Very dissatisfied..... 4  
 Dissatisfied..... 5

**NO MATTER HOW WELL A COUPLE GET ALONG, THERE ARE TIMES WHEN THEY DISAGREEE.**

If you had a disagreement, has your partner ever done any of the following in the **last year**?  
If no partner write 0 .....

**(Circle one number for each question 225-231)**

		<b>Often</b>	<b>Sometimes</b>	<b>Never</b>
225	Argued heatedly without yelling	1	2	3
226	Yelled at and/or insulted you	1	2	3
227	Sulked and/or refused to talk about the problem	1	2	3
228	Threw something at you	1	2	3
229	Pushed, grabbed or shoved you	1	2	3
230	Tried to hit you	1	2	3
231	Hit you	1	2	3

**DUE TO DISAGREEMENT WITH A PARTNER IN THE LAST SEVEN YEARS?**

If no partner write 0 .....

**(Circle one number for each question 232-234)**

		No	Yes
232	Have you been physically hurt?	1	2
233	Have you needed medical attention?	1	2
234	Have you called the police?	1	2

235 On the list below, could you circle the number closest to **your whole family's income** (gross) including spouse's income, child endowment, etc. If unsure, circle the number closest to the amount you think may be correct.

<b>Per year</b>		<b>Per week</b>	
\$0 - \$10,399	...	\$0 - \$199	1
\$10,400 - \$15,599	...	\$200 - \$299	2
\$15,600 - \$20,799	...	\$300 - \$399	3
\$20,800 - \$25,999	...	\$400 - \$499	4
\$26,000 - \$31,148	...	\$500 - \$599	5
\$31,149 - \$36,349	...	\$600 - \$699	6
\$36,350 or more	...	\$700 or more	7

236 What is your present marital status?

**(Circle one number)**

- Single (never married)..... 1  
 Living together ..... 2  
 Married ..... 3  
 Separated/divorced ..... 4  
 Widowed ..... 5  
 Other (please specify)..... 6

237 To which of the following groups does your partner belong?

**(Circle one number)**

- No partner..... 1  
 Australian Aboriginal ..... 2  
 Maori/Islander ..... 3  
 Asian..... 4  
 White ..... 5  
 Other (please specify)..... 6

238 Do you live with a partner?

**(Circle one number)**

- No ..... 1  
 Yes..... 2

239 How long has your present relationship lasted? .....

If not in a relationship write 0 .....

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240 Is your present partner the father of this child?

**(Circle one number)**

- No ..... 1  
 Yes..... 2  
 No partner..... 3

241 What is **your** relationship to this child?

**(Circle one number)**

- Mother ..... 1  
 Father..... 2  
 Stepmother ..... 3  
 Stepfather ..... 4  
 Other (Please specify) ..... 5

242 Does this child live with you?

(Circle one number)

- All the time..... 1  
 Most of the time ..... 2  
 About half the time..... 3  
 Less than half the time ..... 4  
 Never ..... 5

243 How many years has this child lived with you?

\_\_\_\_\_ years

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244 IF YOU ARE **NOT** THIS CHILD'S MOTHER, DOES THE CHILD LIVE WITH HIS/HER MOTHER?

(Circle one number)

- Not applicable, I am the mother ..... 1  
 All the time..... 2  
 Most of the time ..... 3  
 About half the time..... 4  
 Less than half the time ..... 5  
 Never ..... 6

245 How many years has this child lived with his/her mother?

\_\_\_\_\_ years

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246 How many times has this child lived with someone else as the main care giver for over three months?

\_\_\_\_\_ times

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WRITE THE NUMBER OF CHILDREN WHO USUALLY LIVE WITH YOU:

	Number of Children
247 <b>Your</b> children from your present relationship	
248 <b>Your</b> children from a previous relationship	
249 Stepchildren eg your partner's children	
250 Other children eg foster children, niece, nephew	

251 Are you presently:

**(Circle one number)**

- |                                     |   |
|-------------------------------------|---|
| Fully employed.....                 | 1 |
| Self-employed .....                 | 2 |
| Employed part-time (temporary)..... | 3 |
| Unemployed .....                    | 4 |
| On pension.....                     | 5 |
| Student.....                        | 6 |
| Home duties.....                    | 7 |
| Other (please specify).....         | 8 |

252 Is your partner presently:

If no partner write 0 .....

**(Circle one number)**

- |                                     |   |
|-------------------------------------|---|
| Fully employed.....                 | 1 |
| Self-employed .....                 | 2 |
| Employed part-time (temporary)..... | 3 |
| Unemployed .....                    | 4 |
| On pension.....                     | 5 |
| Student.....                        | 6 |
| Home duties.....                    | 7 |
| Other (please specify).....         | 8 |

253 To which of the following occupational groups do you belong?

**(Circle one number)**

- |   |   |
|---|---|
| Home duties/not presently employed .....  | 1 |
| Labourers and related workers .....   | 2 |
| Tradesperson; Clerks Salespersons and Personal Service<br>Workers; Plant and Machine Operators and Drivers..... | 3 |
| Managers and Administrators; Professionals;<br>Para-Professionals .....   | 4 |



254 To which of the following occupational groups does your partner belong?

If no partner write 0 .....

**(Circle one number)**

- Home duties/not presently employed ..... 1  
 Labourers and related workers ..... 2  
 Tradesperson; Clerks; Salespersons and Personal Service  
 Workers; Plant and Machine Operators and Drivers..... 3  
 Managers and Administrators; Professionals;  
 Para-Professionals ..... 4

HOW MUCH ARE THE FOLLOWING A PROBLEM IN THE AREA WHERE YOU LIVE?

**(Circle one number for each question 255-263)**

	<b>Major problem</b>	<b>Moderate problem</b>	<b>Small problem</b>	<b>No problem</b>
255 Vandalism/graffiti	1	2	3	4
256 House burglaries	1	2	3	4
257 Car stealing	1	2	3	4
258 Drug abuse	1	2	3	4
259 Violence in the streets	1	2	3	4
260 Unemployment	1	2	3	4
261 Noisy and/or reckless driving	1	2	3	4
262 Alcohol abuse	1	2	3	4
263 School truancy	1	2	3	4

NOW WE HAVE SOME QUESTIONS ABOUT **FOOD**.

264 How often does your family sit down to eat a meal together?

**(Circle one number)**

- At least once a day ..... 1
- A few times a week ..... 2
- About once a week ..... 3
- Less than once a week ..... 4

265 How important to you is it that your family eats together?

**(Circle one number)**

- Not really important ..... 1
- Quite important ..... 2
- Very important ..... 3

266 How often does your family go out to eat?

**(Circle one number)**

- About once a week ..... 1
- Once or twice a month ..... 2
- Several times a year ..... 3
- Rarely or never ..... 4

267 How often does your family get takeaway food?

**(Circle one number)**

- Once or more a week ..... 1
- A few times a month ..... 2
- Less than once a month ..... 3
- Rarely or never ..... 4

268 Who decides what food will be bought each week?

**(Circle one number)**

- I decide completely ..... 1
- I decide mostly ..... 2
- My partner and I decide equally ..... 3
- My partner decides mostly ..... 4
- My partner decides completely ..... 5

## HOW OFTEN DO YOU HAVE THE FOLLOWING?

(Circle one number for each question 269-277)

	Once or more a day	Most days	2 or 3 times a week	Rarely or never
269 Sweets/lollies	1	2	3	4
270 Fresh fruit	1	2	3	4
271 Fast food (pizza, burgers, chips)	1	2	3	4
272 Cooked vegetables	1	2	3	4
273 Salad	1	2	3	4
274 Red meat	1	2	3	4
275 Soft drink/cordial	1	2	3	4
276 Fruit juice	1	2	3	4
277 Cakes/biscuits	1	2	3	4

## HOW IMPORTANT ARE THE FOLLOWING WHEN YOU CHOOSE FOOD?

(Circle one number for each question 278-284)

	Not Important	Quite Important	Very Important
278 Taste of the food	1	2	3
279 Whether my children will eat it	1	2	3
280 Whether my partner will eat it	1	2	3
281 Whether it is easy to prepare	1	2	3
282 Whether it is healthy	1	2	3
283 Whether it is fattening	1	2	3
284 Whether it is expensive	1	2	3