

# 1. Participant Details

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Record ID

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## Interviewer Details

Interviewer Name

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Date of Interview

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## Child's Information

Child's balanda name

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Child's Yolngu First Name

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Child Yolgnu surname

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Child Sex

- Male  
 Female

Do you know the child's date of birth?

- No  
 Yes

Child Date of Birth

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Child's Age

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(enter age as i.e. 6 mths, 1 yr)

## Mother's Information

Is this interview with the mother?

- No  
 Yes

Mother's balanda name

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Mother's Yolngu First Name

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Mother's Yolngu surname

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**Carer's Information**

Carer's Yolngu Name

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**Interviewee's Residence information**

Lot number of primary residence

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## 2. Sociodemographic Factors

Record ID \_\_\_\_\_

### Primary carer

Who is the main carer for the child?

- Mother
- Father
- Auntie
- Grandmother
- Sister
- Other

### Mothers background information

What grade did the Mother complete at school?

- Year 7 and below
- Year 8-10
- Year 11
- Year 12
- Unknown
- Still in school

Has the mother had any training after she finished school?

- No
- Yes

What is the mothers work situation?

- Centre-link
- RJCP
- Paid employment

How well does the mother speak English?

- None
- A little bit
- Moderate amount
- Speak very well

### Community Child programs

Does your child attend any of these programs?

- Baby Hub
- Families as First Teachers
- Day Centre/Child care
- Neither program

How many times per week does your child attend this program? \_\_\_\_\_

### Smoking environment

Does anyone in the house smoke cigarettes?

- No
- Yes

How many people in the house smoke \_\_\_\_\_

### 3. Household factors

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Record ID \_\_\_\_\_

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#### Housing Information

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What are the main materials of your house floor?

Cement, tile  
 Laminated material  
 Fibro  
 Wood  
 Other

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What are the main materials of the wall?

Plaster  
 Wood  
 Brick  
 Other

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What kind of toilet does your family use?

None  
 Pit toilet  
 Flush toilet

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What is the main energy source your family uses for cooking?

Firewood  
 Electric  
 Solar

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Does your family have a working refrigerator?

No  
 Yes

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Does your family have a working television?

No  
 Yes

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Does your family have a working car for the household?

No  
 Yes

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Does your family have a working mobile phone?

No  
 Yes

## 5. Hygeine assessment

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Record ID

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Do you have tap water in the house?

- No  
 Yes

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How often do you practice hand-washing (mother)?

- Never  
 1-2 times a day  
 More than 2 times a day

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Do you routinely use soap when you wash your hands?  
(mother)

- No  
 Yes

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What is the main reason you don't use soap?

- Too expensive  
 None in store  
 Believe unnecessary  
 Other

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How often does the child practice hand-washing?

- Never  
 1-2 times per day  
 More than 2 times per day

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Does the child use soap when their hands are washed?

- No  
 Yes

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Do dogs live in your house?

- No  
 Yes

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How many dogs live at the house?

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## 4. Nutritional Assessment

Record ID \_\_\_\_\_

### Food Security

Did your household run out of food in the last two weeks and didn't have money to buy more?

- No  
 Yes

In the last two weeks was there a time that your child had to miss a meal or feel hungry because there was not enough food to eat?

- No  
 Yes

What was the reason this happened?

- Not enough money  
 Busy, not enough time to make food  
 Not enough food  
 Other reason  
 Don't know

Other reason \_\_\_\_\_

What things do you do to get food on these days?

- Ask other families to borrow money or food  
 Go hunting  
 Go to Baby Hub or FAFT  
 Other

### Dietary habits

Does the family mostly cook at home or buy take away food?

- Cook food  
 Buy take-away food  
 Do both about the same

### Breast-feeding patterns

Has the child ever been breast-fed?

- No  
 Yes

Is the child currently breast-feeding?

- No  
 Yes

What age (in months) did the child stop breast-feeding?  
\_\_\_\_\_

Why did the child stop breast-feeding?

- Not enough milk  
 Mother pregnant  
 Baby doesn't want to suck  
 Mother or baby too sick  
 Mother too busy or at work  
 Too painful  
 Other

Other reason child stopped breast-feeding  
\_\_\_\_\_

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Did the child only have breast-milk for the first 6 months of life? (no other fluids like water, other drinks, or food)

- No  
 Yes  
 Can't remember

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Why did the child not exclusively breast feed for 6 months?

- Not enough milk  
 Mother pregnant  
 Baby seems to need more food  
 Mother or baby too sick  
 Other

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Other reason child wasn't exclusively breastfed?

\_\_\_\_\_

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Has the child ever been fed from a bottle?

- No  
 Yes

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### Complementary feeding patterns

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Does the child eat food?

- No  
 Yes

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What age (months) did the child start tasting food?

\_\_\_\_\_

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### Traditional foods

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Does the family eat traditional foods?

- No  
 Yes

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How often does the family eat traditional foods?

- Everyday  
 On most days  
 2-3 days a week  
 1 day a week  
 1 day a fortnight  
 Never

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What type of traditional foods do you eat most often?

\_\_\_\_\_

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Has the child received traditional medicine before?

- No  
 Yes

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What did they receive traditional medicine for?

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