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Working as a Team

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Report on the development of the New South Wales Child Health Survey 2001

NSW DEPARTMENT OF HEALTH

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2. EXECUTIVE SUMMARY

The *New South Wales Child Health Survey 2001* has provided the first statewide data on the health and wellbeing of children aged 0–12 years, to inform health policy and planning. This report outlines the development of the survey, including the consultation process; the development of the survey instrument; and the survey methods used. A report of the results of the survey, including an outline of the final methods is available from the NSW Department of Health's website at www.health.nsw.gov.au/public-health/phb/phb.html.

The methods used for the *New South Wales Child Health Survey* were developed by the Epidemiology and Surveillance Branch (now the Centre for Epidemiology and Research) of the NSW Department of Health, in consultation with a Child Health Survey Technical Expert Group (CHSTEG), the NSW area health services, relevant branches of the NSW Department of Health, the NSW Health Survey Program Steering Committee (HSPSC), and a range of topic area experts.

The survey was designed to address information deficits and priorities for child health at the state and national levels. A comprehensive list of all possible content areas for the survey was developed, based on a review of current child health policy documents. Criteria addressing information priorities and needs, current availability of data, ability of the survey to provide reliable estimates, and the sensitivity of the topic, were used to refine the selection of content areas. The final content areas included: family functioning, social support, social capital, childhood activities, childcare–preschool or school attendance, smoking in pregnancy, smoking in the home, parental smoking messages, infant sleeping position, maternal folate, breastfeeding, nutrition, food security and hunger, sun protection, water safety, physical activity and inactivity, asthma, oral health, disability, mental health, emotional and behavioural problems, feeding and behavioural problems in infants, physical health of toddlers, health services used, immunisation,

visits to general practitioners, personal health records, child and family health services, parental support services, and home visiting (health services received in the home).

Once content areas were determined, question modules were then developed for these using, where possible, questions from existing surveys. To be included, questions needed to provide important and useful information on the content area, be suitable for telephone administration, and be reliable when reported by parents or carers ('proxy respondents') on behalf of children. Where necessary, questions were modified for telephone administration, and into Australian English. Sixty-five questions were new, as no source of current question could be identified.

Methods were mostly consistent with previous NSW Health Surveys, with the exception of specific methods regarding the sampling of children, selection of proxy respondents, ways to optimise response rates, and how to address issues of child protection. The question 'can I speak to the person who knows most about the [selected] child's health?' was used to select proxy respondents. Introductory letters were used to boost response rates, and to provide a phone number to contact the NSW Health Survey Program should a respondent so wish. Procedures were developed for use where a child was deemed 'at risk'; and so the survey introduction was modified to include a statement regarding reporting requirements, if respondents provided information that suggested that a child was being abused or neglected.

The methods used in the *New South Wales Child Health Survey* have already provided the foundation for long-term monitoring of child health in NSW. The procedures used for selecting respondents and gaining informed consent, as well as much of the interview script and many of the question modules, have been incorporated into the ongoing NSW Health Survey Program.

3. INTRODUCTION

The health status of children is influenced by family, social, and economic factors. Information about these influences on child health has not been routinely collected.^{1,2,3} Since most children are healthy, hospital admissions and other administrative data do not provide a good overall picture of child health and wellbeing.^{2,4} Nor do routine data collections provide information on childhood risk factors for diseases and ill health presenting in adulthood. Identification of risk factors is important for formulation of programs for health promotion and protection. The *New South Wales Child Health Survey* took into account these information deficits and incorporated state and national child health information priorities. It provides the first broad overview of the health and wellbeing of children and families in NSW.

This supplementary issue of the *NSW Public Health Bulletin* provides information on the development of the *New South Wales Child Health Survey* including the consultation process, the development of the survey instrument, and the development of survey methods. It is important to note that the process of developing the Child Health Survey was iterative in nature rather than being divided into distinctive steps. More information on results and final methods used in the Child Health Survey can be accessed by contacting the NSW Health Survey Program at the NSW Department of Health or by visiting the following website: www.health.nsw.gov.au/public-health/phb/phb.html.

4. CONSULTATION

The survey instrument and methods were developed by the Epidemiology and Surveillance Branch (now the Centre for Epidemiology and Research), NSW Department of Health, in consultation with a Child Health Survey Technical Expert Group (CHSTEG), the NSW area health services, relevant branches of the NSW Department of Health, the NSW Health Survey Program Steering Committee (HSPSC), and a range of topic area consultants. The process was consistent with that described in a report on the overview and methods of the NSW Health Survey Program 1996–2000.⁵

Child Health Survey Technical Expert Group

The Child Health Survey Technical Expert Group (CHSTEG) was established in December 1999 as an expert group to advise on technical aspects of measuring and reporting on child health and wellbeing, in relation to the development of the *New South Wales Child Health Survey*. The CHSTEG consisted of community paediatricians; public health professionals; child and family health nurses; child health policy analysts; child mental health professionals; health promotion professionals; epidemiologists; and representatives of the NSW Commission for Children and Young People, NSW Department of Community Services, and the Association for Welfare of Child Health.

The CHSTEG oversaw the technical development of the *New South Wales Child Health Survey*, by providing advice on:

- the objectives and content of the survey in the areas of breastfeeding, food intake, food security, folate, sleeping position, environmental tobacco smoke, smoking in pregnancy, emotional and behavioural problems, oral health, immunisation, physical activity, asthma, disability, sun exposure, injury, general health

- status, childcare and preschool, family functioning, family support, home visiting, and social capital;
- suitable methods for data collection, including development of question modules for proposed topic areas, the use of proxy respondents, ways to optimise response rates, and ways of addressing ethical considerations;
- the validity, quality, relevance and timeliness of the data collected;
- appropriate methods to analyse the data;
- issues related to the surveillance of disadvantaged children in NSW.

Topic area consultation

Topic area experts were consulted for the content areas of: breastfeeding, nutrition (including maternal folate), infant sleeping position, maternal smoking in pregnancy, smoking in the home, mental health status, dental health, immunisation, physical activity, emotional health, child behavioural issues, family functioning and support, asthma, disability, home visiting (health services received in the home), sun exposure, health status, injury, social capital, and attendance at child care and preschool. Topic area experts included university lecturers and researchers around the state, from other states, and overseas; state government departments; the NSW Department of Health; and NSW area health service staff with experience and knowledge of specific child health issues.

Area health service contacts

Consultation with area health services occurred through an identified contact person within each of the 17 area health services in NSW. All draft survey documents were sent to this contact person for comments and feedback. This feedback was considered by the CHSTEG, in deciding the content areas and questions for the final survey.

5. DEVELOPMENT OF SURVEY INSTRUMENT

Figure 1 outlines the process used to develop the survey instrument.

Development of Content Areas

Development of criteria for selection of content areas

A comprehensive list of all possible content areas for the survey was developed, based on a review of current child health policy documents at both state and national levels. The CHSTEG developed criteria to select content areas for the *New South Wales Child Health Survey* as follows:

- a priority for child health as documented in a state or national child health policy;
- meets the information needs of the NSW Department of Health, the 17 area health services, or other organisations dealing with child health;
- information is not readily available from other sources;
- estimated sample size in the *New South Wales Child Health Survey* is large enough to provide data that can be used to generalise responses to the NSW population aged 0–12 years;
- the information is not highly sensitive or likely to cause failure to complete the survey.

To be included in the survey, the proposed content areas needed to meet all of the listed criteria, except for the demographic section, which was already considered high priority. The content area of social capital was added to the survey further along the process, so it was also not considered against the criteria.

Application of criteria to content areas

Criterion 1: A priority for child health as documented in a state or national child health policy

To identify potential content areas to include in the *New South Wales Child Health Survey*, existing state and national policies and child and family health reports were reviewed. These documents included:

- *The Health of Young Australians: A national health policy for children and young people;*²
- *Health Goals and Targets for Australian Children and Youth;*⁶
- *The National Health Plan for Young Australians;*⁷
- *Caring for health: Caring for children. A discussion paper towards the development of a child health policy for NSW;*⁸
- *The start of good health: Improving the health of children in NSW*⁹
- A survey of experts in child population health conducted by the Division of Population Health, Central Sydney Area Health Service, regarding important indicators to monitor for child health.¹⁰

Using these documents, a list of proposed content areas for the *New South Wales Child Health Survey* was prepared for consideration by the CHSTEG. The proposed content areas were grouped into three sections: risk factors and behaviours; health status; and health service use. The proposed content areas included: injury, sun exposure, immunisation, nutrition, physical activity, maternal factors, sudden infant death syndrome (SIDS), drug use (smoking, alcohol and other drugs), parent–child interaction, general health, disability, mental health, asthma, oral health, low birthweight, bowel problems, weight, early childhood centres, emergency departments, hospitals, general practitioners, access to health services, parental involvement in health care decision-making, and access to parental support services. Table 1 outlines whether the content area was considered to be a priority, based on this documentation. Some content areas were state priorities for adult health but have their origins in childhood.

Criterion 2: Meets the information needs of the NSW Department of Health, the 17 area health services, and other organisations dealing with child health

The proposed content areas were assessed by the CHSTEG and the area health service contacts according to their information needs. The CHSTEG were asked to rank content areas as: 3=high; 2=medium; 1=low; or 0=not applicable for infants (0<1 years), children aged 1–4 years and children aged 5–12 years. Area health service contacts were asked to rank content areas in the same way for children aged 0–12 years overall. The result of the prioritisation exercise was a CHSTEG score by age group and an overall area health service score for children aged 0–12 years for each proposed content area. The CHSTEG and area health service scores were expressed as an average overall ranking for each content area (Table 1).

Criterion 3: Information not readily available from other sources

The degree to which including the content area in the *New South Wales Child Health Survey* would help to bridge information gaps and provide useful information that could not be sourced elsewhere in NSW or Australia was determined. Three recent documents outlining aspects of child and youth health and wellbeing were reviewed to assist this process: *Australia's Children: their health and wellbeing;*¹ *The Health of the People of NSW: Report of the NSW Chief Health Officer 1997;*¹¹ and *Children, Australia: a social report.*¹² In addition, work of the Australian Institute of Health and Welfare on developing a national child health information framework was considered.¹³ Available information on the proposed content areas was documented so as to determine potential information gaps (Table 1). No information at a population level was available for contact sport injuries and use of

FIGURE 1

FLOW CHART OF STEPWISE PROCESS OF SURVEY INSTRUMENT DEVELOPMENT

Step 1: Development of content areas

- Develop criteria for selection of content areas
 - Documented in state or national policy
 - Meets information needs
 - Content not available elsewhere
 - Estimated sample size in Child Health Survey large enough
 - Information not highly sensitive

Application of criteria to content areas

Final content areas and proposed measurement elements

Step 2: Development of questions

- Develop question inclusion criteria:
 - Question provides most useful and important information on the content area
 - Question is suitable for phone administration
 - Question is reliable when reported by proxy

Identification and review of existing surveys for possible questions

Use of existing questions

- Modification of questions for:
 - Phone administration
 - Proxy response

- Development of new questions
 - Indicator determined
 - Consultation
 - Draft question proposed

Application of question inclusion criteria to proposed questions

Step 3: review of all questions and pilot of survey instrument

- NSW Health Survey Program Staff review questions for:
 - Simple Australian English
 - Single concept
 - Clear meaning

- Pilot draft survey instrument (Pilots 1&2)
 - Review question responses
 - Test methods

Survey instrument finalised

preventative measures for these, infant feeding difficulties, maternal use of folate in pregnancy, attendance at early childhood centers, access to healthcare when needed, health related parental decision making, access to parental support services; and minimal information was available on physical activity levels in children.

Criterion 4: Estimated sample size in the survey large enough to provide data that can be used to generalise responses to the NSW child population

The following documents: *Australia's Children: their health and wellbeing*;¹ *The health of the people of New South Wales—Report of the NSW Chief Health Officer 1997*;¹¹ and *Children, Australia: A social report*,¹² were reviewed for prevalence and incidence data, in order to estimate the approximate sample size for each proposed content area. The information needs of different age groups (Criteria 2), and the potential for sub-setting of information (Table 1) was also considered when estimating sample sizes that might be achieved. Any proposed content areas with small estimated sample sizes were excluded from the final survey. The sample estimate was less than 50 for injury information on lead exposure, burns and scalds, drowning, and motor vehicle accidents. Sample estimates could not be calculated where information was not available to give prevalence or incidence estimates.

Criterion 5: The information is not highly sensitive or likely to cause failure to complete the survey

NSW Health Survey Program staff subjectively reviewed all the proposed content areas for their sensitivity. Content areas were ranked highly sensitive (HS), mildly sensitive (MS) or not sensitive (NS) in terms of their administration by telephone (Table 1). No content areas were rated as highly sensitive, and while some content areas—such as maternal factors, environmental tobacco smoke exposure, parental knowledge of sleeping positions and risk of sudden infant death syndrome (SIDS), parental drug and alcohol use and attitude to drug and alcohol use by children, parent–child interaction, general health status, mental health status and bowel problems—were considered mildly sensitive, none were considered to be too sensitive to include in the survey.

Continued on page 21

TABLE 1

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
(1) Risk factors-behaviours						
CHSTEG score * 0-1 1-4 5-12 AHS Years Score**						
INJURY--Preventable measures, care, severity	National-state priority Important cause of hospitalisation. Falls are most common category of injury of all injuries and those requiring hospitalisation	NA NA NA NA	Deaths (AIHW--Australia's children their health and wellbeing 1998) ¹ Hospital admissions data (Inpatient's Statistics Collection, HOIST) ¹⁴ ; Injury in last 2 weeks and long term condition caused by injury and some details on injury place, type, cause (ABS--National Health Survey 1995) ¹⁵	1643 admissions to hospital for injury/100,000 NSW pop aged 0-14 (ISC) (sample est=139) 7534 injuries/100,000 Aust population 0-14 1995 (National Health Survey 1995) (sample estimate =640)	NS	Lack data on: - care provided outside hospital. - activity at time of injury - Information on risk factors - Population at risk - impact of preventive measures - severity of injury
INJURY--Poisoning, lead exposure Incidence of poisoning Preventive measures Parental knowledge/attitudes Prevalence of lead exposure	Lead exposure is an issue in National Health Policy for Children Poisoning important for under 5 year olds	1.8 2.3 2 2.3	Deaths (AIHW--Australia's children their health and wellbeing 1998) ¹ ; Hospital admissions (Inpatient's Statistics Collection, HOIST) ¹⁴ ; Population data-- (AIHW--National Survey of Lead in Children 1995) ¹⁶	~300/100,000 poisoning requiring hospital 0-4 Aust pop (sample estimate 0-4=12)	NS	Questionnaire not a good way to get info on lead-knowledge and attitudes maybe Include service use after poisoning Lead poisoning less likely outside risk areas therefore may not be state issue Lead higher priority than poisoning
INJURY--Falls Incidence of falls Preventive measures Parental knowledge/attitudes	National-state priority Important cause of hospitalisation. Falls are most common category of injury of all injuries and those requiring hospitalisation	1.2 2.4 2.4 2.5	Deaths (AIHW--Australia's children their health and wellbeing 1998) ¹ Hospital admissions (Inpatient's Statistics Collection, HOIST) ¹⁴ Type of injury caused by falls (ABS--National Health Survey 1995) ¹⁵	695/100,000 falls requiring hospital Aust pop 0-14 2453/100,000 falls causing injury Aust pop 0-14 (96/97) sample estimate of falls causing injury=208	NS	Incidence injury related to playground equipment--place of equipment; Falls from horses--motorbikes--All terrain vehicles; Use of motorbikes--ATVs; Protective gear when riding
INJURY--Burns-scalds Incidence of burns-scalds Preventive measures--e.g. hot water temperature control	National-state priority Important cause of hospitalisation. Most hospitalisation in under 5 year olds	2.4 2.7 2.1 2.4	Deaths (AIHW--Australia's children their health and wellbeing 1998) ¹ Hospital admissions (Inpatient's Statistics Collection, HOIST) ¹⁴	~103/100,000 burns requiring hospitalisation Aust pop 0-4 (96/97) (sample estimate 0-4 =4)	NS	Willingness to pay for temperature control devices

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
<p>CHSTEG score * AHS Score**</p> <p>0-1 1-4 5-12</p>						
INJURY-Drowning Risk exposure e.g. unfenced creeks-dams Preventive measures-e.g. fencing, learning to swim	National priority Important cause of child mortality. Major cause of injury in children up to 5 years	2 2.7 2.3	Deaths and place of drowning deaths (AIHW-Australia's children their health and wellbeing 1998) Hospital admissions (Inpatient's Statistics Collection, HOIST) ¹⁴	~20/100,000 hospitalisations for near drowning pop Aust 0-4 years (96/97) (sample estimate 0-4=1)	NS	Place of near drowning incidents; Fenced child play area (rural); Attendance at swimming lessons Use of threatening questions re legislation requirements-is this useful? e.g. pool fences, bike helmets Won't yield much useful information
INJURY-Motor vehicle-traffic accidents Preventive measures-e.g. use of helmets-child restraints Incidence of motor vehicle-traffic accidents	National-state priority MVA largest cause of childhood injury deaths Cycle accidents more important cause of hospitalisation than MVAs Pedal cycle accidents more common in 5-12 year olds	2.4 2.4 2.5	Deaths (AIHW-Australia's children their health and wellbeing 1998) ¹ Hospital admissions (Inpatients Statistics Collection, HOIST) ¹⁴ MVA causing injury (ABS-National Health Survey 1995) ¹⁵ Number of injuries related to pedal cycle-pedestrian accidents is unknown	38/100,000 hospitalised for MVA Aust 0-14 years pop (Sample est=3) 392/100,000 injuries caused by MVA Aust 0-14 years pop (Sample est=33) 99/100,000 0-14 years Aust pop hospitalised for cycle accidents (Sample est=8) 34/100,000 0-14Aust pop hospitalised for pedestrian accidents (Sample estimate =3)	NS	Would like distinction between cycle, car and pedestrian involvement in MVAs Use of bike helmets high priority
INJURY-Contact sports Preventive measures-e.g. use of protective gear, mouthguards Incidence of sports injuries	National goal	0.2 0.9 2.4	None available	Unknown	NS	Parental perception of safety of range of sports, role of safety in choosing sport, what actions parents would like taken to reduce injury of specific sports
SUN EXPOSURE Preventive measures e.g. use of sun screen-hats	National-state priority Childhood exposure to sun is risk factor for skin cancer-melanoma	2.7 2.9 2.9	(ABS-National Health Survey 1995) ¹⁵ asked whether use sun protection, frequency of use and type of protection, whether skin checked regularly (0-15 years Australia)	9-12% children do not use sun protection 45-65% always use sun protection (decreases with age) (National Health Survey 1995)	NS	0-11 years target group for NSW Health sun exposure campaign-a tracking survey of 600 pre and post is being conducted. There are no prevalence data on this group in NSW; data accuracy very dependent on time of survey

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
	<p>CHSTEG score * 0-1 1-4 5-12 AHS Score**</p>					
<p>IMMUNISATION Prevalence Barriers-access to immunisation Parental attitudes</p>	<p>Reduce incidence of vaccine preventable diseases is a National-state priority</p>	<p>2.8 2.6 2.3</p>	<p>Cases of vaccine preventable diseases (Notifiable Diseases Database, HOIST) ¹⁷ Immunisation status (ABS-Children's Immunisation and Health Screening Survey 1995) ¹⁸ Parents' reasons for not immunising children (ABS-Child Immunisation Questionnaire 1995)¹⁹</p>	<p>Immunisation rates vary according to data source and vaccine-60-89% in 1 year olds. % children fully immunised declines with age from 70% at 1year to 22% at 6years</p>	<p>NS</p>	<p>Reasons child not immunised, parental perception of safety and effectiveness of immunisation Immunisation status at school age Attitudes to immunisation and service use Won't get useful information on prevalence, barriers-access</p>
<p>NUTRITION-Breastfeeding Prevalence of breastfeeding-Attitudes</p>	<p>Nutrition is a national-state priority as poor nutrition is a risk factor for adult disease Breastfeeding is a National-State priority</p>	<p>2.9 1.3 0.7</p>	<p>Women with children under 2 were asked whether they breastfed-data on youngest child (NSW Health Promotion Survey 1994) ²⁰ Women asked if they breastfed children aged 0-3 years (ABS-National Health Survey 1995) ¹⁵</p>	<p>53.9% infants breastfed at 3 months 35.3% breastfed at 6 months (NSW 1994 HPS)²⁰ 86% children under 4yrs breastfed at some stage (National Health Survey 1995)¹⁵</p>	<p>NS</p>	<p>Provision of breastfeeding spaces in public places Attitudes to breast feeding in public Nutrition is a key issue Solid food introduction</p>
<p>NUTRITION- Food intake-patterns Meal patterns e.g. no. of meals Eating breakfast Food frequency e.g. fruits and vegetables-breads and cereals-milk</p>	<p>Nutrition is a National-state priority</p>	<p>1.4 2.7 2.8</p>	<p>2-12 year olds-24hour food recall, weights and heights measured. Sample size 2-12years =1,921 children in Australia (ABS-National Nutrition Survey 1995) ²¹</p>	<p>~90% children ate breakfast 5 or more days a week >90% ate cereal foods in a 24 hour period ~33% 2-12years did not eat fruit in 24hours ~25% 2-12years did not eat vegetables in 24hours >90% had milk (NNS 95)¹⁵</p>	<p>NS</p>	<p>Take away food, lollies, junk food Recall bias with food intake when number of children in the houseTV watching important as exposure to advertisement and link to poor nutrition Fruit and vegetable intake and parental attitudes to fruit and vegetables</p>
<p>NUTRITION- Feeding difficulties Prevalence of feeding difficulties Service use-access to support</p>	<p>Nutrition is a national-state priority Access to services for parental support is National-state priority</p>	<p>2.6 2.2 1.6</p>	<p>None available</p>	<p>Unknown</p>	<p>NS</p>	<p>Could be confounded by role of maternal depression or family dysfunction</p>

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
<p>CHSTEG score * 0-1 1-4 5-12 AHS years Score**</p>						
NUTRITION- Food security Prevalence of having insufficient food to eat (usually due to limited income)	National-state priority	2.5 2.7. 2.7	(NSW Adult Health Survey 1997)-question included by the Illawarra Area Health Service	11% adults report running out of food in the last 12 months and unable to afford to buy more (Sample estimate =935) ²²	NS	
NUTRITION- Maternal use of folate in pregnancy Prevalence folate use in pregnancy Knowledge-attitude	National-state priority Prevention of spina bifida	2.4 0.7 0.4	None available	Unknown	NS	High priority for 0-1 age group Knowledge of food supplementation with folate Include nutrition intake of pregnant women
PHYSICAL ACTIVITY Opportunity to participate in sport Physical activity level	National-state priority Risk factor for adult disease	0.3 1.7 2.7	(NSW Schools and Physical Activity Survey 1997) ²³		NS	Has there been a recent survey of physical activity in children? Physical inactivity e.g. TV watching Parental perception of neighbourhood safety-walking to school Consider physical activity other than just sport Parental attitudes to physical activity Physical activity generally, not just sport Physical activity is a key issue
MATERNAL FACTORS Smoking in pregnancy Prevalence of smoking in pregnancy	National-state priority Prevention low birth weight	2.9 0.9 1.0	(ABS-National Health Survey 1995) ¹⁵ Australian data on smoking in pregnancy	21.2% women aged 16 years plus smoke daily-occasionally in NSW (NSWHS) ²² 13.7% current smokers and pregnant 18 years plus women (Sample estimate = 178 if restrict to proxy of <2 year olds)	MS	Attitudes to smoking in pregnancy and knowledge Difficulty of getting accurate responses to these questions Problem with recall of this information Smoking exposure in utero priority for Drug and Alcohol Not right survey to ask about maternal risk factors as is a child survey Alcohol use in pregnancy

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
CHSTEG score * 0-1 1-4 5-12 AHS years Score**						
MATERNAL FACTORS Attendance at antenatal care Access to services	National-state priority Prevention low birth weight	2.9 0.6 0.4	Data on first attendance at antenatal care (Midwives Data Collection, HOIST) ²⁴	13% attend first antenatal visit >20 weeks (Sample estimate = 78 if restrict to proxy of <1 year olds)	MS	Barriers to attendance Data on first attendance at Antenatal care collected in MDC-low priority to include this Syphilis screening
ENVIRONMENTAL TOBACCO SMOKE EXPOSURE Prevalence of exposure of child to cigarette smoke Parental knowledge-attitudes Parental smoking behaviour	National-state priority-asthma-SIDS	2.6 2.6 2.8	Smoking prevalence of adults 16 years plus; and Smoke free households (1997 NSW Adult Health Survey) ²²	70% adults 16 years plus live in smoke free households (1997 NSWHS) 42% children under 5 lived with at least one smoker (Australia's Children)	MS	Parents unlikely to answer truthfully Parental smoking Exposure of children to smoke is a priority for Drug and Alcohol
SIDS- Sleeping position Prevalence of prone sleeping position Knowledge-attitudes	National-state priority	2.8 0.8 0.5	ABS Mortality Data, HOIST ²⁵	Est sample to respond to sleeping position Qs ~600 if restrict to <1 year olds	MS	Recall bias issues if asking about older child when have younger child in house Younger children only
DRUG USE-SMOKING Parental knowledge of drugs Parental action-attitude re child using drugs Parental action-attitudes to child smoking	National Goal for Children and Youth (Reduce impact of adult conditions which have early manifestations in childhood)	1.6 1.7 2.8	Australian School Students Alcohol and Drugs Survey (ASSAD) ²⁶	~24% boys and ~13% girls in Year 5 and 6 had ever tried smoking (would be aged 9-12 years) (Sample estimate = 156 boys and 84 girls, depending on proxies' knowledge)	MS	Alcohol and other drugs exposure in the family unit May not be relevant to children aged 0-12 years Parental attitudes to smoking-actions if child smokes supported by Drug and Alcohol Directorate Leave out questions about illicit drugs Not considered highly useful
ALCOHOL Parental alcohol intake Parental provision of alcohol Parental action-attitudes to child drinking	National Goal for Children and Youth (Reduce impact of adult conditions which have early manifestations in childhood)	2 2 2.8	Australian School Students Alcohol and Drugs Survey (ASSAD) 1996 ²⁶	~21% children in Year 5 and 6 had ever consumed a glass of alcohol (Sample estimate = 273 if ask for 11,12 year olds, and depending on proxies knowledge)	MS	Exposure to alcohol and other drugs in a family unit Alcohol in pregnancy, alcohol while breastfeeding Not considered highly useful

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence–Incidence	CRITERION 5 Sensitive ...	COMMENTS
<p>CHSTEG score * 0–1 1–4 5–12 AHS Score**</p>						
PARENTAL–FAMILY–CHILD INTERACTION AND FUNCTION Behaviours eg parenting style eg parental reading to child	Enhanced family and social function is National–state priority for children	2.8 3 3	Family discord and parenting styles (Western Australian Child Health Survey 1993) ²⁷	~12% families with children had high level of family discord (Sample estimate =1020)	MS	Include questions on 'enjoyment–satisfaction with parenting' and 'parental conflict'–as these can impact on mental health of children as well as physical health issues Parenting style, family conflict, responses to child behaviour Parenting and coping skills Family interactions–family structures and support are key issues Connectedness to community–social capital issues–trust in community, perceptions of community
(2) Health Status						
HEALTH STATUS General measure of health status eg CHQ12	To give overall measure of health status To determine association between health status and other data collected e.g. use of health services–specific health states	2.3 2.8 2.8	Self reported health status, children under 15 years not included (ABS–National Health Survey 1995) ¹⁵ A Functional Status FS II (R) short telephone questionnaire included in the Blacktown Health Survey (1993) ²⁸		MS	CHQ very useful for a range of mental and physical health problems Ranking depends on items and their relevance Will this work if proxy? Never been done over the phone
DISABILITY– Hearing Prevalence of hearing problems Use of hearing aid Service use	Reduce impact of disability is a National–state priority	2.5 2.8 2.3	ABS–Survey of Disability Ageing and Carers (1993) ²⁹ Disability defined as limited in some degree to perform self-care, communicate, mobility, and schooling.	Children with disability ranges from 4%–10.6% depending on age and sex–highest in 5–14 age group. (Sample estimate =591) 7.6% children 0–14 years with major disability due to ear disease (Sample estimate=646)	NS	Disability questions–ABS national survey may provide useful questions Disability–include developmental–intellectual disability–access to services, support for families, prevention of secondary disability Otitis media–parental knowledge of symptoms Hearing is a key issue Early screening of hearing

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
<p>CHSTEG score * 0-1 1-4 5-12 AHS Score**</p>						
DISABILITY- Sight Prevalence of vision problems Use of glasses-other aids	Reduce impact of disability is a National-state priority	2 2.6 2.6 2	ABS-Survey of Disability, Ageing and Handicap 1993 ²⁸	2.1% disability due to eye disease (Sample estimate =178)	NS	Vision is a key issue
DISABILITY- Use of limbs-digits Prevalence of limited use of limbs-digits Use of aids Service use	Reduce impact of disability is a National-state priority	2.0 2.0 2.1 1.8	ABS-Survey of Disability, Ageing and Handicap 1993 ABS-National Health Survey 1995 ¹⁵ -Incomplete use of limbs (current-chronic condition)		NS	
DISABILITY- Restriction in physical activities Prevalence of restriction of physical activities Use of aids Service use	Reduce impact of disability is a National-state priority	2.1 2.8 2.6 1.8	ABS-Survey of Disability, Ageing and Handicap 1993 ²⁸	Activity limitation due to disability 1.12% 5-14 year olds (Sample estimate=95)	NS	
DISABILITY- Speech-language Prevalence of speech-language difficulties Service use	Reduce impact of disability is a National-state priority	1.6 2.8 2.4 2.5	ABS-Survey of Disability, Ageing and Handicap 1993 ²⁸	-3% with communication disability-5-14 age group (Est sample size=127)	NS	
MENTAL HEALTH- Family-parental issues Risk factors (parental-family-child) eg parenting styles Parental access to support services	Mental health of children is a National-state priority Mental health on e of the 5 national health priorities	2.5 3.0 3.0 2.5	WA Child Health Survey 1993 ²⁷ The Mental Health of Young People in Australia, Commonwealth Department of Health and Aged Care (1998) ³⁰	~12% families with children had high level of family discord(Sample estimate=1020)	MS	Include protective factors, not just risk factors for mental health Include questions on protective factors, social competence of the child: Parenting style, family conflict (could be difficult to measure)

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
	<p>CHSTEG score * 0-1 1-4 5-12 AHS Score**</p>					
<p>MENTAL HEALTH- Attention deficit disorders Conduct disorder Emotional disorder Learning difficulties Anxiety Depression Prevalence of mental health disorders Service use Access to services</p>	<p>Mental health of children is a National-state priority.</p>	<p>1.8 2.5 2.8</p>	<p>The Mental Health of Young People in Australia, Commonwealth Department of Health and Aged Care (1998) ³⁰Prevalence of mental health problems (ABS-National Health Survey 1995) ¹⁵WA Child Health Survey (1993) ²⁷The Australian Temperament Project (Australian Institute of Family Studies 1983-2000) ³¹</p>	<p>Estimated 6 mth prevalence of mental health problems in 4-16 yr olds in NSW (based on WA Child Health survey data) is 18% (Sample = est 810)</p>	<p>MS</p>	<p>Better not to ask specific questions about prevalence of specific disorders. More reliable valid data available from National Child and Adolescent Mental Health Survey include questions about emotional and behavioural problems, parental perception, access to and use of services Bullying-bullies-bullied Attitudes to mental health disorders Do disruptive behaviour disorders exist? Supports for family. Consider the Australian Temperament Project (longitudinal study of children started in 1983) which covers the temperament of younger children</p>
<p>ASTHMA Prevalence of asthma Management</p>	<p>State priority-High prevalence in children</p>	<p>2 2.5 2.8</p>	<p>Recent illness, long term condition, symptoms (ABS-National Health Survey 1995) ¹⁵</p>	<p>8.6-16% children 0-14 years. (Sample estimate 731-1400 children)</p>	<p>NS</p>	<p>Preventive treatment Asthma plan</p>
<p>ORAL HEALTH Prevalence of dental problems Management Services used</p>	<p>National-state priority SOKS program operating since 1996</p>	<p>2 2.5 2.8</p>	<p>Oral health status, visit details, access, costs etc--1000 children across Australia (AIHW-National Dental Telephone Interview Survey 1994) ³²</p>	<p>80% children 5-14 years visit dentist in last 12 months</p>	<p>NS</p>	<p>Visits to dentist Fluoridation-attitudes-knowledge Dental health is a key issue Is there enough data from National Dental Surveillance program in Adelaide</p>
<p>LOW BIRTH WEIGHT Prevalence of low birth weight</p>	<p>National-state priority Link to other health status</p>	<p>2.1 0.9 0.8</p>	<p>Midwives Data Collection (MDC), HOIST ²⁴</p>	<p>Rate of low birth weight in NSW -6% births (MDC)</p>	<p>NS</p>	<p>Low prevalence of LBW and data available on all births from MDC-possibly not useful to include Knowledge of causes and consequences Not useful if looking for associations</p>
<p>BOWEL PROBLEMS Prevalence of bowel problems e.g. chronic constipation</p>	<p>Proposed by NCH (Prof D Cass)</p>	<p>1.2 1.8 1.8</p>	<p>Constipation, diarrhoea recorded as current-chronic condition (ABS-National Health Survey 1995) ¹⁵</p>	<p>Not available</p>	<p>MS</p>	<p>Not considered a serious enough public health issue</p>

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ...	COMMENTS
<p>CHSTEG score * AHS Score**</p> <p>0-1 1-4 5-12</p>						
WEIGHT Parental perception of body weight	National priority Indicator of growth	1.6 2.2 2.5 2.3	Weight and height of 2-12 year olds (ABS-National Nutrition Survey 1995) ²¹	Not available	NS	Obesity and anorexia Parental perception not useful-need to know actual weight Hard to get objective answers through telephone survey
(3) HEALTH SERVICE USE						
State priority to improve accessibility, appropriateness and quality of health services for children			Little data available on access and satisfaction			Quality of interaction with health services-acceptability is a key issue. Acceptability and prevalence of home visiting in first few years of life. Potential limited usefulness of surveying health service usage. Check the availability of data elsewhere Leave out satisfaction issues
EARLY CHILDHOOD CENTRES Attendance-Satisfaction	Used by infants as primary care provider	2.9 2 0.5 2.4	None available	Unknown	NS	Include have you seen an early childhood nurse as no centres in Northern Rivers Area Health Service
EMERGENCY DEPARTMENT Attendance-Satisfaction	High use by children	2.8 2.8 2.6 2.3	Attendances (NSW Emergency Department Data collection, HOIST) ³³	7.4%-20.2% 0-16 year olds attended casualty in last 12 months (Blacktown Health Survey) ^{58%} parents rated care of 0-17year child in emergency excellent-fairly good (Blacktown Health Survey) (Sample estimate=1150) ²⁸	NS	
HOSPITAL Attendance-Satisfaction	High use by children	2.8 2.8 2.8 2.6	Inpatients Statistic Collection, HOIST ¹⁴	180,000+ admissions 1995-96-est sample size 1372 86% parents rated care of 0-17 year child in hospital excellent-fairly good (Blacktown Health Survey) ²⁸	NS	

TABLE 1 (continued)

PROPOSED CONTENT AREAS AND APPLICATION OF CRITERIA TO PRIORITISE THESE FOR INCLUSION IN THE SURVEY

PROPOSED CONTENT AREAS Specific items	CRITERION 1 Priority of Child Health (as documented in policy)	CRITERION 2 Meets information needs	CRITERION 3 Other sources of data	CRITERION 4 Prevalence-Incidence	CRITERION 5 Sensitive ***	COMMENTS
		CHSTEG score * 0-1 1-4 5-12 years	AHS Score**			
GENERAL PRACTITIONERS SERVICES Attendance-Satisfaction	High use by children	2.6 2.6 2.6	2.4	(AIHW-Australia's children their health and wellbeing 1998) ¹	18-32% children 0-16 years visited GP in last two weeks (Blacktown Health Survey) (Sample estimate =2125) ²⁸	NS
ACCESS TO HEALTH SERVICES Difficulties in accessing services when needed	National-statepriority	2.9. 2.9 2.8	2.4	None available	Unknown	NS Hard to ask
PARENTAL INVOLVEMENT IN HEALTH CARE DECISION MAKING Satisfaction with servi-ces-Parental perception of degree of involvement	National Child Health Policy	2.5 2.5 2.5	2.6	None available	Unknown	NS
ACCESS TO PARENTAL SUPPORT SERVICES Knowledge-attitudes Use of services	National-state priority-to enhance family and social functioning	2.8 2.6 2.3	2.6	None available	Unknown	NS Home visiting Strong support for additional questions on Parental support-education and advisory services

Legend

CHS

* TEG score = average ranking of proposed content areas by Child Health Survey Technical Expert Group members 3=high, 2= medium, 1=low, 0= not applicable by age group 0-<1 year, 1-4 years and 5-12 years

** AHS score = average ranking of proposed content areas by Area Health Service contact for all children aged 0-12 years

*** CR 5-Sensitivity of information for telephone administration: NS=not sensitive, MS=moderately sensitive, HS=highly sensitive

Final list of content areas and proposed measurement elements

Following the application of the agreed criteria, the list of proposed content areas was considered for the final survey, with some content areas being dropped and others modified (Table 2). Content areas that were dropped included lead exposure, burns and scalds, motor vehicle accidents, attendance at antenatal care and birthweight (available through another data collection),²⁴ parental alcohol intake, bowel problems, weight, and parental involvement in healthcare decision-making. Parental and family interaction and family function was limited to the specific components reflecting information needs and available measurement tools such as the McMaster Family Assessment Device,³⁴ and mental health was limited to the components available using *The Child Health Questionnaire*.³⁵ Once the content areas were agreed, the CHSTEG was consulted on proposed measurement elements, which are outlined in Table 2. The proposed measurement elements were used as the basis for development of questions.

TABLE 2

PROPOSED CONTENT AREAS FOR INCLUSION IN THE CHILD HEALTH SURVEY AND PROPOSED MEASUREMENT ELEMENTS

Age (years)	Content Area	Proposed Measurement Elements
Risk-protective factors for health and disease		
0-<1	Nutrition-Breastfeeding	Prevalence; Provision of breastfeeding spaces in public; Attitudes to breastfeeding in public
0-<1	Nutrition-Folate	Use of folate supplementation prior to conception and during pregnancy
0-<1	Sudden Infant Death Syndrome (SIDS)	Sleeping position
0-4	Drowning	Place of near drowning incidents; Fenced child play areas (rural); Attendance at learn to swim classes
0-4	Burns and scalds	Awareness of prevention methods; Treatment of burns and scalds that don't reach hospital; How burn sustained
0-4	Feeding and other child-rearing difficulties	Prevalence; Service use and satisfaction
0-4	Immunisation	Barriers-access to immunisation; Attitudes to immunisation; Service use; Status at school age
0-4	Cigarette smoke exposure	Smoke free households; Parental smoking
0-12	Sun exposure	Preventive measures used; Frequency of use of preventive measures
0-12	Nutrition-Food intake	Fruit and vegetable intake; Takeaway food intake
0-12	Nutrition-Food security	Prevalence of insufficient money to buy food
1-12	Physical inactivity	Hours of TV watching
0-12	Parent-child-family interaction-mental health	Parenting style; Enjoyment and satisfaction with parenting, perception of competence; Parental conflict; Family conflict; Child's social competence
0-12	Social capital	Connectedness to community; Trust in community; Perceptions of community
5-12	Injury-Contact sports	Preventive measures eg. use of protective gear; Parental perception of safety of sports; Actions parents take to reduce risk-injury
5-12	Physical activity	Parental concern re safety and walking to school
5-12	Smoking	Parental action and attitudes to child smoking
Health status		
0-12	Health status	General measure of health status e.g. <i>Child Health Questionnaire (CHQ)</i> ³⁵
0-12	Disability	Prevalence of disability; Type of disability; Access to and use of services
2-12	Asthma	Prevalence; Management
0-12	Dental health	Service use
Health service use and satisfaction		
0-12	Health service use	Services used-accessed in response to specific health problems Satisfaction with services used (tie in with feeding-other infant problems); Acceptance of home visiting
0-12	Access to parental support services	Use of parental support services; Types of support used (not just health); Difficulties accessing services
0-12	Parental involvement in health care decision making	Parental perception about degree of involvement in health care decision making
Demography		
0-12	Parent factors	Age, education, employment, receipt of benefits, place of birth, when arrived in Australian; Aboriginal-Torres Strait Islander origin
0-12	Child factors	Age, place of birth, country of birth, education, childcare; preschool, play group attendance, receipt pension-benefits, adopted-fostered, carers
0-12	Household factors	Family structure, number of children in house, housing type, suburb, postcode, health insurance status

Question development

Question Inclusion Criteria

After the content areas and measurement elements were decided, the next step in survey development was consideration of questions to address these. The CHSTEG developed criteria to determine which questions should be included. To be included, the question had to:

- provide the most important and useful information on the content area;
- be suitable for telephone administration;
- be reliable when reported by proxy respondent.

Identification and review of existing surveys for possible questions

In order to determine which questions might be included, any previous surveys that included questions considered relevant to the proposed content areas were identified. The search for existing surveys was not limited to surveys of children; many surveys targeted at adults were also reviewed where content areas included those relevant to the *New South Wales Child Health Survey*. The method of delivery of each survey was also noted, as questions

delivered by one method, for example face-to-face, would possibly require modification for telephone delivery.

Over 40 surveys were found and reviewed for suitable questions. Surveys that ultimately provided questions for the *New South Wales Child Health Survey* are listed in Table 3.

Use of existing questions

A set of available questions for each specific element of content areas was developed from existing national, state or international surveys, where questions were available. As much as possible questions were used exactly as they were cited in the source surveys. Questions pertaining to specific survey instruments or questions scales were used exactly according to the validated instrument: for example, the McMaster Family Assessment Device,¹⁵ and *The Child Health Questionnaire*.³⁵

Modification of questions

If the mode of administration of the source question was by face-to-face interview or self-complete questionnaire, the questions were modified if necessary to develop

Continued on page 26

TABLE 3

SURVEYS IDENTIFIED AND REVIEWED FOR POSSIBLE QUESTIONS

Name of Survey	Administration	Source
National surveys		
National Health Survey, 1995 ¹⁵	Proxy interview of parent for questions related to children by parent; face-to-face household interview. Breastfeeding questions asked of children aged 0–3 years; sun protection questions asked of all children.	Australian Bureau of Statistics
Child Immunisation Questionnaire, 1995 ¹⁹	Face-to-face interview of parent of child aged 0–14 years about health service use, sight and hearing, dentist and childcare	Australian Bureau of Statistics
Australian School Students Alcohol and Drugs Survey (ASSAD), 1996 ²⁶	Self-completed questionnaire by children aged 12–17 years currently attending school	Center for Behavioural Research in Cancer, Anti-Cancer Council of Victoria, November 1998
National Nutrition Survey, 1995 ²¹	Face-to-face household interview	Australian Bureau of Statistics and Commonwealth Department of Health and Family Services
CSIRO National Nutrition Survey 1993 ³⁶	Paper based, self-complete questionnaire	CSIRO Food and Nutrition, Adelaide SA
The Mental Health of Young People in Australia, 1998 ³⁰	4500 children aged 4–17 years face-to-face interviews of randomly selected household, parent completed for children 4–17 years and also self-complete for children aged 13–17 years	Commonwealth Department of Health and Aged Care
National Dental Telephone Interview Survey (NDTIS), 1994 ³²	Telephone survey	Australian Institute of Health and Welfare Dental Statistics and Research Unit
State surveys		
ANZFA Eat Well Tasmania, 1995–1999 ³⁷	Telephone survey	Menzies Centre for Population Research, University of Tasmania
Quit Evaluation Studies 1998 ³⁸	Face to face interviews in households including 2500 adults in each wave	Trotter and Mullins, Quit Victoria
The Western Australian Pregnancy and Infancy Survey 1995 ³⁹	Survey of mothers 12 weeks post birth of child; Self completed, paper based.	Telethon Institute for Child Health Research
The Research Study of Birth Defects Part 1 Pregnancy Questionnaire 1997–2000 ⁴⁰	Self completed questionnaire by women who recently had a baby	Telethon Institute for Child Health Research
The Western Australian Child Health Survey, 1993 ²⁷	A number of survey instruments: <i>Child Health Questionnaire</i> —Survey of all children in household aged 4–16 years face to face interview with parent–carer <i>Family Health and Activity Questionnaire</i> —information about family relationships of selected households self completed by primary respondent to Child Health Questionnaire <i>Family Dwelling Questionnaire</i> —interviewer collected information on dwelling <i>Household Record Form</i> —information on the demographic data of all household members and their relationships to each respondent (principle caregiver)—Collected by face-to-face interview <i>Family Background Questionnaire</i> —education, employment and other ABS standard demographic data of parent (major care giver) and partner (other major care giver)—Collected by face-to-face interview	Australian Bureau of Statistics and Institute of Child Health, University of Western Australia
Determinants of initiation and duration of breastfeeding 1998 ⁴¹	Cohort study of 556 Perth women—self-completed questionnaire	Jane A Scott, University of Western Australia
NSW Schools and Physical Activity Survey, 1997 ²³	Targeted children–youth in Year 8–Year 10 while at school with self-completed questionnaire	Department of Public Health and Community Medicine, University of Sydney
NSW Health Surveys, 1997 and 1998 ²²	Telephone survey of people aged 16 years and over	Health Survey Program, NSW Department of Health

TABLE 3 (continued)

SURVEYS IDENTIFIED AND REVIEWED FOR POSSIBLE QUESTIONS

Name of Survey	Administration	Source
NSW Skin Protection Survey—'Seymour the Snowman', 1998 ⁴²	Telephone survey with proxy completion by carers of children aged 0–12 years	NSW Department of Health and NSW Cancer Council
NSW Youth Sports Injury Survey 1994–95 ⁴³	School-based survey of children—youth years 7–11, self-completed questionnaire	Northern Sydney Area Health Service
Holroyd Health Survey, 1995 ⁴⁴	<i>Child Health Questionnaire</i> —proxy completion over the telephone by parent	Western Sydney Area Health Service
Baby Health Questionnaire, 1989 (NSAHS) ⁴⁵	Parents of normal full-term infants aged six months; self-completed mailed questionnaire	Wentworth Area Health Service
Blacktown Health Survey, 1993 ²⁸	<i>Child Health Questionnaire</i> —proxy completion over the telephone by parent of children aged 0–17 years	Western Sydney Area Health Service
Social capital survey in five NSW communities, 1997 ⁴⁶	Self-completed paper based survey	Onyx and Bullen, 1997
Personal Health Record ('Blue Book') Survey, 1992 ⁴⁷	Face to face interview of parents of children aged 0–4 years	NSW Department of Health
Smoking among School Students in Central and South Western Sydney, 1998 ⁴⁸	Self-completed questionnaire of year 10 and 11 students	Chris Rissel, Central Sydney Area Health Service
Pneumococcal Survey, 1998 ⁴⁹	Telephone survey of parent proxies	Peter McIntyre, New Children's Hospital, Westmead
South Australian Health Goals and Targets Health Priority Areas Survey 1998 ⁵⁰	Telephone survey of adults aged 18 years and over	South Australian Health Commission
South Australian Northern Services Planning Unit Survey 1996 ⁵¹	Telephone survey of adults aged 18 years and over	South Australian Health Commission
South Australian SERCIS Survey On Disability Prevalence (1996) ⁵²	Telephone survey of adults aged 18 years and over of themselves and collected information on other household members by proxy.	South Australian Health Commission
South Australian Health Omnibus Survey (Autumn 1995) ⁵³	Telephone survey of adults aged 15 years and over. Some questions of children asked if respondent was a parent.	South Australian Health Commission
South Australian Health Omnibus Survey (Spring 1995) ⁵⁴	Telephone survey of adults aged 15 years and over. Some questions of children asked of proxy respondent	South Australian Health Commission
Queensland Public Health and Media Reach Survey, 1997 ⁵⁵	Telephone-based survey. Questions asked of parents about children under five years of age	Queensland Department of Health
Queensland Public Health and Media Reach Survey, 1996 ⁵⁶	Telephone-based survey. Questions asked of parents about children aged 12 years or under	Queensland Department of Health
International surveys		
National Longitudinal Survey of Children, Canada, 1993 ⁵⁷	A number of survey instruments: <i>Household contact General Questionnaire</i> <i>Parent Questionnaire</i> <i>Children's Questionnaire</i>	Canadian Department of Justice
USDA children's food security scale 1995–1999 ⁵⁸	Household food security survey (households with at least one child aged 0–17 years). Administered annually with the Census Bureau's Current Population Survey.	Economic research service, US Department of Agriculture (USDA)
SF36 ⁵⁹	Self-rating of health	Ware, Snow, Kosinski, Gandek. SF-36 Health Survey Manual and Interpretation Guide 1993
CHQ-PF28 ³⁵	Parents rating of child's health and emotional and physical wellbeing, PF50 previously conducted by self-complete questionnaire through schools	Langraf, Abetz and Ware. The Child Health Questionnaire (CHQ) User's Manual, 1996
McMaster Family Assessment Device 1993 ³⁴	A questionnaire about family functioning used in the WA Child Health Survey 1993. ²⁷ The tool generates a score between 1 and 4, with 1 reflecting healthy family functioning and 4 reflecting unhealthy functioning (eg. avoiding fears, having lots of bad feelings within the family)	Epstein N B, Baldwin LM and Bishop DS The McMaster Family Assessment Device, 1983

suitable wording for telephone administration. Questions developed overseas were also modified to read in simple Australian English where possible (Table 4).

When questions were taken from adult surveys, they needed to be modified to be applicable to children or the environment that children live in (Table 5). The question

also needed to be appropriate to ask of parents on behalf of children.

There was concern that some questions would require recall of more than 12 months by proxy respondent, which could result in recall bias. As a result, questions were restricted to recall in the last 12 months, which influenced

TABLE 4

EXAMPLES OF QUESTION MODIFICATION INTO AUSTRALIAN ENGLISH

Proposed questions for use in child health survey	Original question and/or source of question	Comments—use of data
<p>What type of school does [child] currently attend? (READ OPTIONS 1–6 SINGLE RESPONSE)</p> <ol style="list-style-type: none"> 1. Public school 2. Catholic school 3. Independent school 4. Special education school 5. School of the Air 6. Any other school (Specify) 7. Don't know 8. Refusal 	<p>What type of school is [child] currently in? (READ OPTIONS, SINGLE RESPONSE)</p> <ol style="list-style-type: none"> 1. Public school 2. Catholic school, publicly funded 3. Private school 4. Other 5. Don't know 6. Refusal <p>Source: National Longitudinal Survey of Children, Canada 1993⁵⁷</p>	<ul style="list-style-type: none"> • Making the categories appropriate to Australian responses
<p>The next questions are about preschool Has [child] ever attended preschool? (PROMPT: PRESCHOOL IS USUALLY ATTENDED FOR A FEW HOURS 3 TO 4 TIMES A WEEK BEFORE A CHILD STARTS FULL-TIME SCHOOL)</p> <ol style="list-style-type: none"> 1. Yes 2. No → next section 3. Don't know → next section 4. Refused → next section 	<p>Did he–she attend junior kindergarten?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused <p>Source: National Longitudinal Survey of Children, Canada 1993⁵⁷</p>	<ul style="list-style-type: none"> • Change from junior kindergarten in Canada to preschool in Australia

TABLE 5

EXAMPLES OF ADULT QUESTION MODIFICATION FOR ADMINISTRATION IN A CHILD HEALTH SURVEY

Proposed questions for use in child health survey	Original question and/or source of question	Comments—use of data
<p>The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes. Which of the following best describes your household? (MULTIPLE RESPONSE: READ OUT)</p> <ol style="list-style-type: none"> 1. Myself and others in this household smoke 2. I smoke, but no one else does 3. I don't smoke, but others in the household do 4. No-one in the household smokes → SM5 5. Don't know → SM5 6. Refused → SM5 	<p>Which of the following best describes your smoking status?</p> <ol style="list-style-type: none"> 1. I smoke daily 2. I smoke occasionally 3. I don't smoke now but I used to 4. I've tried it a few times but never smoked regularly 5. I've never smoked 6. Don't know <p>Source: NSW Health Survey, 1997 1998²²</p>	<ul style="list-style-type: none"> • Changing from individual smoking status to household smoking environment

TABLE 6

EXAMPLES OF NEWLY DEVELOPED QUESTIONS

Proposed questions for use in child health survey	Comments—use of data
<p>The next few questions are about food. I'm going to read you a list of different food and drinks. Please tell me how much of these foods and drinks [child] usually consumes per day or per week.</p> <p>How many serves of fruit does [child] usually eat in a day, including fresh, canned and dried fruit? 1 serve =1/2 piece fruit, 1/3 cup canned fruit, 1 tablespoon of dried fruit</p> <ol style="list-style-type: none"> 1. ___serves per day 2. ___serves per week 3. Doesn't eat fruit 4. Don't know 5. Refused <p>How many serves of salads or raw vegetables does [child] usually eat in a day? 1 serve=1/4 cup salad or 4 vegetable sticks</p> <ol style="list-style-type: none"> 1. ___serves per day 2. ___serves per week 3. Doesn't eat salads or raw vegetables 4. Don't know 5. Refused 	<p>Questions are newly derived as there are limited questions suitable for use in children—further investigation of possible question sources is ongoing.</p> <p>Fruit and vegetable intake is important problem in children's nutrition as highlighted by ABS National Nutrition Survey 1995 ²¹ and others.</p> <p>Quantity of fruit and vegetables eaten will depend on serving sizes that are age specific and difficult to determine in children. Including a variety of fruits and vegetables is important. Nutrition experts considered frequency i.e.number of times fruit and vegetables are eaten in the day—week an important indicator than quantity. Vegetables are separated out to ensure all vegetable sources are included.</p> <p>Data will be analysed in two groups according to hours in childcare for younger children.</p>

the type of questions asked about maternal folate intake in pregnancy and sleeping position of younger children.

Development of new questions

When no suitable questions were available, new questions needed to be developed (Table 6). In developing new questions, the indicator to be measured was defined and relevant topic experts were consulted. New questions were drafted by the survey team and fed back to the relevant experts for consideration. All new questions were considered and approved by the CHSTEG. Sixty-five questions were new as no source of current question could be identified. Some content areas were excluded at this point as suitable questions could not be identified or developed.

Application of question inclusion criteria

The question inclusion criteria were then applied to the list of proposed questions. In terms of providing the most important and useful information on the content area, questions on dental health focused on service use as very little statewide data was available on attendance at dental

professionals by children. The level of physical activity of children was not included as parents or carers would be unreliable as a source of this data. Instead, it was decided to ask about physical inactivity through hours of TV watchin and playing video games, which could be more reliably reported.

Review of all questions and piloting of draft survey instrument

The NSW Health Survey Program staff checked that all questions had a single concept, simple English, clear meaning, and adequate response frames (Table 7).

Two pilots of the draft survey instrument were then carried out in the CATI facility to review questions as well as test specific methodological issues. Piloting involved asking the questionnaire of a simple random sample of the population, with 240 respondents in the first pilot and 251 in the second. This process allowed staff to assess the order and timing of questions, use of questions to select the proxy respondent and the age and sex distribution of the respondents. This process allowed revision to

TABLE 7

EXAMPLES OF QUESTION MODIFICATION TO IMPROVE CLARITY

Proposed questions for use in child health survey	Original question and/or source of question	Comments—use of data
<p>Have you ever clearly told [child] not to smoke or forbidden [him/her] from smoking?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused 	<p>Does your family have clear rules about smoking?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Source: Smoking among school students in Central and South West Sydney Area Health Services, 1998 ⁴⁸</p>	<ul style="list-style-type: none"> • Work by Rissel et al ³⁸ in adolescent school children indicated that clear rules about smoking was related to lower smoking rates
<p>Thinking back to before you were pregnant with [child] were you planning to become pregnant?</p> <ol style="list-style-type: none"> 1. Yes—trying to become pregnant 2. Not trying to become pregnant 3. Sort of—not actively trying to avoid pregnancy 4. Not applicable—respondent not birth mother of [child] 5. Don't know 6. Refused 	<p>Before you became pregnant with your recent pregnancy, for how long were you trying to become pregnant?</p> <ol style="list-style-type: none"> 1. Months ____ 2. Years ____ 3. Not specifically trying to become pregnant <p>Source: The Western Australian Pregnancy and Infancy Survey, 1995³⁹</p>	<ul style="list-style-type: none"> • To prevent spina bifida folate should be taken periconceptually. Identifies number of pregnancies for denominator of proportion of women of children aged 0–12 months taking folate prior to pregnancy.
<p>As far as you know, does [child] have normal vision in both eyes?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refused 	<p>Does [child] have normal vision in both eyes?</p> <ol style="list-style-type: none"> 1. Yes → next section 2. No 3. Don't know <p>Source: WA Child Health Survey 1993 ²⁷</p>	<ul style="list-style-type: none"> • Proportion of children aged 2–12 years with normal vision

questions to ensure their acceptability and accuracy when used over the telephone.

Summary of question development

Table 8 lists each of the content areas planned to be included in the *New South Wales Child Health Survey 2001*; the number of questions to be included; the age group for which the questions would be asked; the specific elements of the content area that the questions addressed; the main source of the questions; and whether the question was sourced from another survey, modified, or developed as a new question when no source question was available.

In total, 352 questions were proposed to the CHSTEG. The final survey included 285 questions covering 34 different topic areas.

TABLE 8

SUMMARY OF QUESTION DEVELOPMENT FOR THE SURVEY INSTRUMENT, *NEW SOUTH WALES CHILD HEALTH SURVEY 2001*: QUESTION ORIGIN, TARGET AGE GROUP AND METHOD OF DEVELOPMENT

Content area (number of questions)	Age group	Specific measurement elements	Source of questions	Method of development
Health service use—early childhood health centre (5)	0–4 years	Attendance at, reason not attending	ABS Child Immunisation Questionnaire 1995 ¹⁹ ; New questions	Modified from source questions and new questions developed
Health service use—GPs, services attended, emergency department (4)	0–12 years	Place doctor consulted, services attended, emergency department attended	Holroyd Child Health Survey 1995 ⁴⁴ ; WA Child Health Survey 1993 ²⁷ ; New questions	Modified from source questions and new questions developed
Personal health records (3)	0–11 years	Use of personal health record	New questions	Existing surveys reviewed—ABS Immunisation and NSW Personal Health Record Survey however questions were unsuitable and new questions were developed
Folate in pregnancy (8)	0–11 months, respondent is mother	Planned pregnancy, use of folate, reason for use, knowledge re need to use folate in pregnancy	Western Australian Pregnancy and Infancy Survey, 1995 ³⁹ ; Western Australian Research Study of Birth Defects Part 1 Pregnancy Questionnaire 1997–2000 ⁴⁰ ; ANZFA Eat Well Tasmania Survey 1995–1999 ³⁷ ; CSIRO, National Nutrition Survey 1993 ³⁶	Questions modified from existing surveys and consultation with experts
Sleeping position (1)	0–11 months	Position baby slept in from birth	Western Australian Pregnancy and Infancy Survey, 1995 ³⁹ ;	Question used from source without modification
Breastfeeding (14)	0–23 months and respondent is mother or father	Ever—current breastfed, use of infant formula, cow's milk, other milks, age of introduction of solids, total time breastfed, reasons breastfed	ABS National Health Survey, 1995 ¹⁵ ; Scott JA, Determinants of initiation and duration of breastfeeding ⁴¹ (PhD thesis)	Consultation with nutrition experts. Questions used from source without modification, one question modified
Nutrition (7)	2–12 years	Intake of fruit, vegetables, milk, soft drink and fruit juice	New questions	Consultation with nutrition experts and questions newly developed
Food security (8)	0–12 years	Times ran out of food, action taken if no food, prevalence of child(ren) hungry	ABS National Nutrition survey 1995 ²¹ ; USDA Children's food security scale 1995–1999 ⁵⁸ , National Longitudinal Survey of children, Canada 1993 ⁵⁷	Consultation with nutrition experts; some modification from sources
Immunisation (3)	2 months–4 years	Places vaccinated, views of vaccination, influences on views	Queensland Public Health and Media Reach Survey 1996 ⁵⁶ ; ABS Child Immunisation, 1995 ¹⁹	Consultation; modification from source
Asthma (14)	2–12 years	Ever asthma, symptoms, GP and hospital attendance, effect on activity and sleep, use of medication	NSW Health Survey 1997–1998 ²²	Consultation with NSW Health Asthma Expert group; modification from source
Dental (8)	1–12 years	Use of dental services, SOKS assessment, visit private dental when eligible for public dental, treatment received	National Dental Telephone Interview Survey (NDTIS), 1994 ³² ; new questions	Consultation with Dental Health Branch, NSW Department of Health; modification from source, new questions
Health status (1)	0–12 years	Rating of child's health status by respondent	SF36 1993 ⁵⁹	Question not changed from source

TABLE 8 (continued)**SUMMARY OF QUESTION DEVELOPMENT FOR THE SURVEY INSTRUMENT, NEW SOUTH WALES CHILD HEALTH SURVEY 2001: QUESTION ORIGIN, TARGET AGE GROUP AND METHOD OF DEVELOPMENT**

Content area (number of questions)	Age group	Specific measurement elements	Source of questions	Method of development
Child health questionnaire (CHQ-PF28) (30)	5–12 years	Limit in physical activity, emotional or behavioural problems, pain or discomfort, behaviour, satisfaction with self and achievements, parent concern about child, child behaviour impact on family	Child Health Questionnaire Parent Form (CHQ-PF28) ³⁵	Consultation with Dr Jeanne Landgraf, developer of CHQ and others; questions not changed from source
Respondent's health (1)	All respondents	Self rating of health by respondent	SF36 1993 ⁵⁹	Question not changed from source
Emotional and behavioral problems (8)	4–12 years	Presence of emotional and behavioural problems, use of services, ability to access services	WA Child Health Survey 1993 ²⁷ ; The Mental Health of Young People in Australia 1998 ³⁰	Consultation with Centre for Mental Health, NSW Department of Health; questions modified from sources
Infant behavioural problems (12)	0–11 months	Presence of feeding, sleeping or settling problems, use of and satisfaction with services	Baby Health Questionnaire 1989 ⁴⁵	Modified from source; new questions developed
Toddler physical health (15)	1–4 years	Problems eating, walking, physical problems, seriousness of problem, places sought help	New questions	Newly developed; loosely based on Infant behavioural questions and CHQ
Home visiting (6)	0–4 years	Experience of home visiting, acceptance	New questions	New questions developed in consultation
Parent support services (4)	1–12 years	Need for and use of parent support services, services accessed, reasons services not used	New questions	Newly developed
Social support (6)	0–12 years	Access to personal, family and social support networks	National Longitudinal Survey of Children, Canada 1993 ⁵⁷	Consultation with Centre for Mental Health to select specific question scale; not changed from source
Sun protection (9)	0–12 years	Action to prevent skin cancer, attitudes to skin cancer protection, frequency of sunburn	NSW Skin Protection Survey–'Seymour the Snowman' 1998 ⁴² ; NSW Health Surveys, 1997 and 1998 ²² ; Australian School Students Alcohol and Drugs Survey (ASSAD), 1996 ²⁶	Consultation with Sun protection Unit, NSW Health and NSW Cancer Council; modified from original sources
Sight (4)	2–12 years	Normal vision, blindness, use of glasses	WA Child Health Survey 1993 ²⁷	Minor modifications for clarity
Hearing (8)	0–12 years	Normal hearing, use of hearing aid, hearing loss, ear infections, grommets	ABS Child Immunisation Questionnaire 1995 ¹⁹ , WA Child Health Survey 1993 ²⁷ , SA Health Goals and Targets Health Priority Areas Survey 1998 ⁵⁰ , Pneumococcal Survey 1998 ⁴⁹ and new questions	Consultation, modified from source and newly developed
Speech (4)	2–12 years	Difficulty with speech, ever attended speech pathologist	WA Child Health Survey 1993 ²⁷ and new questions	Modified from source and newly developed
Family functioning (12)	0–12 years	Understanding, support, acceptance, communication problem solving, decision making	McMaster Family Assessment Device 1983 ³⁴ (Scale as used in WA Child Health Survey 1993 ³⁵) and National Longitudinal Survey of Children, Canada 1993 ⁵⁷	Consultation to select question scale. No change from original questions

TABLE 8 (continued)**SUMMARY OF QUESTION DEVELOPMENT FOR THE SURVEY INSTRUMENT, NEW SOUTH WALES CHILD HEALTH SURVEY 2001: QUESTION ORIGIN, TARGET AGE GROUP AND METHOD OF DEVELOPMENT**

Content area (number of questions)	Age group	Specific measurement elements	Source of questions	Method of development
Social capital (10)	0–12 years	Participation in community, trust and safety, relation to neighbours	Social Capital Survey in five NSW communities 1997 ⁴⁶ , plus one new question	Consultation; modified from work of Onyx and Bullen.
Drowning (2)	0–12 years	Ever rescued from drowning, place rescued	New questions	Consultation with Injury Unit NSW Health; newly developed
Sports injury (4)	5–12 years	Sports played, sports not played because of injury	NSW Youth Sports Injury Survey, 1994–95 ⁴³	Consultation with Injury Unit NSW Health; modified from original
Physical inactivity (8)	5–12 years	Hours watches TV, video or plays computer games	National Longitudinal Survey of Children, Canada 1993 ⁵⁷	Consultation; modified from original
School attendance (3)	4–12 years	Year in at school, type of school	National Longitudinal Survey of Children, Canada, 1993 ⁵⁷	Modified from original and new questions developed
Preschool attendance (4)	3–6 years	Ever–current attendance at preschool, hours attends	National Longitudinal Survey of Children, Canada, 1996–97 ⁵⁷	Modified from original and new questions developed
Child care (7)	0–5 years	Ever–current use of child care	National Longitudinal Survey of Children, Canada 1993 ⁵⁷ ; Blacktown Health Survey 1993 ²⁸ ; WA Child Health Survey 1993 ²⁷ ; ABS Child Immunisation Questionnaire 1995 ¹⁹	Consultation and modified from sources
Smoking ETS (4)	0–12 years	Smoking in household, number of cigarettes smoked in house, forbidden child to smoke	NSW Health Survey, 1997 ²² ; Quit Evaluation Studies 1998 ³⁸ ; Smoking among school students in Central and South Western Sydney 1998 ⁴⁸	Consultation; modified from source and new question
Smoking in pregnancy	0–11 months	Smoked in pregnancy, frequency and quantity, behaviour change in relation to trimester	Midwives Data Collection, NSW Department of Health 1999 ²⁴	Modified from source
Demography (41)	0–12 years	Residents of household, parent and child place of birth–Aboriginal and Torres Strait Islander origin, language spoken at home, parent education and employment, benefits, place resident and length of time resident, housing, health insurance	NSW Health Surveys, 1997 and 1998 ²² ; New questions	Modified from sources; new questions developed

6. DEVELOPMENT OF METHODS

The *New South Wales Child Health Survey* was conducted in the NSW Department of Health's 19-station computer assisted telephone interviewing (CATI) facility, which was used to administer the 1997, and 1998 NSW Health Surveys of adults,²² and 1999 Older People's Survey.⁶⁰ More than 95 per cent of people in NSW have a telephone in their household, making CATI interviewing an efficient, reliable, and safe method of collecting information for population surveys.⁵ Methods were mostly consistent with previous NSW Health Surveys,²² except for methods of sampling of children, use of proxy respondents, introductory questions, and bi-lingual interviews.

Sampling and over sampling

A two-stage random sampling process was used to sample children, involving random selection of a household followed by random selection of a child aged 0–12 years in the household. The total sample size was 8,500 respondents and was stratified by area health service such that 500 children would be surveyed in each of the 17 area health services in NSW. The expected sample size for each year of age for each area health service was determined using data from the 1996 ABS census,⁶¹ assuming an equal chance of each child being included in the survey. With different questions being asked of different age groups, the expected sample size for each age group was also determined (Table 9).

Wherever possible, it was decided to target questions to pre-schoolers aged 0–4 years and school-aged children 5–12 years.

There was concern about the potentially small sample sizes in the younger age groups, if a strictly random selection process was used. Piloting was used to determine whether the sampling process could be weighted to result in equal sized samples of children aged 0–4 years and children aged 5–12 years. Sampling for the first pilot was weighted to preferentially select children aged 0–4 years from households that also included children aged 5–12 years (the ratio was 3:1). The second pilot had no

TABLE 9

ESTIMATED SAMPLE SIZE FOR AGE GROUPS IN THE NEW SOUTH WALES CHILD HEALTH SURVEY: WITHOUT WEIGHTING FOR AGE

Age group (years)	Estimated NSW sample size	Range of estimated sample size for Area Health Service
0–1	601	31–40
1–4	2627	145–169
5–12	5272	293–323

TABLE 10

RESULTS OF WEIGHTING APPLIED TO PILOT 1 COMPARED TO NO WEIGHTING IN PILOT 2, NEW SOUTH WALES CHILD HEALTH SURVEY

Age (years)	Pilot 1 Weighted N=240	Pilot 2 Unweighted N=251
0	17 (17.3)	29 (28.7)
1	23 (23.5)	17 (16.8)
2	20 (20.4)	17 (16.8)
3	22 (22.5)	20 (19.8)
4	16 (16.3)	18 (17.8)
Subtotal 0–4	98 (40.8)	101 (40.2)
5	18 (12.7)	23 (15.3)
6	20 (14.1)	11 (7.3)
7	16 (11.3)	17 (11.3)
8	16 (11.3)	20 (13.3)
9	15 (10.6)	13 (8.7)
10	18 (12.7)	18 (12.0)
11	20 (14.1)	30 (20.0)
12	19 (13.4)	18 (12.0)
Subtotal 5–12	142 (59.2)	150 (59.8)
Total 0–12	240 (100.0)	251 (100.0)

weighting. Table 10 indicates that the weighting used in the first pilot did not substantially increase selection of children aged 0–4 years compared to no weighting. The weighting method used oversampled children aged 0–4 years, who lived in households with children aged 5–12 years; however, many households have children only aged 0–4 years or 5–12 years. Also, children aged 0–4 years who lived in households with older children may be systematically different from those who do not, so oversampling these children may have introduced bias. Based on these results, it was decided not to weight the sampling for the final survey.

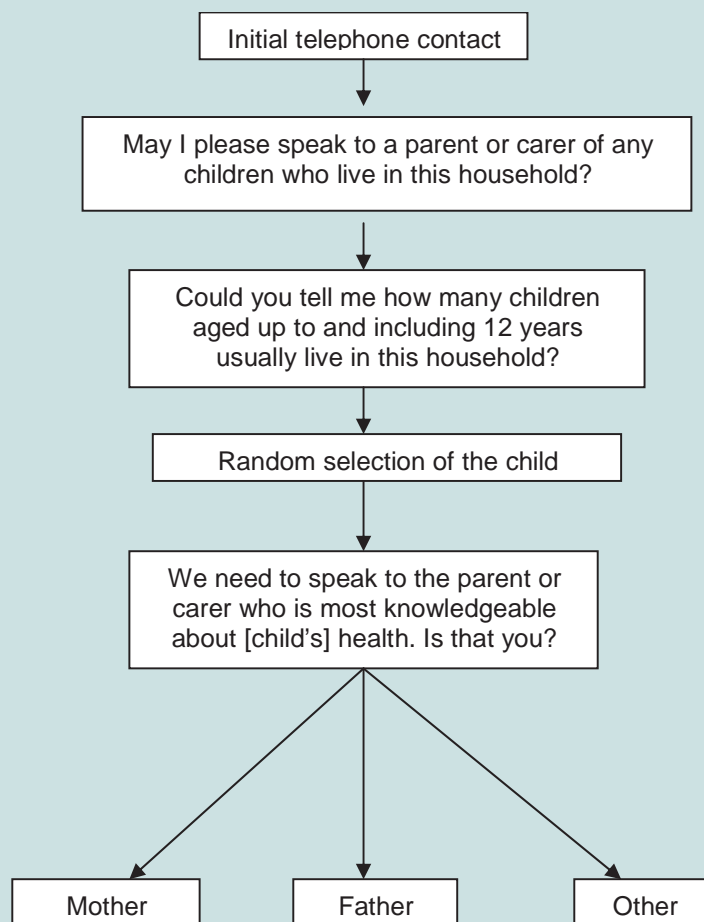
Initial household contact

The process of contacting households and selecting survey respondents is outlined in Figure 2. The initial household contact was the first person to answer the telephone call. Two introductory questions were piloted to determine the ability to transfer the interview between the initial household contact and the proxy respondent (a person who was selected to respond to the survey on behalf of the randomly selected child). When contacting a household, interviewers initially asked to speak to 'a parent or carer of any children in the household' or to 'speak to someone aged 16 years or over'. This person was asked to provide information on the number of children, if any, aged 0–12 years in the household to allow random selection of a child from each household.

The two introductory questions did not vary the response rate. However, a higher proportion of mothers than fathers

FIGURE 2

FLOW CHART OF RESPONDENT SELECTION FROM POINT OF INITIAL HOUSEHOLD CONTACT, NEW SOUTH WALES CHILD HEALTH SURVEY



were requested by the household contact to come to the phone in response to the interviewers requesting to 'speak to a parent or carer', which lessened the need for a second handover to the chosen proxy respondent, as most proxy respondents were mothers. Given this result and the simplicity of asking to speak to a parent at initial contact, it was decided to use this question.

The proxy respondent

Issues concerning the selection of the proxy respondent who would provide the most accurate and detailed information on the child's health and wellbeing were debated at length and included:

- potential for differences in response between male and female respondents;
- difficulty of preferentially requesting child's mother to be proxy respondent;

- selecting the person who knows the most about the child's health;
- the need to select the child first and then the proxy respondent.

The results of a number of children's surveys were reviewed to determine the types of proxy respondent. The Auburn Health Study involved a random sample of 811 English-speaking respondents, via an electronic telephone directory, of which 189 were by proxy interview with the main caregiver because the selected respondent was aged 0–17 years. Of the proxy interviews, 58 per cent of all proxies were the child's mother, 34 per cent were fathers, four per cent were sisters, two per cent brothers, two per cent uncles, and one per cent grandmothers.⁶² In the Western Sydney Area Health Service Pneumococcal Study in NSW, the main caregiver was also asked to complete the survey; only 15 per cent of proxy respondents were fathers.⁴⁹

A review of the literature regarding use of proxy respondents in child surveys did not highlight any preferred methods of recruiting them. In most studies 75 per cent or more proxy respondents were mothers. The difference between fathers, mothers, and other carers as proxy respondents was not critically reviewed.

Two different questions were piloted to see if they would produce different results in the selection of proxy respondent—mother, father, grandparent or other carer. The first question was ‘can I speak to the person who knows most about the [selected] child’s health?’, and the second was ‘can I speak to the person who takes the [selected] child to the doctor?’ (Table 11).

The first pilot showed that most (73.8 per cent) proxy respondents were mothers, 20.8 per cent were fathers and 5.4 per cent were other types including grandparents, stepparents and legal guardians. There was little difference between the two questions, in terms of eliciting a response from different proxies, except the question ‘the person who takes the child to the doctor’ elicited a higher proportion of mothers as proxy respondent (75.4 per cent compared with 72.1 per cent). In the second pilot, using the same questions, 83.7 per cent of proxy respondents were mothers, 10.0 per cent fathers and 6.4 per cent other types. In contrast to the first pilot, the question ‘the person who knows the most about the child’s health’ elicited a higher proportion of mothers who were proxies (84.8 per cent compared with 82.5 per cent). The question seeking ‘the person who knows most about the child’s health’ was preferred by the CHSTEG as it was felt that it would be more likely to exclude family members other than parents or unrelated carers such as nannies when the parents were available.

In the ‘other’ proxy respondent category, it was common for the child to live with only one parent (four out of five). Of the proxy respondents who were fathers, 45 of 50 (90.0 per cent) in the first pilot and 21 of 25 (84.0 per cent) in the second pilot reported the child also lived with its mother.

Question response

Piloting showed that several questions elicited responses clustered at one end of the measurement scale (floor or ceiling effect). One example of this was the questions on immunisation. Initially it was proposed that immunisation questions include:

- Has child ever received any of the recommended childhood vaccinations?
- To which health professionals have you ever taken child to be vaccinated?
- As far as you are aware is child up to date with vaccinations?
- Can you tell me the reasons child [is not up to date]—has not had any vaccinations?
- Overall, how do you feel about childhood vaccination? Do you strongly support...?
- What has influenced your views about vaccination?
- In what ways have your views been influenced? Are you more supportive, less supportive...?

Of 98 respondents aged two months to four years in the first pilot, 91 (92.9 per cent) reported the child having ever been vaccinated. The most common provider for vaccination was a medical practitioner (69 per cent of all ever used providers). Interestingly, 90 of 91 (98.9 per cent) reported their child was up to date with vaccinations, much higher than reported in other immunisation data sources. Most respondents reported being supportive of vaccination (94.5 per cent). The most common influences on views about vaccination were media (38 per cent) followed by personal experience. Overall 83 people (91.2 per cent) reported being more supportive of vaccination.

The high ceiling effects observed for some of the immunisation questions limited their usefulness. Based on these results, only three immunisation questions were included in the final survey: ‘to which health professionals or places have you ever taken child to be vaccinated?’; ‘overall, how do you feel about childhood vaccination? Do you strongly support?’; and ‘from which sources have you received information about vaccination?’

TABLE 11

PROXY RESPONDENT SELECTED BY DIFFERENT QUESTIONS USED IN TWO SURVEY PILOTS, NEW SOUTH WALES CHILD HEALTH SURVEY

Proxy respondent	Pilot 1			Pilot 2		
	‘...the person who knows the most about the child’s health?’	‘...the person who takes the child to the doctor?’	Total	‘...the person who knows the most about the child’s health?’	‘...the person who takes the child to the doctor?’	Total
Mother	88 (72.1)	89 (75.4)	177 (73.8)	106 (84.8)	104 (82.5)	210 (83.7)
Father	27 (22.1)	23 (61.9)	50 (20.8)	11 (8.8)	14 (11.1)	25 (10.0)
Other	7 (5.7)	6 (5.1)	13 (5.4)	8 (6.4)	8 (6.3)	16 (6.4)
Total	122 (100.0)	118 (100.0)	240 (100.0)	125 (100.0)	126 (100.0)	251 (100.0)

Interviews in languages other than English

Translation methods were in keeping with other NSW Health Surveys.⁵ The language groups considered eligible were those most common for parents of children aged 0–12 years in NSW. Given the resources required for translation and interviews in languages other than English (LOTE), an estimated minimum of 20 interviews in a specific language group was required to include a language group in the translation process.

An estimate of the number of interviews in LOTE was determined using the following information from the 1996 ABS Census for each area health service:

- the proportion of women aged 19–54 years whose English language proficiency was categorised as ‘poor’ or ‘not able to speak English’.⁶¹ Women aged 19–54 years were used as the most likely proxy respondents for children aged 0–12 years, and their language skills tend to be less proficient than men;⁶¹
- the 10 most common languages other than English for women aged 19–54.

The estimated number of interviews in each language group was summed and ranked for NSW as a whole. Since the 1997 NSW Health Survey of adults had a far higher number of LOTE interviews than predicted from ABS language proficiency data,²² the actual versus the estimated number of interviews in each language was calculated to produce a factor. This factor was then multiplied by the initial estimated number of interviews in LOTE to give a more accurate idea of how many interviews would actually be conducted in LOTE (Table 12).

Based on the results in Table 12, and the inclusion criteria, it was decided to conduct the survey in three languages other than English: Chinese, Vietnamese, and Arabic.

Collecting information on other carers of children in the household

Children’s health is influenced by the broader family and socioeconomic environment, so it was important to include demographic questions about the child’s parents. However the dilemma was whether to collect information about parents who were not the proxy and whether information on step-parents would also be useful. One issue this raised was the willingness of the proxy respondent to report information on the child’s other parent, particularly when the other parent was residing elsewhere. It was decided to obtain information about the parents or carers that had a major influence over the child. The proxy respondent was asked for information about their socioeconomic circumstances and that of the child’s other parent–carer if the child lived with that parent–carer or spent a reasonable amount of time with that parent on a regular basis.

Order and timing of questions

Telephone interview duration can affect response rates.⁶³ It was important to test the time it would take for different age groups to complete the survey, so interviewers could accurately inform respondents regarding interview duration. The mean time to conduct the first pilot varied by age group, with interviews about children aged 0–1 years taking 22 minutes, children aged 2–4 years taking 25 minutes, and children aged 5–12 years taking 33 minutes. In the second pilot, children aged 0–2 years had the shortest mean survey completion time of 26 minutes, children aged 3–4 years were 28 minutes, and children aged 5–12 years took an average of 32 minutes (Table 13). Timing of various question modules was measured for pilot two. The longest module for the children aged 5–12 years was *The Child Health Questionnaire*, taking 5 minutes and 41 seconds.

TABLE 12

ESTIMATED NUMBERS OF INTERVIEWS IN LANGUAGES OTHER THAN ENGLISH (LOTE) FOR THE NEW SOUTH WALES CHILD HEALTH SURVEY

Language group	Est. No. interviews Based on language proficiency of women aged 19–54	Percentage women aged 19–54 years with poor English language proficiency (ABS census)	Estimated number of interviews after weighting based on results of 1997 NSW Health Survey
Chinese	46	20	119
Vietnamese	26	43	51
Arabic	18	15	39
Korean	10	47	20*
Greek	7	9	7
Spanish	6	12	12*
Macedonian	5	12	6
Italian	4	5	3

* Language groups that were not included in the 1997 NSW Health Survey²² were given a weighting of 2.

TABLE 13**MEAN DURATION OF VARIOUS SECTIONS OF THE NEW SOUTH WALES CHILD HEALTH SURVEY 2001 BY AGE GROUP PILOT TWO**

Content areas	0–2 years	3–4 years	5–12 years
Demographics	3 min 53 sec	3 min 56 sec	3 min 51 sec
Child Health Questionnaire	Not asked	Not asked	5 min 41 sec
Social Capital	3 min 2 sec	3 min 26 sec	3 min 6 sec
Sun Protection	Not asked	2 min 52 sec	Not asked
Family Functioning	2 min 9 sec	Not asked	Not asked
Subtotal of above sections	9 min 4 sec	10 min 14 sec	12 min 38 sec
Mean duration of survey	26 minutes	28 minutes	32 minutes

The time for survey completion for children aged 5–12 years was greater than the time advised to respondents in the survey introduction (25 minutes). It was therefore decided to remove selected questions for children aged 5–12 years in the modules of demographics, school, injury, and attendance at school and childcare.

Introductory letters

Providing randomly sampled households with a letter with information about the survey prior to telephone contact can improve response rates.⁶⁴ However, there is a significant cost and organisational effort required to send letters to households included in the *New South Wales Child Health Survey* sample, since not all randomly-selected households have children aged 0–12 years. Therefore, the number of letters that needed to be sent was about six times the sample size. In the second pilot, households listed in the electronic White Pages were randomised to either receive or not receive a letter, to determine the effect of the letter on the response rate. These results are shown in Table 14.

It was decided that, even with the numerous ineligible households receiving the letter, the increase in response rate justified the expense. The inclusion in the letter of details of a '1800 number' to call for assistance not only gave respondents the opportunity to gain additional information but also allowed non-eligible households to

inform the NSW Health Survey Program that they had no children in their household.

Identification of children at risk

Following submission of the final survey to the NSW Department of Health's Human Research Ethics Committee, concerns about child protection issues were raised. The survey included questions on issues such as child behaviour, child feeding, and food security, and it was deemed possible that during the interview these sensitive questions could result in parents disclosing circumstances that may warrant referral to support agencies or other appropriate services.

With these concerns in mind, representatives from the NSW Department of Community Services met with the NSW Department of Health to develop procedures for use where a child was deemed at risk of being harmed, or had been harmed.

First, the questions that may trigger replies alerting a need for parental support were identified. In the event of suspected child abuse or neglect, a written procedure (Box 1) and flow chart (Figure 3) were developed to determine the protocol for referral to support services. The flow chart included steps for the provision of information regarding parental support, and steps for informing parents of issues that might indicate a notification is required.

Supervisors and management staff received specially adapted training on child protection issues from the Child Protection Trainer at NSW Department of Health's Education Centre against Violence.

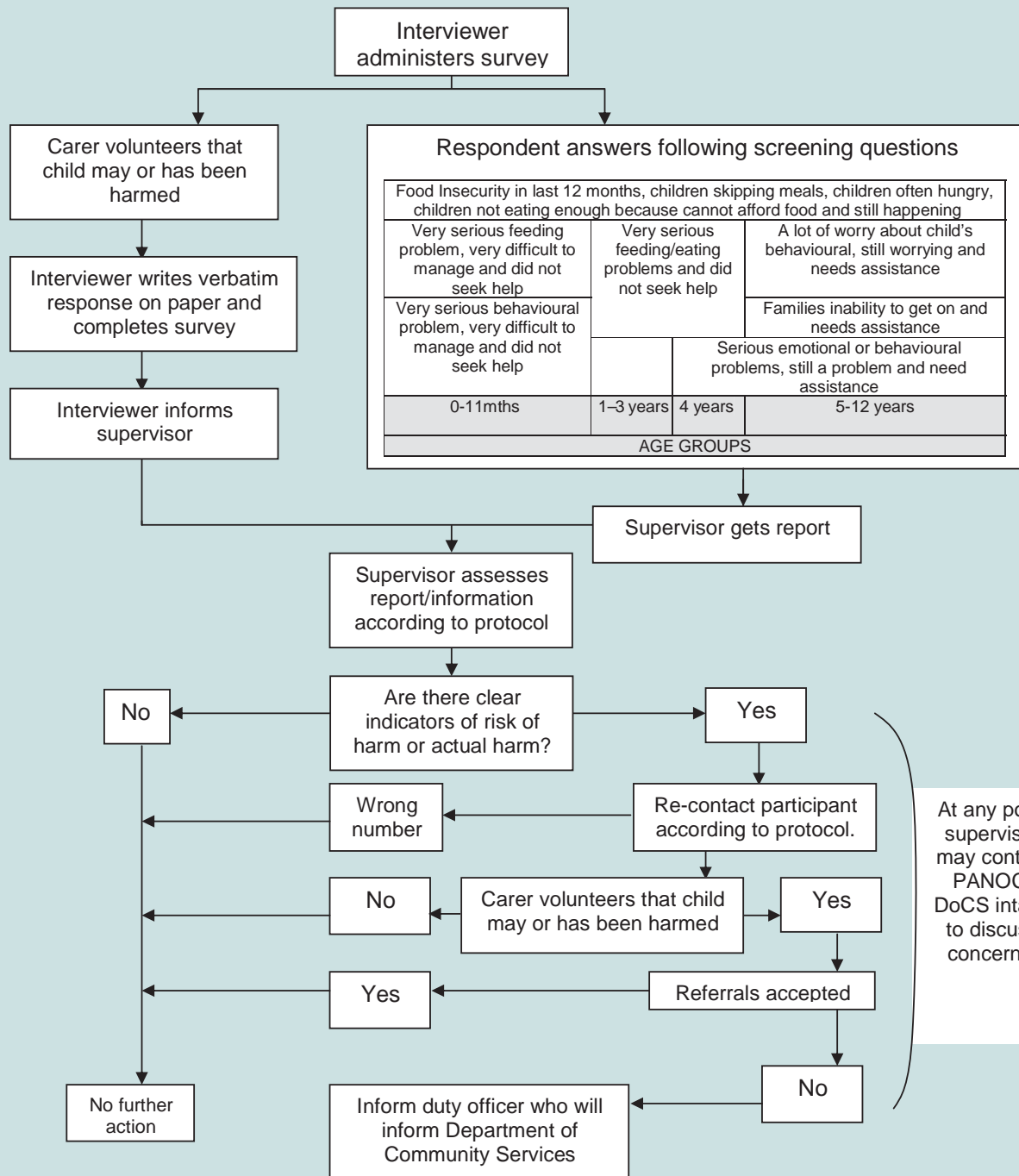
TABLE 14**EFFECT OF MAILING LETTER ABOUT SURVEY ON THE RESPONSE RATE, PILOT 2**

Sample sub-groups (%)	Response rate
Household in white pages, letter sent	76
Household in white pages, no letter	66
Household not in white pages, no letter	70

Continued on page 38

FIGURE 3

CHILDREN AT RISK FLOW CHART



BOX 1**CHILD HEALTH SURVEY CHILD PROTECTION PROCEDURES**

Employees of NSW Health are directed by the Director-General in Circular 97/135 to notify to the Department of Community Services if they suspect a child is at risk of harm or abuse.

Supervisors of Child Health Survey Interviewers will:

- follow the steps outlined in the procedures and flowchart
- attend child protection training provided by Education Against Violence,
- discuss child protection concerns with Central Sydney Physical Abuse and Neglect of Children (PANOC) coordinator and/or Inner West Child Protection Specialist.

At any point the supervisor may contact the PANOC coordinator to discuss concerns.

Any interagency or procedural child protection issues will be brought to the attention of the Manager, Health Services Policy Branch to ensure that these issues are addressed in a comprehensive and timely fashion.

The procedure will be used in the following circumstances:

If participants provided responses to a group of questions that would indicate need for parental support

If participants in the course of the survey stated that any member of the household were at risk of harming or had harmed the child.

It was agreed that should these events arise, the interviewer would report to the supervisor, or the supervisor would automatically receive report from the database if monitoring questions were being highlighted. The supervisors of the *Child Health Survey* will receive training in recognition and notification of child abuse, provided by NSW Health.

A daily report would be prepared for the supervisor if the following outcomes were collected:

Child age = 0–11 months and Food Security and Feeding Problems and Behaviour problems.

Child age = 1–4 years and Food Security and Feeding–Eating Problems and Behaviour problems.

Child age = 5–12 years and Food Security and Family Ability to get along and Behaviour problems and parent worried about Child Behaviour.

These outcomes on their own do not indicate risk of harm to the child, but may suggest that the child may be of higher risk, and the family may require further support.

In the event of suspected child abuse or neglect, the supervisor would re-contact the participant, in order to discuss concerns and offer further support. The supervisor would also inform the participant, of their duty to notify, should they intend to contact the Department of Community Services.

Department of Community Services and NSW Health have agreed to provide a contact person to the Manager and Supervisor of the *New South Wales Child Health Survey* to discuss child protection issues as they arise during the administration of the survey.

BOX 2**SCRIPT USE FOR INFORMED CONSENT FOR PARENTS OR CARERS OF CHILDREN IN THE NEW SOUTH WALES CHILD HEALTH SURVEY**

Your help with this survey is voluntary. All that is involved is answering some questions about [child's] health, wellbeing and use of health services. The survey takes around 25 to 30 minutes for most people but may take a little longer in some cases. There are no 'right' or 'wrong' answers to any of the questions. You can stop at any time or simply refuse to answer a question should you prefer.

Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law.

[PROMPT IF NECESSARY: All the answers that you give to the questions remain completely confidential. However if you tell us additional information about breaking the law or that suggests a child is being abused or neglected, then we are required to report this to the appropriate authority such as the NSW Department of Community Services.]

The information from this survey will be used to help improve health services for children in your area and across the state, so your help is very important to us.

Are you willing to help us with the survey?

The Ethics Committee also stipulated that a number of changes were to be made to the informed consent including stating that the NSW Health Survey Program are required to report by law to the appropriate authority, if additional information suggests a child is being abused or neglected (Box 2).

There was considerable concern that the inclusion of this statement would affect the response rate—possibly to such an extent that conduct of the survey could not be justified. In order to test the effect of this statement, a third pilot study was conducted and it was found that the statement did not affect the response rate, first pilot ($N=240$, 72 per cent) compared to second pilot ($N=251$, 76 per cent).

7. CONCLUSION

The *New South Wales Child Health Survey* was conducted between March and September 2001. It provided the first comprehensive statewide information on the health of children aged 0–12 years. A report of the results of the survey, including an outline of the final methods used is available on request,⁶⁵ or at www.health.nsw.gov.au/public-health/phb/phb.html.

As this report shows, the development of methods used for the *New South Wales Child Health Survey* was a complex and time-consuming process, involving input from a range of stakeholders and experts in child health and survey methods. By necessity, however, the report simplifies the process, because it presents the various stages in linear order. In practice, there was much overlap between the different stages of development, and issues arose, and were resolved, over varying timeframes.

It is hoped that this report will assist with the development of other telephone surveys of child health, and will help to help promote consistency among such surveys. The methods used in the *New South Wales Child Health Survey* have already provided the foundation for long-term monitoring of child health in NSW. The procedures used for selecting respondents and gaining informed consent, as well as much of the interview script and many of the question modules, have been incorporated into the ongoing NSW Health Survey Program. From 2002, the Program has conducted continuous interviewing across New South Wales, and across all ages, with a target of around 20,000 interviews—including 4,500 interviews of children aged 0–15 years—per year. Child-specific reports from the Program, including information on how methods and topics have evolved, will be published every two years henceforward, with the first report in 2005.

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9. APPENDIX : NEW SOUTH WALES CHILD HEALTH

SURVEY 2001 QUESTIONNAIRE

Introduction

ALL 1 Good morning/afternoon/evening, my name is _____. I am calling from the New South Wales Department of Health. We are conducting an important statewide study about the health of children aged between 0 and 12 years. We would like to interview the parent or carer of a child randomly selected from each participating household. May I please speak to a parent or carer of any children who live in this household?

1. Yes—that's me
2. Yes, I'll get someone
4. No children 0–12 yrs in household → THANK AND GOODBYE
5. Refusal → THANK AND GOODBYE
6. Language problem → BILINGUAL SCRIPT.
8. Household not in NSW/ACT/holiday house → THANK AND GOODBYE
12. Not a resident of NSW/ACT → THANK AND GOODBYE
13. Unavailable for duration of the study → THANK AND GOODBYE

ALL 1a Can I ask if you received the letter we sent to your household recently about this study?

[NOTE: Only asked if respondent's number is in the white pages]

- Yes
No
Don't know
Refused

ALL 1b Could you tell me how many children aged up to and including 12 years usually live in this household?

(NOTE: Prompt if necessary that 'live in this household' means lives there most days of the school week)

_____ number of children
Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1c How many of these children are aged 0 to 4 years?

_____ number of children

Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1d How many of these children are aged 5 to 12 years?

_____ number of children
Don't Know → THANK AND GOODBYE
Refused → THANK AND GOODBYE

ALL 1e We are collecting information about one child from each selected household and now we would like to randomly select that child. We have done the random selection and we would like to interview the parent or carer of the [nth oldest child]. Because this study is about child health we need to speak to the parent or carer who knows most about [child's] health. Is that you?

1. Yes—I know most about [child's] health
2. Yes—I know something about [child's] health
3. No—I'll get them
4. No—not home at the moment → MAKE APPOINTMENT
5. Refusal → THANK AND GOODBYE
6. Unavailable for duration of survey → THANK AND GOODBYE
7. Main parent/carer does not speak English → BILINGUAL SCRIPT
8. Main parent/carer unable to be interviewed due to disability → THANK AND GOODBYE

ALL 1f Your help with this survey is voluntary. All that is involved is answering some questions about [child's] health, wellbeing and use of health services. The survey takes around 25 to 30 minutes for most people but may take a little longer in some cases. There are no 'right' or 'wrong' answers to any of the questions. You can stop at any time or simply refuse to answer a question should you prefer. Please be assured that all the answers to questions remain completely confidential, except where you volunteer information that we are required to report by law. The information from this survey will be used to help improve health

services for children in your area and across the state, so your help is very important to us. Do you agree to participate?

[NOTE: Prompt if necessary that all the answers that you give to the questions remain completely confidential. However if you tell us additional information about breaking the law or that suggests a child is being abused or neglected, then we are required to report this to the appropriate authority such as the Department of Community Services.]

Yes

No → THANK AND GOODBYE

Preliminary demographic questions

- ALL 2. First, we need to know some information about [child], yourself and your household.
- ALL 2a. Could you please tell me how old [child] is today?
1. ___ years (2–12 years only) → Q3
 2. ___ months (1–23 months only) → Q3
 3. ___ weeks (1–3 weeks only) → Q3
 4. Less than 1 week old → Q3
 5. Don't know
 6. Refused
- ALL 3. Is [child] male or female?
- (NOTE: ask if not obvious from name)
1. Male
 2. Female
- ALL 4. Could you please tell me how old you are today?
1. ___ years
 2. Don't know
 3. Refused

Respondents health

- ALL 5 The next question is about your general health
- ALL 6 In general would you say your health is excellent, very good, good, fair or poor?
1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Don't know
 7. Refused
- ALL 7 Are you male or female?

(NOTE: ask if not obvious from voice)

1. Male
2. Female

ALL 8 What is your relationship to [child]?

IF FEMALE: For example are you [child]'s mother, stepmother or other relation?

IF MALE: For example are you [child]'s father, stepfather or other relation?

1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Grandmother
6. Grandfather
7. Legal guardian
8. Other (Specify)

9. Don't know

10. Refused

Health service use: Child and family services

- 0–4Y 9 The next few questions are about use of health services.
- 0–4Y 9a Has [child] ever seen a baby health or early childhood health nurse? This could have been at either a baby health clinic or early childhood health centre, or in your home.
1. Yes
 2. No → Q13
 3. Hasn't attended first appointment yet → Q14
 4. Don't know → Q14
 5. Refused → Q14
- 0–4Y 10 What was [child]'s age when [he/she] first had contact with a baby health or early childhood health nurse?
1. ___ months (1–23 months only)
 2. ___ weeks (0–12 weeks only)
 3. Don't know
 4. Refused
- 0–4Y 11 What was [child]'s age when [he/she] last had contact with a baby health or early childhood health nurse?
1. ___ years (2–4 years only)
 2. ___ months (1–23 months only)
 3. ___ weeks (0–12 weeks only)
 4. Don't know
 5. Refused
- 0–4Y 12 Is [child] still seeing a baby health or early childhood health nurse on a regular

basis? (NOTE: includes regular visits to early childhood health centre or baby health centre) (NOTE: regular visits means attended last appointment and plan to take child again)

1. Yes → Q14
2. No
3. Don't know → Q14
4. Refused → Q14

0-4Y 13 What is the main reason [child] has [not seen-stopped seeing] a baby health or early childhood health nurse?

1. Centre at inconvenient location
2. Centre has inconvenient-unsuitable hours
3. Insufficient services
4. Unwelcome atmosphere
5. No need to attend-any more
6. Not useful-Not useful any more
7. Use other services instead
8. Other (Specify) _____
9. Don't know
10. Refused

Health service use

ALL 14 The next few questions are about visits to the doctor

ALL 15 Who do you usually consult about [child]'s general health problems? (NOTE: Medical Centres are open long hours, seven days a week and provide other services such as x-rays) (READ OPTIONS 1-4)

1. A doctor in a medical centre
2. GP or local doctor
3. Doctor at a hospital
4. Someone else (Specify) _____
5. Don't know
6. Refused

ALL 16 When [child] visits the doctor does [he/she] usually see?

(READ OPTIONS 1-4)

1. The same doctor
2. Different doctors at the same practice or Surgery
3. Different doctors at different places
4. Don't know
5. Refused

ALL 17 I'm now going to read you a list of services that you may have had contact with for [child].

ALL 18 Within the past twelve months, that is since [month] 2001, did [child] have contact with any of the following services?

(READ OUT OPTIONS 1-9 AND WAIT FOR RESPONSE; MULTIPLE RESPONSE)

1. A hospital emergency department (Specify hospital ED name) _____
2. A GP or family doctor
3. A community health centre, not including early childhood health centre
4. A hospital outpatient department or clinic
5. A private medical specialist eg. paediatrician, psychiatrist or ENT specialist
6. Department of Community services office-officer
7. Physiotherapist, chiropractor, or speech or other therapist,
8. A school counsellor or guidance officer
9. Other helping organisation or individual (Specify) _____
10. Not attended any services
11. Don't know
12. Refused

Personal health records

ALL 19 The next few questions are about any health records you may have for [child].

ALL 20 Do you have a Personal Health Record or 'blue book' for [child]? (NOTE: A 'blue book' or personal health record is given to all babies. It contains a record of growth, health check-ups and immunisation)

1. Yes
2. No → Q24
3. Don't know → Q24
4. Refused → Q24

ALL 21 Do you currently use, or have you used, the 'blue book' or 'personal health record' for [child]?

1. Yes, use it now
2. Yes, have used in past, but not now → Q23.
3. No, never used → Q24
4. Don't know → Q24
5. Refused → Q24

ALL 22 What do you currently use the Personal Health Record for?

- (MULTIPLE RESPONSE)
(NOTE: Prompt with 'And anything else?')
1. Record of immunisation → Q24
 2. Record of growth (weight and height) → Q24
 3. Record of visits to baby health or early childhood centre → Q24
 4. Record of visits to doctor → Q24
 5. Information on child health → Q24
 6. Nothing → Q24
 7. Other (Specify) _____ → Q24
 8. Don't know → Q24
 9. Refused → Q24

- ALL 23 What have you used the Personal Health Record for in the past?
(MULTIPLE RESPONSE)
(NOTE: Prompt with 'And anything else?')
1. Record of immunisation
 2. Record of growth (weight and height)
 3. Record of visits to baby health or early childhood centre
 4. Record of visits to doctor
 5. Information on child health
 6. Nothing
 7. Other (Specify) _____
 8. Don't know
 9. Refused

Nutrition: Folate in pregnancy (age 0–11 months and respondent is mother)

- 0–11M 24 The next questions are about nutrition in pregnancy, particularly prior to and in the early stages of pregnancy.
- 0–11M 25 Thinking back to before you were pregnant with [child] were you thinking about becoming pregnant?
1. Yes – trying to become pregnant
 2. Not trying to become pregnant → Q27
 3. Sort of – not actively trying to avoid pregnancy
 4. N/A—respondent not birth mother → Q33
 5. Don't know
 6. Refused
- 0–11M 26 How long were you trying to become pregnant?
1. More than 12 months
 2. ____ months (1–12 only)
 3. Less than one month
 4. Don't know
 5. Refused

- 0–11M 27 Have you heard, seen or read anything about the vitamin folate or folic acid and pregnancy?
1. Yes
 2. No → Q33
 3. Don't know → Q33
 4. Refused → Q33

- 0–11M 28 The next few questions refer to when you were pregnant with [child]. Did you take tablets or capsules containing folate or folic acid in the month immediately before and/or in the first three months of this pregnancy?

(NOTE: In the month before includes taking folate for more than one month prior to pregnancy) (NOTE: First three months of pregnancy includes taking folate for more than the first three months of pregnancy)

1. Yes, in the month before and first 3 months of pregnancy
2. Yes, in the month before only
3. Yes, in the first 3 months of pregnancy only
4. No → Q30
5. Don't know → Q30
6. Refused → Q30

- 0–11M 29 What prompted you to take folate or folic acid tablets or capsules?

(MULTIPLE RESPONSE)

1. Saw leaflet or poster about it
2. Doctor advised me to
3. An early childhood health nurse or midwife suggested it
4. Heard about it on TV or the radio
5. Read about it in a book, newspaper or magazine
6. Pharmacist told me about it
7. Friends or relative mentioned it
8. Read about it on a food label—food package
9. Other (Specify)

10. Don't know
11. Refused

- 0–11M 30 Thinking back to when you were pregnant with [child], did you change the food you ate to increase folate or folic acid intake in the month immediately before and/or in the first three months of this pregnancy?

(PROMPT IF NO: Is that because you were already eating enough food with folate?)

1. Yes

2. No, already eating enough foods with folate
3. No, didn't change diet
4. Don't know
5. Refused

- 0-11M 31 What foods do you think contain folate or folic acid?
(MULTIPLE RESPONSE)
1. Fruits
 2. Vegetables
 3. Fruit juice
 4. Breakfast cereal with added folate
 5. Bread with added folate
 6. Other (Specify) _____
 7. Don't know
 8. Refused

- 0-11M 32 Women are advised to take additional folate or folic acid prior to and during pregnancy. Do you know the main reasons for this?
(MULTIPLE RESPONSE)
1. Makes baby healthy
 2. Prevents birth defects
 3. Prevents spina bifida
 4. Prevents neural tube defects
 5. Other (Specify)

 6. Don't know
 7. Refused

Sleeping position

- 0-11M 33 The next question is about sleeping position.
- 0-11M 34 What position did you put [child] to sleep in from birth?
(READ OPTIONS 1-4)
1. On [his/her] back
 2. On [his/her] side
 3. On [his/her] tummy
 4. Any other position (Specify) _____
 5. Don't know
 6. Refused

Breastfeeding (respondent is mother or father)

- 0-23M 35 The next questions are about infant feeding.
- 0-23M 36 Has [child] ever been breastfed?
1. Yes
 2. No → Q41
 3. Don't know → Q41
 4. Refused → Q41

- 0-23M 37 Is [child] currently being breastfed?
1. Yes
 2. No
 3. Don't know
 4. Refused

- 0-23M 38 Was [child] breastfed when [he/she] first came home from hospital?
1. Yes
 2. No
 3. Not born in hospital
 4. Don't know
 5. Refused

- 0-23M 39 Including times of weaning, what is the total time [child] was breastfed?
1. ___ weeks (1-12 weeks only)
 2. ___ months (1-23 months only)
 3. Less than one week
 4. Don't know
 5. Refused

- 0-23M 40 IF MOTHER ASK: What were the main reasons you decided to breastfeed [child]? ELSE → Q41 (READ OPTIONS 1-8; MULTIPLE RESPONSE)
1. Breast milk is better for the baby
 2. Breastfeeding is more convenient
 3. Breastfeeding is cheaper
 4. Breastfeeding prevents allergies
 5. Breastfeeding helps weight loss
 6. Breastfeeding is the right thing to do
 7. [Child]'s father wanted you to breastfeed
 8. Other people advised you to breastfeed
 9. Any other reason (Specify)

 10. Don't know
 11. Refused

- 0-23M 41 Has [child] ever been given infant formula regularly?
(PROMPT IF NECESSARY: regularly means at least once a day)
1. Yes
 2. No → Q43
 3. Don't know → Q43
 4. Refused → Q43

- 0-23M 42 At what age was [child] first given infant formula regularly?
1. ___ weeks (1-12 weeks only)
 2. ___ months (1-23 months only)
 3. Less than one week
 4. Don't know
 5. Refused

- 0–23M 43 Has [child] ever been given cow’s milk regularly?
 1. Yes
 2. No → Q45
 3. Don’t know → Q45
 4. Refused → Q45
- 0–23M 44 At what age was [child] first given cow’s milk regularly?
 1. ___ weeks (1–12 weeks only)
 2. ___ months (1–23 months only)
 3. Less than one week
 4. Don’t know
 5. Refused
- 0–23M 45 Has [child] ever been given any other type of milk substitute on a regular basis?
 (PROMPT: Apart from breast milk–infant formula–cows milk)
 1. Yes
 2. No → Q48
 3. Don’t know → Q48
 4. Refused → Q48
- 0–23M 46 What type of milk substitutes did [child] have?
 (MULTIPLE RESPONSE)
 1. Soya Bean milk
 2. Goat’s milk
 3. Evaporated milk
 4. Other
 (Specify) _____
 5. Don’t know
 6. Refused
- 0–23M 47 At what age was [child] first given [this/ any of these] milk substitute(s) regularly?
 1. ___ weeks (1–12 weeks)
 2. ___ months (1–23 months)
 3. Less than one week
 4. Don’t know
 5. Refused
- 0–6M 48 Has [child] ever been given solid food?
 1. Yes
 2. No → Q57
 3. Don’t know → Q57
 4. Refused → Q57
- 0–23M 49 At what age was [child] first given solid food regularly?
 1. ___ weeks (0–12 weeks only)
 2. ___ months (1–23 months only)
 3. Never given solids–not yet started solids
 4. Don’t know
 5. Refused

Nutrition

- 2–12Y 50 The next few questions are about food. I’m going to read you a list of different food and drinks. Please tell me how much of these foods and drinks [child] usually consumes per day or per week.
- 2–12Y 51 How many serves of fruit does [child] usually eat in a day, including fresh, canned and dried fruit? (1 serve=1–2 piece fruit, 1/3 cup canned fruit, 1 tablespoon of dried fruit.)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat fruit
 4. Don’t know
 5. Refused
- 2–12Y 52 How many serves of salad vegetables or raw vegetables does [child] usually eat in a day? (1 serve=1/4 cup salad or 4 vegetable sticks.)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat salads or raw vegetables
 4. Don’t know
 5. Refused
- 2–12Y 53 How many serves of hot chips or french fries does [child] usually eat in a day? (1 serve=1/2 cup hot chips or french fries)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat hot chips or french fries
 4. Eats less than once a week
 5. Don’t know
 6. Refused
- 2–12Y 54 How many serves of cooked vegetables (including potato) does [child] usually eat in a day? (1 serve=1/4 cup cooked vegetables)
 1. ___ serves per day
 2. ___ serves per week
 3. Doesn’t eat cooked vegetables
 4. Don’t know
 5. Refused
- 2–12Y 55 How many cups of milk does [child] usually drink in a day? (1 cup=250ml, a household tea cup) (NOTE: milk = cow’s milk. If drinks other milk such as soy milk use response option 3)
 1. ___ Number of cups per day
 2. ___ Number of cups per week
 3. Drinks other milk such as soy milk (Specify) _____

	4. Doesn't drink cow's milk or other milk				
	5. Don't know				
	6. Refused				
2-12Y	56	How many cups of fruit juice does [child] usually drink in a day? (1 cup=250ml, a household tea cup or 1 large 'popper')			
		1. ___ cups per day	ALL	61	10. Refusal
		2. ___ cups per week			Now I'm going to read you a series of statements that people sometimes say about their food situation. For each of these statements, can you tell me whether the statement is often true, sometimes true or never true.
		3. Doesn't drink juice			
		4. Don't know	ALL	62	We eat the same thing for several days in a row because we only have a few different kinds of foods on hand and don't have money to buy more. (READ OPTIONS 1-3)
		5. Refused			1. Often true
2-12Y	57	How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade does [child] usually drink in a day? (1 cup=250ml. One can of soft drink=1½ cups. One 500ml bottle of Gatorade =2 cups)			2. Sometimes true
		1. ___ cups per day			3. Never true
		2. ___ cups per week	ALL	63	4. Don't know
		3. Doesn't drink soft drink			5. Refused
		4. Don't know			I cannot feed my [child/children] a balanced meal because I can't afford that. (READ OPTIONS 1-3)
		5. Refused			1. Often true
					2. Sometimes true
					3. Never true
					4. Don't know
					5. Refused
			ALL	64	My [child/children] are not eating enough because I just can't afford enough food. (READ OPTIONS 1-3)
					1. Often true
					2. Sometimes true
					3. Never true
					4. Don't know
					5. Refused
			ALL	65	I know my [child is/children are] hungry sometimes, but I just can't afford more food (READ OPTIONS 1-3)
					1. Often true
					2. Sometimes true
					3. Never true
					4. Don't know
					5. Refused
					IF Q59=1 + Q60=2 + Q63=1 + Q64 = 1 THEN ASK:
			ALL	66	Is this still happening?
					1. Yes
					2. No → Q68
					3. Don't know
					4. Refused
			2M-4Y	67	There are a number of agencies that can help with making sure your family has enough food. Would you like the phone numbers of these agencies?

1. Yes → Refer to list of relevant agencies
2. No
3. Don't know
4. Refused

Immunisation

- 2M-4Y 68 The next few questions are about immunisation or vaccination
- 2M-4Y 69 To which health professionals or places have you ever taken [child] to be vaccinated?
(MULTIPLE RESPONSE)
1. Baby or early childhood health centre
 2. Immunisation clinic
 3. Local doctor or GP
 4. GP at a medical centre
 5. Hospital clinic
 6. School or Kindergarten
 7. Local council
 8. Community Health Centre
 9. Royal Flying Doctor Service
 10. Homeopath
 11. Health professional vaccinated child at home
 12. Other (Specify) _____
 13. Never vaccinated
 14. Don't know
 15. Refused
- 2M-4Y 70 Overall, how do you feel about childhood vaccination? Do you:
(READ OPTIONS 1-4)
1. Strongly support it → Q72
 2. Generally support it
 3. Are you indifferent or don't care
 4. Opposed to it
 5. Don't know → Q72
 6. Refused → Q72
- 2M-4Y 71 From which sources have you received information about vaccination?
(NOTE: Prompt with 'And anything else?')
(MULTIPLE RESPONSE)
1. Health Professional
 2. Media publicity such as TV, radio, papers or magazines
 3. Information from a group opposed to immunisation
 4. Word of mouth
 5. Personal or family experience
 6. Natural therapist
 7. Other (Specify)

 8. Don't know

9. Refused

Asthma

- 2-12Y 72 The next few questions are about asthma.
- 2-12Y 73 Have you ever been told by a doctor or at a hospital that [child] has asthma?
1. Yes
 2. No → Q87
 3. Don't know → Q87
 4. Refused → Q87
- 2-12Y 74 How old was [child] when you were first told [he/she] had asthma?
(READ OPTIONS 1-6, depending on age)
1. Less than 12 months of age
 2. 1 year to less than 3 years
 3. 3 to less than 5 years of age
 4. 5 to less than 7 years of age
 5. 7 to less than 10 years of age
 6. 10 years or older
 7. Don't know
 8. Refused
- 2-12Y 75 Has [child] had symptoms of asthma or medication for treatment or prevention of asthma in the last 12 months, that is since [month] 2000?
1. Yes
 2. No → Q87
 3. Don't know → Q87
 4. Refused → Q87
- 2-12Y 76 How many times in the last 12 months, that is since [month] 2000, has [child] visited a GP or local doctor for an attack of asthma?
1. ____ number of times
 2. Don't know
 3. Refused
- 2-12Y 77 How many times in the last 12 months, that is since [month] 2000, has [child] visited a hospital emergency department for an attack of asthma?
1. ____ number of times
 2. Don't know
 3. Refused
- 2-12Y 78 How many days in the last 12 months, that is since [month] 2000, has asthma limited [child]'s usual activities?
1. ____ number of days
 2. Don't know
 3. Refused
- 2-12Y 79 How many nights in the last month has asthma disturbed [child]'s sleep?
1. ____ number of nights

2-12Y 80 Do you have a written asthma management plan from [child]'s doctor on how to treat [his/her] asthma?

2. Don't know
3. Refused

1. Yes
2. No
3. Don't know
4. Refused

2-12Y 81 Does [child] use a reliever medication with puffer, nebuliser or spacer such as Ventolin, Respolin, Asmol, Airomir or Bricanyl?

(PROMPT: A reliever medication helps to control or relieve the symptoms of asthma such as wheezing or coughing and its effect lasts about 4 hours)

1. Yes
2. No → Q83
3. Don't know → Q83
4. Refused → Q83

2-12Y 82 In the last month, how often has [child] used reliever medication? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

2-12Y 83 Does [child] use Serevent or Foradile? (PROMPT: These medications are inhaled and their effects last for 12 hours)

1. Yes
2. No → Q85
3. Don't know → Q85
4. Refused → Q85

2-12Y 84 In the last month, how often has [child] used Serevent or Foradile? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

2-12Y 85 Does [child] use preventer medication such as Becotide, Becloforte, Aldecin, Pulmicort, Flixotide, Intal, Intal forte, Cromogen or Tilade?

1. Yes
2. No → Q87
3. Don't know → Q87
4. Refused → Q87

2-12Y 86 In the last month, how often has [child] used preventer medication? (READ OPTIONS 1-5)

1. Every day
2. Most days
3. About half the days
4. Less than half the days
5. Not at all
6. Don't know
7. Refused

Dental health

1-4Y 87 The next questions are about teeth and visits to the dentist.

1-4Y 87a Has [child] ever visited a dental professional about [his/her] teeth or gums?

(NOTE: Dental professionals includes dentists, dental specialists or dental therapists)

1. Yes
2. No → Q96
3. Don't know → Q96
4. Refused → Q96

1-4Y 88 How long ago did [child] see a dental professional about [his/her] teeth or gums? (READ OPTIONS 1-4 depending on age)

1. Less than 12 months ago → Q91
2. One to less than two years ago → Q91
3. Two to less than four years ago → Q91
4. Never attended → Q91
5. Don't know
6. Refused → Q91

5-12Y 89 In the last 12 months, that is since [month] 2000, did [child] have a dental assessment at school as part of the SOKS (Save Our Kids Smiles) program? (PROMPT: Save our kids smiles is a school dental check done at school with the consent children's parents or carers)

1. Yes
2. No
3. Don't know
4. Refused

5-12Y 90 Apart from a dental assessment for the SOKS program how long ago did [child] see a dental professional about [his/her] teeth or gums? (READ OPTIONS 1-6)

1. Less than 12 months ago
2. One to less than two years ago
3. Two to less than five years ago → Q96
4. Five to less than 10 years ago → Q96
5. 10 years ago or more → Q96
6. Never attended → Q96
7. Don't know → Q96
8. Refused → Q96

- 1-12Y 91 Was [child]'s last dental visit made at (READ OPTIONS 1-6)
1. Private dental practice
 2. School dental service → Q94
 3. Other Government or public dental clinic → Q94
 4. Health fund dental clinic
 5. Dental hospital → Q94
 6. Any other place (Specify) _____ → Q94
 7. Don't know → Q94
 8. Refused → Q94

- 1-12Y 92 Was your child listed as a dependent on a health card or pensioner concession card at that time?
(NOTE: Do not include Medicare Card)
1. Yes – eligible at that time
 2. No – not eligible at that time → Q94
 3. Don't know → Q94
 4. Refused → Q94

- 1-12Y 93 If [child] was eligible for public dental treatment, what was the main reason [he/she] went to a private practitioner, rather than a government or public clinic?
1. Access – difficult to get to
 2. Quality of care better at private clinic
 3. Continuity of care – had previously attended private clinic
 4. Waiting times at public clinics longer
 5. Getting the treatment you wanted
 6. Other (Specify)

 7. Don't know
 8. Refused

- 1-12Y 94 What type of dental treatment did [child] have in the past 12 months, that is since [month] 2000? Include all dental visits in the past 12 months.
(READ OPTIONS 1-7; MULTIPLE RESPONSE)
1. Fillings
 2. Tooth removed
 3. Check up
 4. Fluoride treatment
 5. Scale and clean
 6. Orthodontics

7. Any other treatment
(Specify) _____
8. Don't know
9. Refused

- 5-12Y 95 Thinking back to all the times in the last 12 months [child] saw a dental professional were any of these visits for treatment of an injury?
1. Yes
 2. No
 3. Don't know
 4. Refused

Health status

ALL 96 The next section is about [child]'s general health and wellbeing.

- ALL 97 In general would you say [child]'s health is (READ OPTIONS 1-5)
1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Don't Know
 7. Refused

5-12Y 98 The following questions ask about physical activities [child] might do during a day.

- 5-12Y 99 During the past 4 weeks has [child] been limited in doing things that take a lot of energy, such as playing soccer or running, due to health problems?
1. Yes
 2. No → Q103
 3. Don't know → Q103
 4. Refused → Q103

- 5-12Y 100 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused

- 5-12Y 101 During the past 4 weeks has [child] been limited in doing things that take some energy, such as riding a bike or skating, due to health problems?
1. Yes
 2. No → Q103
 3. Don't know → Q103
 4. Refused → Q103

5-12Y 102 Has [he/she] been limited a lot, some or a little?

1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 103 During the past 4 weeks has [child] been limited in bending, lifting or stooping, due to health problems?
1. Yes
 2. No → Q105
 3. Don't know → Q105
 4. Refused → Q105
- 5-12Y 104 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 105 The next questions are about limitations in school work or activities with friends.
- 5-12Y 106 During the past 4 weeks has [child] been limited in the amount of time [he/she] could spend on school work, or activities with friends because of emotional difficulties or behavioural problems?
1. Yes
 2. No → Q108
 3. Don't know → Q108
 4. Refused → Q108
- 5-12Y 107 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 108 During the past 4 weeks has [child] been limited in the kind of school work or activities [he/she] could do with friends because of problems with [his/her] physical health?
1. Yes
 2. No → Q110
 3. Don't know → Q110
 4. Refused → Q110
- 5-12Y 109 Has [he/she] been limited a lot, some or a little?
1. A lot
 2. Some
 3. A little
 4. Don't know
 5. Refused
- 5-12Y 110 The next question is about pain or discomfort [child] may have had in the past 4 weeks.
- 5-12Y 111 During the past 4 weeks, how often has [child] had bodily pain or discomfort? (READ OPTIONS 1-6)
1. None of the time
 2. Once or twice
 3. A few times
 4. Fairly often
 5. Very often
 6. Every-almost every day
 7. Don't know
 8. Refused
- 5-12Y 112 Now I am going to ask some questions about children's behaviour or problems they sometimes have.
- 5-12Y 113 How often during the past 4 weeks did [child] argue a lot? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 114 How often during the past 4 weeks did [child] have difficulty concentrating or paying attention? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 115 How often in the past 4 weeks did [child] lie or cheat? (READ OPTIONS 1-5)
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
 6. Don't know
 7. Refused
- 5-12Y 116 Compared to other children [child]'s age, in general would you say [child]'s behaviour is? (READ OPTIONS 1-5)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Refused

5-12Y 117 The following questions are about children's moods and feelings.

5-12Y 118 During the past 4 weeks how much of the time do you think [child] felt lonely?
(READ OPTIONS 1-5)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

5-12Y 119 During the past 4 weeks how much of the time do you think [child] acted nervous?
(READ OPTIONS 1-5)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

5-12Y 120 During the past 4 weeks how much of the time do you think [child] acted bothered or upset?
(READ OPTIONS 1-5)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

5-12Y 121 The following questions ask about [child]'s satisfaction with self, school and others. It may be helpful to keep in mind how other children [child]'s age might feel about these areas.

5-12Y 122 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] school ability?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied

5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 123 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] friendships?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 124 During the past 4 weeks, how satisfied do you think [child] has felt about [his/her] life overall?
(READ OPTIONS 1-5)

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied or dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied
6. Don't know
7. Refused

5-12Y 125 The next questions are about you and your family.

5-12Y 126 During the past 4 weeks, how much emotional worry or concern did [child]'s physical health cause you?
(READ OPTIONS 1-5)

1. None at all
2. A little bit
3. Some
4. Quite a bit
5. A lot
6. Don't know
7. Refused

5-12Y 127 During the past 4 weeks, how much emotional worry or concern did [child]'s emotional well being or behaviour cause you?
(READ OPTIONS 1-5)

1. None at all → Q130
2. A little bit → Q130
3. Some → Q130
4. Quite a bit → Q130
5. A lot
6. Don't know
7. Refused

5-12Y 128 Is this still worrying you a lot?

1. Yes
2. No → Q130

- 3. Don't know
 - 4. Refused
- 5-12Y 129 Would you like some assistance or support with this problem?
- 1. Yes → refer to list of relevant agencies
 - 2. No
 - 3. Don't know
 - 4. Refused

- 5-12Y 130 During the past 4 weeks, did [child]'s physical health limit the amount of time you have for your own personal needs?
- 1. Yes
 - 2. No → Q132
 - 3. Don't know → Q132
 - 4. Refused → Q132

- 5-12Y 131 Has your time been limited a lot, some or a little?
- 1. A lot
 - 2. Some
 - 3. A little
 - 4. Don't know
 - 5. Refused

- 5-12Y 132 During the past 4 weeks, did [child]'s emotional wellbeing or behaviour limit the amount of time you have for your own personal needs?
- 1. Yes
 - 2. No → Q134
 - 3. Don't know → Q134
 - 4. Refused → Q134

- 5-12Y 133 Has your time been limited a lot, some or a little?
- 1. A lot
 - 2. Some
 - 3. A little
 - 4. Don't know
 - 5. Refused

- 5-12Y 134 During the past 4 weeks, how often has [child]'s health or behaviour limited the types of activities you could do as a family?
(READ OPTIONS 1-5)
- 1. Very often
 - 2. Fairly often
 - 3. Sometimes
 - 4. Almost never
 - 5. Never
 - 6. Don't know
 - 7. Refused

- 5-12Y 135 During the past 4 weeks, how often has [child]'s health or behaviour interrupted various everyday family activities such as

eating meals or watching TV?
(READ OPTIONS 1-5)

- 1. Very often
- 2. Fairly often
- 3. Sometimes
- 4. Almost never
- 5. Never
- 6. Don't know
- 7. Refused

- 5-12Y 136 Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?
(READ OPTIONS 1-5)

- 1. Excellent → Q138
- 2. Very good → Q138
- 3. Good → Q138
- 4. Fair → Q138
- 5. Poor
- 6. Don't know → Q138
- 7. Refused → Q138

- 5-12Y 137 Would you like some help or support with this problem?
- 1. Yes → refer to list of relevant agencies
 - 2. No
 - 3. Don't know
 - 4. Refused

Physical health of toddlers (aged 1-4)

- 1-4Y 138 The next few questions are about [child]'s physical health.

- 1-4Y 139 Does [child] have any difficulties with eating or feeding?
- 1. Yes
 - 2. No → Q144
 - 3. Don't know → Q144
 - 4. Refused → Q144

- 1-4Y 140 How serious do these difficulties seem to you? Are they not serious, somewhat serious or very serious?
- 1. Not serious → Q144
 - 2. Somewhat serious
 - 3. Very serious
 - 4. Don't know → Q144
 - 5. Refused → Q144

- 1-4Y 141 Have you sought help for this problem?
- 1. Yes
 - 2. No → Q144
 - 3. Don't know → Q144
 - 4. Refused → Q144

- 1-4Y 142 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)
1. Family or friends
 2. General practitioner
 3. Specialist
 4. Baby or early childhood health nurse
 5. Tresillian or Karitane
 6. Telephone help line
 7. Chemist
 8. Any other place sought help (Specify)_____
 9. Don't Know
 10. Refused

- 1-4Y 143 Thinking about the help you got from [.....] how useful was that help? Was the help very useful, somewhat useful, a little useful, or not useful.
1. Very Useful
 2. Somewhat useful
 3. A little useful
 4. Not useful
 5. Don't Know

- 1-4Y 144 Does [child] have any difficulties with taking steps, walking or running?
1. Yes
 2. No → Q149
 3. Not walking yet → Q149
 4. Don't know → Q149
 5. Refused → Q149

- 1-4Y 145 How serious do these difficulties seem to you? Were they not serious, somewhat serious or very serious?
1. Not serious → Q149
 2. Somewhat serious
 3. Very serious
 4. Don't know → Q149
 5. Refused → Q149

- 1-4Y 146 Have you sought help for this problem?
1. Yes
 2. No → Q149
 3. Don't know → Q149
 4. Refused → Q149

- 1-4Y 147 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)
1. Family or friends
 2. General practitioner
 3. Specialist
 4. Baby or early childhood health nurse
 5. Tresillian or Karitane

6. Telephone help line
7. Chemist
8. Any other place sought help (Specify)_____
9. Don't know
10. Refused

- 1-4Y 148 Thinking about the help you got from [.....], how useful was that help? Was it very useful, somewhat useful, a little useful or not useful?
1. Very useful
 2. Somewhat useful
 3. A little useful
 4. Not useful
 5. Don't know

- 1-4Y 149 Considering [child]'s age, does [he/she] have any other difficulties with [his/her] physical development? (PROMPT: For example difficulties in manipulating objects such as toys)
1. Yes
 2. No → Q154
 3. Don't know → Q154
 4. Refused → Q154

- 1-4Y 150 How serious do these difficulties seem to you? Are they not serious, somewhat serious or very serious?
1. Not serious → Q154
 2. Somewhat serious
 3. Very serious
 4. Don't know → Q154
 5. Refused → Q154

- 1-4Y 151 Have you sought help for this problem?
1. Yes
 2. No → Q154
 3. Don't know → Q154
 4. Refused → Q154

- 1-4Y 152 Where did you seek help for that problem?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)
1. Family or friends
 2. General practitioner
 3. Specialist
 4. Baby or early childhood health nurse
 5. Tresillian or Karitane
 6. Telephone help line
 7. Chemist
 8. Any other place sought help (Specify) _____
 9. Don't know
 10. Refused

1-4Y 153 Thinking about the help you got from [.....], how useful was that help? Was it very useful, somewhat useful, a little useful or not useful?

1. Very useful
2. Somewhat useful
3. A little useful
4. Not useful
5. Don't know

Emotional-behavioural problems (4-12 yrs)

4-12Y 154 The next section is about emotional and behavioural problems.

4-12Y 155 During the past 6 months, do you think that [child] has had any emotional or behavioural problems?

1. Yes
2. No → Q165
3. Don't know → Q165
4. Refused → Q165

4-12Y 156 During this time did [child] tend to have more emotional or behavioural problems than other [boys/girls] of [his/her] age?

1. Yes
2. No
3. Don't know
4. Refused

4-12Y 157 How serious do you think these behavioural and emotional problems are in terms of causing distress to [child]? Are they not serious, somewhat serious or very serious?

1. Not serious
2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 158 How serious do you think these behavioural and emotional problems are in terms of disrupting or causing distress in others? Are they not serious, somewhat serious or very serious?

1. Not serious
2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 159 How serious do you think these behavioural and emotional problems are in terms of preventing [child] from doing things usually expected of other [boys/girls] of [his/her] age? Are they not serious, somewhat serious or very serious?

1. Not serious

2. Somewhat serious
3. Very serious
4. Don't know
5. Refused

4-12Y 160 Do you think that [child] needs or needed any professional help with these problems?

1. Yes
2. No → Q165
3. Don't know → Q165
4. Refused → Q165

4-12Y 161 Did [child] get help, care or treatment for these emotional and behavioural problems?

1. Yes → Q165
2. No
3. Don't know → Q165
4. Refused → Q165

4-12Y 162 During the past six months have any of the following reasons kept [child] from getting more of the help you thought [he/she] needed for emotional or behavioural problems?

(READ OPTIONS 1-10: MULTIPLE RESPONSE)

1. [Child] didn't want to attend service
2. You were afraid of what your family or friends might say
3. You decided you could handle [child]'s problem on your own
4. Help was too expensive
5. The services were too far away
6. You thought treatment might not help
7. You had to wait a long time for an appointment
8. You did not know where to get help
9. You asked for help and didn't get it
10. Any other reason (Specify)

11. Don't know
12. Refused

If 155 = 1 and 157 = 3 and 161 = 2 ASK

4-12Y 163 Is this still a problem?

1. Yes
2. No → Q165
3. Don't know → Q 165
4. Refused → Q165

4-12Y 164 Would you like some assistance or support with this problem?

1. Yes → refer to list of relevant agencies
2. No
3. Don't know
4. Refused

Infant behavioural problems (age 0–11 months)

0–11M 165 Parents often experience a range of difficulties with their babies such as feeding, settling and crying. The next few questions are about these difficulties that you may be currently experiencing with [child] or may have previously experienced.

0–11M 166 Do you currently, or have you had any problems with feeding [child]?

1. Yes
2. No → Q172
3. Don't know → Q172
4. Refused → Q172

0–11M 167 What is, or was, the most serious feeding problem you have with [child]? (READ OPTIONS 1–5)

1. Breastfeeding
2. Taking a bottle
3. Taking solids
4. Reflux and/or vomiting
5. Any other feeding problem (Specify)

6. Don't know → Q172
7. Refused → Q172

0–11M 168 How serious did this problem seem to you? Was it not serious, somewhat serious or very serious?

1. Not serious → Q172
2. Somewhat serious
3. Very serious
4. Don't know → Q172
5. Refused → Q172

0–11M 169 How difficult was it for you to manage this problem? (READ OPTIONS 1–3)

1. Not difficult
2. Somewhat difficult
3. Very difficult
4. Don't know
5. Refused

0–11M 170 Where did you seek help for that problem? (READ OPTIONS 1–8: MULTIPLE RESPONSE)

1. Family or friends
2. General practitioner
3. Specialist
4. Baby or early childhood health nurse
5. Tresillian or Karitane
6. Telephone help line
7. Chemist

8. Any other place sought help (Specify)

9. Did not seek help for problem → Q172

10. Don't know → Q172

11. Refused → Q172

0–11M 171 Thinking about the help you got from [.....] how useful was that help? Was it very useful, somewhat useful, a little useful, not useful?

1. Very useful
2. Somewhat useful
3. A little useful
4. Not useful
5. Don't know

0–11M 172 Do you currently, or have you had any problems with [child]'s behaviour for example crying, or difficulty settling?

1. Yes
2. No → Q178
3. Don't know → Q178
4. Refused → Q178

0–11M 173 What is or was the most serious behaviour problem you have with [child]? (READ OPTIONS 1–5)

1. Controlling crying
2. Settling
3. Sleeping during day
4. Colic
5. Any other problem (Specify)

6. Don't know → Q178

7. Refused → Q178

0–11M 174 How serious did this problem seem to you? Was it not serious, somewhat serious or very serious?

1. Not serious → Q178
2. Somewhat serious
3. Very serious
4. Don't know → Q178
5. Refused → Q178

0–11M 175 How difficult was it for you to manage this problem? (READ OPTIONS 1–3)

1. Not difficult
2. Somewhat difficult
3. Very difficult
4. Don't know
5. Refused

0–11M 176 Where did you seek help for that problem? (READ OPTIONS 1–7: MULTIPLE RESPONSE)

1. Family or friends

2. General practitioner
3. Specialist
4. Early childhood health nurse
5. Tresillian or Karitane
6. Telephone help line
7. Chemist
8. Any other place sought help (Specify)

9. Did not seek help for problem → Q178
10. Don't know → Q178
11. Refused → Q178

- 0-11M 177 Thinking about the help you got from [...] how useful was that help? Was it very useful, somewhat useful, a little useful, not useful?
1. Very useful
 2. Somewhat useful
 3. A little useful
 4. Not useful
 5. Don't know

Home visiting (0-4 years)

- 0-4Y 178 The next few questions are about visits to your home you may have had from people to assist you in caring for [child]

- 0-4Y 179 Have you ever had someone, such as a nurse or a volunteer, visit you in your home to provide you with support or advice in caring for [child]?
1. Yes
 2. No → Q184
 3. Don't know → Q184
 4. Refused → Q184

- 0-4Y 180 What was the profession of the person who visited you in your home?
(READ OPTIONS 1-7: MULTIPLE RESPONSE)
1. Baby or Early childhood health nurse
 2. Midwife
 3. Social worker, psychologist or counsellor
 4. Physiotherapist, speech or other therapist
 5. Teacher
 6. Volunteer
 7. Other professional (Specify)

 8. Don't know → Q183
 9. Refused → Q183

- 0-4Y 181 What age was [child] when you had the first visit from the [.....]?
1. Age in years (2-4 years)
 2. Age in months (1-23 months)

3. Age in weeks (1-3 weeks only)
4. Don't know
5. Refused

- 0-4Y 182 How many visits did you receive from the [.....] to assist you in caring for [child]?

1. ____ number
2. Don't know
3. Refused

- 0-4Y 183 Which of the following best describes how you feel about having people visit you in your home to provide support and advice?
(READ OPTIONS 1-3)

1. I was happy to have someone visit me in my home
2. I found having someone visit my home uncomfortable at first but later I found it OK
3. I was uncomfortable having someone come to my home
4. Don't know
5. Refused

ALL OPTIONS → Q185

- 0-4Y 184 How comfortable would you feel about having people visit you in your home to provide support and advice in caring for [child]? Would you feel:
(READ OPTIONS 1-4)

1. Very comfortable
2. Comfortable
3. Uncomfortable
4. Very uncomfortable
5. Don't know
6. Refused

Parental support services (age 1-12 years)

- 1-12Y 185 Parents often need support in caring for their children. They can receive support from a number of sources including family and friends and from specialised services. The next questions are about such services.

- 1-12Y 186 Have you ever felt the need for any type of support service to assist you in caring for [child] or dealing with problems you may have experienced with [him/her]?
(PROMPT: Support services include Karitane, Tresillian, early childhood health services, family support services, counsellors)

1. Yes
2. No → Q190
3. Don't know → Q190

4. Refused → Q190
- 1-12Y 187 Have you ever used any support services?
1. Yes
 2. No → Q189
 3. Don't know → Q189
 4. Refused → Q189

- 1-12Y 188 What services have you used to provide you with support as a parent?
(READ OPTIONS 1-11: MULTIPLE RESPONSE)
1. Play group
 2. Baby or early childhood health nurse-centre
 3. Formal parenting groups
 4. Karitane or Tresillian
 5. Family support services
 6. Counselling service
 7. Telephone help line
 8. General practitioner
 9. Hospital services
 10. Church organisations
 11. Any other support service (Specify) _____
 12. Don't know
 13. Refused
- ALL OPTIONS → Q190

- 1-12Y 189 What were the main reasons you did not access any parental support services, even though you felt you needed them?
(MULTIPLE RESPONSE)
1. Services not available
 2. Services too far away
 3. Felt I should be able to cope on my own
 4. Stigma of using services
 5. Had to wait too long wait for appointment
 6. Didn't know where to get help
 7. Thought services couldn't help
 8. Any other reason (Specify) _____
 9. Don't know
 10. Refused

Social support (age 0-12 years)

- ALL 190 The next section is about relationships and support that you get from others. I'm going to read you a number of statements. For each of the following, please tell me whether you strongly disagree, disagree, agree or strongly agree.
- ALL 191 If something went wrong, no one would help me.
(READ OPTIONS 1-4)

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
5. Don't know
6. Refused → Q197

- ALL 192 I have family and friends who make me feel safe, secure and happy.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 193 There is someone I trust whom I would turn to for advice if I were having problems.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 194 There is no one I feel comfortable talking about problems with.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 195 I lack a feeling of closeness with another person.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused → Q197

- ALL 196 There are people I can count on in an emergency.
(READ OPTIONS 1-4)
1. Strongly disagree
 2. Disagree
 3. Agree
 4. Strongly agree
 5. Don't know
 6. Refused

Sun protection

- ALL 197 Next, a few questions about protecting [child]'s skin from the sun.
- ALL 198 What steps could you take to reduce [child]'s chance of getting skin cancer? (NOTE: probe for description of hat-cap) (NOTE: probe for anything else) (MULTIPLE RESPONSE)
1. Wear broad brimmed hat or cap with a flap
 2. Wear baseball-style cap
 3. Apply sun screen
 4. Wear clothing to protect the skin
 5. Wear sunglasses
 6. Don't go outside in the middle of the day
 7. Minimise time outdoors or stay indoors
 8. Stay in shade or out of sun when outside
 9. Teach children how to protect themselves
 10. Other (Specify)

 11. Don't know
 12. Refused
- 1-12Y 199 The next few questions are about occasions last summer when you were with [child] outside in the sun for at least fifteen minutes. Please think about actions you usually took for sun protection for [child] on these occasions.
- 1-12Y 200 Thinking back to last summer, how often did [child] go out in the sun for more than 15 minutes between 11am and 3pm? (READ OPTIONS 1-5)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Never in sun more than 15 minutes → Q204
 6. Don't know
 7. Refused
- 1-12Y 201 Thinking back to last summer, when [child] was out in the sun for more than 15 minutes, how often did [he/she] wear a broad brimmed hat or cap with a back flap? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
5. Don't know
6. Refused
- 1-12Y 202 Still thinking about last summer how often did you apply a broad-spectrum sun screen with an SPF of 15 or more to [his/her] exposed skin? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Don't know
 6. Refused
- 1-12Y 203 Still thinking about last summer how often was [child] deliberately dressed in clothing to protect [him/her] from the sun? (READ OPTIONS 1-4)
1. Always
 2. Often
 3. Sometimes
 4. Rarely or Never
 5. Don't know
 6. Refused
- ALL 204 Now I'm going to read out some statements people have made about sun protection and skin cancer. Please tell me how strongly you personally agree or disagree with each of them.
- ALL 205 Sun screen provides adequate protection from the sun. Do you: (READ OPTIONS 1-5)
1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
 6. Don't know
 7. Refused
- ALL 206 A baseball cap is adequate to protect the face from the sun. Do you: (READ OPTIONS 1-5)
1. Strongly agree
 2. Agree
 3. Neither agree nor disagree
 4. Disagree
 5. Strongly disagree
 6. Don't know
 7. Refused
- 1-12Y 207 Still thinking of last summer, how often did [child] get sunburnt, so their skin was still sore or tender the next day?
1. Not at all

2. Once
3. Twice
4. 3 or 4 times
5. 5 or more times
6. Don't know or don't recall
7. Refused

- 5-12Y 208 Imagine [child] spent short periods of time in the sun every day over the summer. How do you think [his/her] skin would look at the end of summer? (READ OPTIONS 1-4)
1. Very tanned
 2. Moderately tanned
 3. Lightly tanned
 4. No suntan at all
 5. Other (Specify) _____
 6. Don't know
 7. Refused

Disability—Sight (aged 2-12 years)

- 2-12Y 209 The next few questions are about sight and hearing.
- 2-12Y 210 As far as you know, does [child] have normal vision in both eyes?
1. Yes → Q214
 2. No
 3. Don't know
 4. Refused
- 2-12Y 211 Is [child] blind or unable to see in one or both eyes?
1. Yes, unable to see with one eye only
 2. Yes, unable to see with both eyes → Q214
 3. No, able to see with both eyes
 4. Don't know
 5. Refused
- 2-12Y 212 Does [child] use prescribed glasses or contact lenses now?
1. Yes
 2. No → Q214
 3. Don't know → Q214
 4. Refused → Q214
- 3-12Y 213 Even when wearing glasses or contact lenses, would [child] have any difficulty seeing the words in a [story book/ school book]?
1. Yes
 2. No
 3. Don't know
 4. Refused

Disability—Hearing

- ALL 214 Has [child] ever had [his/her] hearing tested?
1. Yes
 2. No
 3. Don't know
 4. Refused
- ALL 215 As far as you know, does [child] currently have normal hearing in both ears?
1. Yes → Q219
 2. No
 3. Don't know
 4. Refused
- ALL 216 Does [child] use a hearing aid now?
1. Yes
 2. No
 3. Don't know
 4. Refused
- ALL 217 How serious is [child]'s hearing loss? Is it: (READ OPTIONS 1-4)
1. Mild
 2. Moderate
 3. Severe
 4. Profound
 5. Don't know
 6. Refused
- ALL 218 How old was [child] when the hearing loss was first discovered?
1. ___ age in weeks (0-3 weeks only)
 2. ___ age in months (1-23 months only)
 3. ___ age in years (2-12 years only)
 4. Not sure
 5. Refused
- 0-4Y 219 The next few questions are about ear infections.
- 0-4Y 220 Has [child] ever had an ear infection diagnosed by a doctor?
1. Yes
 2. No → Q222
 3. Don't know → Q222
 4. Refused → Q222
- 0-4Y 221 Has [child] ever had a discharge from [his/her] ear or a 'runny' ear?
1. Yes
 2. No
 3. Don't know
 4. Refused
- 0-4Y 222 Has [child] ever had an operation to insert a tube or grommet into [his/her] ear?
1. Yes
 2. No

3. Don't know
4. Refused

Speech (2–12 years only)

2–12Y 223 The next few questions are about speech.

2–12Y 224 Compared to other children of [his/her] age does [child] have any difficulty saying certain sounds?

1. Yes
2. No → Q227
3. Don't know
4. Refused

2–12Y 225 Does [child] stammer or stutter?

1. Yes
2. No
3. Don't know
4. Refused

2–12Y 226 Compared with other children [his/her] age, how well does [child] speak or use words? Would you say [he/she] is:
(READ OPTIONS 1–3)

1. Better than other children → Q228
2. Same as other children → Q228
3. Does not speak as well as other children
4. Don't know
5. Refused

2–12Y 227 Has child ever attended speech therapy or seen a speech pathologist for problems with speech?

1. Yes
2. No
3. Don't know
4. Refused

Family functioning (age 0–12 years)

ALL 228 The next section is about families and family relationships which can vary from family to family and influence the health of children. I'm going to read you some statements about family relationships. For each of them please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement as a description of your family.
(NOTE: 'family' refers to respondent's definition of family)

ALL 229 Planning family activities is difficult because we misunderstand each other. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree

3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 230 In times of crisis we can turn to each other for support.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 231 We cannot talk to each other about sadness we feel.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 232 Individuals, in the family, are accepted for what they are.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 233 We avoid discussing our fears and concerns.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 234 We express feelings to each other.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 235 There are lots of bad feelings in our family.
(READ OPTIONS 1–4)

1. Strongly agree

2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 236 We feel accepted for what we are.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 237 Making decisions is a problem in our family.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 238 We are able to make decisions about how to solve problems.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 239 We don't get on well together.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

ALL 240 We confide in each other.
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refusal → Q241

Social capital (age 0–12 years)

ALL 241 The next questions are about your involvement in your local community and neighbourhood.

ALL 242 In the past three months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation?
(READ OPTIONS 1–4)

1. About once a week
2. Once every 2–3 weeks
3. Once a month or less
4. No, not at all
5. Don't know
6. Refused

ALL 243 In the past six months, how often have you attended a local community event such as a church or school fete, school concert, or street fair?
(READ OPTIONS 1–4)

1. Three times or more
2. Twice
3. Once
4. Never
5. Don't know
6. Refused

ALL 244 Are you an active member of a local organisation, church or club, such as a sport, craft, or social club?
(READ OPTIONS 1–4)

1. Yes, very active
2. Yes, somewhat active
3. Yes, a little active
4. No, not an active member
5. Don't know
6. Refused

ALL 245 I'm now going to read you some statements about safety in your local area. Can you tell me if you agree or disagree with these statements? I feel safe walking down my street after dark. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 246 Most people can be trusted. Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 247 My area has a reputation for being a safe place.

Do you:
(READ OPTIONS 1–4)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Don't know
6. Refused

ALL 248 The next few questions are about contact with people in your neighbourhood.

ALL 248a If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help?
(READ OPTIONS 1–4)

1. Yes, definitely
2. Yes, possibly
3. No, probably not
4. No, definitely not
5. Don't know
6. Refused

ALL 249 How often have you visited someone in your neighbourhood in the past week?
(READ OPTIONS 1–4)

1. Frequently
2. A few times
3. At least once
4. Never (in the last week)
5. Don't know
6. Refused

ALL 250 When you go shopping in your local area how often are you likely to run into friends and acquaintances?
(READ OPTIONS 1–4)

1. Nearly always
2. Most of the time
3. Some of the time
4. Rarely or never
5. Don't know
6. Refused

ALL 251 Would you be sad if you had to leave this neighbourhood?

1. Yes
2. No
3. Don't know
4. Refused

4–12 252 Where does [child] play when not at school or in day care?
(MULTIPLE RESPONSE)

1. Inside house
2. Back yard

3. In street
4. Neighbour's house
5. In park
6. In school grounds
7. Community centre
8. Other (Specify) _____
9. Don't know
10. Refused

4–12 253 What is [child]'s favourite activity when not at school or in day care?
(MULTIPLE RESPONSE)

1. Play with toys at home
2. Swimming at beach
3. Swimming at pool
4. Swimming at home
5. Organised sports (cricket, tennis, netball, football.)
6. Informal sports (with friends)
7. Bike riding
8. Rollerblading
9. Playing in Park
10. Visit friends or have friends over
11. Watching TV
12. Watching videos
13. Computer and video games
14. Reading
15. Listening to music
16. Attend lessons (specify: swimming, music, dance, other)
17. Go to movies
18. Dancing
19. Drawing or colouring-in
20. Playing outside or in backyard
21. Other (specify) _____

Injury—Drowning (0–12 years)

ALL 254 The next questions are about water safety and drowning.

ALL 255 Was there ever an occasion when [child] had to be rescued from drowning from any body of water, for example from a beach, river, bath, bucket, pond or wading pool?

1. Yes
2. No → Q257
3. Don't know → Q257
4. Refused → Q257

ALL 256 From which places was [child] rescued from drowning?
(MULTIPLE RESPONSE)

1. Beach
2. Off a boat
3. River

4. Lake
5. Fish pond
6. Farm dam
7. Bath
8. Swimming pool
9. Wading pool
10. Bucket
11. Any other places (Specify)

12. Don't know
13. Refused

Injury—Sports (age 5–12 years)

5–12Y 257 The next few questions are about sports and sporting injuries

5–12Y 258 Does [child] ever play any type of sport or outdoor physical activity, including non-team sports such as rollerblading, bike riding and skate boarding?

1. Yes
2. No → Q262
3. Don't know → Q262
4. Refused → Q262

5–12Y 259 In the past 12 months, that is since [month] 2000, what types of sports and outdoor activities did [child] play. Please tell me which sports [he/she] plays most often, including non team sports such as rollerblading.

(MULTIPLE RESPONSE)

1. Australian Rules football
2. Baseball or softball
3. Basketball
4. Cricket
5. Hockey
6. Netball
7. Rugby League
8. Rugby Union
9. Soccer
10. Swimming
11. Rollerblading
12. Bike riding
13. Tennis
14. Other (Specify)

15. Don't know
16. Refused

5–12Y 260 Have you ever prevented or discouraged [child] from playing a particular sport or physical activity because you were concerned about injury or safety?

1. Yes
2. No → Q262
3. Don't know → Q262

4. Refused → Q262

5–12Y 261 Which sport did you prevent your child from playing because of injury or safety concerns?

1. Australian Rules football
2. Baseball or softball
3. Basketball
4. Cricket
5. Hockey
6. Netball
7. Rugby League
8. Rugby Union
9. Soccer
10. Swimming
11. Rollerblading
12. Other (Specify) _____
13. Don't know
14. Refused

Physical activity (5–12 years)

5–12Y 262 The next few questions are about physical activity and watching television.

5–12Y 262a On about how many days during the school week, does [child] usually watch TV or videos at home?

1. ____ days
2. None → Q264
3. No TV–video in home → Q266
4. Don't know → Q264
5. Refusal → Q264

5–12Y 263 On those days, about how many hours does [he/she] usually spend watching TV or videos?

(PROMPT: that is, how many hours on a typical weekday when TV is watched)

1. ____ hours
2. Don't know
3. Refused

5–12Y 264 On about how many weekend days does [child] usually watch TV or videos at home?

1. ____ days
2. None → Q266
3. Don't know → Q266
4. Refusal → Q266

5–12Y 265 On a typical weekend day, about how many hours does [he/she] usually spend watching TV or videos?

1. ____ hours
2. Don't know
3. Refused

- 5–12Y 266 On about how many days during the school week does [child] usually play video or computer games?
1. ____ days
 2. None → Q268
 3. No video–computer games → Q270
 4. Don't know → Q270
 5. Refusal → Q268
- 5–12Y 267 On those days, about how many hours does he/she usually spend playing video or computer games?
(PROMPT: that is, how many hours on a typical weekday when video–computer games are played)
1. ____ Hours
 2. Don't know
 3. Refused
- 5–12Y 268 On about how many weekend days does [child] usually play video or computer games?
1. ____ Days
 2. None → Q270
 3. Don't know → Q270
 4. Refusal → Q270
- 5–12Y 269 On a typical weekend day, about how many hours does [he/she] usually spend playing video or computer games?
1. ____ Hours
 2. Don't know
 3. Refused
- 0–4 Y 270 The next few questions are about [child's] interests and activities
- 0–4Y 270a Does [he/she] currently attend any play group or other early childhood program or activity? Please do not include child care programs or time spent in preschool.
1. Yes
 2. No → Q273
 3. Don't Know → Q273
 4. Refused → Q273
- 0–4Y 271 What type(s) of programs does [he/she] attend?
1. Play group
 2. Drop-in centre
 3. Toy library
 4. Infant stimulation program
 5. Gymbaroo
 6. Story time at library
 7. Other (Specify) _____
- 0–4Y 272 For about how many hours a week does [he/she] attend these in total?
_____ hours

- 4–12Y 273 In the past 12 months, outside of school hours, how often has [child] taken part in sports with a coach or instructor, except dance or gymnastics?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Less than once a month
- 4–12Y 274 In the past 12 months, outside of school hours, how often has [child] taken lessons or instruction in other organised physical activities with a coach or instructor, such as dance, gymnastics or martial arts?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Almost never
- 4–12Y 275 In the past 12 months, outside of school hours, how often has [child] taken lessons or instruction in music, art or other non-sport activities?
(READ OPTIONS 1–5)
1. Most days
 2. A few times a week
 3. About once a week
 4. About once a month
 5. Almost never
- 4–12Y 276 In the past 12 months, outside of school hours, has [child] taken part in any clubs, groups, or community programs with leadership, such as Girl Guides, Scouts, or church group?
(READ OPTIONS 1–4)
1. Yes
 2. No
 3. Don't know
 4. Refused

School attendance (age 4–12 years)

- 4–12Y 277 The next few questions are about school attendance.
- 4–12Y 277a Does [child] go to school?
1. Yes
 2. No → Q280
 3. Don't know → Q280
 4. Refused → Q280
- 4–12Y 278 What year is [child] in at school?
1. Kindergarten
 2. Year

3. Ungraded class
4. Don't know
5. Refused

4-12Y 279 What type of school does [child] currently attend?
(READ OPTIONS 1-6)

1. Public school
2. Catholic school
3. Independent school
4. Special education school
5. School of the Air
6. Any other school (Specify)

7. Don't know
8. Refusal

Pre-school (age 3-6 years)—Skip this section if child attends school

3-6Y 280 The next questions are about preschool.

3-6Y 281 Has [child] ever attended preschool?
(PROMPT: preschool is usually attended between 9am and 3pm at least once a week before a child starts full-time school)

1. Yes
2. No → Q285
3. Don't know → Q285
4. Refused → Q285

3-6Y 282 Is [child] currently attending preschool?

1. Yes
2. No
3. Don't know
4. Refused

3-6Y 283 How old was [child] when [he/she] first attended preschool?

1. _____ years and _____ months
2. Don't know
3. Refused

3-6Y 284 In total, how many hours per week does [child] usually attend preschool?

1. Hours
2. Don't know
3. Refused

Child care (age 0-5)—Skip this section if child attends school

0-5Y 285 The next few questions are about childcare. This includes formal childcare such as long day care centres or family day care and informal care such as care provided by relatives or paid babysitters or nannies.

0-5Y 286 Have you ever used any formal or informal childcare for [child] on a regular basis?

(PROMPT: formal childcare includes long day centres and family day care. Informal child care includes care by relatives or friends or paid babysitters or nannies)

(PROMPT: regular basis means at least half a day a week)

1. Yes
2. No → Q291
3. Don't know → Q291
4. Refusal → Q291

0-5Y 287 Is [child] currently having any type of formal or informal childcare on a regular basis?

1. Yes
2. No
3. Don't know → Q291
4. Refused → Q291

0-5Y 288 How old was [child] when [he/she] first started formal or informal childcare for half a day or longer

1. Age in years _____ and months _____
2. Don't know
3. Refused

If 287 = 2 ASK

0-5Y 289 How old was [child] when [he/she] stopped childcare?

1. Age in years _____ and months _____
2. Don't know
3. Refused

0-5Y 290 What type of childcare [did/does] [child] have?

(READ OPTIONS 1-6: MULTIPLE RESPONSE)

1. Long day care centre
2. Family day care (usually organised through local councils)
3. Home based care
4. Occasional care centre
5. Other formal care (Specify) _____
6. Informal care (Specify) _____
7. Don't know
8. Refused

Smoking (0-12 years)

ALL 291 The following questions are about tobacco smoking. This includes cigarettes, cigars and pipes.

- ALL 292 Which of the following best describes your household?
(READ OPTIONS 1–4)
1. Myself and others in this household smoke
 2. I smoke, but no one else does
 3. I don't smoke, but others in the household do
 4. No-one in the household smokes → Q295
 5. Don't know → Q295
 6. Refused → Q295
- ALL 293 Do you or the other smokers living in this household ...
(READ OPTIONS 1–5)
1. Always smoke inside
 2. Usually smoke inside
 3. Sometimes smoke inside and sometimes smoke outside
 4. Usually smoke outside
 5. Always smoke outside → Q295
 6. Don't know → Q295
 7. Refused → Q295

- ALL 294 How many cigarettes would you estimate are smoked inside your home each day?
(PROMPT: Smoked by all smokers inside the home)
1. _____ number of cigarettes
 2. Don't know
 3. Refused
- 8–12Y 295 Have you ever clearly told [child] not to smoke or forbidden [him/her] from smoking?
1. Yes
 2. No
 3. Don't know
 4. Refused

Smoking in pregnancy (asked only to mother of child aged <1 year)

- 0–11M 296 Have you ever smoked cigarettes, cigars, pipes or other tobacco products?
1. Yes
 2. No → Q303
 3. Don't know → Q303
 4. Refused → Q303
- 0–11M 297 Have you ever smoked more than 100 cigarettes cigars, pipes or other tobacco products?
1. Yes (more than 100)
 2. Yes, (less than 100) → Q303
 3. No → Q303
 4. Don't know → Q303

5. Refused → Q303
- 0–11M 298 When you were pregnant with [child], did you ever smoke cigarettes, cigars, pipes or other tobacco products?
(PROMPT: includes smoking before knowing that you were pregnant)
5. Yes
 6. No → Q303
 7. Don't know → Q303
 8. Refused → Q303
- 0–11M 299 When you were pregnant with [child], did you :
(READ OPTIONS 1–3: MULTIPLE RESPONSE)
1. Reduce the amount of tobacco you smoked
 2. Try and give up smoking but were unsuccessful
 3. Successfully give up smoking → Q302
 4. None of the above
 5. Don't Know
 6. Refused
- 0–11M 300 How often did you smoke cigarettes, cigars, pipes or other tobacco products, while you were pregnant with [child]?
(READ OPTIONS 1–4)
1. Daily
 2. At least weekly, not daily
 3. Less often than weekly → Q303
 4. Not at all → Q303
 5. Don't know → Q303
 6. Refused → Q303

- 0–11M 301 When you were pregnant with [child], how many manufactured cigarettes did you usually smoke [per day/each week]?
1. _____ Cigarettes per day → Q303
 2. _____ Cigarettes per week → Q303
 3. Don't Know → Q303
 4. Refused → Q303

- 0–11M 302 At what stage during your pregnancy did you quit smoking? Was it:
(READ OPTIONS 1–4)
1. The first 3 months
 2. 4–6 months
 3. 7–9 months
 4. Don't Know
 5. Refused

Demographics

- ALL 303 Now we are coming to the last section of the survey which is some routine questions about [child]'s and your family

	background. Remember that all your answers remain confidential.				
ALL	304 Besides yourself, who else does [child] live with? (NOTE: Do not enter respondent's relationship to child) (MULTIPLE RESPONSE) 1. Mother 2. Father 3. Respondent's partner 4. Step-mother 5. Step-father 6. Grandparents 7. Brothers and sisters 8. Step brothers-sisters 9. Other relatives 10. Non-family members 11. No-one else besides respondent 12. Other (Specify) _____ 13. Refused				4. Refused → 309
		ALL	308	How much time does [CHILD] spend with his/her mother? 1. ___ days per week 2. ___ weeks per month 3. ___ weeks per year 4. less than one week per year 5. Don't know 6. Refused	
		ALL	309	What country was [child] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
		ALL	310	What country was [child's] mother or stepmother [were you] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
		ALL	311	What country was [child's] father or stepfather [were you] born in? 1. Australia 2. Other country _____ 3. Don't know 4. Refused	
ALL	305 IF NO FATHER IN HOUSEHOLD: Does [child] spend any time with [his/her] father? (NOTE: If respondent is concerned about this question advise it is to see if we need to ask demographic questions about [CHILD'S] father; for example father's education can influence child health) 1. Yes 2. No → SKIP TO 307 3. Don't know → SKIP TO 307 4. Refused → SKIP TO 307				ALL 312 Is [child] of Aboriginal or Torres Strait Islander origin? [PROBE if yes] 1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin → Q315 5. Don't know → Q315 6. Refused → Q315
ALL	306 How much time does [CHILD] spend with [his/her] father? 1. ___ days per week 2. ___ weeks per month 3. ___ weeks per year 4. less than one week per year 5. Don't know 6. Refused				ALL 313 Is [child's] mother or stepmother [are you] of Aboriginal or Torres Strait Islander origin? [PROBE if yes] 1. Aboriginal but not Torres Strait Islander 2. Torres Strait Islander but not Aboriginal origin 3. Aboriginal and Torres Strait Islander origin 4. Not Aboriginal or Torres Strait Islander origin 5. Don't know 6. Refused
ALL	307 IF NO MOTHER IN HOUSEHOLD: Does [child] spend any time with [his/her] mother? (NOTE: If respondent is concerned about this question advise it is to see if we need to ask demographic questions about [CHILD'S] mother; for example mother's education can influence child health) 1. Yes 2. No → 309 3. Don't know → 309				

ALL 314 Is [child's] father or stepfather [are you] of Aboriginal or Torres Strait Islander origin?

[NOTE: probe if yes]

1. Aboriginal but not Torres Strait Islander
2. Torres Strait Islander but not Aboriginal origin
3. Aboriginal and Torres Strait Islander origin
4. Not Aboriginal or Torres Strait Islander origin
5. Don't know
6. Refused

ALL 315 What language do you usually speak at home?

1. Language (Specify)_____
2. Don't know
3. Refused

ALL 316 What is the highest level of education [child's] mother or stepmother has [you have] completed?

1. Never attended school
2. Completed primary school
3. Some high school
4. Completed School Certificate– Intermediate– Year 10–4th Form
5. Completed HSC–Year 12–Leaving–6th Form
6. TAFE Certificate or Diploma, including trade certificate
7. University, CAE or some other tertiary institute degree or higher
8. Other (Specify)_____
9. Some primary school (not completed)
10. Don't know
11. Refused

ALL 317 What is the highest level of education [child's] father or stepfather has [you have] completed?

1. Never attended school
2. Completed primary school
3. Some high school
4. Completed School Certificate– Intermediate– Year 10–4th Form
5. Completed HSC–Year 12–Leaving–6th Form
6. TAFE Certificate or Diploma, including trade certificate
7. University, CAE or some other tertiary institute degree or higher
8. Other (Specify)_____
9. Some primary school (not completed)
10. Don't know

11. Refused

ALL 318 How would you describe [child's] mother's or stepmother's [your] current employment status?

(NOTE: If more than one code applies, code the one with the lowest number: if casually employed use code 9) (READ OPTIONS 1–8)

1. Employed full-time (include self-employed)
2. Employed part-time (include self-employed)
3. Unemployed → 320
4. Home Duties → 320
5. Student and working
6. Student and not working
7. Retired → 320
8. Unable to work due to health problems
9. Other (Specify)_____ → 320
10. Don't know → 320
11. Refused → 320

ALL 319 How many hours does [child's] mother or stepmother [do you] usually work or study, away from home, each week?

1. _____ hours per week
2. Don't know
3. Refused

ALL 320 How would you describe [child's] father's –stepfather's [your] current employment status?

(NOTE: If more than one code applies, code the one with the lowest number: if casually employed use code 9) (READ OPTIONS 1–8)

1. Employed full-time (include self-employed)
2. Employed part-time (include self-employed)
3. Unemployed → 322
4. Home Duties → 322
5. Student and working
6. Student and not working
7. Retired → 322
8. Unable to work due to health problems → 322
9. Other (Specify)_____ → 322
10. Don't know → 322
11. Refused → 322

ALL 321 How many hours do you/does [child's] father or stepfather usually work or study, away from home, each week?

1. _____ hours per week
2. Don't know
3. Refused

- ALL 322 [Do you/does child's parents] receive any of the following benefits?
(READ OPTIONS 1-8: MULTIPLE RESPONSE)
(NOTE: do not include back to school payment)
1. Disability Support
 2. Unemployment benefits or Job Search Allowance
 3. Sickness Benefits or Allowance
 4. Parenting payment
 5. Family allowance
 6. Age pension
 7. Repatriation Pension or Service Pension
 8. Other type of benefit (Specify)

 9. Don't know
 10. Refused

- ALL 323 How long have you lived in your local area?
1. ___ years
 2. Don't know
 3. Refused

- ALL 324 What locality or suburb do you live in?
1. _____locality or suburb
 2. Don't know
 3. Refused

- ALL 325 Could you tell me your postcode?
1. _____ postcode
 2. Don't know
 3. Refused

- ALL 326 What is the name of your local Council or Shire?
1. _____ Council
 2. Don't know
 3. Refused

- ALL 327 Is your telephone number listed in the White Pages?
1. Yes
 2. No
 3. Don't know
 4. Refused

- ALL 328 How many residential telephone numbers do you have? Do not include mobile phone numbers or dedicated fax numbers.
1. ____ number of residential phone numbers
 2. Don't know
 3. Refused

- ALL 329 Finally, a percentage of respondents are contacted by our survey supervisor to ensure the survey was conducted in a professional manner. Are you willing for a supervisor to contact you at a later stage?
1. Yes
 2. No
 3. Refused
 4. Don't know

ALL END That ends our questionnaire. Thank you for taking the time to complete this questionnaire. The information will be used to help improve health services for children in your local area and across the state. Thanks once again. Goodbye.