Australian Government
Department of Health

THE UNIVERSITY OF MELBOURN

Roy Morgan Research

TEN TO MEN
The Australi i i l
Study on Male Health

WAVE 2

Parent Survey

How to complete this survey

Use only **black** pen. Do not mark any areas outside the box. Most questions are answered by marking a **cross** in one or more boxes, like this:	**Right** ☒ **Wrong** ☐ ☐ ☐ ☐ ☐
If you need to change an answer, completely fill in the wrong box and put a **cross** in the box that you do want to answer, like this:	■ ☐
Some questions are answered by writing a number inside one or more boxes, like this: Where there is more than one box and your answer is just a single digit, you do not need to insert zeros in front of your answer:	☐☐ ☐8
If a box you have marked has a 'Go to' instruction alongside it: Please go straight to the question indicated. In all other cases, just go to the next question.	Yes ☐ → Continue No ☐ → Go to QA10
Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this: **Please do not write or make marks elsewhere on this form, except where indicated.**	☐

The survey covers a range of subjects that are related to health and wellbeing. Some of these are sensitive or very personal.You do not have to answer any question you do not want to. Your answers will help improve the health of men and boys across Australia.

We will protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law.

If you are concerned about your physical or emotional health, you may like to contact:
- your nearest Community Health Centre;
- your General Practitioner for advice about who would be the best person in your community for you to talk to;
- Lifeline 131 114 (local call). Available 24 hours.

Respondent ID

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YOUR SON'S HEALTH & WELLBEING

A1. In the past 4 weeks, how much does this sound like your child?
(Mark one answer in each row)

	Never	Almost never	Sometimes	Often	Almost always
Feels happy	☐	☐	☐	☐	☐
Feels good about himself	☐	☐	☐	☐	☐
Feels good about his health	☐	☐	☐	☐	☐
Gets support from family or friends	☐	☐	☐	☐	☐
Thinks good things will happen to him	☐	☐	☐	☐	☐
Thinks his health will be good in the future	☐	☐	☐	☐	☐

A2. In the past 4 weeks, in general, how was your child's health?

Bad	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

A3. Has your son had the following health conditions?
For each health condition listed below, answer either YES or NO in both column 1 and column 2 below.

	Column 1 Has a doctor or other health professional ever told you that your son had this condition?		**Column 2 Has your son been treated for or had any symptoms of this condition in the past 12 months?**	
	Yes	**No**	**Yes**	**No**
Eczema	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Diabetes Type 1	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety disorders	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐
ADHD	☐	☐	☐	☐
Autism Spectrum Disorder	☐	☐	☐	☐
Conduct Disorder	☐	☐	☐	☐
Idiopathic scoliosis (curvature of the spine)	☐	☐	☐	☐
Drug and/or alcohol problems	☐	☐	☐	☐
An eating disorder	☐	☐	☐	☐
Dyslexia (or learning disabilities)	☐	☐	☐	☐
Expressive or receptive language disorder	☐	☐	☐	☐
Hearing impairment	☐	☐	☐	☐
Vision impairment	☐	☐	☐	☐
Intellectual disability	☐	☐	☐	☐

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A4. Has a doctor or health professional ever told you that he has a food allergy?

Yes ☐ → Continue
No ☐ → Go to QA8

A5. Which food is he allergic to?
(Mark all that apply)

Peanut ☐
Treenut ☐
Cow's milk ☐
Eggs ☐
Soy ☐
Wheat ☐
Fish/shellfish ☐
Other ☐

A6. Does he have an adrenaline auto-injector, such as an EpiPen® or Anapen®?

Yes ☐
No ☐

A7. Has he ever had an episode of anaphylaxis?

Yes ☐
No ☐

EVERYONE PLEASE ANSWER

For questions A8 to A11, please write a time and then mark the box to indicate whether this time is AM or PM. For example, you would write 8.45 at night as follows:

☐8 : ☐☐ AM ☐ PM ☒

A8. About what time does your son usually go to bed at night on a school night?

☐☐ : ☐☐ AM ☐ PM ☐

A9. About what time does your son usually wake up in the morning on a school day?

☐☐ : ☐☐ AM ☐ PM ☐

A10. About what time does your son usually go to bed on days when he does not have school the next day?

☐☐ : ☐☐ AM ☐ PM ☐

A11. About what time does your son usually wake up in the morning on days when he does not have school?

☐☐ : ☐☐ AM ☐ PM ☐

Most children have small injuries at some time or another. The following questions are about more severe injuries that your son may have had.

A12. In the last two years, did your son have an injury that required professional medical treatment?

No ☐ → Go to QA16
Yes, one injury ☐
Yes, ☐☐ injuries (write number)

If your son had more than one injury that required medical treatment in the past two years, think about the most severe injury for the rest of the questions in this section.

A13. Does your son currently live with the physical or mental effects of that injury?

Yes ☐ → Continue
No ☐ → Go to QA16

A14. Do the effects of that injury currently limit your son in performing his duties and activities (e.g. going to school, doing work around the house, etc.)?

Yes, fully ☐
Yes, but only partially ☐
No ☐

A15. Was this injury an accident, did someone else hurt him deliberately, or did he deliberately hurt himself?

It was an accident (unintentional) ☐
Someone else did it to him deliberately (intentional) ☐
He did it to himself deliberately (self-inflicted) ☐
Don't know ☐

Reminder:

Are you filling in the boxes correctly?

Right	Wrong				
☒	-	✓	☒	☐	☐

Are you shading the boxes fully for any mistakes?

Wrong box ■
Right box ☐

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EVERYONE PLEASE ANSWER

A16. In the past 12 months, has your son visited any of the following medical services?
Please answer either Yes or No for each row. If yes for any service, please also state how many times.

	Yes	No	How many times in the past 12 months?
A family doctor/General Practitioner (GP)	☐	☐	☐☐
A nurse in a general practice	☐	☐	☐☐
A counsellor or psychologist	☐	☐	☐☐
A psychiatrist	☐	☐	☐☐
Any other specialist doctor (skin doctor, sport physician, surgeon, etc.)	☐	☐	☐☐
Manual therapist (Physiotherapist, Chiropractor, Osteopath, etc.)	☐	☐	☐☐
Alternative therapist (Naturopath, Herbalist, Aromatherapist, etc.)	☐	☐	☐☐
Dietician	☐	☐	☐☐
Dentist	☐	☐	☐☐
Other (please specify): 3	☐	☐	☐☐

A17. In the past 12 months, did your son have to be treated at an Emergency Department?

Yes ☐ → Continue
No ☐ → Go to QA19a

A18. How many times in the past 12 months did this happen?

Please write number of times here: ☐☐

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3 ☐☐

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EVERYONE PLEASE ANSWER

A19a. Does your son currently need or use medicine prescribed by a doctor (other than vitamins)?

Yes ☐ → Continue
No ☐ → Go to QA20a

A19b. Is this because of any medical, behavioural or other health condition?

Yes ☐ → Continue
No ☐ → Go to QA20a

A19c. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes ☐
No ☐

A20a. Does your son need or use more medical care, mental health or educational services than is usual for most children of the same age?

Yes ☐ → Continue
No ☐ → Go to QA21a

A20b. Is this because of any medical, behavioural or other health condition?

Yes ☐ → Continue
No ☐ → Go to QA21a

A20c. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes ☐
No ☐

A21a. Is your son limited or prevented in any way in his ability to do the things most children of the same age can do?

Yes ☐ → Continue
No ☐ → Go to QA22a

A21b. Is this because of any medical, behavioural or other health condition?

Yes ☐ → Continue
No ☐ → Go to QA22a

A21c. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes ☐
No ☐

A22a. Does your son need or get special therapy, such as physical, occupational or speech therapy?

Yes ☐ → Continue
No ☐ → Go to QA23a

A22b. Is this because of any medical, behavioural or other health condition?

Yes ☐ → Continue
No ☐ → Go to QA23a

A22c. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes ☐
No ☐

A23a. Does your son have any kind of emotional, developmental or behavioural problem for which he needs or gets treatment or counselling?

Yes ☐ → Continue
No ☐ → Go to QA24

A23b. Has this problem lasted or is it expected to last for at least 12 months?

Yes ☐
No ☐

A24. Does your son have a disability?

Yes ☐
No ☐

Reminder:
Are you using a black ballpoint pen?

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YOUR SON'S EVERYDAY LIFE

A25a. Does your son live elsewhere for some or all of the time?
By "live elsewhere" we mean sleep elsewhere at least one night during the week.

Yes ☐ → Continue
No ☐ → Go to QA26

A25b. How often does your son live elsewhere?
(Please write a number and mark the appropriate box for each column)

For example, if they live 5 days per fortnight elsewhere, your answer would be:

Write number			per	
5	days ☒		week ☐	
	weeks ☐		fortnight ☒	
	months ☐		month ☐	
			year ☐	

Write number			per	
	days ☐		week ☐	
	weeks ☐		fortnight ☐	
	months ☐		month ☐	
			year ☐	

A26. In the past 12 months has your son been disciplined or suspended from school?

Yes ☐
No ☐

Reminder:

Are you filling in the boxes correctly?

Right ☒ **Wrong** ☐ ☑ ☒ ☐ ☐

Are you shading the boxes fully for any mistakes?

Wrong box ■
Right box ☐

YOUR FAMILY ENVIRONMENT

B1. How many people usually live in your home?
Count all children and adults, including yourself.

Number of people: ☐☐

B2. How many bedrooms are there in your home?

Number of bedrooms: ☐☐
(Write 0 if none; e.g. studio apartment, caravan, etc.)

B3. In this home:

Owned outright ☐
Owned with a mortgage ☐
Being purchased under a rent/buy scheme ☐
Being rented ☐
Being occupied rent-free ☐
Other ☐

B4. How would you describe your home?

Single/free-standing house ☐ → Go to QB6

Semi-detached row or terrace house/ town house:
One storey ☐
Two or more storeys ☐
→ Go to QB6

Flat or apartment:
In a one or two storey block ☐ → Go to QB6
In a three storey block ☐
In a four or more storey block ☐
→ Continue
Attached to a house ☐ → Go to QB6

Caravan, cabin, houseboat ☐
Improvised home, tent, camping out ☐
House or flat attached to a shop or office, etc. ☐
→ Go to QB6

B5. What floor is your flat/apartment on?

Floor number: ☐☐
(Write 0 if ground floor)

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EVERYONE PLEASE ANSWER

B6. How much does your household pay for this home?

Include things like:
- rent and mortgage repayments
- site fees if the home is a caravan in a caravan park.

Exclude things like:
- water rates, council rates, repairs, maintenance and other fees.

Amount: $ ☐☐☐☐ .00

☐ Per week
☐ Per fortnight
☐ Per month

☐ Not applicable - Nil payments

B7. Which of these categories contains the combined income in your household, before tax and other deductions are taken out, during the last financial year; that is July 2014 to June 2015.

Please include all income sources (including wages, investments and government pensions and benefits). If you live in a shared or group house please just mark your own income.

Weekly		Per Year	
$3840 or more	OR	$200,000 or more	☐
$2880 - $3839	OR	$150,000 - $199,999	☐
$2400 - $2879	OR	$125,000 - $149,999	☐
$1920 - $2399	OR	$100,000 - $124,999	☐
$1530 - $1919	OR	$80,000 - $99,999	☐
$1150 - $1529	OR	$60,000 - $79,999	☐
$960 - $1149	OR	$50,000 - $59,999	☐
$770 - $959	OR	$40,000 - $49,999	☐
$580 - $769	OR	$30,000 - $39,999	☐
$380 - $579	OR	$20,000 - $29,999	☐
$190 - $379	OR	$10,000 - $19,999	☐
$1 - 189	OR	$1 - $9,999	☐
		Nil income	☐
		Negative income	☐
		Don't know	☐

B8. Over the past 12 months did any of the following happen to you because of a shortage of money?
(Mark one answer in each row)

	Yes	No
Could not fill or collect a prescription medicine	☐	☐
Could not get a medical test, treatment, or follow-up that was recommended by a doctor	☐	☐
Limited how much fruit or vegetables you ate	☐	☐
Could not pay electricity, gas or telephone bills on time	☐	☐
Could not pay the mortgage or rent on time	☐	☐
Asked for financial help from friends or family	☐	☐

B9. In the past 12 months, have you experienced any of the following events?
(Mark one answer in each row)

	Yes	No
Our family moved to a new home	☐	☐
Somebody in our family had a serious illness or died	☐	☐
I got separated or divorced	☐	☐
Somebody in our family had a serious accident	☐	☐
My partner moved in with us	☐	☐
I/the family had problems with money	☐	☐

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YOUR BACKGROUND

B10. Are you currently:

Employed/working for profit or pay ☐ → Continue

Unemployed and looking for work ☐ → Survey completed

Neither working nor looking for work ☐ → Survey completed

B11. Do you currently have more than one paid job?

Yes ☐

No ☐

B12. What is your current occupation (in your main job)?

Job title (including award/Government classification if possible, e.g. secondary school teacher, metal engineering process worker, commercial property cleaner, registered nurse, etc.):

Main duties/tasks:

B13. Last week, how many hours did you work in your main job?

Write the number of hours here: ☐☐ hours last week

B14. What is your form of employment in your main job?
(Mark the one answer that fits best)

Permanent or ongoing ☐

Casual or temporary ☐

Fixed-term contract (i.e. employed for specific period of time) ☐

Self-employed, not employing others ☐

Self-employed and also employing others ☐

B15. Do you get paid sick and annual leave in your main job?

Yes ☐

No ☐

ANZSCO

☐☐☐☐ OFFICE USE ONLY

Did we miss anything?

If you have any other information or comments you would like to share with us please write them in the space below. If you are concerned about your physical or emotional health, information on support services is available at tentomen.org.au

Thank you for completing this survey

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Comments made ☐

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