



Australian Government

Department of Health and Ageing




THE UNIVERSITY OF
MELBOURNE



The Australian Longitudinal
Study on Male Health

Parent Survey Part A ABOUT YOUR SON

How to complete this survey

Use only black pen. Do <u>not</u> mark any areas <u>outside the box</u> . Most questions are answered by marking a cross in one or more boxes, like this:	<p>Right Wrong</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
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:	<p>Wrong box Right box</p> <p> <input checked="" type="checkbox"/></p>
Some questions are answered by writing a number inside one or more boxes, like this:	<p><input type="text" value="2"/> <input type="text" value="4"/></p>
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:	<p><input type="text" value=""/> <input type="text" value="8"/></p>
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.	<p>Yes <input type="checkbox"/> → Continue No <input type="checkbox"/> → Go to Q10</p>
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.	<p><input type="text" value="Last year I went to Bali"/></p>

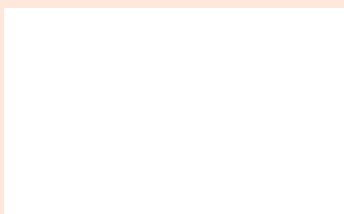
About the survey

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 intend to 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 and would like some help, 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.



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1	2
<input type="text"/>	<input type="text"/>





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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi01p
Feels good about himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi02p
Feels good about his health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi03p
Gets support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi04p
Thinks good things will happen to him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi05p
Thinks his health will be good in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awpgwsi06p

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

awpgwsgfsp

Bad	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <u>ever</u> 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 <u>past 12 months</u> ?			
	Yes	No	Yes	No		
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	ahdeczmevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdeczm12p
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	ahdasthevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdasth12p
Diabetes Type 1	<input type="checkbox"/>	<input type="checkbox"/>	ahddiabevp	<input type="checkbox"/>	<input type="checkbox"/>	ahddiab12p
Depression	<input type="checkbox"/>	<input type="checkbox"/>	ahddeprevp	<input type="checkbox"/>	<input type="checkbox"/>	ahddepr12p
Anxiety disorders	<input type="checkbox"/>	<input type="checkbox"/>	ahdanxdevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdanxd12p
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	ahdschzevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdschz12p
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	ahdadhdevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdadhd12p
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	ahdauspevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdausp12p
Conduct Disorder	<input type="checkbox"/>	<input type="checkbox"/>	ahdcondevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdcond12p
Idiopathic scoliosis (curvature of the spine)	<input type="checkbox"/>	<input type="checkbox"/>	ahdidscevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdids12p
Drug and/or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	ahddrapevp	<input type="checkbox"/>	<input type="checkbox"/>	ahddrap12p
An eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	ahdeatdevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdeatd12p
Dyslexia (or learning disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	ahddyslevp	<input type="checkbox"/>	<input type="checkbox"/>	ahddysl12p
Expressive or receptive language disorder	<input type="checkbox"/>	<input type="checkbox"/>	ahdlangevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdlang12p
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	ahdhearevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdhear12p
Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	ahdvisievp	<input type="checkbox"/>	<input type="checkbox"/>	ahdvisi12p
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>	ahdintdevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdintd12p
Allergic reaction to peanut or other nut	<input type="checkbox"/>	<input type="checkbox"/>	ahdnutaevp	<input type="checkbox"/>	<input type="checkbox"/>	ahdnuta12p

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A4. Has your son ever had the following symptoms?

For each symptom listed below, answer either YES or NO.

	Yes	No
ahdsxbpevp Back pain	<input type="checkbox"/>	<input type="checkbox"/>
ahdsxfhevp Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
ahdsxwbevp Wheezy breathing (when he doesn't have a cold)	<input type="checkbox"/>	<input type="checkbox"/>

For questions A5 to A8 inclusive, 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:

: AM PM

A5. About what time does your son usually go to bed at night on a school night? ahzslpsn5pd

: AM PM

A6. About what time does your son usually wake up in the morning on a school day? ahzwausd5pd

: AM PM

A7. About what time does your son usually go to bed on days when he does not have school the next day? ahzslpns5pd

: AM PM

A8. About what time does your son usually wake up in the morning on days when he does not have school? ahzwauns5pd


: AM PM

Reminder:

Are you filling in the boxes correctly?

RIGHT <input checked="" type="checkbox"/>	WRONG <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
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Are you shading the boxes fully for any mistakes?

Wrong box 
 Right box

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

A9. Does your son currently live with the physical or mental effects of an injury? ahimsipmep

An "injury" is damage to the body or brain caused by an external force (e.g. a broken leg or memory loss from accidentally falling over or being pushed).

Yes → Continue

No → Go to question A14

A10. Do the effects of an injury currently limit him in performing his duties and activities (e.g. going to school, doing work around the house, etc.)? ahimsilmtp

Yes, fully

Yes, but only partially

No

If your son currently lives with the physical or mental effects of more than one injury, think about the most severe injury for questions A11, A12 and A13 below.

A11. How old was your son when this injury occurred? ahimsiagpe

Please write age here:

A12. When this injury occurred, did he receive medical treatment for this injury outside your household (e.g. at an emergency department, doctor's clinic, health centre, etc.)? ahimsimtxp

Yes

No

A13. Was the injury to your son an accident, did someone else hurt him deliberately, or did he deliberately hurt himself? ahimsiaccp

It was an accident (unintentional)

Someone else did it to him deliberately (intentional)

He did it to himself deliberately (self-inflicted)

Don't know



EVERYONE PLEASE ANSWER

The next few questions are about your son's usage of medical services for whatever reason.

A14. 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 your son has visited a service in the past 12 months, please also indicate how many times this occurred.

	Yes	No	If Yes, how many times in the <u>past 12 months</u> ?
A family doctor/General Practitioner (GP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausgp0nump ausgp012mp
A nurse in a general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausnur12mp ausnur12mp
A counsellor or psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> auscpsnump auscps12mp
A psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausmdrnump ausmdr12mp
Any other specialist doctor (skin doctor, sport physician, surgeon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> aussdrnump aussdr12mp
Manual therapist (Physiotherapist, Chiropractor, Osteopath, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausmatnump ausmat12mp
Alternative therapist (Naturopath, Herbalist, Aromatherapist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausaltnump ausalt12mp
Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausdienump ausdie12mp
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> ausden12mp ausden12mp
Other (please specify): ³ <input type="text"/>	<input type="checkbox"/>		<input type="text"/> <input type="text"/> ausoms1nup ausoms1spp
Other (please specify): ⁴ <input type="text"/>	<input type="checkbox"/>		<input type="text"/> <input type="text"/> ausoms2nup ausoms2spp

A15. In the past 12 months, did your son have to be treated at an Emergency Department? ausemd12mp

Yes → Continue
 No → Go to question A17a

A16. How many times in the past 12 months did this happen? ausemdnump

Please write number of times here:

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3	4
<input type="text"/>	<input type="text"/>



A17a. Does your son currently need or use medicine prescribed by a doctor (other than vitamins)?

ausshcn01p

Yes → Continue

No → Go to question A18a

A17b. Is this because of any medical, behavioural or other health condition?

ausshcn1ap

Yes → Continue

No → Go to question A18a

A17c. Is this a condition that has lasted or is expected to last for at least 12 months?

ausshcn1bp

Yes

No

A18a. Does your son need or use more medical care, mental health or educational services than is usual for most children of the same age?

ausshcn02p

Yes → Continue

No → Go to question A19a

A18b. Is this because of any medical, behavioural or other health condition?

ausshcn2ap

Yes → Continue

No → Go to question A19a

A18c. Is this a condition that has lasted or is expected to last for at least 12 months?

ausshcn2bp

Yes

No

Reminder:

Are you using a black ballpoint pen?

A19a. Is your son limited or prevented in any way in his ability to do the things most children of the same age can do?

ausshcn03p

Yes → Continue

No → Go to question A20a

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

ausshcn3ap

Yes → Continue

No → Go to question A20a

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

ausshcn3bp

Yes

No

A20a. Does your son need or get special therapy, such as physical, occupational or speech therapy?

ausshcn04p

Yes → Continue

No → Go to question A21a

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

ausshcn4ap

Yes → Continue

No → Go to question A21a

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

ausshcn4bp

Yes

No

A21a. Does your son have any kind of emotional, developmental or behavioural problem for which he needs or gets treatment or counselling?

ausshcn05p

Yes → Continue

No → Go to question A22

A21b. Has this problem lasted or is it expected to last for at least 12 months?

ausshcn5ap

Yes

No

A22. Does your son have a disability?

ahidisabyp

Yes

No



A23. How do you see your son? Is he generally a person who is fully prepared to take risks or does he try to avoid taking risks? abbrisktkp

Please mark a box on the scale below that best indicates your son's level of willingness to take risks. The value 0 means "Not at all willing to take risks" and the value 10 means "Very willing to take risks".

Not at all willing to take risks

Very willing to take risks

0 1 2 3 4 5 6 7 8 9 10

A24. In the past 12 months has your son been disciplined or suspended from school? abrsuspenp

Yes
No

YOUR SON'S BACKGROUND & LIVING ENVIRONMENT

asfnohomep

A25a. Does your son live elsewhere for some or all of the time?

By "sometimes live elsewhere" we mean sleep elsewhere at least one night a week.

Yes → Continue
No → Go to question A26

A25b. How often does your son live elsewhere?

(Please write a number and mark the appropriate box for each column) asfhm2ti4pd

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

		5	Write number	days <input checked="" type="checkbox"/>	per	week <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		weeks <input type="checkbox"/>		fortnight <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		months <input type="checkbox"/>		month <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				year <input type="checkbox"/>

				Write number	days <input type="checkbox"/>	per	week <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		weeks <input type="checkbox"/>		fortnight <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		months <input type="checkbox"/>		month <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				year <input type="checkbox"/>

A26. In which country was your son born? asecobownp

- Australia → Go to question A28
- England
- New Zealand
- Italy
- Vietnam
- India
- Scotland

Other (please specify):

5

A27. When did your son first arrive in Australia to live here for one year or more? aseaustyrp

Please write year here:

Son will be in Australia for less than one year

A28. Is your son of Aboriginal or Torres Strait Islander origin? aseatsi00p

- No
- Aboriginal
- Torres Strait Islander
- Both

5

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