

**Appendix: Extract from the SMILE questionnaires
Wave 1 Baseline questionnaire:**

Confounding factors: SES

QUESTIONS	↓ Mother	↓ Other Parent/Guardian
<p>E7 Please complete the table below. If your child lives in a <u>one-parent household</u>, please fill in one column for yourself (Mother). If your child lives in a <u>two-parent household</u>, please fill in a column for yourself (Mother) and a column for your partner (Other Parent /Guardian).</p>		
a) What is <u>your</u> age? Years Old Years Old
b) What is your sex? <i>(Tick one box only)</i>	<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female
c) In which country were you born?	<input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ Other country <i>(please specify)</i>	<input type="checkbox"/> ₁ Australia <input type="checkbox"/> ₂ Other country <i>(please specify)</i>
d) Is English your first language?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <i>Please specify what other language(s) you speak at home?</i>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <i>Please specify what other language(s) you speak at home?</i>
e) Are you of Aboriginal or Torres Strait Islander origin? <i>(Tick one box only)</i>	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, Torres Strait Islander <input type="checkbox"/> ₄ Yes, Aboriginal & Torres Strait Islander	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, Aboriginal <input type="checkbox"/> ₃ Yes, Torres Strait Islander <input type="checkbox"/> ₄ Yes, Aboriginal & Torres Strait Islander
f) What is the highest level of education you have? <i>(Tick one box only)</i>	<input type="checkbox"/> ₁ Some high school <input type="checkbox"/> ₂ Completed high school <input type="checkbox"/> ₃ Some vocational training (i.e. trade) <input type="checkbox"/> ₄ Completed vocational training <input type="checkbox"/> ₅ Some University or College <input type="checkbox"/> ₆ Completed University or College <input type="checkbox"/> ₇ Postgraduate	<input type="checkbox"/> ₁ Some high school <input type="checkbox"/> ₂ Completed high school <input type="checkbox"/> ₃ Some vocational training (i.e. trade) <input type="checkbox"/> ₄ Completed vocational training <input type="checkbox"/> ₅ Some University or College <input type="checkbox"/> ₆ Completed University or College <input type="checkbox"/> ₇ Postgraduate
g) What is your current work status? <i>(Tick one box only)</i>	<input type="checkbox"/> ₁ Full time employed prior to this birth <input type="checkbox"/> ₂ Part time employed prior to this birth <input type="checkbox"/> ₃ Unemployed <i>(please go to E8)</i> <input type="checkbox"/> ₄ Home duties <i>(please go to E8)</i> <input type="checkbox"/> ₅ Pensioner	<input type="checkbox"/> ₁ Full time employed <input type="checkbox"/> ₂ Part time employed <input type="checkbox"/> ₃ Unemployed <i>(please go to E8)</i> <input type="checkbox"/> ₄ Home duties <i>(please go to E8)</i> <input type="checkbox"/> ₅ Pensioner
h) What is your main occupation?	<input type="checkbox"/> ₁ Manager / Administrator <input type="checkbox"/> ₂ Professional <input type="checkbox"/> ₃ Para-professional / Trade person <input type="checkbox"/> ₄ Clerk / Salesperson /Personal service worker <input type="checkbox"/> ₅ Plant / Machine operator / Drivers <input type="checkbox"/> ₆ Manual worker / Labourer <input type="checkbox"/> ₇ Other	<input type="checkbox"/> ₁ Manager / Administrator <input type="checkbox"/> ₂ Professional <input type="checkbox"/> ₃ Para-professional / Trade person <input type="checkbox"/> ₄ Clerk / Salesperson /Personal Service worker <input type="checkbox"/> ₅ Plant / Machine operator / Drivers <input type="checkbox"/> ₆ Manual worker / Labourer <input type="checkbox"/> ₇ Other

E8 Which category does your total household income (before tax) fall into? Include any salaries, pensions, allowances, benefits, etc from all persons in the household. *(Please tick one box only)*

Household income per year

- | | |
|---|--|
| <input type="checkbox"/> ₁ Up to \$20,000 | <input type="checkbox"/> ₆ \$100,001 to \$120,000 |
| <input type="checkbox"/> ₂ \$20,001 to \$40,000 | <input type="checkbox"/> ₇ \$120,001 to \$140,000 |
| <input type="checkbox"/> ₃ \$40,001 to \$60,000 | <input type="checkbox"/> ₈ \$140,001 to \$160,000 |
| <input type="checkbox"/> ₄ \$60,001 to \$80,000 | <input type="checkbox"/> ₉ \$160,001 to \$180,000 |
| <input type="checkbox"/> ₅ \$80,001 to \$100,000 | <input type="checkbox"/> ₁₀ Over \$180,000 |

Wave 4 questionnaire (age 12 months)

Exposure variable: Lay support

B32. These statements relate to the support you get from other people.

(Please tick one box only for each statement)

**Strongly
disagree**

**Strongly
agree**

There is a special person who is around when I am in need.

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

