ACT Kindergarten Health Check (KHC)

# Dataset Information

| **Aspect** |  | **Comment** |
| --- | --- | --- |
| Dataset Description |  | The ACT Kindergarten Health Check is part of the ACT Health Child, Youth and Women's Health program. It includes checks on vision, hearing, height, weight, and development. Parents provide written consent for their child to participate, and completed a questionnaire covering demographic details; self-reported Aboriginal and Torres Strait Islander status, health history, and a range of health-related questions. |

# Variable Information

## Category: Uncategorised

|  | **Column** | **Column Description** | **Datatype** | **Code** | **Code Description** |
| --- | --- | --- | --- | --- | --- |
|  | AgeYrs | Age in years | INT |  |  |
|  | AssCorrtd | Date of assessment was corrected (to earliest day at school) when date supplied incorrect or not completed | INT | 0 | No |
| 1 | Yes |
|  | Assdate | Date of assessment | DATETIME |  |  |
|  | BirthMonth | Month of Birth | INT |  |  |
|  | BirthYear | Year of Birth | INT |  |  |
|  | ChildID | Unique ID | INT |  |  |
|  | CompAEH | Denotes completeness of this questionnaire section | INT | 1 | Fully complete |
| 2 | Incorrect or incomplete items |
| 3 | Not completed at all |
|  | CompNA | INT | 1 | Fully complete |
| 2 | Incorrect or incomplete items |
| 3 | Not completed at all |
|  | Gender | Other gender if identified, otherwise assume gender is the same as sex. | INT | 1 | Man, or boy, or male |
| 2 | Woman, or girl, or female |
| 3 | Non-Binary |
| 4 | Other term (refers to 'gender diverse' or terminology other than in options 1,2, or 3) |
| 5 | Prefer not to answer |
| 9 | Not stated/inadequately described |
|  | HOANES | Handout/s re: Asthma Nurse Educator Service | INT | 0 | No |
| 1 | Yes |
|  | HOContin | Handout/s re: contintence. | INT | 0 | No |
| 1 | Yes |
|  | HOOther | Handout/s re: Other | INT | 0 | No |
| 1 | Yes |
|  | HOPhysDI | Handout re: CSD Physio Drop-in centre services | INT | 0 | No |
| 1 | Yes |
|  | HOSnor | Handout/s re: snoring | INT | 0 | No |
| 1 | Yes |
|  | HOSpchDI | Handout re: CSD Speech Drop-in centre services | INT | 0 | No |
| 1 | Yes |
|  | HOSpec | Other handouts specify | VARCHAR |  |  |
|  | HearAct | Hearing result/action | INT | 1 | Within normal limits-no further action req. |
| 2 | Hearing not tested |
| 3 | Referral to audiometry |
| 99 | Not completed |
|  | HearL1 | /1000 Hz | INT |  |  |
|  | HearL2 | /2000 Hz | INT |  |  |
|  | HearL4 | /4000 Hz | INT |  |  |
|  | HearL | /500 Hz, Hearing (in dB @ xHz) L ear | INT |  |  |
|  | HearNAD | Hearing normal-All hearing values are 20 dB | INT | 0 | No |
| 1 | Yes |
|  | HearNT | Hearing not tested | INT | 0 | No |
| 1 | Yes |
|  | HearR1 | /1000 Hz | INT |  |  |
|  | HearR2 | /2000 Hz | INT |  |  |
|  | HearR4 | /4000 Hz | INT |  |  |
|  | HearR | /500 Hz, Hearing (in dB @ xHz) R ear | INT |  |  |
|  | HearRT | Hearing retest by school nurses @ clinic -recommended | INT | 0 | No |
| 1 | Yes |
|  | Height | Child's Height in Metres | FLOAT |  |  |
|  | I10\_fidgety | Item 10: Constantly fidgeting or squirming. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I11\_friend | Item 11: Has at least one good friend. | INT | 0 | Certainly true |
| 1 | Somewhat true |
| 2 | Not true |
| 99 | NC/missing |
|  | I12\_fights | Item 12: Often fights with other children or bullies them. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I13\_unhappy | Item 13: Often unhappy, depressed or tearful. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I14\_popular | Item 14: Generally liked by other children. | INT | 0 | Certainly true |
| 1 | Somewhat true |
| 2 | Not true |
| 99 | NC/missing |
|  | I15\_distrac | Item 15: Easily distracted, concentration wanders. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I16\_clingy | Item 16: Nervous or clingy in new situations, easily loses confidence. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I17\_kind | Item 17: Kind to younger children. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I18\_lies | Item 18: Often lies or cheats. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I19\_bullied | Item 19: Picked on or bullied by other children. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I1\_consid | Item 1: Considerate of other people's feelings. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I20\_helpout | Item 20: Often volunteers to help others (parents, teachers, other children). | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I21\_reflect | Item 21: Thinks things out before acting. | INT | 0 | Certainly true |
| 1 | Somewhat true |
| 2 | Not true |
| 99 | NC/missing |
|  | I22\_steals | Item 22: Steals from home, school or elsewhere. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I23\_oldbest | Item 23: Gets along better with adults than with other children. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I24\_afraid | Item 24: Many fears, easily scared. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I25\_attends | Item 25: Good attention span, sees chores or homework through to the end. | INT | 0 | Certainly true |
| 1 | Somewhat true |
| 2 | Not true |
| 99 | NC/missing |
|  | I2\_restles | Item 2: Restless, overactive, cannot sit still for long. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I3\_somatic | Item 3: Often complains of headaches, stomach-aches or sickness. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I4\_shares | Item 4: Shares readily with other children for example toys, treats, pencils. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I5\_tantrum | Item 5: Often loses temper. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I6\_loner | Item 6: Rather solitary, prefers to play alone. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I7\_obeys | Item 7: Generally well behaved, usually does what adults request. | INT | 0 | Certainly true |
| 1 | Somewhat true |
| 2 | Not true |
| 99 | NC/missing |
|  | I8\_worries | Item 8: Many worries, or often seems worried. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | I9\_caring | Item 9: Helpful if someone is hurt, upset, or feeling ill. | INT | 0 | Not true |
| 1 | Somewhat true |
| 2 | Certainly true |
| 99 | NC/missing |
|  | IndigStatus | Indigenous status | INT | 1 | Australian Aboriginal |
| 2 | Torres Strait Islander |
| 3 | Both Australian Aboriginal & Torres Strait Islander |
| 4 | Non Indigenous |
| 8 | Declined to answer |
| 9 | Not stated |
|  | NonPred | Number of non-predictive concerns | INT | 98 | Not scored-Parental communication issue |
| 99 | PEDS not scored |
|  | NorthSouth | North or South side (of Lake Burley Griffin) school | INT | 0 | North |
| 1 | South |
|  | PPres | Parent present (usually catch up clinics) | INT | 0 | No |
| 1 | Yes |
|  | Pcontact | Parent contacted | INT | 0 | No |
| 1 | Yes |
|  | PredConc | Number of predictive concerns | INT | 98 | Not scored |
| 99 | PEDS not scored |
|  | PublicPrivate | Government or Private school | INT | 0 | Government |
| 1 | Private |
|  | RefAudio | Referral-nurse audiometry, | INT | 0 | No |
| 1 | Yes |
|  | RefGP | Referral-GP | INT | 0 | No |
| 1 | Yes |
|  | RefNut | Referral-Nutritionist/dietitian | INT | 0 | No |
| 1 | Yes |
|  | RefNutGP | Referral-To GP and Nutritionist/dietitian | INT | 0 | No |
| 1 | Yes |
|  | RefOpto | Referral-Orthoptist/ Optometrist | INT | 0 | No |
| 1 | Yes |
|  | RefOth | Referral-other service/specialist | INT | 0 | No |
| 1 | Yes |
|  | RefSpec | Referral to other: specify | VARCHAR |  |  |
|  | ResPC | Residential postcode | INT |  |  |
|  | SchoolID | Stores the Autonumber Primary Key from tblSchools | INT |  |  |
|  | ScrnStatus | Whether screened or not, and where | INT | 0 | No consent/not screened |
| 1 | Screened @ school |
| 2 | Absent @ school, but seen at catch-up clinic |
| 3 | Absent @ school, & DNA catch-up clinic |
| 4 | Left the school/ACT |
|  | Sex | Child's sex recorded at birth | INT | 1 | Male |
| 2 | Female |
| 5 | Prefer not to answer |
| 9 | Not stated |
|  | SourceLocation | Full table name that record came from | VARCHAR |  |  |
|  | SourceName | Short name for table record came from | VARCHAR |  |  |
|  | StateRes | Residential state/territory (coded). | INT | 1 | New South Wales |
| 8 | Australian Capital Territory |
| 99 | Unknown/not provided |
|  | Term | Which term the screen started in | INT |  |  |
|  | UID | 9 digit unique ID (concatenated YrScreen + Child ID) + extra 0 for ease of linkage between/ with our annual data sets e.g. 2020 + 0 + 1234 | VARCHAR |  |  |
|  | VisAct | Vision Result/action | INT | 1 | Within normal limits |
| 2 | Vision retest at 6 yrs old |
| 3 | Orthoptic/optometrist referral |
| 99 | Not completed |
|  | VisChkCv | Vision check done on Convergence | INT | 0 | No |
| 1 | Yes |
|  | VisChkSq | Vision check done on Squint | INT | 0 | No |
| 1 | Yes |
|  | VisChkTr | Vision check done on Tracking | INT | 0 | No |
| 1 | Yes |
|  | VisChks | Vision checks done on Light reflexes, Cover test and Convergence | INT | 0 | No |
| 1 | Yes |
|  | VisConc | Vision concerns detected | INT | 0 | No |
| 1 | Yes |
|  | VisL3 | Acuity L eye at 3m | VARCHAR |  |  |
|  | VisLWG | Acuity L eye at 3m with glasses | VARCHAR |  |  |
|  | VisNAD | Vision NAD (normal) | INT | 0 | No |
| 1 | Yes |
|  | VisNT | Vision not tested | INT | 0 | No |
| 1 | Yes |
|  | VisR3 | Acuity R eye at 3m | VARCHAR |  |  |
|  | VisRT | Vision retest at 6yo recommended | INT | 0 | No |
| 1 | Yes |
|  | VisRWG | Acuity R eye at 3m with glasses | VARCHAR |  |  |
|  | VisUAc | Vision concern-Unequal acuity detected | INT | 0 | No |
| 1 | Yes |
|  | VisUC | Vision concern-already under care of optometrist/ophthalmologist | INT | 0 | No |
| 1 | Yes |
|  | Week | Which week of the term the screen started in (some schools split over several days) | INT |  |  |
|  | Weight | Child's weight in Kilograms | FLOAT |  |  |
|  | YrScreen | Yr. of health check | INT |  |  |
|  | conduct | Subscale score: conduct problems | INT | 0 | Average risk |
| 1 | Average risk |
| 2 | Average risk |
| 3 | Slightly raised risk |
| 4 | High risk |
| 5 | High risk |
| 6 | High risk |
| 7 | High risk |
| 8 | High risk |
| 9 | High risk |
| 10 | High risk |
|  | ebdtot | Total difficulties score | INT | 0 | Average risk |
| 1 | Average risk |
| 2 | Average risk |
| 3 | Average risk |
| 4 | Average risk |
| 5 | Average risk |
| 6 | Average risk |
| 7 | Average risk |
| 8 | Average risk |
| 9 | Average risk |
| 10 | Average risk |
| 11 | Average risk |
| 12 | Average risk |
| 13 | Average risk |
| 14 | Slightly raised risk |
| 15 | Slightly raised risk |
| 16 | Slightly raised risk |
| 17 | High risk |
| 18 | High risk |
| 19 | High risk |
| 20 | High risk |
| 21 | High risk |
| 22 | High risk |
| 23 | High risk |
| 24 | High risk |
| 25 | High risk |
| 26 | High risk |
| 27 | High risk |
| 28 | High risk |
| 29 | High risk |
| 30 | High risk |
| 31 | High risk |
| 32 | High risk |
| 33 | High risk |
| 34 | High risk |
| 35 | High risk |
| 36 | High risk |
| 37 | High risk |
| 38 | High risk |
| 39 | High risk |
| 40 | High risk |
|  | emotion | Subscale score: emotional symptoms | INT | 0 | Average risk |
| 1 | Average risk |
| 2 | Average risk |
| 3 | Average risk |
| 4 | Slightly raised risk |
| 5 | High risk |
| 6 | High risk |
| 7 | High risk |
| 8 | High risk |
| 9 | High risk |
| 10 | High risk |
|  | hyper | Subscale score: hyperactivity/inattention | INT | 0 | Average risk |
| 1 | Average risk |
| 2 | Average risk |
| 3 | Average risk |
| 4 | Average risk |
| 5 | Average risk |
| 6 | Slightly raised risk |
| 7 | High risk |
| 8 | High risk |
| 9 | High risk |
| 10 | High risk |
|  | peer | Subscale score: peer problems | INT | 0 | Average risk |
| 1 | Average risk |
| 2 | Average risk |
| 3 | Slightly raised risk |
| 4 | High risk |
| 5 | High risk |
| 6 | High risk |
| 7 | High risk |
| 8 | High risk |
| 9 | High risk |
| 10 | High risk |
|  | prosoc | Subscale score: prosocial | INT | 0 | High risk |
| 1 | High risk |
| 2 | High risk |
| 3 | High risk |
| 4 | High risk |
| 5 | Slightly raised risk |
| 6 | Average risk |
| 7 | Average risk |
| 8 | Average risk |
| 9 | Average risk |
| 10 | Average risk |
|  | q10EvHF | Has your child ever had hayfever? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q10PAHr | How many Hours does yr child do physical activity on the weekend. Record hours. | INT |  |  |
|  | q10PAMin | How many Minutes does yr child do physical activity on weekend days. Record minutes. | INT |  |  |
|  | q10PAOth | Mutually exclusive options for Doesn't know how much physical activity, Hasn't answered whole question. | INT | 888 | Don't know how much child does physical activity on Weekends. |
| 999 | Whole question not completed |
|  | q11FamAs | Any member of immed. family had Asthma | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q11FamEcz | Any member of immed. family had Eczema | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q11FamHF | Any member of immed. family had Hayfever | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q12ACTdys | Bushfire season: Total days in ACT region | INT | 99 | Not Complete |
|  | q12ACTed1 | Bushfire season: Location-ACT region. End date 1 | DATETIME |  |  |
|  | q12ACTed2 | Bushfire season: Location-ACT region. End date 2 | DATETIME |  |  |
|  | q12ACTsd1 | Bushfire season: Location-ACT region. Start date 1 | DATETIME |  |  |
|  | q12ACTsd2 | Bushfire season: Location-ACT region. Start date 2 | DATETIME |  |  |
|  | q12NSWdys | Bushfire season: Total days in NSW sth coast. | INT | 99 | Not Complete |
|  | q12NSWed1 | Bushfire season: Location-NSW sth coast. End date 1 | DATETIME |  |  |
|  | q12NSWed2 | Bushfire season: Location-NSW sth coast. End date 2 | DATETIME |  |  |
|  | q12NSWsd1 | Bushfire season: Location-NSW sth coast. Start date 1 | DATETIME |  |  |
|  | q12NSWsd2 | Bushfire season: Location-NSW sth coast. Start date 2 | DATETIME |  |  |
|  | q12OTHOPs | Bushfire season: Location-Other places-specify | VARCHAR |  |  |
|  | q12OTHdys | Bushfire season: Total days in Other places. | INT | 99 | Not Complete |
|  | q12OTHed1 | Bushfire season: Location-Other places. End date 1 | DATETIME |  |  |
|  | q12OTHsd1 | Bushfire season: Location-Other places. Start date 1 | DATETIME |  |  |
|  | q1ConcVis | Parent concern re: Vision | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q1DescWt | How would you describe your child's weight?: | INT | 1 | Underweight |
| 2 | Healthy weight |
| 3 | Over weight |
| 4 | Obese |
| 5 | Don't know |
| 99 | Not complete |
|  | q1EvWhWh | Has your child ever had a wheeze or whistling in the chest? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q2ConcWt | Do you have concerns about yr child's weight? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q2EvrAs | Has your child ever had Asthma? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q2PrscGls | Child prescribed glasses? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q2aGlsWr | When should child wear glasses | INT | 1 | Reading/ close work |
| 2 | Board/long distance |
| 3 | all the time |
| 4 | other |
| 99 | Not complete |
|  | q3ConcHt | Do you have concerns about yr child's height? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q3DryC | In last 12 mnths: Has the child had dry cough at night (not assoc with infection) | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q3SoBEx | In last 12 mnths: Has the child had shortness of breath when exercising, playing games or partic. in sports | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q3VisMC | Child received medical care for vision issues? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q3WhCC | In last 12 mnths: Has the child had wheezing with coughs and colds | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q3WhWh | In last 12 mnths: Has the child had wheeze or whistling in the chest? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q4ConcHrg | Parent concern re: Hearing/airways | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q4VegDy | How many serves of vegetables does child eat each day? | FLOAT |  |  |
|  | q4VegOth | Mutually exclusive options for Doesn't eat veg, Doesn't know how many, Hasn't answered whole question. | INT | 777 | Doesn't eat vegetables |
| 888 | Don't know how many serves veg |
| 999 | Whole question Not complete |
|  | q4VegWk | How many serves of vegetables does child eat each wk? | FLOAT |  |  |
|  | q4aWhz | Average resp symptoms in last 12 months: Wheeze or whistle in the chest | INT | 4 | Never |
| 5 | <1day/Week |
| 6 | 1-3days/wk |
| 7 | 4 or 4+days/wk |
| 99 | Not complete |
|  | q4bAsthma | Parent specifically reports asthma/ concern about asthma | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q4bNCW | Average resp symptoms in last 12 months: Night cough | INT | 4 | Never |
| 5 | <1day/Week |
| 6 | 1-3days/wk |
| 7 | 4 or 4+days/wk |
| 99 | Not complete |
|  | q4cSoB | Average resp symptoms in last 12 months: Shortness of breath | INT | 4 | Never |
| 5 | <1day/Week |
| 6 | 1-3days/wk |
| 7 | 4 or 4+days/wk |
| 99 | Not complete |
|  | q5FrtDy | How many serves of fruit does child eat each day? Enter number from box. | FLOAT |  |  |
|  | q5FrtOth | Mutually exclusive options for Doesn't eat Fruit, Doesn't know how many serves, Hasn't answered whole question. | INT | 777 | Doesn't eat fruit |
| 888 | Don't know how many serves fruit |
| 999 | Whole question not complete |
|  | q5FrtWk | How many serves of fruit does child eat each wk? Enter number from box. | FLOAT |  |  |
|  | q5ItchRsh | Ever had itchy rash, coming & going for at least 6 months | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q5aRErInf | Child has had: Repeated ear infections | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q5bDschEr | Child has had: Discharging ears | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q5cHrgLss | Child has had: Hearing Loss | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q5dGmmts | Child has had: Grommets | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q5eSnrg | Child has had: Snoring | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q6EatHb | Do you have concerns about yr child's eating habits? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q6HrgMC | Child has recived medical care for ears , hearing or airways | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q6PlItchRsh | Has itchy rash affected elbows, behind knees, ankles, buttocks etc | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q7EvrEcz | Has your child ever had eczema? | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q7P7dyPA | Over the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? | INT | 0 | None |
| 8 | Don't know |
| 99 | Whole question not completed |
|  | q7PASWDK | On how many days does child do physical activity? Don't know. | INT | 0 | No |
| 1 | Yes |
|  | q7PASWDy | On how many days does child do physical activity in the school week, outside school hours(max 5)? | INT | 99 | Not complete |
|  | q7aWtgPt | Request information on: Wetting pants | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q7bWtgBd | Request information on: Wetting the bed | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q7cSoilPt | Request information on: Soiling Pants | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q8NsePrb | In last 12 months has child had child had sneezy, runny, blocked nose without cold/flu | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q8PAHr | How many Hours does yr child do physical activity in school wk, outside school hours? | INT |  |  |
|  | q8PAMin | How many Minutes does yr child do physical activity in school wk, outside school hours?. | INT |  |  |
|  | q8PAOth | Mutually exclusive options for Doesn't know how much physical activity, Hasn't answered whole question. | INT | 888 | Don't know how much child does physical activity on school days. |
| 999 | Whole question not completed |
|  | q8TWPA | Over a typical week, on how many days is your child physically active for a total of at least 60 minutes per day? | INT | 0 | None |
| 8 | Don't know |
| 99 | Whole question not completed |
|  | q8UcOpto | Child is currently under the care of an optometrist/eye specialist | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q9NseEy | In last 12 months has nose problem accompanied itchy/watery eyes | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |
|  | q9PAWEDK | Don't know how many days does child do physical activity on the weekend ? | INT | 0 | No |
| 1 | Yes |
|  | q9PAWEDy | On how many days does child do physical activity on the Weekend (max 2)? | INT | 99 | Not complete |
|  | q9UcAud | Child is currently under the care of an audiologist/hearing spec/ENT | INT | 0 | No |
| 1 | Yes |
| 99 | Not complete |

# General Enquiries

**Population Health Informatics**

Epidemiology Section

Data Analytics Branch

ACT Health Directorate

|  |  |
| --- | --- |
| **Email:** | [healthinfo@act.gov.au](mailto:healthinfo@act.gov.au) |
| **Linkage request submission portal:** | <https://act-health.atlassian.net/servicedesk/customer/portal/20> |

# Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

|  |
| --- |
| Accessibility |
| If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81. |
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