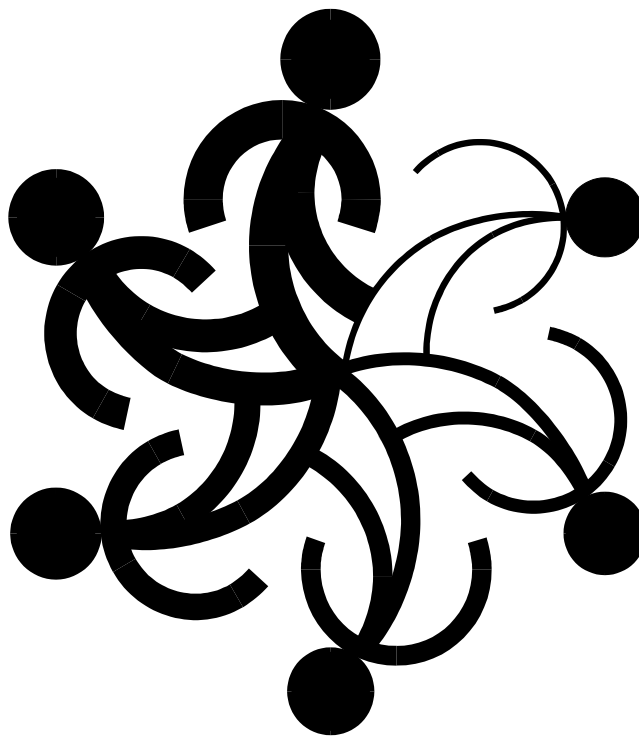




NATIONAL LONGITUDINAL SURVEY OF CHILDREN

**Survey Instruments for 1994-95
Data Collection
Cycle 1**



**NLSC PROJECT TEAM
"What Works" for Children -
Information Development Program**

Catalogue No. 89F0077XIE

FEBRUARY 1995



Statistics Canada Statistique Canada
Human Resources Développement des ressources
Development Canada humaines Canada

Canada

For further information on the National Longitudinal Survey of Children, the contact within Human Resources Development Canada is:

Susan McKellar
Project Manager
"What Works"
Social Program Information and Analysis Directorate
Strategic Policy
Human Resources Development Canada
8th Floor
Place du Portage - Phase IV
Hull , Quebec
K1A 0J9
Telephone: (819) 953-9142
Facsimile: (819) 994-0203

The contacts within Statistics Canada are:

Gilles Montigny/Pat Grainger
Special Surveys Division
Statistics Canada
5(A6) Jean Talon Building
Tunney's Pasture
Ottawa, Ontario
K1A 0T6
Telephone: (613) 951-9731/ (613) 951-4578
Facsimile: (613) 951-0562

Également disponible en français sous le titre: Enquête longitudinale nationale sur les enfants, Matériel d'enquête pour la collecte des données de 1994-1995 - Cycle I.

National Longitudinal Survey of Children

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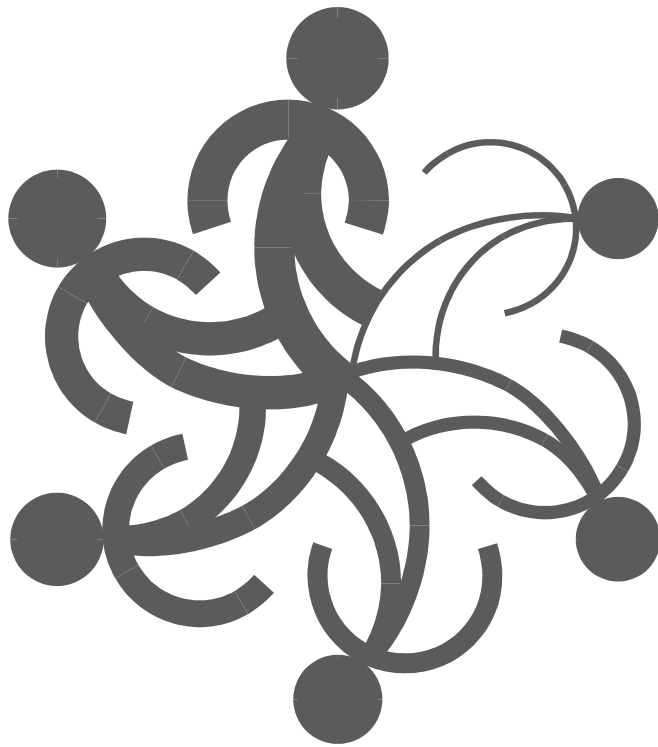
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Note: In this document, where the same response categories are used in each question of a series, the responses are shown for the first question only.

For every question, "DON'T KNOW" and "REFUSAL" are possible responses, even if not shown here.

Generally, the questions and lists of possible responses that are read by the interviewer to the respondent are shown in lower case, while instructions and responses that are not read to the respondent are in upper case.

National Longitudinal Survey of Children



HOUSEHOLD RECORD VARIABLES

HOUSEHOLD RECORD VARIABLES

(To be collected at initial contact from knowledgeable person)

- CONT-Q1A Hello, I'm ... from Statistics Canada. I am contacting you about the National Longitudinal Survey of Children.
- CONT-Q2 Would you prefer to be interviewed in English or French?
- 1 ENGLISH
 - 2 FRENCH
 - 3 EITHER
- CONT-Q3A We are conducting this survey to collect information on children, their development, family and school experiences.
- CONT-Q4A Your answers will be kept strictly confidential and used only for statistical purposes. While participation is voluntary, your assistance is essential if the results are to be accurate. (REGISTRATION #:STC/HLD-040-75020)
- CONT-Q7 **The next few questions will provide important basic information on the people in your household.**
- DEMO-Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere?
(First and last names)
- DEMO-Q2 Are there any persons away from this household attending school, visiting, travelling, or in hospital who usually live here?
- YES ---> GO TO DEMO-Q1
NO
- DEMO-Q3 Does anyone else live at this dwelling such as young children, relatives, roomers, boarders, or employees?
- YES ---> GO TO DEMO-Q1
NO
- DEMO-Q4 What is ...'s date of birth?

DEMO-Q5 Enter or ask ...'s sex.

MALE
FEMALE

DEMO-Q6 What is ... 's marital status?

NOW MARRIED
COMMON-LAW
LIVING WITH A PARTNER
SINGLE (NEVER MARRIED)
WIDOWED
SEPARATED
DIVORCED

DEMO-Q7 ENTER ...'S FAMILY ID CODE.

(A to Z)

DEMO-Q8 Relationships of everyone to everyone else;

HUSBAND/WIFE
COMMON LAW PARTNER
BIRTH PARENT
STEP PARENT
ADOPTIVE PARENT
FOSTER PARENT
BIRTH CHILD
STEP CHILD
ADOPTED CHILD
FOSTER CHILD
SISTER/BROTHER
GRANDPARENT
GRANDCHILD
IN-LAW
OTHER RELATED
UNRELATED
SAME SEX PARTNER

HHLD-Q1 **Now a few questions about your dwelling.** Is this dwelling owned by a member of this household (even if being paid for)?

YES
NO

HHLD-C1A *IF YES IN HHLD-Q1 ---> GO TO HHLD-Q2B*

HHLD-Q2 Is this dwelling subsidized by the government for any reason? (Eg. low income housing project, co-operative housing project, public housing.)

YES
NO

HHLD-Q2B Is this dwelling in need of any repairs?
(READ LIST. MARK ONE ONLY.)

- Yes, minor repairs (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)
- Yes, major repairs (defective plumbing or electrical wiring, structural repairs to walls, floors or ceiling, etc.)
- No, only regular maintenance is needed (painting, furnace cleaning, etc.)

HHLD-Q3 How many bedrooms are there in this dwelling?
(IF NO SEPARATE ENCLOSED BEDROOM, ENTER "00".)

___ NUMBER OF BEDROOMS (2 DIGITS)

HHLD-Q6 RECORD TYPE OF DWELLING (BY INTERVIEWER OBSERVATION)

- SINGLE DETACHED HOUSE
- SEMI-DETACHED OR DOUBLE (SIDE-BY-SIDE)
- GARDEN HOUSE, TOWN-HOUSE OR ROW HOUSE
- DUPLEX (ONE ABOVE THE OTHER)
- LOW-RISE APARTMENT (LESS THAN 5 STORIES)
- HIGH-RISE APARTMENT (5 OR MORE STORIES)
- INSTITUTION
- HOTEL, ROOMING OR LODGING HOUSE, LOGGING OR CONSTRUCTION
- CAMP, HUTTERITE COLONY
- MOBILE HOME
- OTHER(SPECIFY _____)

HHLD-Q7 INFORMATION SOURCE INDICATOR I.E. WHO IS PROVIDING THE INFORMATION

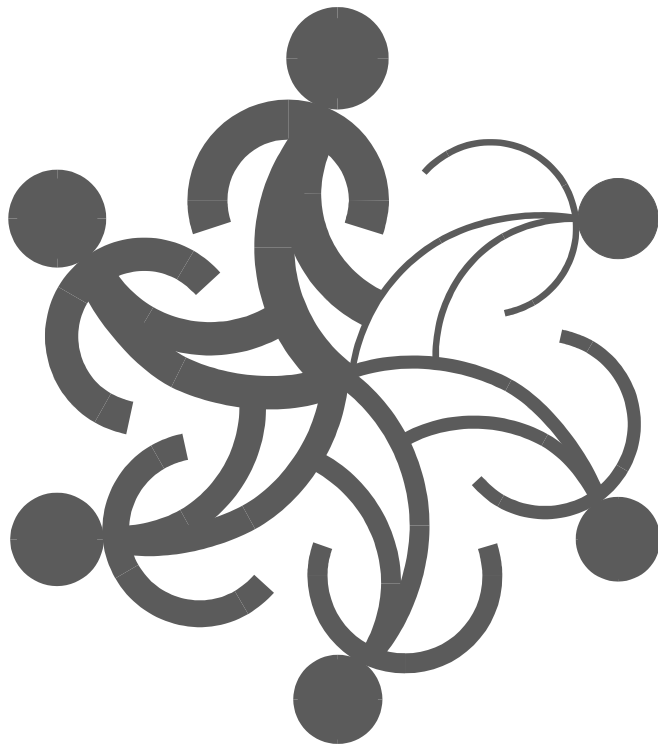
HHLD-Q8 RECORD LANGUAGE OF INTERVIEW

ENGLISH	PERSIAN (FARSI)
FRENCH	POLISH
ARABIC	PORTUGUESE
CHINESE	PUNJABI
CREE	SPANISH
GERMAN	TAGALOG (FILIPINO)
GREEK	UKRAINIAN
HUNGARIAN	VIETNAMESE
ITALIAN	OTHER (SPECIFY _____)
KOREAN	

CAID-INT-1 Who is the most knowledgeable about ...?

(THE INTERVIEWER SHOULD ASK FOR THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD TO RESPOND ON BEHALF OF FAMILY MEMBERS.)

National Longitudinal Survey of Children



GENERAL QUESTIONNAIRE

GENERAL QUESTIONNAIRE

NOTE: TO BE COMPLETED AS FOLLOWS:

PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD:

*RESTRICTION OF ACTIVITIES
CHRONIC CONDITIONS
SOCIO-DEMOGRAPHIC CHARACTERISTICS
EDUCATION
LABOUR FORCE
INCOME*

SPOUSE/PARTNER OF PERSON MOST KNOWLEDGEABLE:

*RESTRICTION OF ACTIVITIES
CHRONIC CONDITIONS
SOCIO-DEMOGRAPHIC CHARACTERISTICS
EDUCATION
LABOUR FORCE*

CHILDREN UNDER 12:

SOCIO-DEMOGRAPHIC CHARACTERISTICS

PICKRESP Who is providing the information for this person's form?

Restriction of Activities

RESTR-CINT *IF AGE<12, GO TO NEXT SECTION.*

RESTR-INT **The next few questions deal with any health limitations which affect ... (r/'s) daily activities. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.**

RESTR-Q1 Because of a long-term physical or mental condition or a health problem, are/is ... limited in the kind or amount of activity you/he/she can do:

a) At home?
 ___ YES
 ___ NO

b) At school?
 ___ YES
 ___ NO
 ___ NOT APPLICABLE

- c) At work?
 - YES
 - NO
 - NOT APPLICABLE

- d) In other activities such as transportation to or from work or leisure time activities?
 - YES
 - NO

- e) In caring for children?
 - YES
 - NO
 - NOT APPLICABLE

Chronic Conditions

CHRON-CINT *IF AGE<12 OR RESPONDENT IS NOT THE PARENT GO TO NEXT SECTION.*

CHRON-INT **Now I'd like to ask about any chronic health conditions ... may have. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.**

CHRON-Q1 Do(es) ... have any of the following long-term conditions that have been diagnosed by a health professional:

(READ LIST. MARK ALL THAT APPLY.)

- (a) Food allergies?
- (b) Other allergies?
- (c) Asthma?(IF YES ASK CHRON-Q1cc1)
- (d) Arthritis or rheumatism?
- (e) Back problems excluding arthritis?
- (f) High blood pressure?
- (g) Migraine headaches?
- (h) Chronic bronchitis or emphysema?
- (i) Sinusitis?
- (j) Diabetes?
- (k) Epilepsy?
- (l) Heart disease?
- (m) Cancer? (IF YES ASK CHRON-Q1mm)
- (n) Stomach or intestinal ulcers?
- (o) Effects of stroke?
- (p) Urinary incontinence?
- (r) Alzheimer's disease or other dementia?
- (s) Cataracts?
- (t) Glaucoma?
- (u) Any other long term condition?(Specify _____)
- (v) None

CHRON-Q1mm What type(s) of cancer is this? For example, skin, lung or colon cancer.

CHRON-Q1cc1 Have/Has ... had an attack of asthma in the past 12 months?

- ___ YES
- ___ NO

CHRON-Q1cc2 Have/Has ... had wheezing or whistling in the chest at any time in the past 12 months?

Socio-demographic Characteristics

SOCIO-INT **Now I'd like to ask some general background questions.**

SOCIO-Q1 In what country were/was ... born?
(DO NOT READ LIST. MARK ONE ONLY.)

- | | | | |
|--------------------------|-----------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | CANADA (GO TO NEXT SECTION) | <input type="checkbox"/> | JAMAICA |
| <input type="checkbox"/> | CHINA | <input type="checkbox"/> | NETHERLANDS |
| <input type="checkbox"/> | FRANCE | <input type="checkbox"/> | PHILIPPINES |
| <input type="checkbox"/> | GERMANY | <input type="checkbox"/> | POLAND |
| <input type="checkbox"/> | GREECE | <input type="checkbox"/> | PORTUGAL |
| <input type="checkbox"/> | GUYANA | <input type="checkbox"/> | UNITED KINGDOM |
| <input type="checkbox"/> | HONG KONG | <input type="checkbox"/> | UNITED STATES |
| <input type="checkbox"/> | HUNGARY | <input type="checkbox"/> | VIET NAM |
| <input type="checkbox"/> | INDIA | <input type="checkbox"/> | OTHER (SPECIFY ___) |
| <input type="checkbox"/> | ITALY | <input type="checkbox"/> | |

SOCIO-Q2a Of what country are/is ... a citizen?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | CANADA, CITIZEN BY BIRTH (GO TO NEXT SECTION) |
| <input type="checkbox"/> | CANADA, BY NATURALIZATION |
| <input type="checkbox"/> | SAME AS COUNTRY OF BIRTH |
| <input type="checkbox"/> | OTHER COUNTRY |

SOCIO-Q2b Are/Is ... now, or have/has ... ever been a landed immigrant?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |

SOCIO-Q3 In what year did ... first immigrate to Canada?
___ YEAR (4 DIGITS)
(ENTER <1999> IF CANADIAN CITIZEN BY BIRTH.)

SOCIO-Q4 To which ethnic or cultural group(s) did your/...'s ancestors belong? (For example: French, British, Chinese)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

<input type="checkbox"/>	CANADIAN	<input type="checkbox"/>	CHINESE
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	JEWISH
<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	POLISH
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	PORTUGUESE
<input type="checkbox"/>	SCOTTISH	<input type="checkbox"/>	SOUTH ASIAN
<input type="checkbox"/>	IRISH	<input type="checkbox"/>	BLACK
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	NORTH AMERICAN INDIAN
<input type="checkbox"/>	UKRAINIAN	<input type="checkbox"/>	MÉTIS
<input type="checkbox"/>	DUTCH (NETHERLANDS)	<input type="checkbox"/>	INUIT/ESKIMO
		<input type="checkbox"/>	OTHER (SPECIFY _____)

SOCIO-Q5 In what language(s) can ... conduct a conversation?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	PERSIAN (FARSI)
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	POLISH
<input type="checkbox"/>	ARABIC	<input type="checkbox"/>	PORTUGUESE
<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	PUNJABI
<input type="checkbox"/>	CREE	<input type="checkbox"/>	SPANISH
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	TAGALOG (FILIPINO)
<input type="checkbox"/>	GREEK	<input type="checkbox"/>	UKRAINIAN
<input type="checkbox"/>	HUNGARIAN	<input type="checkbox"/>	VIETNAMESE
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	OTHER (SPECIFY _____)
<input type="checkbox"/>	KOREAN		

SOCIO-Q6 What is the language that ... first learned at home in childhood and can still understand?
(IF ... CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED,
CHOOSE THE SECOND LANGUAGE LEARNED.)
(DO NOT READ LIST. MARK ALL THAT APPLY.)

<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	PERSIAN (FARSI)
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	POLISH
<input type="checkbox"/>	ARABIC	<input type="checkbox"/>	PORTUGUESE
<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	PUNJABI
<input type="checkbox"/>	CREE	<input type="checkbox"/>	SPANISH
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	TAGALOG (FILIPINO)
<input type="checkbox"/>	GREEK	<input type="checkbox"/>	UKRAINIAN
<input type="checkbox"/>	HUNGARIAN	<input type="checkbox"/>	VIETNAMESE
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	OTHER (SPECIFY _____)
<input type="checkbox"/>	KOREAN		

SOCIO-Q8 What, if any, is your/...'s religion?
(DO NOT READ LIST. MARK ONE ONLY.)

- NO RELIGION (GO TO NEXT SECTION)
- ROMAN CATHOLIC
- UNITED CHURCH
- ANGLICAN
- PRESBYTERIAN
- LUTHERAN
- BAPTIST
- EASTERN ORTHODOX
- JEWISH
- ISLAM (MUSLIM)
- BUDDHIST
- HINDU
- SIKH
- JEHOVAH'S WITNESS
- OTHER (SPECIFY _____)

SOCIO-Q9 Other than on special occasions (such as weddings, funerals or baptisms), how often did ... attend religious services or meetings in the past 12 months?
(READ LIST. MARK ONE ONLY.)

- At least once a week
- At least once a month
- At least 3 or 4 times a year
- At least once a year
- Not at all

Education

EDUC-C1 *IF AGE < 12, GO TO NEXT SECTION.*

EDUC-Q1 Excluding kindergarten, how many years of elementary and high school have/has ... successfully completed? (DO NOT READ LIST. MARK ONE ONLY.)

<input type="checkbox"/>	NO SCHOOLING (GO TO NEXT SECTION)	<input type="checkbox"/>	10
<input type="checkbox"/>	1-5 YEARS	<input type="checkbox"/>	11
<input type="checkbox"/>	6	<input type="checkbox"/>	12
<input type="checkbox"/>	7	<input type="checkbox"/>	13
<input type="checkbox"/>	8		
<input type="checkbox"/>	9		

(IF AGE < 15 THEN GO TO NEXT SECTION)

EDUC-Q2 Have/has ... graduated from high school?

YES
 NO

EDUC-Q3 Have/has ... ever attended any other kind of school such as a university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

YES
 NO (GO TO EDUC-C5)

EDUC-Q4 What is the highest level of education that ... have/has attained?

(DO NOT READ LIST. MARK ONE ONLY.)

SOME TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
 SOME COMMUNITY COLLEGE, CEGEP, OR NURSING SCHOOL
 SOME UNIVERSITY
 DIPLOMA OR CERTIFICATE FROM TRADE, TECHNICAL OR VOCATIONAL SCHOOL, OR BUSINESS COLLEGE
 DIPLOMA OR CERTIFICATE FROM COMMUNITY COLLEGE, CEGEP OR NURSING SCHOOL
 BACHELOR OR UNDERGRADUATE DEGREE, OR TEACHER'S COLLEGE (E.G. B.A., B.SC., LL.B.)
 MASTER'S (E.G. M.A., M. SC., M.ED.)
 DEGREE IN MEDICINE, DENTISTRY, VETERINARY MEDICINE OR OPTOMETRY (E.G. M.D., D.D.S., D.M.D., D.V.M., O.D.)
 EARNED DOCTORATE (E.G. PH.D., D.SC., D.ED.)
 OTHER (SPECIFY _____)

EDUC-C5 *IF AGE >= 65, GO TO NEXT SECTION.*

EDUC-Q5 Are/Is ... currently attending a school, college or university?

___ YES

___ NO (GO TO NEXT SECTION)

EDUC-Q6 Are/Is ... enrolled as a full-time or part-time student?

___ FULL-TIME

___ PART-TIME

Labour Force

LFS-C1 *IF NOT PARENT, GO TO NEXT SECTION.*

LFS-Q1 What do/does ... consider to be your/his/her current main activity? (For example, working for pay, caring for family.)

(DO NOT READ LIST. MARK ONE ONLY.)

- 1 ___ CARING FOR FAMILY
- 2 ___ WORKING FOR PAY OR PROFIT
- 3 ___ CARING FOR FAMILY AND WORKING FOR PAY OR PROFIT
- 4 ___ GOING TO SCHOOL
- 5 ___ RECOVERING FROM ILLNESS/ON DISABILITY
- 6 ___ LOOKING FOR WORK
- 7 ___ RETIRED
- 8 ___ OTHER (SPECIFY)

LFS-I2 **The next section contains questions about jobs or employment which ... have/has had during the past 12 months, that is, from 12 months ago to today. Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.**

LFS-C2 *IF LFS-Q1 = Working for pay or profit or Caring for family and working for pay or profit ---> GO TO LFS-Q3*

LFS-Q2 Have/has you/he/she worked for pay or profit at any time in the past 12 months?

- 1 ___ YES (GO TO LFS-Q3)
- 2 ___ NO

LFS-C2A *IF LFS-Q1=7 (RETIRED) ---> GO TO INCOME SECTION
ELSE GO TO LFS-Q17B*

NOTE: QUESTIONS LFS-Q3 TO LFS-Q11 ARE DONE AS A ROSTER ALLOWING UP TO 6 JOBS TO BE ENTERED.

LFS-Q3 For whom/whom else have/has you/he/she worked for pay or profit in the past 12 months?

_____ (50 chars)

LFS-Q4 Did you/he/she have that job 1 year ago, that is, on (date 12 months ago) without a break in employment since then?

- 1 ___ YES (GO TO LFS-Q6)
2 ___ NO

LFS-Q5 When did you/he/she start working at this job or business?

MM/DD/YY

LFS-Q6 Do/Does you/he/she now have that job?

- 1 YES (GO TO LFS-Q8)
2 NO

LFS-Q7 When did you/he/she stop working at this job or business?

MM/DD/YY

LFS-Q8 About how many hours per week do/does/did you/he/she usually work at this job? (IF IRREGULAR WORKING SCHEDULE, ENTER THE AVERAGE PER WEEK FOR THE LAST 4 WEEKS WORKED.)

[_] [_] HOURS

LFS-Q9 Which of the following best describes the hours you/he/she usually work/works/worked at this job?
(READ LIST. MARK ONE ONLY.)

- 1 ___ Regular daytime schedule or shift
2 ___ Regular evening shift
3 ___ Regular night shift
4 ___ Rotating shift (change from days to evenings to nights)
5 ___ Split shift
6 ___ On call
7 ___ Irregular schedule
8 ___ Other (Specify _____)

LFS-Q10 Do/Does/Did you/he/she usually work on weekends at this job?

- 1 ___ YES
2 ___ NO

- LFS-Q11 Did you/he/she do any other work for pay or profit in the past 12 months?
- 1 ___ YES
2 ___ NO
- LFS-C12 *If LFS-Q11 = NO ---> GO TO LFS-Q13*
- LFS-Q12 Which was the main job?
(Answer will be chosen from roster of jobs.)
(Definition of main job will be supplied in the interviewers manual.)
- LFS-Q13 Thinking about this/the main job, what kind of business, service or industry is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)

_____ (50 chars)
- LFS-Q14 Again, thinking about this/the main job, what kind of work was/were ... doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

_____ (50 chars)
- LFS-Q15 In this work, what were your/his/her most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

_____ (50 chars)
- LFS-Q16 Did you/he/she work mainly for others for wages, salary or commission, or in your/his/her own business, farm or professional practice?
(DO NOT READ LIST. MARK ONE ONLY.)
- 1 ___ FOR OTHERS FOR WAGES, SALARY OR COMMISSION
2 ___ IN OWN BUSINESS, FARM OR PROFESSIONAL PRACTICE---> GO TO LFS-C17
3 ___ UNPAID FAMILY WORKER ---> GO TO LFS-C17
- LFS-Q16A* At this job, about how many hours per week were/was you/he/she paid for?
- 1 |_| | HOURS PER WEEK
8 DON'T KNOW ---> GO TO LFS-Q16B
9 REFUSAL ---> GO TO LFS-C17

* Questions LFS-Q16A to LFS Q16E were not asked in November 1994 collection.

- LFS-Q16B* At this job, did you/he/she receive any tips, commissions, bonuses, or paid overtime?
- 1 YES -----> GO TO LFS-Q16C
 2 NO -----> GO TO LFS-Q16CC
 8 DON'T KNOW ---> GO TO LFS-Q16CC
 9 REFUSAL ---> GO TO LFS-C17
- LFS-Q16C* At this job, including tips, commissions, bonuses, or paid overtime, what was your/his/her usual wage or salary before taxes and other deductions from the employer?
 (TO ENTER CENTS, ENTER . THEN THE CENTS.)
- |||||.||| -----> GO TO LFS-Q16D
 8 DON'T KNOW ---> GO TO LFS-C17
 9 REFUSAL ---> GO TO LFS-C17
- LFS-Q16CC* At this job, what was your/his/her usual wage or salary before taxes and other deductions from the employer?
 (TO ENTER CENTS, ENTER . THEN THE CENTS.)
- |||||.|||
 8 DON'T KNOW ---> GO TO LFS-C17
 9 REFUSAL ---> GO TO LFS-C17
- LFS-Q16D* Was this ...
- 01 PER HOUR -----> GO TO LFS-C17
 02 PER DAY -----> GO TO LFS-C17
 03 PER WEEK -----> GO TO LFS-C17
 04 EVERY TWO WEEKS -----> GO TO LFS-C17
 05 TWICE A MONTH -----> GO TO LFS-C17
 06 PER MONTH -----> GO TO LFS-C17
 07 PER YEAR -----> GO TO LFS-C17
 08 SINCE STARTING AT THIS JOB THIS YEAR -----> GO TO LFS-C17
 09 OTHER
 98 DON'T KNOW ---> GO TO LFS-C17
 99 REFUSAL ---> GO TO LFS-C17
- LFS-Q16E* At this job, what was your/his/her total earnings?
- |||||
 8 DON'T KNOW ---> GO TO LFS-C17
 9 REFUSAL ---> GO TO LFS-C17

* Questions LFS-Q16A - LFS-Q16E were not asked in November 1994 collection.

LFS-C17 *CHECK THE CALENDAR FOR GAPS > 6 DAYS.
 IF # GAPS = 0 ---> GO TO NEXT SECTION*

LFS-C17A *IF ANY LFS-Q6 = 1 (CURRENTLY EMPLOYED) ---> GO TO LFS-Q17A
OTHERWISE ---> GO TO LFS-Q17B*

LFS-Q17A What was the reason that ... were/was not working for pay or profit during the most recent period away from work in the past year?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 OWN ILLNESS OR DISABILITY
- 02 PREGNANCY
- 03 CARING FOR OWN CHILDREN
- 04 CARING FOR ELDER RELATIVE(S)
- 05 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 06 SCHOOL OR EDUCATIONAL LEAVE
- 07 LABOUR DISPUTE
- 08 TEMPORARY LAYOFF DUE TO SEASONAL CONDITIONS
- 09 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 UNPAID OR PARTIALLY PAID LEAVE
- 12 OTHER (SPECIFY _____)
- 13 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

GO TO NEXT SECTION

LFS-Q17B What is the reason that ... are/is currently not working for pay or profit?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 OWN ILLNESS OR DISABILITY
- 02 PREGNANCY
- 03 CARING FOR OWN CHILDREN
- 04 CARING FOR ELDER RELATIVE(S)
- 05 OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- 06 SCHOOL OR EDUCATIONAL LEAVE
- 07 LABOUR DISPUTE
- 08 TEMPORARY LAYOFF DUE TO SEASONAL CONDITIONS
- 09 TEMPORARY LAYOFF - NON-SEASONAL
- 10 PERMANENT LAYOFF
- 11 UNPAID OR PARTIALLY PAID LEAVE
- 12 OTHER (SPECIFY _____)
- 13 NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

Income*(ASK FROM MOST KNOWLEDGEABLE PERSON ONLY)*

INCOM-Q1 Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months?
(READ LIST. MARK ALL THAT APPLY.)

- 01 ___ Wages and salaries
- 02 ___ Income from self-employment
- 03 ___ Dividends and interest (e.g.on bonds,deposits,etc.)
- 04 ___ Unemployment insurance
- 05 ___ Worker's compensation
- 06 ___ Benefits from Canada or Quebec Pension Plan
- 07 ___ Retirement pensions, superannuation and annuities
- 08 ___ Old Age Security and Guaranteed Income Supplement
- 09 ___ Child Tax Benefit
- 10 ___ Provincial or municipal social assistance or welfare
- 11 ___ Child Support
- 12 ___ Alimony
- 13 ___ Other (e.g. other gov't, rental income, scholarships, etc.)
- 14 ___ None (Go to next section)

IF MORE THAN ONE SOURCE OF INCOME IS INDICATED ASK INCOM-Q2 AND INCOM-Q3. OTHERWISE ASK INCOM-Q3.

INCOM-Q2 What was the main source of income?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 ___ WAGES AND SALARIES
- 02 ___ INCOME FROM SELF-EMPLOYMENT
- 03 ___ DIVIDENDS AND INTEREST (E.G.ON BONDS,DEPOSITS, ETC.)
- 04 ___ UNEMPLOYMENT INSURANCE
- 05 ___ WORKER'S COMPENSATION
- 06 ___ BENEFITS FROM CANADA OR QUEBEC PENSION PLAN
- 07 ___ RETIREMENT PENSIONS, SUPERANNUATION AND ANNUITIES
- 08 ___ OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT
- 09 ___ CHILD TAX BENEFIT
- 10 ___ PROVINCIAL OR MUNICIPAL SOCIAL ASSISTANCE OR WELFARE
- 11 ___ CHILD SUPPORT
- 12 ___ ALIMONY
- 13 ___ OTHER (E.G. OTHER GOV'T, RENTAL INCOME, SCHOLARSHIPS, ETC.)

INCOM-Q3* What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months?

||||| ---> GO TO INCOM-C4

8 DON'T KNOW ---> GO TO INCOM-Q3B

9 REFUSAL ---> GO TO INCOM-Q3B

* Question was not asked in November 1994 collection

INCOM-Q3B Can you estimate in which of the following groups your household income falls?

- | | | | |
|----|-----|---------------------------------|------------------|
| 01 | ___ | LESS THAN \$20,000? | |
| 02 | ___ | LESS THAN \$10,000? | |
| 03 | ___ | LESS THAN \$5,000? | (GO TO INCOM-Q4) |
| 04 | ___ | \$5,000 OR MORE? | (GO TO INCOM-Q4) |
| 05 | ___ | \$10,000 OR MORE? | |
| 06 | ___ | LESS THAN \$15,000? | (GO TO INCOM-Q4) |
| 07 | ___ | \$15,000 OR MORE? | (GO TO INCOM-Q4) |
| 08 | ___ | \$20,000 OR MORE? | |
| 09 | ___ | LESS THAN \$40,000? | |
| 10 | ___ | LESS THAN \$30,000? | (GO TO INCOM-Q4) |
| 11 | ___ | \$30,000 OR MORE? | (GO TO INCOM-Q4) |
| 12 | ___ | \$40,000 OR MORE? | |
| 13 | ___ | LESS THAN \$50,000? | (GO TO INCOM-Q4) |
| 14 | ___ | \$50,000 TO LESS THAN \$60,000? | (GO TO INCOM-Q4) |
| 15 | ___ | \$60,000 TO LESS THAN \$80,000? | (GO TO INCOM-Q4) |
| 16 | ___ | \$80,000 OR MORE? | (GO TO INCOM-Q4) |
| 17 | ___ | NO INCOME | |

INCOM-Q4* What is your best estimate of your total personal income before taxes and deductions from all sources in the past 12 months?

||||| ---> GO TO NEXT SECTION

8 DON'T KNOW ---> GO TO INCOM-Q4B

9 REFUSAL ---> GO TO INCOM-Q4B*

* Question was not asked in November 1994 collection.

INCOM-Q4B Can you estimate in which of the following groups your personal income falls?

- | | | | |
|----|--------------------------|--------------------------|--|
| 01 | <input type="checkbox"/> | LESS THAN \$20,000? | |
| 02 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$10,000? |
| 03 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$5,000? (GO TO NEXT SECTION) |
| 04 | <input type="checkbox"/> | <input type="checkbox"/> | \$5,000 OR MORE? (GO TO NEXT SECTION) |
| 05 | <input type="checkbox"/> | <input type="checkbox"/> | \$10,000 OR MORE? |
| 06 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$15,000? (GO TO NEXT SECTION) |
| 07 | <input type="checkbox"/> | <input type="checkbox"/> | \$15,000 OR MORE? (GO TO NEXT SECTION) |
| 08 | <input type="checkbox"/> | <input type="checkbox"/> | \$20,000 OR MORE? |
| 09 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$40,000? |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$30,000? (GO TO NEXT SECTION) |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | \$30,000 OR MORE? (GO TO NEXT SECTION) |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | \$40,000 OR MORE? |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | LESS THAN \$50,000? (GO TO NEXT SECTION) |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | \$50,000 TO LESS THAN \$60,000? (GO TO NEXT SECTION) |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | \$60,000 TO LESS THAN \$80,000? (GO TO NEXT SECTION) |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | \$80,000 OR MORE? (GO TO NEXT SECTION) |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | NO INCOME |

Administration

H05-P1 Was this interview conducted on the telephone or in person?

- 1 ___ ON TELEPHONE
- 2 ___ IN PERSON
- 3 ___ BOTH (SPECIFY REASON)

H05-P2 Record language of interview

- | | | | |
|----|-----------|----|-----------------------|
| 01 | ENGLISH | 11 | PERSIAN (FARSI) |
| 02 | FRENCH | 12 | POLISH |
| 03 | ARABIC | 13 | PORTUGUESE |
| 04 | CHINESE | 14 | PUNJABI |
| 05 | CREE | 15 | SPANISH |
| 06 | GERMAN | 16 | TAGALOG (FILIPINO) |
| 07 | GREEK | 17 | UKRAINIAN |
| 08 | HUNGARIAN | 18 | VIETNAMESE |
| 09 | ITALIAN | 19 | OTHER (SPECIFY _____) |
| 10 | KOREAN | | |

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PARENT QUESTIONNAIRE

ADULT HEALTH

NOTE: ASKED FOR THE PERSON MOST KNOWLEDGEABLE ABOUT THE SELECTED PERSON (CHILD), AND THE SPOUSE/PARTNER OF THAT PERSON (IF APPLICABLE).

PERSON MOST KNOWLEDGEABLE: *CHLT-Q1 - Q7, CHLT-Q12A - 12L*

ALSO, WHERE PERSON MOST KNOWLEDGEABLE IS FEMALE BIOLOGICAL PARENT WITH CHILDREN < 2 YEARS: *CHLT-Q8 -11*

SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE: *CHLT-Q1 TO CHLT-Q7*

CHLT-Q1 The following questions ask about your/...'s general health and smoking habits. In general, would you say your/his/her health is:

- 1 Excellent?
- 2 Very good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 8 DON'T KNOW
- 9 REFUSAL

CHLT-Q2 At the present time do you/does ... smoke cigarettes daily, occasionally or not at all?

- 1 DAILY
- 2 OCCASIONALLY ---> GO TO CHLT-I4
- 3 NOT AT ALL ---> GO TO CHLT-I4
- 8 DON'T KNOW ---> GO TO CHLT-I4
- 9 REFUSAL ---> GO TO CHLT-I4

CHLT-Q3 How many cigarettes do you/does ... smoke each day now?

- NUMBER OF CIGARETTES
- 98 DON'T KNOW
- 99 REFUSAL

CHLT-I4 **Now, some questions about alcohol consumption.**

CHLT-Q4 During the past 12 months, have you/has ... had a drink of beer, wine, liquor or any other alcoholic beverage?

- 1 YES
- 2 NO ---> GO TO CHLT-C8
- 8 DON'T KNOW --->GO TO CHLT-C8
- 9 REFUSAL --->GO TO CHLT-C8

CHLT-Q5 During the past 12 months, how often did you/he/she drink alcoholic beverages?
(MARK ONE ONLY.)

- 1 EVERY DAY
- 2 4-6 TIMES A WEEK
- 3 2-3 TIMES A WEEK
- 4 ONCE A WEEK
- 5 2-3 TIMES A MONTH
- 6 ONCE A MONTH
- 7 LESS THAN ONCE A MONTH
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHLT-C8

CHLT-Q6 How many times in the past 12 months have you/has he/she had 5 or more drinks on one occasion?

NUMBER OF TIMES

NOTE: IF 0 ---> GO TO CHLT-C8

CHLT-Q7 In the past 12 months, what is the highest number of drinks you/he/she had on one occasion?

Maternal History

CHLT-C8 *IF THE RESPONDENT IS THE FEMALE BIOLOGICAL PARENT OF AT LEAST 1 CHILD IN THE FAMILY UNDER 2 YEARS OF AGE, AND THIS COMPONENT IS NON-PROXY ---> GO TO CHLT-Q8*

OTHERWISE ---> GO TO CHLT-C12

CHLT-Q8 **Now I would like to ask you some questions about your past pregnancies.** How many times throughout your life have you been pregnant including any pregnancies which did not go full term?

||| TIMES

98 DON'T KNOW ---> GO TO CHLT-C12

99 REFUSAL ---> GO TO CHLT-C12

CHLT-Q9 How many babies have you had?

|||

98 DON'T KNOW ---> GO TO CHLT-C12

99 REFUSAL ---> GO TO CHLT-C12

CHLT-Q11 At what age did you have your first baby?

||| YEARS

98 DON'T KNOW

99 REFUSAL

CHLT-C12 *IF RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD ---> GO TO CHLT-C12A*

OTHERWISE ---> GO TO NEXT SECTION

CHLT-I12 **The next set of statements describe feelings or behaviours. For each one, please tell me how often you felt or behaved this way during the past week.**

- CHLT-Q12A **How often have you felt or behaved this way during the past week:**
I did not feel like eating; my appetite was poor.
- 1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
 - 2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
 - 3 OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)
 - 4 MOST OR ALL OF THE TIME (5-7 DAYS)
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CHLT-STOP
- CHLT-Q12B I felt that I could not shake off the blues even with help from my family or friends.
- CHLT-Q12C I had trouble keeping my mind on what I was doing.
- CHLT-Q12D I felt depressed.
- CHLT-Q12E I felt that everything I did was an effort.
- CHLT-Q12F I felt hopeful about the future.
- CHLT-Q12G My sleep was restless.
- CHLT-Q12H I was happy.
- CHLT-Q12I I felt lonely.
- CHLT-Q12J I enjoyed life.
- CHLT-Q12K I had crying spells.
- CHLT-Q12L I felt that people disliked me.

FAMILY SECTION

Family Functioning

***NOTE:** THIS SECTION IS ASKED ONLY OF THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD OR THE SPOUSE /PARTNER OF THE PERSON MOST KNOWLEDGEABLE.*

FNC-C1 *IF THIS SECTION HAS BEEN COMPLETED FOR ANOTHER HOUSEHOLD MEMBER ---> GO TO NEXT SECTION*

FNC-I1 **The following statements are about families and family relationships. For each one, please indicate which response best describes your family: strongly agree, agree, disagree or strongly disagree.**

FNC-Q1A Planning family activities is difficult because we misunderstand each other.

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

FNC-Q1B In times of crisis we can turn to each other for support.

FNC-Q1C We cannot talk to each other about sadness we feel.

FNC-Q1D Individuals (in the family) are accepted for what they are.

FNC-Q1E We avoid discussing our fears or concerns.

FNC-Q1F We express feelings to each other.

FNC-Q1G There are lots of bad feelings in our family.

FNC-Q1H We feel accepted for what we are.

FNC-Q1I Making decisions is a problem for our family.

FNC-Q1J We are able to make decisions about how to solve problems.

FNC-Q1K We don't get along well together.

FNC-Q1L We confide in each other.

FNC-Q1M Drinking is a source of tension or disagreement in our family.

FNC-C2 *IF PERSON IS MARRIED, LIVING COMMON-LAW OR LIVING WITH A PARTNER ---> GO TO FNC-Q2*

OTHERWISE ---> GO TO NEXT SECTION

FNC-Q2

All things considered, how satisfied or dissatisfied are you with your marriage or relationship with your partner? Which number comes the closest to how you feel, where 1 is completely dissatisfied and 11 is completely satisfied?

- 01 COMPLETELY DISSATISFIED
- 02
- 03
- 04
- 05
- 06 NEUTRAL
- 07
- 08
- 09
- 10
- 11 COMPLETELY SATISFIED
- 98 DON'T KNOW
- 99 REFUSAL

NEIGHBOURHOOD

NOTE: THIS SECTION IS ASKED ONLY OF THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD, OR THE SPOUSE /PARTNER OF THE PERSON MOST KNOWLEDGEABLE.

SAF-C1 IF THIS SECTION HAS BEEN COMPLETED FOR ANOTHER HOUSEHOLD MEMBER ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO SAF-Q1

SAF-Q1 **This section asks questions about your neighbourhood.**

How many years have you lived at this address?

(ENTER 0 IF LESS THAN 1 YEAR.)

[_] [_] YEARS

SAF-Q2 How do you feel about your neighbourhood as a place to bring up children? Is it...
(READ LIST. MARK ONE ONLY.)

- 1 Excellent?
- 2 Good?
- 3 Average?
- 4 Poor?
- 5 Very poor?
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SAF-Q3 Are you involved in any local voluntary organizations such as school groups, church groups, community or ethnic associations?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SAF-I5A **Please tell me whether you strongly agree, agree, disagree, or strongly disagree with these statements about your neighbourhood.**

SAF-Q5A It is safe to walk alone in this neighbourhood after dark.

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SAF-Q5B It is safe for children to play outside during the day.

SAF-Q5C There are good parks, playgrounds and play spaces in this neighbourhood.

SAF-I6A **The following statements are about people in neighbourhoods.**

SAF-Q6A **Please tell me whether you strongly agree, agree, disagree, or strongly disagree about the following statement when thinking of your neighbours.**

If there is a problem around here, the neighbours get together to deal with it.

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SAF-Q6B There are adults in the neighbourhood that children can look up to.

SAF-Q6C People around here are willing to help their neighbours.

SAF-Q6D You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble.

SAF-Q6E When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.

SAF-I7A **The following are problems that arise in neighbourhoods.**

SAF-Q7A **How much of a problem is the following in this neighbourhood:** Litter, broken glass or garbage in the street or road, on the sidewalk, or in yards?

- 1 A BIG PROBLEM
- 2 SOMEWHAT OF A PROBLEM
- 3 NO PROBLEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SAF-Q7B Selling or using drugs?

SAF-Q7C Alcoholics and excessive drinking in public?

SAF-Q7D Groups of young people who cause trouble?

SAF-Q7E Burglary of homes and apartments?

SAF-Q7F Unrest due to ethnic or religious differences?

SOCIAL SUPPORT

SUP-C1 IF THIS SECTION HAS BEEN COMPLETED FOR ANOTHER HOUSEHOLD MEMBER ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO SUP-I1

SUP-I1 The following statements are about relationships and the support which you get from others. For each of the following, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

SUP-Q1A If something went wrong, no one would help me.

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO SUP-Q2A

SUP-Q1B I have family and friends who help me feel safe, secure and happy.

SUP-Q1C There is someone I trust whom I would turn to for advice if I were having problems.

SUP-Q1D There is no one I feel comfortable talking about problems with.

SUP-Q1E I lack a feeling of closeness with another person.

SUP-Q1F There are people I can count on in an emergency.

SUP-Q2A **Besides your friends and family, did any of the following help with your personal problems during the past 12 months?**

Community or social service professionals?

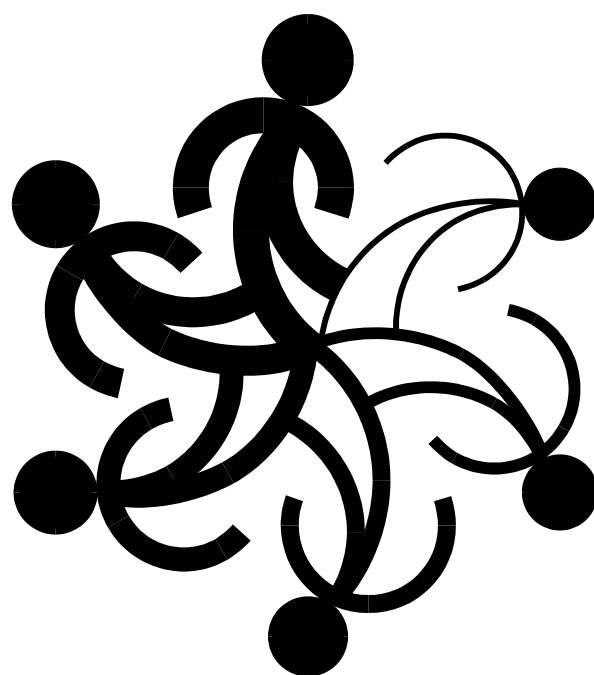
- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

SUP-Q2B Health professionals?

SUP-Q2C Religious or spiritual leaders or communities?

SUP-Q2D Books or magazines?

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CHILDREN'S QUESTIONNAIRE

DVS-INT **I need to confirm some of the information that we collected earlier, since it is important in determining which questions we need to ask you about**

DVS-Q1 What is your relationship to

BIRTH PARENT
STEP PARENT (INCLUDING COMMON-LAW PARENT)
ADOPTIVE PARENT
FOSTER PARENT
SISTER/BROTHER
GRANDPARENT
IN-LAW
OTHER RELATED
UNRELATED

DVS-Q2 What is's relationship to?
(first child)

FULL SISTER/BROTHER BY BIRTH
SISTER/BROTHER - HALF, STEP, ADOPTED, FOSTER (INCLUDE COMMON-LAW
SIBLINGS)
OTHER RELATED
UNRELATED

HEALTH

NOTE: *AGE 0-1 YEAR: HLT-Q1 - Q4; HLT-Q137 - Q45; HLT-Q45B - Q51E*

AGE 2-3 YEARS: HLT-Q1 - Q5; HLT-Q137 - Q45; HLT-Q45B - Q51E

AGE 4-5 YEARS: HLT-Q1 - Q5; HLT-Q6A, Q7A; HLT-Q8 - Q19; HLT-Q20A, Q21, Q22A; HLT-Q23 - Q45; HLT-Q45B; HLT-Q48A - HLT-Q52B

AGE 6-11 YEARS: HLT-Q1 - HLT-Q5; HLT-Q6, Q7; HLT-Q8 - Q19; HLT-Q20, Q21, Q22; HLT-Q23 - Q44; HLT-Q45A, Q45B; HLT-Q48A - Q52B

HLT-Q1 In general, would you say ...'s health is:

- 1 Excellent?
- 2 Very good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 8 DON'T KNOW --->GO TO HLT-Q3
- 9 REFUSAL --->GO TO HLT-Q3

HLT-Q2 Over the past few months, how often has he/she been in good health?

- 1 ALMOST ALL THE TIME
- 2 OFTEN
- 3 ABOUT HALF OF THE TIME
- 4 SOMETIMES
- 5 ALMOST NEVER
- 8 DON'T KNOW

HLT-Q3 What is his/her height in feet and inches or in metres/centimetres (without shoes on)?

HLT-Q4 What is his/her weight in kilograms (and grams) or in pounds (and ounces)?

HLT-C5 *IF AGE < 2 YEARS ---> GO TO HLT-I37*
OTHERWISE ---> GO TO HLT-Q5

HLT-Q5 In your opinion, how physically active is ... compared to other children the same age and sex?
(READ LIST. MARK ONE ONLY.)

- 1 Much more?
- 2 Moderately more?
- 3 Equally?
- 4 Moderately less?
- 5 Much less?

HLT-C6 *IF AGE = 0-3 ---> GO TO HLT-I37*
OTHERWISE ---> GO TO HLT-I6

HEALTH STATUS

HLT-I6 **The next set of questions ask about ...'s day to day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with his/her abilities relative to other children the same age. You may feel that some of these questions do not apply to him/her, but it is important that we ask the same questions of everyone.**

VISION

HLT-C6A *IF AGE < 6 ---> GO TO HLT-Q6A*
OTHERWISE ---> GO TO HLT-Q6

HLT-Q6 Is he/she usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

- 1 YES ---> GO TO HLT-Q9
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q7 Is he/she usually able to see well enough to read ordinary newsprint with glasses or contact lenses?

- 1 YES ---> GO TO HLT-Q9
- 2 NO ---> GO TO HLT-Q8
- 3 DOESN'T WEAR GLASSES OR CONTACT LENSES ---> GO TO HLT-Q8
- 8 DON'T KNOW ---> GO TO HLT-Q8
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q6A Is he/she usually able to see clearly, and without distortion, the words in a story book without glasses or contact lenses?

- 1 YES ---> GO TO HLT-Q9
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q7A Is he/she usually able to see clearly, and without distortion, the words in a story book with glasses or contact lenses?

- 1 YES ---> GO TO HLT-Q9
- 2 NO
- 3 DOESN'T WEAR GLASSES OR CONTACT LENSES
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q8 Is he/she able to see at all?

- 1 YES
- 2 NO ---> GO TO HLT-Q11
- 8 DON'T KNOW ---> GO TO HLT-Q11
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q9 Is he/she able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

- 1 YES ---> GO TO HLT-Q11
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q11

HLT-Q10 Is he/she usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

- 1 YES
- 2 NO
- 3 DOESN'T WEAR GLASSES OR CONTACTS
- 8 DON'T KNOW
- 9 REFUSAL

HEARING

HLT-Q11 Is ... usually able to hear what is said in a group conversation with at least three other people without a hearing aid?

- 1 YES ---> GO TO HLT-Q16
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q16

HLT-Q12 Is he/she usually able to hear what is said in a group conversation with at least three other people with a hearing aid?

- 1 YES ---> GO TO HLT-Q14
- 2 NO
- 3 DOESN'T WEAR A HEARING AID
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q16

HLT-Q13 Is he/she able to hear at all?

- 1 YES
- 2 NO ---> GO TO HLT-Q16
- 8 DON'T KNOW ---> GO TO HLT-Q16
- 9 REFUSAL ---> GO TO HLT-Q16

HLT-Q14 Is he/she usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

- 1 YES ---> GO TO HLT-Q16
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q16

HLT-Q15 Is he/she usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

- 1 YES
- 2 NO
- 3 DOESN'T WEAR A HEARING AID
- 8 DON'T KNOW
- 9 REFUSAL

SPEECH

HLT-Q16 Is ... usually able to be understood completely when speaking with strangers in his/her own language?

- 1 YES ---> GO TO HLT-C20
- 2 NO
- 8 DON'T KNOW ---> GO TO HLT-Q18
- 9 REFUSAL ---> GO TO HLT-C20

HLT-Q17 Is he/she able to be understood partially when speaking with strangers in his/her own language?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL---> GO TO HLT-C20

HLT-Q18 Is he/she able to be understood completely when speaking with those who know him/her well?

- 1 YES ---> GO TO HLT-C20
- 2 NO
- 8 DON'T KNOW ---> GO TO HLT-C20
- 9 REFUSAL ---> GO TO HLT-C20

HLT-Q19 Is he/she able to be understood partially when speaking with those who know him/her well?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

GETTING AROUND

HLT-C20 *IF AGE < 6 ---> GO TO HLT-Q20A*

OTHERWISE ---> GO TO HLT-Q20

HLT-Q20 Is ... usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?

- 1 YES ---> GO TO HLT-Q27
- 2 NO ---> GO TO HLT-Q21
- 8 DON'T KNOW ---> GO TO HLT-Q21
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q20A Is he/she usually able to walk without difficulty and without mechanical support such as braces, a cane or crutches?

- 1 YES ---> GO TO HLT-Q27
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q21 Is he/she able to walk at all?

- 1 YES
- 2 NO ---> GO TO HLT-Q24
- 8 DON'T KNOW ---> GO TO HLT-Q24
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-C22 *IF AGE < 6 ---> GO TO HLT-Q22A*

OTHERWISE ---> GO TO HLT-Q22

HLT-Q22 Does he/she require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

- 1 YES ---> GO TO HLT-Q23
- 2 NO ---> GO TO HLT-Q23
- 8 DON'T KNOW ---> GO TO HLT-Q23
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q22A Does he/she require mechanical support such as braces, a cane or crutches to be able to walk?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q23 Does he/she require the help of another person to be able to walk?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q24 Does he/she require a wheelchair to get around?

- 1 YES
- 2 NO ---> GO TO HLT-Q27
- 8 DON'T KNOW ---> GO TO HLT-Q27
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q25 How often does he/she use a wheelchair?

- 1 ALWAYS
- 2 OFTEN
- 3 SOMETIMES
- 4 NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-Q27

HLT-Q26 Does he/she need the help of another person to get around in the wheelchair?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

HANDS AND FINGERS

- HLT-Q27 Is ... usually able to grasp and handle small objects such as a pencil or scissors?
- 1 YES ---> GO TO HLT-Q31
 - 2 NO
 - 8 DON'T KNOW ---> GO TO HLT-Q31
 - 9 REFUSAL ---> GO TO HLT-Q31
- HLT-Q28 Does he/she require the help of another person because of limitations in the use of hands or fingers?
- 1 YES
 - 2 NO ---> GO TO HLT-Q30
 - 8 DON'T KNOW ---> GO TO HLT-Q30
 - 9 REFUSAL ---> GO TO HLT-Q31
- HLT-Q29 Does he/she require the help of another person with:
(READ LIST. MARK ONE ONLY.)
- 1 Some tasks?
 - 2 Most tasks?
 - 3 Almost all tasks?
 - 4 All tasks?
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO HLT-Q31
- HLT-Q30 Does he/she require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?
- 1 YES
 - 2 NO
 - 8 DON'T KNOW
 - 9 REFUSAL

FEELINGS

HLT-Q31 Would you describe ... as being usually:
(READ LIST. MARK ONE ONLY.)

- 1 Happy and interested in life?
- 2 Somewhat happy?
- 3 Somewhat unhappy?
- 4 Unhappy with little interest in life?
- 5 So unhappy that life is not worthwhile?
- 8 DON'T KNOW
- 9 REFUSAL

MEMORY

HLT-Q32 How would you describe his/her usual ability to remember things? Is he/she:
(READ LIST. MARK ONE ONLY.)

- 1 Able to remember most things?
- 2 Somewhat forgetful?
- 3 Very forgetful?
- 4 Unable to remember anything at all?
- 8 DON'T KNOW
- 9 REFUSAL

THINKING

HLT-Q33 How would you describe his/her usual ability to think and solve day-to-day problems? Is he/she:
(READ LIST. MARK ONE ONLY.)

- 1 Able to think clearly and solve problems?
- 2 Having a little difficulty?
- 3 Having some difficulty?
- 4 Having a great deal of difficulty?
- 5 Unable to think or solve problems?
- 8 DON'T KNOW
- 9 REFUSAL

PAIN AND DISCOMFORT

HLT-Q34 Is ... usually free of pain or discomfort?

- 1 YES ---> GO TO HLT-I37
- 2 NO
- 8 DON'T KNOW ---> GO TO HLT-I37
- 9 REFUSAL ---> GO TO HLT-I37

HLT-Q35 How would you describe the usual intensity of his/her pain or discomfort:
(READ LIST. MARK ONE ONLY.)

- 1 Mild?
- 2 Moderate?
- 3 Severe?
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-I37

HLT-Q36 How many activities does his/her pain or discomfort prevent?
(READ LIST. MARK ONE ONLY.)

- 1 None?
- 2 A few?
- 3 Some?
- 4 Most?
- 8 DON'T KNOW
- 9 REFUSAL

INJURIES

HLT-I37 **The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months, and were serious enough to require medical attention by a doctor, nurse, or dentist.**

HLT-Q37 In the past 12 months was ... injured?

- 1 YES
- 2 NO ---> GO TO HLT-Q43A
- 8 DON'T KNOW ---> GO TO HLT-Q43A
- 9 REFUSAL ---> GO TO HLT-Q43A

HLT-Q38 How many times was he/she injured?

TIMES

HLT-Q39 For the most serious injury, what type of injury did he/she have?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 BROKEN OR FRACTURED BONES
- 02 BURN OR SCALD
- 03 DISLOCATION
- 04 SPRAIN OR STRAIN
- 05 CUT, SCRAPE OR BRUISE
- 06 CONCUSSION
- 07 POISONING BY SUBSTANCE OR LIQUID
- 08 INTERNAL INJURY
- 09 DENTAL INJURY
- 10 OTHER
- 11 MULTIPLE INJURIES
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO HLT-Q43A

HLT-C40 *IF ANY OF 1-5 MARKED IN HLT-Q39 ---> GO TO HLT-Q40
OTHERWISE ---> GO TO HLT-Q41*

HLT-Q40 What part of his/her body was injured?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 EYES
- 02 FACE OR SCALP (EXCLUDING EYES)
- 03 HEAD OR NECK (EXCLUDING EYES AND FACE OR SCALP)
- 04 ARMS OR HANDS
- 05 LEGS OR FEET
- 06 BACK OR SPINE
- 07 TRUNK (EXCLUDING BACK OR SPINE) (INCLUDE CHEST, INTERNAL ORGANS, ETC.)
- 08 SHOULDER
- 09 HIP
- 10 MULTIPLE SITES
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO HLT-Q43A

HLT-Q41 What happened, for example, was the injury the result of a fall, motor vehicle collision, a physical assault, etc.?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 MOTOR VEHICLE COLLISION-PASSENGER
- 02 MOTOR VEHICLE COLLISION-PEDESTRIAN
- 03 MOTOR VEHICLE COLLISION-RIDING BICYCLE
- 04 OTHER BICYCLE ACCIDENT
- 05 FALL (EXCLUDING BICYCLE OR SPORTS)
- 06 SPORTS (EXCLUDING BICYCLE)
- 07 PHYSICAL ASSAULT
- 08 SCALDED BY HOT LIQUIDS OR FOOD
- 09 ACCIDENTAL POISONING
- 10 SELF-INFLICTED POISONING
- 11 OTHER INTENTIONALLY SELF-INFLICTED INJURIES
- 12 NATURAL/ENVIRONMENTAL FACTORS (EX. ANIMAL BITE, STING)
- 13 FIRE/FLAMES OR RESULTING FUMES
- 14 NEAR DROWNING
- 15 OTHER
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO HLT-Q43A

HLT-Q42 Where did the injury happen, for example at home, on the street, in a playground, at school, etc.?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 INSIDE RESPONDENT'S OWN HOME/APARTMENT
- 02 OUTSIDE RESPONDENT'S HOME, APARTMENT, INCLUDING YARD, DRIVEWAY, PARKING LOT OR IN SHARED AREAS RELATED TO HOME SUCH AS APARTMENT HALLWAY OR LAUNDRY ROOM
- 03 IN OR AROUND OTHER PRIVATE RESIDENCE
- 04 INSIDE SCHOOL/DAYCARE CENTRE OR ON SCHOOL/CENTRE GROUNDS
- 05 AT AN INDOOR OR OUTDOOR SPORTS FACILITY (OTHER THAN SCHOOL)
- 06 OTHER BUILDING USED BY GENERAL PUBLIC
- 07 ON SIDEWALK/STREET/HIGHWAY IN RESPONDENT'S NEIGHBOURHOOD
- 08 ON ANY OTHER SIDEWALK/STREET/HIGHWAY
- 09 IN A PLAYGROUND/PARK (OTHER THAN SCHOOL)
- 10 OTHER
- 98 DON'T KNOW
- 99 REFUSAL

HLT-Q43A **The following questions are about asthma.** Has ... ever had asthma that was diagnosed by a health professional?

- 1 YES
- 2 NO ---> GO TO HLT-Q44
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-C45

HLT-Q43B Does this condition or health problem prevent or limit his/her participation in school, at play or any other activity normal for a child his/her age?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

HLT-Q43C Has he/she had an attack of asthma in the last 12 months?

HLT-Q44 Has he/she had wheezing or whistling in the chest at any time in the last 12 months?

LONG-TERM CONDITIONS

HLT-C45 *IF AGE < 6 YEARS ---> GO TO HLT-Q45
OTHERWISE ---> GO TO HLT-Q45A*

HLT-Q45 **In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more.** Does ... have any of the following long-term conditions that have been diagnosed by a health professional?
(READ LIST. MARK ALL THAT APPLY)

- 01 Allergies?
- 02 Bronchitis?
- 03 Heart condition or disease?
- 04 Epilepsy?
- 05 Cerebral Palsy?
- 06 Kidney Condition or disease?
- 07 Mental handicap?
- 08 Any other long term condition?
- 09 None
- 98 DON'T KNOW
- 99 REFUSAL

NOTE: ---> GO TO HLT-Q45B

HLT-Q45A **In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more.** Does.... have any of the following long-term conditions that have been diagnosed by a health professional?
(READ LIST. MARK ALL THAT APPLY)

- 01 Allergies?
- 02 Bronchitis?
- 03 Heart condition or disease?
- 04 Epilepsy?
- 05 Cerebral Palsy?
- 06 Kidney Condition or disease?
- 07 Mental handicap?
- 08 Learning disability?
- 09 Emotional, psychological or nervous difficulties?
- 10 Any other long term condition?
- 11 None
- 98 DON'T KNOW
- 99 REFUSAL

HLT-Q45B Does ... have any long term conditions or health problems which prevent or limit his/her participation in school, at play, or in any other activity for a child of his/her age?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

HLT-C46 *IF AGE > 3 ---> GO TO HLT-I48*
OTHERWISE ---> GO TO HLT-Q46

HLT-Q46 How often does ... have nose or throat infections?

- 1 ALMOST ALL THE TIME
- 2 OFTEN
- 3 FROM TIME TO TIME
- 4 RARELY
- 5 NEVER
- 8 DON'T KNOW
- 9 REFUSAL

HLT-Q47A Since his/her birth, has he/she had an ear infection (otitis)?

- 1 YES
- 2 NO ---> GO TO HLT-I48
- 8 DON'T KNOW ---> GO TO HLT-I48
- 9 REFUSAL ---> GO TO HLT-I48

HLT-Q47B How many times?

- 1 ONCE
- 2 2 TIMES
- 3 3 TIMES
- 4 4 OR MORE TIMES
- 8 DON'T KNOW
- 9 REFUSAL

USE OF HEALTH PROFESSIONALS

HLT-I48 **In the past year, how many times have you seen or talked on the telephone with any of the following about ...'s physical or mental health? (Exclude at time of birth for babies.)**

HLT-Q48A A general practitioner, family physician?
(ENTER 0 IF NONE.)

- TIMES
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO HLT-Q49

HLT-Q48B A pediatrician?

HLT-Q48C An other medical doctor (such as an orthopedist, or eye specialist)?

HLT-Q48D A public health nurse or nurse practitioner?

HLT-Q48E A dentist or orthodontist?

HLT-Q48G A psychiatrist or psychologist?

HLT-Q48H Child welfare worker or children's aid worker?

HLT-Q48I Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker?

HLT-Q49 In the past 12 months, was ... ever an overnight patient in a hospital?

- 1 YES
- 2 NO ----> GO TO HLT-Q51A
- 8 DON'T KNOW ----> GO TO HLT-Q51A

HLT-Q50 For what reason?

- 1 RESPIRATORY ILLNESS OR DISEASE
- 2 GASTROINTESTINAL ILLNESS OR DISEASE
- 3 INJURIES
- 4 OTHER
- 8 DON'T KNOW
- 9 REFUSAL

USE OF MEDICATION

HLT-Q51A **Does he/she take any of the following prescribed medication on a regular basis:** Ventolin or other inhalants?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO HLT-C52

HLT-Q51B Ritalin?

HLT-Q51C Tranquilizers or nerve pills?

HLT-Q51D Anti-convulsants or anti-epileptic pills?

HLT-Q51E Other?

HLT-C52 *IF AGE < 4 ---> GO TO NEXT SECTION
OTHERWISE ---> GO TO HLT-Q52A*

HLT-Q52A Has ... ever experienced any event or situation that has caused him/her a great amount of worry or unhappiness?

- 1 YES
- 2 NO ---> GO TO NEXT SECTION

HLT-Q52B What was this?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- 01 DEATH OF PARENTS
- 02 DEATH IN FAMILY (OTHER THAN PARENTS)
- 03 DIVORCE/SEPARATION OF PARENTS
- 04 MOVE
- 05 STAY IN HOSPITAL
- 06 STAY IN FOSTER HOME
- 07 OTHER SEPARATION FROM PARENTS
- 08 ILLNESS/INJURY OF CHILD
- 09 ILLNESS/INJURY OF A FAMILY MEMBER
- 10 ABUSE/FEAR OF ABUSE
- 11 CHANGE IN HOUSEHOLD MEMBERS
- 12 ALCOHOLISM OR MENTAL HEALTH DISORDER IN FAMILY
- 13 CONFLICT BETWEEN PARENTS
- 14 OTHER
- 98 DON'T KNOW
- 99 REFUSAL

MEDICAL/BIOLOGICAL

PRENATAL QUESTIONS

NOTE: THIS SECTION ASKED ONLY OF CHILDREN 0-3 YEARS OF AGE.

AGE 0-11 MONTHS: MED-Q1A - MED-Q28

AGE 12-23 MONTHS: MED-Q1A - Q15; MED-Q-21A - Q22; MED-Q25 - MED-Q28

AGE 2-3 YEARS: MED-Q12A - MED-Q15

MED-C1 IF AGE > 3 YEARS ---> GO TO TEMPERAMENT SECTION

MED-C1A IF RESPONDENT IS THE BIOLOGICAL MOTHER OF THE CHILD ---> GO TO MED-C1C
ELSE IF RESPONDENT IS BIOLOGICAL FATHER OF THE CHILD ---> GO TO MED-Q12A
OTHERWISE ---> GO TO TEMPERAMENT SECTION

MED-C1C IF AGE IN MONTHS > 23 ---> GO TO MED-Q12A

MED-Q1A **The following are prenatal questions concerning** During the pregnancy with ... did you suffer from any of the following: pregnancy diabetes?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q2

MED-Q1B High blood pressure?

MED-Q1C Other physical problems?

MED-Q2 From whom did you receive pre-natal care?

- 1 A DOCTOR
- 2 A NURSE
- 3 A MIDWIFE
- 4 OTHER
- 5 NOBODY

MED-Q3 Did you smoke during your pregnancy with ...?

- 1 YES
- 2 NO ---> GO TO MED-Q6
- 8 DON'T KNOW ---> GO TO MED-Q6

MED-Q4 How many cigarettes per day did you smoke during your pregnancy with ...?

||| Number of cigarettes

MED-Q5 At what stage in your pregnancy did you smoke this amount?
(MARK MORE THAN ONE IF NECESSARY)

- 1 DURING THE FIRST THREE MONTHS
- 2 DURING THE SECOND THREE MONTHS
- 3 DURING THE THIRD THREE MONTHS
- 4 THROUGHOUT

MED-Q6 How frequently did you consume alcohol during your pregnancy with ... (Eg. Beer, wine, liquor)?

- 1 NEVER ---> GO TO MED-Q9A
- 2 LESS THAN ONCE A MONTH
- 3 1-3 TIMES A MONTH
- 4 ONCE A WEEK
- 5 2-3 TIMES A WEEK
- 6 4-6 TIMES A WEEK
- 7 EVERYDAY
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q9A

MED-Q7 On the days when you drank, how many drinks did you usually have?

- 1 1 TO 2
- 2 3 TO 4
- 3 5 OR MORE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q9A

MED-Q8 At what stage in your pregnancy did you consume this quantity?
(MARK MORE THAN ONE IF NECESSARY)

- 1 DURING THE FIRST THREE MONTHS
- 2 DURING THE SECOND THREE MONTHS
- 3 DURING THE THIRD THREE MONTHS
- 4 THROUGHOUT
- 8 DON'T KNOW
- 9 REFUSAL

MED-Q9A Did you take any prescription medications during your pregnancy with ...?

- 1 YES
- 2 NO ---> GO TO MED-Q10A
- 8 DON'T KNOW ---> GO TO MED-Q10A
- 9 REFUSAL ---> GO TO MED-Q12A

MED-Q9B At what stage in your pregnancy did you take these?
(MARK ALL THAT APPLY)

- 1 DURING THE FIRST THREE MONTHS
- 2 DURING THE SECOND THREE MONTHS
- 3 DURING THE THIRD THREE MONTHS
- 4 THROUGHOUT
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q12A

MED-Q10A Did you take any over-the-counter drugs during your pregnancy with ...?

- 1 YES
- 2 NO ---> GO TO MED-Q12A
- 8 DON'T KNOW ---> GO TO MED-Q12A
- 9 REFUSAL ---> GO TO MED-Q12A

MED-Q10B At what stage in your pregnancy did you take these?
(MARK ALL THAT APPLY)

- 1 DURING THE FIRST THREE MONTHS
- 2 DURING THE SECOND THREE MONTHS
- 3 DURING THE THIRD THREE MONTHS
- 4 THROUGHOUT
- 8 DON'T KNOW
- 9 REFUSAL

MED-Q12A **The following are questions concerning ... 's birth.** Was he/she born before or after the due date?

- 1 BEFORE
- 2 AFTER
- 3 ON DUE DATE ---> GO TO MED-Q13A

MED-Q12B How many days or weeks before or after the due date was he/she born?

MED-Q13A What was his/her birth weight in kilograms and grams or pounds and ounces?

MED-Q14A What was his/her length at birth in centimetres or inches?

DELIVERY

MED-Q15 Was this a single birth or twins, or triplets?

- 1 SINGLE BIRTH
- 2 TWINS
- 3 TRIPLETS
- 4 MORE THAN TRIPLETS
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q21A

MED-C16 *IF AGE IN MONTHS = 12-23 ---> GO TO MED-Q21A*

IF AGE IN MONTHS > 23 ---> GO TO TEMPERAMENT SECTION

OTHERWISE ---> GO TO MED-Q16

MED-Q16 Was the delivery vaginal or caesarian?

- 1 VAGINAL
- 2 CAESARIAN ---> GO TO MED-Q21A

MED-Q17 Was ... born head first?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

MED-Q18 Were birthing aids used?

- 1 NONE
- 2 FORCEPS
- 3 CUPPING GLASS (SUCTION CUP)
- 8 DON'T KNOW
- 9 REFUSAL

INFANT AFTER HIS/HER BIRTH

MED-Q21A Did ... receive special medical care following his/her birth?

- 1 YES
- 2 NO ---> Go to MED-Q22
- 8 DON'T KNOW ---> Go to MED-Q22
- 9 REFUSAL ---> Go to MED-Q22

MED-Q21B What type of special medical care was received?
(MARK ALL THAT APPLY)

- 1 INTENSIVE CARE
- 2 VENTILATION/OXYGEN
- 3 TRANSFER TO A SPECIALIZED HOSPITAL
- 4 OTHER
- 8 DON'T KNOW ---> GO TO MED-Q22

MED-Q21C For how many days, in total, was this care received?

|_| |_| |_| DAYS

MED-Q22 Compared to other babies in general, would you say that ...'s health at birth was:

- 1 Excellent?
- 2 Very good?
- 3 Good?
- 4 Fair?
- 5 Poor?
- 8 DON'T KNOW
- 9 REFUSAL

MED-C23A *IF AGE IN MONTHS = 12-23 ---> GO TO MED-Q25
OTHERWISE ---> GO TO MED-Q23A*

POSTNATAL/POST-DELIVERY PHYSICAL AND MENTAL HEALTH

MED-Q23A **The following are postnatal questions concerning** After ...'s delivery, did you/her/his-mother suffer from any of the following conditions: postpartum haemorrhage?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MED-Q24A

MED-Q23B Postpartum infection?

MED-Q23C1 Postpartum depression?

MED-Q23C2 For how long?
(ENTER NUMBER OF DAYS OR WEEKS OR MONTHS)

MED-Q23D Postpartum hypertension?

MED-Q24A Were/Was you/her/his mother hospitalized for special medical care for any period immediately following the birth of ...?

- 1 YES
- 2 NO ---> GO TO MED-Q25

MED-Q24B For how many days?

BREAST-FEEDING

MED-Q25 Are/Is you/her/his mother currently breast-feeding ...?

- 1 YES ---> GO TO TEMPERAMENT SECTION
- 2 NO

MED-Q26 Did you/her/his mother breast-feed him/her even if only for a short time?

- 1 YES
- 2 NO ---> GO TO TEMPERAMENT SECTION

MED-Q27 For how long?
(DO NOT READ LIST. MARK ONE ONLY.)

- 01 LESS THAN 1 WEEK
- 02 1-4 WEEKS
- 03 5-8 WEEKS
- 04 9-12 WEEKS
- 05 3-6 MONTHS
- 06 7-9 MONTHS
- 07 10-12 MONTHS
- 08 13-16 MONTHS
- 09 MORE THAN 16 MONTHS

MED-Q28 What was the main reason you/her/his mother stopped breast-feeding him/her?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- 01 NOT ENOUGH MILK/HUNGRY BABY
- 02 INCONVENIENCED/FATIGUE
- 03 DIFFICULTY WITH BF TECHNIQUES
- 04 SORE NIPPLES/ENGORGED BREAST
- 05 MOTHER'S ILLNESS
- 06 PLANNED TO STOP AT THIS TIME
- 07 BABY WEANED HIMSELF/HERSELF
- 08 PHYSICIAN TOLD ME/HER TO STOP
- 09 RETURNED TO WORK/SCHOOL
- 10 PARTNER/FATHER WANTED ME/HER TO STOP
- 11 FORMULA FEEDING PREFERABLE
- 12 WANTED TO DRINK ALCOHOL
- 13 OTHER

TEMPERAMENT

NOTE: AGE 3-5 MONTHS: TMP-Q1 TO Q12, TMP-Q14 TO Q20, Q23, Q33

AGE 6-11 MONTHS: TMP-Q1 TO Q20, TMP- Q23 TO Q27, Q33,

AGE 12-23 MONTHS (1 YEAR OLDS): TMP-Q1, 2A, 3A, 4-7, 8A, 9-12, 13A, 14, 15, 17-22, 23A, 24A, 25, 26, 27A, 28-33

AGE 24-35 MONTHS (2 YEAR OLDS): TMP-Q1, 2A, 3A, 4-7, 8A, 9-12, 13A, 14, 15, 17-20, 21A, 22, 23A, 24A, 25, 26, 27A, 28-33

AGE 36-47 MONTHS (3 YEAR OLDS): TMP-Q1, 2A, 3A, 4A, 5A, 6A, 7, 8B, 9A, 10, 11A, 12, 13A, 14A, 15, 17, 18, 19A, 20, 21B, 22A, 23A, 24A, 25, 26, 27A, 28, 29, 30A,31-33

TMP-C1 *IF AGE < 1 YEAR AND MONTH OF BIRTH WAS NOT STATED IN THE DEMOGRAPHICS OR IN THE CHILD COMPONENT ---> GO TO EDUCATION SECTION*

ELSE IF AGE IN MONTHS < 3 OR > 47 ---> GO TO EDUCATION SECTION

OTHERWISE ---> GO TO TMP-II

TMP-II **The following questions are about how ... behaves. Please answer them for him/her in comparison to others. "About average" means how you think the typical child would be scored.**

TMP-Q1 How easy or difficult is it for you to calm or soothe ... when he/she is upset?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 DIFFICULT
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C2 *IF AGE < 1 ---> GO TO TMP-Q2*
OTHERWISE ---> GO TO TMP-Q2A

TMP-Q2 How easy or difficult is it for you to predict when he/she will go to sleep and wake up?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 DIFFICULT
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q3

TMP-Q2A How consistent is he/she in sticking with his/her sleeping routine?

- 1 VERY CONSISTENT; LITTLE OR NO VARIABILITY
- 2
- 3
- 4 SOME VARIABILITY
- 5
- 6
- 7 VERY INCONSISTENT; HIGHLY VARIABLE
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q3A

TMP-Q3 How easy or difficult is it for you to predict when he/she will become hungry?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 DIFFICULT
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-C4

TMP-Q3A How consistent is he/she in sticking with his/her eating routine?

- 1 VERY CONSISTENT; LITTLE OR NO VARIABILITY
- 2
- 3
- 4 SOME VARIABILITY
- 5
- 6
- 7 VERY INCONSISTENT; HIGHLY VARIABLE
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C4 *IF AGE < 3 ---> GO TO TMP-Q4*
OTHERWISE ---> GO TO TMP-Q4A

TMP-Q4 How easy or difficult is it for you to know what's bothering him/her when he/she cries or fusses?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 VERY DIFFICULT
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: *GO TO TMP-Q5*

TMP-Q4A How easy or difficult is it for you to know what's bothering him/her when he/she is irritable?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 VERY DIFFICULT
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: *GO TO TMP-Q5A*

TMP-Q5 How many times per day, on average, does ... get fussy and irritable - for either short or long periods of time?

- 1 NEVER
- 2 1-2 TIMES PER DAY
- 3 3-4 TIMES PER DAY
- 4 5-6 TIMES PER DAY
- 5 7-9 TIMES PER DAY
- 6 10-14 TIMES PER DAY
- 7 15 TIMES PER DAY OR MORE
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q6

TMP-Q5A How many times per day on average does ... get cranky and irritable - for either short or long periods of time?

- 1 NEVER
- 2 1-2 TIMES PER DAY
- 3 3-4 TIMES PER DAY
- 4 5-6 TIMES PER DAY
- 5 7-9 TIMES PER DAY
- 6 10-14 TIMES PER DAY
- 7 15 TIMES PER DAY OR MORE
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q6A

TMP-Q6 How much does he/she cry and fuss in general?

- 1 VERY LITTLE; MUCH LESS THAN THE AVERAGE BABY/CHILD
- 2
- 3
- 4 AVERAGE AMOUNT; ABOUT AS MUCH AS THE AVERAGE BABY/CHILD
- 5
- 6
- 7 A LOT; MUCH MORE THAN THE AVERAGE BABY/CHILD
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q7

TMP-Q6A How much does he/she cry, fuss or whine in general?

- TMP-Q7 How easily does he/she get upset?
- 1 VERY HARD TO UPSET -- EVEN BY THINGS THAT UPSET MOST BABIES/CHILDREN
 - 2
 - 3
 - 4 ABOUT AVERAGE
 - 5
 - 6
 - 7 VERY EASILY UPSET BY THINGS THAT WOULDN'T BOTHER MOST BABIES/CHILDREN
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO NEXT SECTION

- TMP-C8 *IF AGE < 1 ---> GO TO TMP-Q8*
ELSE AGE = 1 OR 2 ---> GO TO TMP-Q8A
OTHERWISE ---> GO TO TMP-Q8B

- TMP-Q8 When he/she gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss?
- 1 VERY MILD INTENSITY OR LOUDNESS
 - 2
 - 3
 - 4 MODERATE INTENSITY OR LOUDNESS
 - 5
 - 6
 - 7 VERY LOUD OR INTENSE, REALLY CUTS LOOSE
 - 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q9

- TMP-Q8A When he/she gets upset, how vigorously or loudly does he/she cry and fuss?
- 1 VERY MILD INTENSITY OR LOUDNESS
 - 2
 - 3
 - 4 MODERATE INTENSITY OR LOUDNESS
 - 5
 - 6
 - 7 VERY LOUD OR INTENSE, REALLY CUTS LOOSE
 - 9 REFUSAL --->GO TO NEXT SECTION

NOTE: GO TO TMP-Q9

TMP-Q8B When he/she gets upset, how vigourously or loudly does he/she cry and whine?

NOTE: GO TO TMP-Q9A

TMP-Q9 How does he/she react when you are dressing him/her?

- 1 VERY WELL -- LIKES IT
- 2
- 3
- 4 ABOUT AVERAGE -- DOESN'T MIND IT
- 5
- 6
- 7 DOESN'T LIKE IT AT ALL
- 9 REFUSAL --->GO TO NEXT SECTION

NOTE: GO TO TMP-Q10

TMP-Q9A How does he/she react during hairwashing?

TMP-Q10 How active is ... in general?

- 1 VERY CALM AND QUIET
- 2
- 3
- 4 AVERAGE
- 5
- 6
- 7 VERY ACTIVE AND VIGOROUS
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C11 *IF AGE < 3 ---> GO TO TMP-Q11*
OTHERWISE ---> GO TO TMP-Q11A

TMP-Q13 How much does he/she enjoy playing little games with you?

- 1 A GREAT DEAL -- REALLY LOVES IT
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 VERY LITTLE -- DOESN'T LIKE IT VERY MUCH
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q14

TMP-Q13A How much does he/she enjoy playing with you?

TMP-C14 *IF AGE < 3 YEARS ---> GO TO TMP-Q14
OTHERWISE ---> GO TO TMP-Q14A*

TMP-Q14 How much does he/she want to be held?

- 1 WANTS TO BE FREE MOST OF THE TIME
- 2
- 3
- 4 SOMETIMES WANTS TO BE HELD; SOMETIMES NOT
- 5
- 6
- 7 A GREAT DEAL -- WANTS TO BE HELD ALMOST ALL THE TIME
- 9 REFUSAL --->GO TO NEXT SECTION

NOTE: GO TO TMP-Q15

TMP-Q14A How much does he/she want to be cuddled?

TMP-Q15 How does he/she respond to disruptions and changes in everyday routine, such as when you go to church, a meeting, on trips, etc.,?

- 1 VERY FAVOURABLY, DOESN'T GET UPSET
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 VERY UNFAVOURABLY, GETS QUITE UPSET
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C16 *IF AGE IN MONTHS < 12 ---> GO TO TMP-Q16*

OTHERWISE ---> GO TO TMP-Q17

TMP-Q16 How easy is it for you to predict when he/she will need a diaper change?

- 1 VERY EASY
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 VERY DIFFICULT
- 9 REFUSAL --->GO TO NEXT SECTION

TMP-Q17 How changeable is ...'s mood?

- 1 CHANGES SELDOM AND CHANGES SLOWLY WHEN HE/SHE DOES CHANGE
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 CHANGES OFTEN AND RAPIDLY
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q18 How excited does he/she become when people play with or talk to him/her?

- 1 VERY EXCITED
- 2
- 3
- 4 ABOUT AVERAGE
- 5
- 6
- 7 NOT AT ALL
- 8 DON'T KNOW
- 9 REFUSAL --->GO TO NEXT SECTION

TMP-C19 *IF AGE = 3 ---> GO TO TMP-Q19A*

OTHERWISE ---> GO TO TMP-Q19

TMP-Q19 On the average, how much attention does he/she require, other than for caregiving (feeding, bathing, diaper changes, etc.)?

- 1 VERY LITTLE -- MUCH LESS THAN THE AVERAGE BABY/CHILD
- 2
- 3
- 4 AVERAGE AMOUNT
- 5
- 6
- 7 A LOT -- MUCH MORE THAN THE AVERAGE BABY/CHILD
- 9 REFUSAL --->GO TO NEXT SECTION

NOTE: GO TO TMP-Q20

TMP-Q19A On the average, how much attention does he/she require, other than for caregiving (bathing, eating, etc.)?

TMP-Q20 When left alone, he/she plays well by him/herself?

- 1 ALMOST ALWAYS
- 2
- 3
- 4 ABOUT HALF THE TIME
- 5
- 6
- 7 ALMOST NEVER -- WON'T PLAY BY SELF
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C21 *IF AGE IN MONTHS = 3 - 11 ---> GO TO TMP-Q23*

ELSE IF AGE IN MONTHS = 12 - 23 ---> GO TO TMP-Q21

ELSE IF AGE IN MONTHS = 24 - 35 ---> GO TO TMP-Q21A

ELSE ---> GO TO TMP-Q21B

TMP-Q21 How does he/she react to being confined (as in a carseat, infant seat, playpen, etc.)?

- 1 VERY WELL -- LIKES IT
- 2
- 3
- 4 MINDS A LITTLE OR PROTESTS ONCE IN A WHILE
- 5
- 6
- 7 DOESN'T LIKE IT AT ALL
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q22

TMP-Q21A How does he/she react to being confined (as in a carseat, bedroom, crib, etc.)?

NOTE: GO TO TMP-Q22

TMP-Q21B How does he/she react to being confined (as in a boosterseat, seatbelt, bedroom, bed, etc.)

NOTE: GO TO TMP-Q22A

TMP-Q22 How much does he/she cuddle and snuggle when held?

- 1 A GREAT DEAL -- ALMOST EVERY TIME
- 2
- 3
- 4 AVERAGE, SOMETIMES DOES AND SOMETIMES DOES NOT
- 5
- 6
- 7 VERY LITTLE -- SELDOM CUDDLES
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-C23

TMP-Q22A How much does he/she cuddle and snuggle when close to you?

TMP-C23 IF AGE = 1-3 ---> GO TO TMP-Q23A

TMP-Q23 How did he/she respond to his/her first bath?

- 1 VERY WELL -- BABY LOVED IT
- 2
- 3
- 4 NEITHER LIKED NOR DISLIKED IT
- 5
- 6
- 7 TERRIBLY -- DIDN'T LIKE IT
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C23A *IF AGE IN MONTHS = 3- 5 ---> GO TO TMP-Q33*

ELSE ---> GO TO TMP-Q24

TMP-Q23A How does he/she typically respond to new playthings?

- 1 ALWAYS RESPONDS FAVOURABLY
- 2
- 3
- 4 RESPONDS FAVOURABLY ABOUT HALF THE TIME OR IS ALWAYS NEUTRAL
- 5
- 6
- 7 ALWAYS RESPONDS NEGATIVELY OR FEARFULLY
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: *GO TO TMP-Q24A*

TMP-Q24 How did he/she respond to his/her first solid food?

- 1 VERY FAVOURABLY -- LIKED IT IMMEDIATELY
- 2
- 3
- 4 NEITHER LIKED NOR DISLIKED IT
- 5
- 6
- 7 VERY NEGATIVELY -- DID NOT LIKE IT AT ALL
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: *GO TO TMP-Q25*

TMP-Q24A How does he/she typically respond to new foods?

1 ALWAYS RESPONDS FAVOURABLY
 2
 3
 4 RESPONDS FAVOURABLY ABOUT HALF OF THE TIME OR IS ALWAYS NEUTRAL
 5
 6
 7 VERY NEGATIVELY--DOES NOT LIKE IT AT ALL
 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q25 How does he/she typically respond to a new person?

1 ALMOST ALWAYS RESPONDS FAVORABLY
 2
 3
 4 RESPONDS FAVORABLY ABOUT HALF THE TIME
 5
 6
 7 ALMOST ALWAYS RESPONDS NEGATIVELY AT FIRST
 8 DON'T KNOW
 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q26 How does he/she typically respond to being in a new place?

TMP-C27 *IF AGE < 1 ---> GO TO TMP-Q27*
OTHERWISE ---> GO TO TMP Q27A

TMP-Q27 How well does he/she adapt to things (such as baths, new people & new places) eventually?

1 VERY WELL -- ALWAYS LIKES IT EVENTUALLY
 2
 3
 4 ENDS UP LIKING IT ABOUT HALF THE TIME
 5
 6
 7 ALMOST ALWAYS DISLIKES IT IN THE END
 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: *GO TO TMP-C28*

TMP-Q27A How well does he/she adapt to new experiences (such as new playthings, new foods, new persons, etc.) eventually?

TMP-C28 *IF AGE < 1 ---> GO TO TMP-Q33*
OTHERWISE ---> GO TO TMP-Q28

TMP-Q28 How easy or difficult is it to take him/her places?

- 1 EASY; FUN TO TAKE BABY/CHILD WITH ME
- 2
- 3
- 4 OKAY; BABY/CHILD MAY FUSS BUT NO REAL TROUBLE
- 5
- 6
- 7 DIFFICULT; BABY/CHILD IS USUALLY DISRUPTIVE
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q29 Does he/she persist in playing with objects when he/she is told to leave them alone?

- 1 RARELY OR NEVER PERSISTS
- 2
- 3
- 4 SOMETIMES DOES AND SOMETIMES DOES NOT
- 5
- 6
- 7 ALMOST ALWAYS PERSISTS
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-C30 *IF AGE < 3 ---> GO TO TMP-Q30*
OTHERWISE ---> GO TO TMP-Q30A

TMP-Q30 Does he/she continue to go someplace even when you told him/her something like "stop", "come here", or "no-no"?

- 1 RARELY OR NEVER
- 2
- 3
- 4 SOMETIMES DOES AND SOMETIMES DOES NOT
- 5
- 6
- 7 ALMOST ALWAYS
- 9 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO TMP-Q31

TMP-Q30A Does he/she continue to go someplace even when you told him/her something like "stop", "come here", or "please don't"?

TMP-Q31 When removed from something he/she is interested in but should not be getting into, he/she gets upset.

- 1 NEVER
- 2
- 3
- 4 SOMETIMES DOES AND SOMETIMES DOES NOT
- 5
- 6
- 7 ALWAYS GETS VERY UPSET
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q32 How persistent is he/she in trying to get your attention when you are busy?

- 1 DOESN'T PERSIST AT ALL
- 2
- 3
- 4 WILL TRY, BUT WILL ONLY MILDLY PERSIST
- 5
- 6
- 7 VERY PERSISTENT -- WILL DO ANYTHING TO GET ATTENTION
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

TMP-Q33 Please rate the overall degree of difficulty ... would present for the average parent.

- 1 VERY EASY
- 2
- 3
- 4 ORDINARY, SOME PROBLEMS
- 5
- 6
- 7 HIGHLY DIFFICULT TO DEAL WITH
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDUCATION

NOTE: ASKED ONLY OF 4-11 YEAR-OLDS.

NOT IN SCHOOL: GO TO NEXT SECTION

UNGRADED: EDU-Q1, Q8-20, EXCEPT ONLY 4-5 YEAR OLDS ASKED Q12B AND 4-7 YEAR OLDS NOT ASKED Q18A

JUNIOR KINDERGARTEN: EDU-Q1, Q8-13, Q16-Q18B, Q20, EXCEPT ONLY 4-5 YEAR OLDS ASKED Q12B AND 4-7 YEAR OLDS NOT ASKED Q18A

KINDERGARTEN: EDU-Q1, Q2, Q8-13, Q16-18B, Q20, EXCEPT ONLY 4-5 YEAR OLDS ASKED Q12B AND 4-7 YEAR OLDS NOT ASKED Q18A

OTHER GRADES: EDU-Q1-20, EXCEPT ONLY 4-5 YEAR OLDS ASKED Q12B AND 4-7 YEAR OLDS NOT ASKED Q18A

EDU-C1 *IF AGE < 4 ---> GO TO LITERACY SECTION
OTHERWISE ---> GO TO EDU-I1*

EDUCATION HISTORY

EDU-I1 **The next section is about ...'s experiences at school.**

EDU-C1A *IF PROVINCE IS NEWFOUNDLAND ---> GO TO EDU-Q1A
IF PROVINCE IS QUEBEC ---> GO TO EDU-Q1B
IF PROVINCE IS ONTARIO ---> GO TO EDU-Q1C
IF PROVINCE IS NOVA SCOTIA ---> GO TO EDU-Q1D
IF PROVINCE IS P.E.I. ---> GO TO EDU-Q1E
OTHERWISE ---> GO TO EDU-Q1*

EDU-Q1 What school grade is ... in? (New Brunswick, Manitoba, Saskatchewan, Alberta or British Columbia)

- 01 NOT IN SCHOOL
- 02 KINDERGARTEN
- 03 GRADE 1
- 04 GRADE 2
- 05 GRADE 3
- 06 GRADE 4
- 07 GRADE 5
- 08 GRADE 6
- 09 GRADE 7
- 10 GRADE 8
- 11 GRADE 9
- 12 GRADE 10
- 13 GRADE 11
- 14 GRADE 12
- 15 UNGRADED

EDU-E1 *IF EDU-Q1 = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION*

IF EDU-Q1 = 15 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1 = 2 - 14 ---> GO TO EDU-Q2

EDU-Q1A What school grade is ... in? (Newfoundland)

- 01 NOT IN SCHOOL
- 02 KINDERGARTEN
- 03 GRADE 1 ELEMENTARY
- 04 GRADE 2 ELEMENTARY
- 05 GRADE 3 ELEMENTARY
- 06 GRADE 4 ELEMENTARY
- 07 GRADE 5 ELEMENTARY
- 08 GRADE 6 ELEMENTARY
- 09 GRADE 7 ELEMENTARY
- 10 GRADE 8 ELEMENTARY
- 11 GRADE 9 ELEMENTARY
- 12 LEVEL 1 SECONDARY
- 13 LEVEL 2 SECONDARY
- 14 LEVEL 3 SECONDARY
- 15 UNGRADED

EDU-E1A *IF EDU-Q1A = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION*

IF EDU-Q1A = 15 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1A = 2 - 14 ---> GO TO EDU-Q2

EDU-Q1B What school grade is ... in? (Quebec)

- 01 NOT IN SCHOOL
- 02 JUNIOR KINDERGARTEN
- 03 KINDERGARTEN
- 04 GRADE 1 ELEMENTARY
- 05 GRADE 2 ELEMENTARY
- 06 GRADE 3 ELEMENTARY
- 07 GRADE 4 ELEMENTARY
- 08 GRADE 5 ELEMENTARY
- 09 GRADE 6 ELEMENTARY
- 10 SECONDARY I
- 11 SECONDARY II
- 12 SECONDARY III
- 13 SECONDARY IV
- 14 SECONDARY V
- 15 UNGRADED

EDU-E1B *IF EDU-Q1B = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION*

IF EDU-Q1B = 15 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1B = 2 (JUNIOR KINDERGARTEN)---> GO TO EDU-Q8

IF EDU-Q1B = 3 - 14 ---> GO TO EDU-Q2

EDU-Q1C What school grade is ... in? (Ontario)

- 01 NOT IN SCHOOL
- 02 JUNIOR KINDERGARTEN
- 03 KINDERGARTEN
- 04 GRADE 1
- 05 GRADE 2
- 06 GRADE 3
- 07 GRADE 4
- 08 GRADE 5
- 09 GRADE 6
- 10 GRADE 7
- 11 GRADE 8
- 12 GRADE 9
- 13 GRADE 10
- 14 GRADE 11
- 15 GRADE 12
- 16 OAC GRADE 13
- 17 UNGRADED

EDU-E1C IF EDU-Q1C = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION

IF EDU-Q1C = 17 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1C = 2 (JUNIOR KINDERGARTEN) ---> GO TO EDU-Q8

IF EDU-Q1C = 3 - 16 ---> GO TO EDU-Q2

EDU-Q1D What school grade is ... in? (Nova Scotia)

- 01 NOT IN SCHOOL
- 02 PRIMARY
- 03 GRADE 1
- 04 GRADE 2
- 05 GRADE 3
- 06 GRADE 4
- 07 GRADE 5
- 08 GRADE 6
- 09 GRADE 7
- 10 GRADE 8
- 11 GRADE 9
- 12 GRADE 10
- 13 GRADE 11
- 14 GRADE 12
- 15 UNGRADED

EDU-E1D IF EDU-Q1D = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION

IF EDU-Q1D = 15 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1D = 2 - 14 ---> GO TO EDU-Q2

EDU-Q1E What school grade is ... in? (Prince Edward Island)

- 01 NOT IN SCHOOL
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 14 UNGRADED

EDU-E1E *IF EDU-Q1E = 1 (NOT IN SCHOOL) OR REFUSAL ---> GO TO LITERACY SECTION*

IF EDU-Q1E = 14 (UNGRADED) OR DON'T KNOW ---> GO TO EDU-Q8

IF EDU-Q1E = 2 - 13 ---> GO TO EDU-Q2

EDU-Q2 Did he/she attend junior kindergarten?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-C3 *IF CHILD IN KINDERGARTEN/PRIMARY (EDU-Q1 = 2 OR EDU-Q1A = 2 OR EDU-Q1B = 3 OR EDU-Q1C = 3 OR EDU-Q1D = 2) ---> GO TO EDU-Q8*

OTHERWISE ---> GO TO EDU-Q3

- EDU-Q3 Did he/she attend kindergarten/primary?
- EDU-Q4 Has ... ever skipped a grade at school? (INCLUDE KINDERGARTEN)
- 1 YES
2 NO ---> GO TO EDU-Q6
8 DON'T KNOW ---> GO TO EDU-Q6
9 REFUSAL ---> GO TO EDU-Q6
- EDU-C5 *IF PROVINCE IS NFLD ---> GO TO EDU-Q5A*
IF PROVINCE IS QUE ---> GO TO EDU-Q5B
IF PROVINCE IS ONTARIO ---> GO TO EDU-Q5C
IF PROVINCE IS NOVA SCOTIA ---> GO TO EDU-Q5D
IF PROVINCE IS P.E.I. ---> GO TO EDU-Q5E
OTHERWISE ---> GO TO EDU-Q5
- EDU-Q5 What grade(s) has he/she skipped? (New Brunswick, Manitoba, Saskatchewan, Alberta,
British Columbia)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)
- 01 KINDERGARTEN
02 GRADE 1
03 GRADE 2
04 GRADE 3
05 GRADE 4
06 GRADE 5
07 GRADE 6
08 GRADE 7
09 GRADE 8
10 GRADE 9
11 GRADE 10
12 GRADE 11
13 GRADE 12
98 DON'T KNOW
99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q6

EDU-Q5A What grade(s) has he/she skipped? (Newfoundland)
 (MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1 ELEMENTARY
- 03 GRADE 2 ELEMENTARY
- 04 GRADE 3 ELEMENTARY
- 05 GRADE 4 ELEMENTARY
- 06 GRADE 5 ELEMENTARY
- 07 GRADE 6 ELEMENTARY
- 08 GRADE 7 ELEMENTARY
- 09 GRADE 8 ELEMENTARY
- 10 GRADE 9 ELEMENTARY
- 11 LEVEL 1 SECONDARY
- 12 LEVEL 2 SECONDARY
- 13 LEVEL 3 SECONDARY
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q6

EDU-Q5B What grade(s) has he/she skipped? (Quebec)
 (MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1 ELEMENTARY
- 03 GRADE 2 ELEMENTARY
- 04 GRADE 3 ELEMENTARY
- 05 GRADE 4 ELEMENTARY
- 06 GRADE 5 ELEMENTARY
- 07 GRADE 6 ELEMENTARY
- 08 SECONDARY I
- 09 SECONDARY II
- 10 SECONDARY III
- 11 SECONDARY IV
- 12 SECONDARY V
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q6

EDU-Q5C What grade(s) has he/she skipped? (Ontario)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 14 OAC GRADE 13
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q6

EDU-Q5D What grade(s) has he/she skipped? (Nova Scotia)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 PRIMARY
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q6

EDU-Q5E What grade(s) has he/she skipped? (Prince Edward Island)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 GRADE 1
- 02 GRADE 2
- 03 GRADE 3
- 04 GRADE 4
- 05 GRADE 5
- 06 GRADE 6
- 07 GRADE 7
- 08 GRADE 8
- 09 GRADE 9
- 10 GRADE 10
- 11 GRADE 11
- 12 GRADE 12
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

EDU-Q6 Has ... ever repeated a grade at school (INCLUDE KINDERGARTEN)?

- 1 YES
- 2 NO ---> GO TO EDU-Q8
- 8 DON'T KNOW ---> GO TO EDU-Q8
- 9 REFUSAL ---> GO TO EDU-Q8

EDU-C7 *IF PROVINCE IS NFLD ---> GO TO EDU-Q7A*
IF PROVINCE IS QUE ---> GO TO EDU-Q7B
IF PROVINCE IS ONTARIO ---> GO TO EDU-Q7C
IF PROVINCE IS NOVA SCOTIA ---> GO TO EDU-Q7D
IF PROVINCE IS P.E.I. ---> GO TO EDU-Q7E
OTHERWISE ---> GO TO EDU-Q7

EDU-Q7 What grade(s) has he/she repeated? (New Brunswick, Manitoba, Saskatchewan, Alberta, British Columbia)

(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q8

EDU-Q7A What grade(s) has he/she repeated? (Newfoundland)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1 ELEMENTARY
- 03 GRADE 2 ELEMENTARY
- 04 GRADE 3 ELEMENTARY
- 05 GRADE 4 ELEMENTARY
- 06 GRADE 5 ELEMENTARY
- 07 GRADE 6 ELEMENTARY
- 08 GRADE 7 ELEMENTARY
- 09 GRADE 8 ELEMENTARY
- 10 GRADE 9 ELEMENTARY
- 11 LEVEL 1 SECONDARY
- 12 LEVEL 2 SECONDARY
- 13 LEVEL 3 SECONDARY
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q8

EDU-Q7B What grade(s) has he/she repeated? (Quebec)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1 ELEMENTARY
- 03 GRADE 2 ELEMENTARY
- 04 GRADE 3 ELEMENTARY
- 05 GRADE 4 ELEMENTARY
- 06 GRADE 5 ELEMENTARY
- 07 GRADE 6 ELEMENTARY
- 08 SECONDARY I
- 09 SECONDARY II
- 10 SECONDARY III
- 11 SECONDARY IV
- 12 SECONDARY V
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q8

EDU-Q7C What grade(s) has he/she repeated? (Ontario)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 KINDERGARTEN
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 14 OAC GRADE 13
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q8

EDU-Q7D What grade(s) has he/she repeated? (Nova Scotia)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 PRIMARY
- 02 GRADE 1
- 03 GRADE 2
- 04 GRADE 3
- 05 GRADE 4
- 06 GRADE 5
- 07 GRADE 6
- 08 GRADE 7
- 09 GRADE 8
- 10 GRADE 9
- 11 GRADE 10
- 12 GRADE 11
- 13 GRADE 12
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

NOTE: GO TO EDU-Q8

EDU-Q7E What grade(s) has he/she repeated? (Prince Edward Island)
(MARK ONE ONLY. IF MORE THAN ONE REPORTED, MARK THE MOST RECENT.)

- 01 GRADE 1
- 02 GRADE 2
- 03 GRADE 3
- 04 GRADE 4
- 05 GRADE 5
- 06 GRADE 6
- 07 GRADE 7
- 08 GRADE 8
- 09 GRADE 9
- 10 GRADE 10
- 11 GRADE 11
- 12 GRADE 12
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

EDU-Q8 What type of school is ... currently in? Is it a:
(READ LIST. MARK ONE ONLY.)

- 1 Public school?
- 2 Catholic school, publicly funded?
- 3 Private school?
- 4 Other
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q9A Other than natural progression through the school system in your area, has ... ever changed schools?

- 1 YES
- 2 NO ---> GO TO EDU-Q11
- 3 NOT APPLICABLE ---> GO TO EDU-Q11
- 8 DON'T KNOW ---> GO TO EDU-Q11
- 9 REFUSAL ---> GO TO EDU-Q11

EDU-Q9B How many times has he\she changed schools?

EDU-Q10 For the most recent change in schools, what was the reason for changing?

- 01 FAMILY OR CHILD MOVED
- 02 CHILD NOT PROGRESSING WELL ACADEMICALLY
- 03 CHILD NOT PROGRESSING WELL IN LANGUAGE OF INSTRUCTION
- 04 CHILD NOT GETTING ALONG WELL WITH OTHERS AT SCHOOL
- 05 CONCERNS ABOUT SCHOOL'S ACADEMIC STANDARDS OR QUALITY
- 06 CONCERNS ABOUT SCHOOL SAFETY OR DISCIPLINE
- 07 CONCERNS ABOUT SCHOOL FACILITIES OR RESOURCES
- 08 OTHER
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO NEXT SECTION

EDU-Q11 Aside from school changes, how many times in ...'s life has he/she moved, that is, changed his/her usual place of residence?

CURRENT EDUCATION

EDU-Q12A In what language is he/she mainly taught?

- 1 ENGLISH
- 2 FRENCH
- 3 BOTH
- 4 OTHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-C12B *IF AGE > 5 ---> GO TO EDU-Q13*

EDU-Q12B What language does he/she speak most often at home?
(MARK ALL THAT APPLY.)

- 1 ENGLISH
- 2 FRENCH
- 3 OTHER
- 4 NONE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q13 Since he/she started school in the fall, about how many days has he/she been away from school for any reason?

GRADE ONE AND OVER

EDU-C14A *IF EDU-Q1 = 2 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16*

ELSE IF EDU-Q1A = 2 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16

ELSE IF EDU-Q1B = 2 (JUNIOR KINDERGARTEN) OR 3 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16

ELSE IF EDU-Q1C = 2 (JUNIOR KINDERGARTEN) OR 3 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16

ELSE IF EDU-Q1D = 2 (PRIMARY) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16

ELSE IF EDU-Q1E = DON'T KNOW OR REFUSAL ---> GO TO EDU-Q16

OTHERWISE ---> GO TO EDU-Q14A

EDU-Q14A **Based on your knowledge of his/her school work, including his/her report cards, how is ... doing in the following areas at school this year: reading?**

- 1 VERY WELL
- 2 WELL
- 3 AVERAGE
- 4 POORLY
- 5 VERY POORLY
- 6 NOT APPLICABLE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q14B Mathematics?

EDU-Q14C Written work such as composition?

EDU-Q14D How is he/she doing overall?

EDU-Q15A Since ... started school in the fall, has he/she received any help or tutoring outside of school?

- 1 YES
- 2 NO ---> GO TO EDU-Q16
- 8 DON'T KNOW ---> GO TO EDU-Q16
- 9 REFUSAL ---> GO TO EDU-Q16

EDU-Q15B How often?

- 1 ONCE A WEEK OR LESS OFTEN
- 2 TWICE A WEEK
- 3 MORE THAN TWICE A WEEK
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q16 Since ... started school in the fall how many times have you been contacted by his/her school regarding his/her behaviour at school?

- 1 NONE/ONCE
- 2 TWICE/THREE TIMES
- 3 FOUR OR MORE TIMES
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q17 With regard to how he/she feels about school, how often does he/she look forward to going to school?

- 1 ALMOST NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 OFTEN
- 5 ALMOST ALWAYS
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-C18 *IF AGE < 8 ---> GO TO EDU-Q18B*
OTHERWISE ---> GO TO EDU-Q18A

EDU-Q18A How important is it to you that ... have good grades in school?

- 1 VERY IMPORTANT
- 2 IMPORTANT
- 3 SOMEWHAT IMPORTANT
- 4 NOT IMPORTANT AT ALL
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-Q18B How far do you hope he/she will go in school?

- 1 PRIMARY SCHOOL
- 2 SECONDARY OR HIGH SCHOOL
- 3 GO TO COMMUNITY COLLEGE, TECHNICAL COLLEGE OR CEGEP
- 4 GO TO UNIVERSITY
- 5 LEARN A TRADE
- 6 OTHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO NEXT SECTION

EDU-C19A *IF EDU-Q1 = 2 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q20*

ELSE IF EDU-Q1A = 2 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q20

ELSE IF EDU-Q1B = 2 (JUNIOR KINDERGARTEN) OR 3 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-20

ELSE IF EDU-Q1C = 2 (JUNIOR KINDERGARTEN) OR 3 (KINDERGARTEN) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q20

ELSE IF EDU-Q1D = 2 (PRIMARY) OR DON'T KNOW OR REFUSAL ---> GO TO EDU-Q20

ELSE IF EDU-Q1E = DON'T KNOW OR REFUSAL ---> GO TO EDU-Q20

OTHERWISE ---> GO TO EDU-I19A

EDU-I19A **The following are possible descriptions of his/her present school. For each, please indicate whether you strongly agree, agree, disagree, or strongly disagree.**

EDU-Q19A Academic progress is very important at this school.

EDU-Q19B Most children in this school enjoy being there.

EDU-Q19C Parents are made to feel welcome in this school.

EDU-Q19D School spirit is very high.

EDU-Q20 Does ... receive special education because a physical, emotional, behavioral, or some other problem limits the kind or amount of school work he/she can do?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

LITERACY

NOTE: AGE 0-23 MONTHS: LIT-I1 TO LIT-Q3

AGE 2-4 YEARS: LIT-I1, LIT-Q4 - Q7, Q8

AGE 5 YEARS: LIT-I1, LIT-Q6A, Q6B1, Q7A-Q8, Q12, Q13-14

AGE 6 YEARS: LIT-I1, Q7A, Q9-12, Q13-14

AGE 7 YEARS: LIT-I1, LIT Q7A, Q9-11, Q12A-14

AGE 8-11 YEARS: LIT-I1, Q7B, Q9-11, Q12A-14

LIT-I1 **Children can show their interest in reading or sharing books in different ways. The following are some questions about books and reading.**

LIT-C1 *IF AGE IN MONTHS > 23 ---> GO TO LIT-C4
OTHERWISE ---> GO TO LIT-Q1*

LIT-Q1 Do you or another adult ever read to ..., or show him/her pictures or wordless baby books?

- 1 YES
- 2 NO ---> GO TO ACTIVITIES SECTION
- 8 DON'T KNOW ---> GO TO ACTIVITIES SECTION
- 9 REFUSAL ---> GO TO ACTIVITIES SECTION

LIT-Q2 How often do you do this?

- 01 RARELY
- 02 LESS THAN ONCE A MONTH
- 03 ONCE A MONTH
- 04 A FEW TIMES A MONTH
- 05 ONCE A WEEK
- 06 A FEW TIMES A WEEK
- 07 DAILY
- 08 MANY TIMES EACH DAY
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO ACTIVITIES SECTION

LIT-Q3 How old was he/she when you started to do this (to nearest month)?

GO TO ACTIVITIES SECTION

LIT-C4 *IF AGE = 2 - 4 ---> GO TO LIT-Q4*
IF AGE = 5 ---> GO TO LIT-Q6A
IF AGE = 6-7 ---> GO TO LIT-Q7A
OTHERWISE (AGE = 8-11) ---> GO TO LIT-Q7B

LIT-Q4 How often does ... look at books, magazines, comics, etc. on his/her own? (Think about what he/she does at home only, do not include day care or school.)

LIT-Q5 How often does he/she play with pencils or markers doing real or pretend writing?

LIT-Q6A Have you or another adult ever read aloud to ... on a regular basis?

- 1 YES
- 2 NO ---> GO TO LIT-Q8
- 8 DON'T KNOW ---> GO TO LIT-C9
- 9 REFUSAL ---> GO TO ACTIVITIES SECTION

LIT-Q6B1 How old was he/she when you started (to the nearest month of age)?

LIT-C7A *IF AGE < 5 ---> GO TO LIT-Q7*
OTHERWISE ---> GO TO LIT-Q7A

LIT-Q7 Currently, how often do you or another adult read to him/her? (Also include if he/she reads or pretends to read to adult.)

- 01 NEVER OR RARELY
- 02 LESS THAN ONCE A MONTH
- 03 ONCE A MONTH
- 04 A FEW TIMES A MONTH
- 05 ONCE A WEEK
- 06 A FEW TIMES A WEEK
- 07 DAILY
- 08 MANY TIMES EACH DAY
- 98 DON'T KNOW
- 99 REFUSAL

NOTE: *IF REFUSAL ---> GO TO ACTIVITIES SECTION
OTHERWISE ---> GO TO LIT-C8*

LIT-Q7A Currently, how often do you or another adult read aloud to him/her or listen to him/her read or attempt to read aloud?

NOTE: *IF REFUSAL ---> GO TO ACTIVITIES SECTION
OTHERWISE ---> GO TO LIT-C8*

LIT-Q7B Currently, how often do you or another adult read aloud to him/her or listen to him/her read?

LIT-C8 *IF AGE > 5 ---> GO TO LIT-Q9
OTHERWISE GO TO LIT-Q8*

LIT-Q8 How often do you help or encourage him/her to write or pretend to write?

LIT-C9 *IF AGE = 2 - 4 ---> GO TO ACTIVITIES SECTION
OTHERWISE (AGE = 5) ---> GO TO LIT-Q12*

- LIT-Q9 How often is ... assigned homework?
- 1 NEVER ---> GO TO LIT-C12A
 - 2 LESS THAN ONCE A MONTH
 - 3 ONCE A MONTH
 - 4 A FEW TIMES A MONTH
 - 5 ONCE A WEEK
 - 6 A FEW TIMES A WEEK
 - 7 DAILY
 - 8 DON'T KNOW ---> GO TO LIT-C12A
 - 9 REFUSAL ---> GO TO ACTIVITIES SECTION
- LIT-Q10A On days when he/she is assigned homework, how much time does he/she usually spend doing homework?
- LIT-Q11 How often do you check his/her homework or provide help with homework?
- 1 NEVER OR RARELY
 - 2 LESS THAN ONCE A MONTH
 - 3 ONCE A MONTH
 - 4 A FEW TIMES A MONTH
 - 5 ONCE A WEEK
 - 6 A FEW TIMES A WEEK
 - 7 DAILY
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO ACTIVITIES SECTION
- LIT-C12A *IF AGE = 6 ---> GO TO LIT-Q12*
- OTHERWISE ---> GO TO LIT-Q12A*
- LIT-Q12 How often does ... look at books or try to read on his/her own?
- NOTE: IF REFUSAL ---> GO TO ACTIVITIES SECTION*
OTHERWISE ---> GO TO LIT-Q13
- LIT-Q12A How often does ... read for pleasure?
- LIT-Q13 How often does he/she talk about a book with family or friends?
- LIT-Q14 How often does he/she go to the library, including the school library?

ACTIVITIES

NOTE: AGE 0-3 YEARS: ACT-Q1 - Q2B

AGE 4-5 YEARS: ACT-Q1 - Q3D1, ACT-Q3E - Q5

AGE 6-7 YEARS: ACT-Q3A - Q3C, ACT-Q3D2, ACT-Q3E - Q5, ACT-Q7A - Q8B

AGE 8-9 YEARS: ACT-Q3A - Q3C, ACT-Q3D2, ACT-Q3E - Q5, ACT-Q7A - Q8B

AGE 10-11 YEARS: ACT-Q3A - Q3C, ACT-Q3D3 - Q8B

ACT-I1 **The next few questions are about ...'s interests and activities.**

ACT-C1 *IF AGE > 5 ---> GO TO ACT-Q3A
OTHERWISE ---> GO TO ACT-Q1*

ACT-Q1 Does he/she currently attend any nursery school, play group or other early childhood program or activity? (Please do not include child care programs or time spent in elementary school.)

- 1 YES
- 2 NO ---> GO TO ACT-C3
- 8 DON'T KNOW ---> GO TO ACT-C3
- 9 REFUSAL ---> GO TO ACT-C3

ACT-Q2A What type(s) of programs or activities?
(MARK ALL THAT APPLY.)

- 1 NURSERY SCHOOL, PRESCHOOL OR KINDERGARTEN
- 2 PLAY GROUP
- 3 DROP-IN CENTRE
- 4 TOY LIBRARY
- 5 INFANT STIMULATION PROGRAM
- 6 MOM AND TOT PROGRAM
- 7 OTHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION

ACT-Q2B For about how many hours a week does he/she attend these in total?

ACT-C3 *IF AGE < 4 YEARS ---> GO TO BEHAVIOUR SECTION
OTHERWISE ---> GO TO ACT-Q3A*

ACT-Q3A **In the last 12 months, outside of school hours, how often has ...:**
taken part in any sports which involved coaching or instruction?

- 1 MOST DAYS
- 2 A FEW TIMES A WEEK
- 3 ABOUT ONCE A WEEK
- 4 ABOUT ONCE A MONTH
- 5 ALMOST NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION

ACT-Q3B Taken part in unorganized sports or physical activities?

ACT-Q3C Taken lessons or instruction in music, dance, art or other non-sport activities?

ACT-C3D *IF AGE = 4 TO 5 YEARS ---> GO TO ACT-Q3D1*
IF AGE = 6 TO 9 YEARS ---> GO TO ACT-Q3D2
OTHERWISE (AGE = 10 TO 11 YEARS) ---> GO TO ACT-Q3D3

ACT-Q3D1 Taken part in any clubs, groups or community programs with leadership, such as Beavers, Sparks or church groups?

NOTE: GO TO ACT-Q3E

ACT-Q3D2 Taken part in any clubs, groups or community programs with leadership, such as Brownies, Cubs or church groups?

NOTE: GO TO ACT-Q3E

ACT-Q3D3 Taken part in any clubs, groups or community programs with leadership, such as Boys and Girls Clubs, Scouts, Guides or church groups?

ACT-Q3E Played computer or video games?

- ACT-Q4A About how many days a week on average does ... watch T.V. or videos at home?
- DAYS
- 0 NONE ---> GO TO ACT-Q5
- 8 DON'T KNOW ---> GO TO ACT-Q5
- 9 REFUSAL ---> GO TO NEXT SECTION
- ACT-Q4B On those days, how many hours on average does he/she spend watching T.V. or videos?
- ACT-Q5 How often does he/she play alone (e.g., riding a bike, doing a craft or hobby, playing ball)?
- 1 OFTEN
- 2 SOMETIMES
- 3 SELDOM
- 4 NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION
- ACT-C6 *IF AGE < 6 ---> GO TO BEHAVIOUR SECTION*
IF AGE 6-9 ---> GO TO ACT-Q7A
OTHERWISE ---> GO TO ACT-Q6A
- ACT-Q6A **I would like to ask you some questions about his/her responsibilities at home.**
 How often does he/she make his/her own bed?
- 1 OFTEN
- 2 SOMETIMES
- 3 SELDOM
- 4 NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION
- ACT-Q6B Clean his/her own room?
- ACT-Q6C Pick up after him/herself?
- ACT-Q6D Help keep shared living areas clean and straight?

ACT-Q6E Do routine chores such as mow the lawn, help with dinner, wash dishes, etc.?

ACT-Q6F Help manage his/her own time (get up on time, be ready for school, etc.)

ACT-Q7A Did ... attend an overnight camp last summer?

- 1 YES
- 2 NO ---> GO TO ACT-Q8A
- 8 DON'T KNOW ---> GO TO ACT-Q8A
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION

ACT-Q7B For how many days?

ACT-Q8A Last summer, did ... attend a day camp or recreational or skill-building activity that ran for half days or full days (e.g., music program, reading program, athletic program?)

- 1 YES
- 2 NO ---> GO TO NEXT SECTION
- 8 DON'T KNOW ---> GO TO BEHAVIOUR SECTION
- 9 REFUSAL ---> GO TO BEHAVIOUR SECTION

ACT-Q8B For how many days?

BEHAVIOUR

NOTE: AGE 0-11 MONTHS: BEH-Q1 - 4, BEH-Q5A
 AGE 1 YEAR: BEH-Q1 - Q5
 AGE 2-3 YEARS: BEHQ1 - Q5, BEH-18A - Q8UU
 AGE 4-9 YEARS: BEH-16A - Q6UU
 AGE 10-11 YEARS: BEH-16A - Q7F

BEH-C1 *IF AGE > 3 ---> GO TO BEH-16A
 OTHERWISE ---> GO TO BEH-Q1*

AGE 0 - 3 YEARS

BEH-Q1 **The following questions relate to ...'s sleep patterns.** When you put him/her to bed, how often does he/she have trouble falling asleep?
 (READ LIST. MARK ONE ONLY.)

- 1 Almost every time
- 2 Often
- 3 About half of the time
- 4 Sometimes
- 5 Almost never
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEH-C5

BEH-Q2 Does he/she have a particular and long routine (more than 30 minutes) to go to bed (rocking, songs, nursery rhymes, etc.) that he/she cannot go to sleep without?

- 1 ALMOST EVERY TIME
- 2 OFTEN
- 3 ABOUT HALF OF THE TIME
- 4 SOMETIMES
- 5 ALMOST NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEH-C5

BEH-Q3 Does ... wake up several times during his/her sleep?

BEH-Q4 Does he/she have a restless sleep?

BEH-C5 *IF AGE < 1 ---> GO TO BEH-Q5A*

OTHERWISE ---> GO TO BEH-Q5

BEH-Q5 The following are a few examples of how infants react to new foods (orange juice, apple purée, porridge, vegetables, etc.). Which of the following is the best approximation of how ... reacts?

- 1 He/she swallows everything without complaining
- 2 The first time he/she made faces or spit out the food, but after a few tries, he/she got used to it
- 3 The same reaction after several attempts, he/she continued to refuse most of the new foods
- 8 DON'T KNOW
- 9 REFUSAL

NOTE: *GO TO BEH-I&A*

BEH-Q5A How often do you find him/her difficult to feed?

- 1 ALMOST EVERY TIME
- 2 OFTEN
- 3 ABOUT HALF OF THE TIME
- 4 SOMETIMES
- 5 ALMOST NEVER
- 8 DON'T KNOW
- 9 REFUSAL

NOTE: *GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION*

AGE 4 - 11 YEARS

- BEH-I6A **Now I'd like to ask you questions about how ... seems to feel or act.**
- BEH-Q6A **Using the answers never or not true, sometimes or somewhat true, or often or very true, how often would you say that ...:** shows sympathy to someone who has made a mistake?
- 1 NEVER OR NOT TRUE
- 2 SOMETIMES OR SOMEWHAT TRUE
- 3 OFTEN OR VERY TRUE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO BEH-C7A
- BEH-Q6B Can't sit still, is restless, or hyperactive?
- BEH-Q6C Destroys his/her own things?
- BEH-Q6D Will try to help someone who has been hurt?
- BEH-Q6E Steals at home?
- BEH-Q6F Seems to be unhappy, sad, or depressed?
- BEH-Q6G Gets into many fights?
- BEH-Q6H Volunteers to help clear up a mess someone else has made?
- BEH-Q6I Is distractible, has trouble sticking to any activity?
- BEH-Q6J When mad at someone, tries to get others to dislike that person?
- BEH-Q6K Is not as happy as other children?
- BEH-Q6L Destroys things belonging to his/her family, or other children?
- BEH-Q6M If there is a quarrel or dispute, will try to stop it?
- BEH-Q6N Fidgets?
- BEH-Q6O Is disobedient at school?
- BEH-Q6P Can't concentrate, can't pay attention for long?
- BEH-Q6Q Is too fearful or anxious?
- BEH-Q6R When mad at someone, becomes friends with another as revenge?
- BEH-Q6S Is impulsive, acts without thinking?

BEH-Q6T	Tells lies or cheats?
BEH-Q6U	Offers to help other children (friend, brother or sister) who are having difficulty with a task?
BEH-Q6V	Is worried?
BEH-Q6W	Has difficulty awaiting turn in games or groups?
BEH-Q6X	When another child accidentally hurts him/her (such as by bumping into him/her), assumes that the other child meant to do it, and then reacts with anger and fighting?
BEH-Q6Y	Tends to do things on his/her own - is rather solitary?
BEH-Q6Z	When mad at someone, says bad things behind the other's back?
BEH-Q6AA	Physically attacks people?
BEH-Q6BB	Comforts a child (friend, brother, or sister) who is crying or upset?
BEH-Q6CC	Cries a lot?
BEH-Q6DD	Vandalizes?
BEH-Q6EE	Gives up easily?
BEH-Q6FF	Threatens people?
BEH-Q6GG	Spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books, etc.)?
BEH-Q6HH	Cannot settle to anything for more than a few moments?
BEH-Q6II	Appears miserable, unhappy, tearful, or distressed?
BEH-Q6JJ	Is cruel, bullies or is mean to others?
BEH-Q6KK	Stares into space?
BEH-Q6LL	When mad at someone, says to others: let's not be with him/her?
BEH-Q6MM	Is nervous, highstrung or tense?
BEH-Q6NN	Kicks, bites, hits other children?
BEH-Q6OO	Will invite bystanders to join in a game?
BEH-Q6PP	Steals outside the home?
BEH-Q6QQ	Is inattentive?
BEH-Q6RR	Has trouble enjoying him/herself?

- BEH-Q6SS Helps other children (friends, brother or sister) who are feeling sick?
- BEH-Q6TT When mad at someone, tells the other one's secrets to a third person?
- BEH-Q6UU Takes the opportunity to praise the work of less able children?
- BEH-C7A *IF AGE < 10 ---> GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION
OTHERWISE ---> GO TO BEH-17A*
- BEH-I7A **Now I'd like to ask you some questions about certain difficult behaviours which some children may show at this age. These may or may not apply to**
- BEH-Q7A In the past year, about how many times has ... stayed out later than you said he/she should?
- 1 NEVER
2 ONCE
3 TWICE
4 MORE THAN TWICE
8 DON'T KNOW
9 REFUSAL ---> GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION
- BEH-Q7B Stayed out all night without permission?
- BEH-Q7C Skipped a day of school without permission?
- BEH-Q7D Gotten drunk?
- BEH-Q7E Been questioned by the police about anything he/she might have done such as stealing, damaging property, or something else?
- 1 NEVER
2 ONCE
3 TWICE
4 MORE THAN TWICE
8 DON'T KNOW
9 REFUSAL ---> GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION

BEH-Q7F Has he/she ever run away from home?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

NOTE: GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION

AGE 2 - 3 YEARS

BEH-I8A **Now I'd like to ask you questions about how ... seems to feel or act.**

BEH-Q8B **Using the answers never or not true, sometimes or somewhat true, or often or very true, how often would you say that ...:** can't sit still, is restless, or hyperactive?

- 1 NEVER OR NOT TRUE
- 2 SOMETIMES OR SOMEWHAT TRUE
- 3 OFTEN OR VERY TRUE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO MOTOR AND SOCIAL DEVELOPMENT SECTION

BEH-Q8D Will try to help someone who has been hurt?

BEH-Q8E1 Is defiant?

BEH-Q8F Seems to be unhappy, sad, or depressed?

BEH-Q8G Gets into many fights?

BEH-Q8I Is distractible, has trouble sticking to any activity?

BEH-Q8J1 Doesn't seem to feel guilty after misbehaving?

BEH-Q8K Is not as happy as other children?

BEH-Q8N	Fidgets?
BEH-Q8P	Can't concentrate, can't pay attention for long?
BEH-Q8Q	Is too fearful or anxious?
BEH-Q8R1	Punishment doesn't change his/her behaviour?
BEH-Q8S	Is impulsive, acts without thinking?
BEH-Q8T1	Has temper tantrums or hot temper?
BEH-Q8U	Offers to help other children (friend, brother or sister) who are having difficulty with a task?
BEH-Q8V	Is worried?
BEH-Q8W	Has difficulty awaiting turn in games or groups?
BEH-Q8X	When another child accidentally hurts him/her (such as by bumping into him/her), assumes that the other child meant to do it, and then reacts with anger and fighting?
BEH-Q8Z1	Has angry moods?
BEH-Q8BB	Comforts a child (friend, brother, or sister) who is crying or upset?
BEH-Q8CC	Cries a lot?
BEH-Q8DD1	Clings to adults or is too dependent?
BEH-Q8EE	Gives up easily?
BEH-Q8HH	Cannot settle to anything for more than a few moments?

BEH-Q8KK	Stares into space?
BEH-Q8LL1	Constantly seeks help?
BEH-Q8MM	Is nervous, highstrung or tense?
BEH-Q8NN	Kicks, bites, hits other children?
BEH-Q8PP1	Doesn't want to sleep alone?
BEH-Q8QQ	Is inattentive?
BEH-Q8RR	Has trouble enjoying him/herself?
BEH-Q8SS	Helps other children (friends, brother or sister) who are feeling sick?
BEH-Q8TT	Gets too upset when separated from parents?
BEH-Q8UU	Takes the opportunity to praise the work of less able children?

MOTOR AND SOCIAL DEVELOPMENT

NOTE: ASKED FOR CHILDREN 0 TO 47 MONTHS

AGE 0 TO 3 MONTHS: GO TO MSD-Q1 - Q15
 AGE 4 TO 6 MONTHS: GO TO MSD-Q8 - Q22
 AGE 7 TO 9 MONTHS: GO TO MSD-Q12 - Q26
 AGE 10 TO 12 MONTHS: GO TO MSD-Q18 - Q32
 AGE 13 TO 15 MONTHS: GO TO MSD-Q22 - Q36
 AGE 16 TO 18 MONTHS: GO TO MSD-Q26 - Q40
 AGE 19 TO 21 MONTHS: GO TO MSD-Q29 - Q43
 AGE 22 TO 47 MONTHS: GO TO MSD-Q34 - Q48

MSD-C1 *IF AGE > 3 YEARS ---> GO TO RELATIONSHIPS SECTION
 ELSE ---> GO TO MSD-I1*

MSD-I1 The following questions are about ...'s motor and social development.

MSD-Q1 When lying on his/her stomach, has ... ever turned his/her head from side to side?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO RELATIONSHIPS SECTION

MSD-Q2 Have his/her eyes ever followed a moving object?

MSD-Q3 When lying on his/her stomach on a flat surface, has he/she ever lifted his/her head off the surface for a moment?

MSD-Q4 Have his/her eyes ever followed a moving object all the way from one side to the other?

MSD-Q5 Has he/she ever smiled at someone when that person talked to or smiled at (but did not touch) him/her?

MSD-Q6 When lying on his/her stomach, has he/she ever raised his/her head and chest from the surface while resting his/her weight on his/her lower arms or hands?

MSD-Q7 Has he/she ever turned his/her head around to look at something?

- MSD-Q8 When lying on his/her back and being pulled up to a sitting position, did ... ever hold his/her head stiffly so that it did not hang back as he/she was pulled up?
- MSD-Q9 Has he/she ever laughed out loud without being tickled or touched?
- MSD-Q10 Has he/she ever held in one hand a moderate size object such as a block or a rattle?
- MSD-Q11 Has he/she ever rolled over on his/her own on purpose?
- MSD-Q12 Has ... ever seemed to enjoy looking in the mirror at him/herself?
- MSD-Q13 Has he/she ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out?
- MSD-Q14 Has he/she ever looked around with his/her eyes for a toy which was lost or not nearby?
- MSD-Q15 Has he/she ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else?
- MSD-C16 *IF AGE IN MONTHS = 0 TO 3 MONTHS ---> GO TO RELATIONSHIP SECTION
OTHERWISE ---> GO TO MSD-Q16*
- MSD-Q16 Has he/she ever sat for 10 minutes without any support at all?
- MSD-Q17 Has he/she ever pulled him/herself to a standing position without help from another person?
- MSD-Q18 Has ... ever crawled when left lying on his/her stomach?
- MSD-Q19 Has he/she ever said any recognizable words such as "mama" or "dada"?

- MSD-Q20 Has he/she ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger?
- MSD-Q21 Has he/she ever walked at least 2 steps with one hand held or holding on to something?
- MSD-Q22 Has ... ever waved good-bye without help from another person?
- MSD-C23 *IF AGE IN MONTHS = 4 TO 6 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE ---> GO TO MSD-Q23*
- MSD-Q23 Has he/she ever shown by his/her behavior that he/she knows the names of common objects when somebody else names them out loud?
- MSD-Q24 Has he/she ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining?
- MSD-Q25 Has he/she ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person?
- MSD-Q26 Has ... ever walked at least 2 steps without holding on to anything or another person?
- MSD-C27 *IF AGE IN MONTHS = 7 TO 9 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE ---> GO TO MSD-Q27*
- MSD-Q27 Has he/she ever crawled up at least 2 stairs or steps?
- MSD-Q28 Has he/she said 2 recognizable words besides "mama" or "dada"?
- MSD-Q29 Has ... ever run?

- MSD-Q30 Has he/she ever said the name of a familiar object, such as a ball?
- MSD-Q31 Has he/she ever made a line with a crayon or pencil?
- MSD-Q32 Did he/she ever walk up at least 2 stairs with one hand held or holding the railing?
- MSD-C33 *IF AGE IN MONTHS = 10 TO 12 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE ---> GO TO MSD-Q33*
- MSD-Q33 Has he/she ever fed him/herself with a spoon or fork without spilling much?
- MSD-Q34 Has ... ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?
- MSD-Q35 Has he/she ever spoken a partial sentence of 3 words or more?
- MSD-Q36 Has he/she ever walked up stairs by him/herself without holding on to a rail?
- MSD-C37 *IF AGE IN MONTHS = 13 TO 15 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE ---> GO TO MSD-Q37*
- MSD-Q37 Has he/she ever washed and dried his/her hands without any help except for turning the water on and off?
- MSD-Q38 Has he/she ever counted 3 objects correctly?
- MSD-Q39 Has he/she ever gone to the toilet alone?

- MSD-Q40 Has he/she ever walked upstairs by him/herself with no help, stepping on each step with only one foot?
- MSD-C41 *IF AGE = 16 TO 18 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE GO TO MSD-Q41*
- MSD-Q41 Does he/she know his/her own age and sex?
- MSD-Q42 Has he/she ever said the names of at least 4 colors?
- MSD-Q43 Has he/she ever pedaled a tricycle at least 10 feet?
- MSD-C44 *IF AGE IN MONTHS = 19 TO 21 MONTHS ---> GO TO RELATIONSHIPS SECTION OTHERWISE ---> GO TO MSD-Q44*
- MSD-Q44 Has he/she ever done a somersault without help from anybody?
- MSD-Q45 Has he/she ever dressed him/herself without any help except for tying shoes (and buttoning the backs of dresses)?
- MSD-Q46 Has he/she ever said his/her first and last name together without someone's help? (Nickname may be used for first name.)
- MSD-Q47 Has he/she ever counted out loud up to 10?
- MSD-Q48 Has he/she ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?

RELATIONSHIPS

NOTE: THIS SECTION IS ASKED OF CHILDREN 4-11 ONLY.

AGE 4-5 YEARS: REL-Q1, Q6-9

AGE 6-7 YEARS: REL-Q1, Q2, Q6-9

AGE 8-11 YEARS: REL-Q1 - 9

REL-C1 *IF AGE < 4 ---> GO TO PARENTING SECTION
OTHERWISE ---> GO TO REL-I1*

REL-I1 **The next few questions are about ...'s relationships with friends, family and others.**

REL-Q1 About how many days a week does he/she do things with friends?

- 1 NEVER
- 2 1 DAY A WEEK
- 3 2-3 DAYS A WEEK
- 4 4-5 DAYS A WEEK
- 5 6-7 DAYS A WEEK
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-C2 *IF AGE < 6 ---> GO TO REL-Q6
OTHERWISE ---> GO TO REL-Q2*

REL-Q2 About how many close friends does he/she have?

- 1 NONE ---> GO TO REL-C4
- 2 1
- 3 2 OR 3
- 4 4 OR 5
- 5 6 OR MORE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-C3 *IF AGE < 8 ---> GO TO REL-Q6*
OTHERWISE ---> GO TO REL-Q3

REL-Q3 How many of his/her close friends do you know by sight and by first and last name?

- 1 ALL
- 2 MOST
- 3 ABOUT HALF
- 4 ONLY A FEW
- 5 NONE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-C4 *IF AGE < 8 ---> GO TO REL-Q6*
OTHERWISE ---> GO TO REL-Q4

REL-Q4 When it comes to meeting new children and making new friends is he/she :

- 1 Somewhat shy?
- 2 About average?
- 3 Very outgoing - makes friends easily?
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-Q5 How often does he/she hang around with kids you think are frequently in trouble?

- 1 OFTEN
- 2 SOMETIMES
- 3 SELDOM
- 4 NEVER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-Q6

During the past 6 months, how well has ... gotten along with other kids, such as friends or classmates (excluding brothers or sisters)?

- 1 VERY WELL, NO PROBLEMS
- 2 QUITE WELL, HARDLY ANY PROBLEMS
- 3 PRETTY WELL, OCCASIONAL PROBLEMS
- 4 NOT TOO WELL, FREQUENT PROBLEMS
- 5 NOT WELL AT ALL, CONSTANT PROBLEMS
- 6 NOT APPLICABLE
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO PARENTING SECTION

REL-Q7

Since starting school in the fall, how well has he/she gotten along with his/her teacher(s) at school?

REL-Q8

During the past 6 months, how well has he/she gotten along with his/her parent(s)?

REL-C9

IF NO BROTHERS OR SISTERS LIVING IN THE HOUSEHOLD ---> GO TO PARENTING SECTION
OTHERWISE ---> GO TO REL-Q9

REL-Q9

During the past 6 months, how well has ... gotten along with his/her brother(s)/sister(s)?

PARENTING

NOTE: THIS SECTION IS ASKED ONLY IF THE RESPONDENT IS A BIRTH, STEP OR ADOPTIVE PARENT OF THE SELECTED CHILD.

AGE 0 - 23 MONTHS: PAR-II - Q7A

AGE 2 - 11 YEARS: PAR-II - Q28

PAR-C1 IF THE RESPONDENT IS THE CHILD'S FOSTER PARENT ---> GO TO CUSTODY SECTION

ELSE IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD, OR THAT PERSON'S SPOUSE/PARTNER ---> GO TO PAR-II

OTHERWISE ---> GO TO CUSTODY SECTION

PAR-II **The following questions have to do with things that ... does and ways that you react to him/her.**

PAR-Q1 How often do you praise ..., by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going!"?

- 1 NEVER
- 2 ABOUT ONCE A WEEK OR LESS
- 3 A FEW TIMES A WEEK
- 4 ONE OR TWO TIMES A DAY
- 5 MANY TIMES EACH DAY
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CUSTODY SECTION

PAR-Q2 How often do you and he/she talk or play with each other, focusing attention on each other for five minutes or more, just for fun?

PAR-Q3 How often do you and he/she laugh together?

PAR-Q4 How often do you get annoyed with ... for saying or doing something he/she is not supposed to?

PAR-Q5 How often do you tell him/her that he/she is bad or not as good as others?

PAR-Q6 How often do you do something special with him/her that he/she enjoys?

PAR-C7 *IF AGE < 3 ---> GO TO PAR-Q7A
OTHERWISE ---> GO TO PAR-Q7*

PAR-Q7 How often do you play sports, hobbies or games with him/her?

NOTE: GO TO PAR-C8

PAR-Q7A How often do you play games with him/her?

PAR-C8 *IF AGE < 2 ---> GO TO CUSTODY SECTION
OTHERWISE ---> GO TO PAR-I8A*

PAR-I8A **Now, we know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, I would like you to tell me what proportion of the time things turn out in different ways.**

PAR-Q8 Of all the times that you talk to ... about his/her behaviour, what proportion is praise?

- 1 NEVER
- 2 LESS THAN HALF THE TIME
- 3 ABOUT HALF THE TIME
- 4 MORE THAN HALF THE TIME
- 5 ALL THE TIME
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CUSTODY SECTION

PAR-Q9 Of all the times that you talk to him/her about his/her behaviour, what proportion is disapproval?

- PAR-Q10 When you give him/her a command or order to do something, what proportion of the time do you make sure that he/she does it?
- PAR-Q11 If you tell him/her he/she will get punished if he/she doesn't stop doing something, and he/she keeps doing it, how often will you punish him/her?
- PAR-Q12 How often does he/she get away with things that you feel should have been punished?
- PAR-Q13 How often do you get angry when you punish ...?
- PAR-Q14 How often do you think that the kind of punishment you give him/her depends on your mood?
- PAR-Q15 How often do you feel you are having problems managing him/her in general?
- PAR-Q16 How often is he/she able to get out of a punishment when he/she really sets his/her mind to it?
- PAR-Q17 How often when you discipline him/her, does he/she ignore the punishment?
- PAR-Q18 How often do you have to discipline him/her repeatedly for the same thing?

- PAR-I19A **Just about all children break the rules or do things that they are not supposed to. Also, parents react in different ways. Please tell me how often you do each of the following when ... breaks the rules or does things that he/she is not supposed to.**
- PAR-Q19 **How often do you:**
Tell him/her to stop?
- 1 ALWAYS
 - 2 OFTEN
 - 3 SOMETIMES
 - 4 RARELY
 - 5 NEVER
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CUSTODY SECTION
- PAR-Q20 Ignore it, do nothing?
- PAR-Q21 Raise your voice, scold or yell at him/her?
- PAR-Q22 Calmly discuss the problem?
- PAR-Q23 Use physical punishment?
- PAR-Q24 Describe alternative ways of behaving that are acceptable?
- PAR-Q25 Take away privileges or put in room?
- PAR-I26A **Sometimes different situations or circumstances arise which may affect family life. The next few questions are about some of these possible situations.**
- PAR-Q26A Has he/she ever experienced being hungry because the family has run out of food or money to buy food?
- 1 YES
 - 2 NO ---> GO TO PAR-Q27
 - 8 DON'T KNOW ---> GO TO PAR-Q27
 - 9 REFUSAL ---> GO TO CUSTODY SECTION

- PAR-Q26B How often?
- 1 REGULARLY, END OF THE MONTH
 - 2 MORE OFTEN THAN END OF EACH MONTH
 - 3 EVERY FEW MONTHS
 - 4 OCCASIONALLY, NOT A REGULAR OCCURRENCE
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CUSTODY SECTION
- PAR-Q26C How do you cope with feeding ... when this happens?
(MARK ALL THAT APPLY.)
- 01 PARENT/GUARDIAN SKIPS MEALS OR EATS LESS
 - 02 CHILDREN SKIP MEALS OR EAT LESS
 - 03 CUT DOWN ON VARIETY OF FOOD FAMILY USUALLY EATS
 - 04 SEEK HELP FROM RELATIVES
 - 05 SEEK HELP FROM FRIENDS
 - 06 SEEK HELP FROM SOCIAL WORKER/GOVERNMENT OFFICE
 - 07 SEEK HELP FROM FOOD BANK (EMERGENCY FOOD PROGRAM)
 - 08 USE SCHOOL MEAL PROGRAM
 - 09 OTHER
 - 98 DON'T KNOW
 - 99 REFUSAL ---> GO TO CUSTODY SECTION
- PAR-Q27 How often does he/she see television shows or movies that have a lot of violence in them?
- 1 OFTEN
 - 2 SOMETIMES
 - 3 SELDOM
 - 4 NEVER
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CUSTODY SECTION
- PAR-Q28 How often does he/she see adults or teenagers in your house physically fighting, hitting or otherwise trying to hurt others?

FAMILY AND CUSTODY HISTORY

***NOTE:** THIS SECTION IS ANSWERED ONLY IF THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD IS THE BIOLOGICAL, STEP OR ADOPTIVE PARENT.*

CUS-C1 *IF RESPONDENT IS THE CHILD'S FOSTER PARENT (DVS-Q1 = 4) ---> GO TO CHILD CARE SECTION*

ELSE IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD, OR THAT PERSON'S SPOUSE/PARTNER ---> GO TO CUS-II

OTHERWISE ---> GO TO CHILD CARE SECTION

CUS-II **I would now like to ask you some questions about the family history of**

WHO CHILD LIVED WITH AT BIRTH

CUS-Q1A Did ... live with you when he/she was born?

1 YES

2 NO

8 DON'T KNOW ---> GO TO CHILD CARE SECTION

9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C1A *IF ELDEST SELECTED CHILD AND CUS-Q1A = YES ---> GO TO CUS-Q1D*

ELSE IF ELDEST CHILD'S CUSTODY SECTION COMPLETED AND SELECTED CHILD IS A FULL SIBLING ---> GO TO CUS-C1B

ELSE IF CUS-Q1A = YES ---> GO TO CUS-Q1D

OTHERWISE ---> GO TO CUS-Q1B

CUS-C1B *IF PARENTS TOGETHER SINCE ELDEST CHILD'S BIRTH AND CHILD LIVED WITH RESPONDENT AT BIRTH ---> GO TO CHILD CARE SECTION*

ELSE IF PARENTS SEPARATED AFTER ELDEST CHILD'S BIRTH - NEITHER REMARRIED AND CHILD LIVED WITH RESPONDENT AT BIRTH AND THIS CHILD WAS BORN BEFORE THE SEPARATION ---> GO TO CUS-Q11D

ELSE IF CHILD LIVING WITH RESPONDENT AT BIRTH (YES TO CUS-Q1A) ---> GO TO CUS-I2

OTHERWISE (CHILD NOT LIVING WITH PARENTS AT BIRTH) ---> GO TO CUS-Q1B

CUS-Q1B At what age did ... start living with you?

01 LESS THAN ONE YEAR OLD

02 ONE YEAR OLD ---> GO TO CUS-Q1C

03 TWO YEARS OLD ---> GO TO CUS-Q1C

04 THREE YEARS OLD ---> GO TO CUS-Q1C

05 FOUR YEARS OLD ---> GO TO CUS-Q1C

06 FIVE YEARS OLD ---> GO TO CUS-Q1C

07 SIX YEARS OLD ---> GO TO CUS-Q1C

08 SEVEN YEARS OLD ---> GO TO CUS-Q1C

09 EIGHT YEARS OLD ---> GO TO CUS-Q1C

10 NINE YEARS OLD ---> GO TO CUS-Q1C

11 TEN YEARS OLD ---> GO TO CUS-Q1C

12 ELEVEN YEARS OLD ---> GO TO CUS-Q1C

98 DON'T KNOW ---> GO TO CUS-Q1C

99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q1B2 ENTER THE AGE IN MONTHS

AGE IN MONTHS

98 DON'T KNOW

99 REFUSAL

CUS-Q1C What was the reason ... did not live with you right from birth?

- 01 YOU HAVE ADOPTED HER/HIM
- 02 SHE/HE IS A STEPCHILD
- 03 SHE/HE WAS PUT IN YOUR CARE BY A CHILD WELFARE AGENCY (FOSTER CARE)
- 04 SHE/HE WAS PUT IN YOUR CARE BY ANOTHER TYPE OF AGENCY
- 05 SHE/HE WAS SICK AND HAD TO REMAIN IN A HOSPITAL OR OTHER INSTITUTION
- 06 YOU HAD TO LEAVE HER/HIM IN THE CARE OF SOMEONE ELSE FOR A WHILE,
BEFORE YOU COULD TAKE CHARGE OF HER/HIM
- 07 CHILD WAS IN CARE OF A CHILD WELFARE AGENCY (FOSTER CARE) FOR A TIME
- 08 OTHER
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C1D *IF ELDEST SELECTED CHILD ---> GO TO CUS-Q1D*

ELSE IF ELDEST SELECTED CHILD'S CUSTODY SECTION COMPLETED AND SELECTED CHILD IS A FULL SIBLING BY BIRTH ---> GO TO CUS-C1E

OTHERWISE ---> GO TO CUS-Q1D

CUS-C1E *IF PARENTS TOGETHER SINCE ELDEST CHILD'S BIRTH ---> GO TO CHILD CARE SECTION*

ELSE IF PARENTS SEPARATED AFTER ELDEST CHILD'S BIRTH - NEITHER REMARRIED AND THIS CHILD WAS BORN BEFORE THE SEPARATION ---> GO TO CUS-Q11D

OTHERWISE ---> GO TO CUS-I2

INFORMATION ON OTHER CHILDREN OF THIS CHILD'S PARENTS

CUS-Q1D Does ... have any brothers or sisters who do not regularly live in this household, excluding step and half brothers and sisters?

- 1 YES
- 2 NO ---> GO TO CUS-I2
- 8 DON'T KNOW ---> GO TO CUS-I2
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q1E How many?

||| NUMBER

CUS-Q1F What is the age of the youngest one/him/her? (INTERVIEWER: ENTER AGE IN YEARS. IF LESS THAN ONE YEAR ENTER 0.)

CUS-C1J *IF CUS-Q1E = 1 (ONE CHILD ONLY) ---> GO TO CUS-I2
OTHERWISE ---> GO TO CUS-Q1G*

CUS-Q1G What is the age of the oldest one?
(INTERVIEWER: ENTER AGE IN YEARS. IF LESS THAN ONE YEAR ENTER 0.)

CUS-12 INTERVIEWER: IF ADOPTED, USE SUITABLE WORDING IN QUESTION CUS-Q2 AND CUS-Q3A, THEN CONSIDER ADOPTIVE PARENTS AS MOTHER AND FATHER FOR THE REST OF THIS SECTION. IN QUESTIONS REFERRING TO THE TIME OF BIRTH, SUBSTITUTE TIME OF ADOPTION.

WHETHER PARENTS WERE TOGETHER AT CHILD'S BIRTH

CUS-Q2 When ... was born/adopted, were his/her parents (biological/adoptive) living together?

- 1 YES
- 2 NO ---> GO TO CUS-Q4
- 8 DON'T KNOW ---> GO TO CHILD CARE SECTION
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

PARENTS WERE TOGETHER - INFORMATION ON THEIR UNION

CUS-Q3A When ... was born/adopted, were his/her parents married, were they living together in a common-law relationship, or were they living together and eventually got married?

- 1 MARRIED
- 2 COMMON LAW ---> GO TO CUS-Q3D
- 3 COMMON-LAW, BUT MARRIED LATER ---> GO TO CUS-Q3C
- 8 DON'T KNOW ---> GO TO CUS-Q6A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q3B Had they been living together before getting married?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q3C What date were they married?

MONTH YEAR
 □□ □□

CUS-C3D *IF "MARRIED" IN CUS-Q3A AND "NO" IN CUS-Q3B ---> GO TO CUS-Q6A*

CUS-Q3D Approximately since when had they been living together?

MONTH YEAR
 □□ □□ ---> GO TO CUS-Q6A

PARENTS NOT TOGETHER AT CHILD'S BIRTH

- CUS-Q4 Did ... live with his/her:
- 1 Mother alone?
 - 2 Father alone?
 - 3 Mother and other?
 - 4 Father and other?
 - 5 Other?
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON PARENTS' RELATIONSHIP

- CUS-Q5A Have ...'s parents ever lived together as a couple?
- 1 YES
 - 2 NO ---> GO TO CUS-Q5F
 - 8 DON'T KNOW ---> GO TO CUS-Q5F
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION

- CUS-Q5B Was that before or after his/her birth?
- 1 BEFORE
 - 2 AFTER
 - 3 BOTH BEFORE AND AFTER
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION

- CUS-Q5C Were ...'s parents ever married?
- 1 YES
 - 2 NO ---> GO TO CUS-C5E
 - 8 DON'T KNOW ---> GO TO CUS-C5E
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION

- CUS-Q5D When did they marry?
- MONTH YEAR
- □□

CUS-C5E *IF "AFTER" IN CUS-Q5B ---> GO TO CUS-Q5F*

CUS-Q5E At the time ... was born, since when had his/her parents stopped living together?

MONTH YEAR
 □□ □□

CUS-Q5F Without living together, did ...'s parents have a steady relationship at the time of his/her birth?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

NOTE: *GO TO CUS-Q6C*

**BOTH CASES (PARENTS TOGETHER AT CHILD'S BIRTH AND NOT):
 INFORMATION ON PREVIOUS UNIONS OF CHILD'S MOTHER**

CUS-Q6A Had ...'s mother been in any common-law relationships or been married before the union with ...'s father?
 (MARK ALL THAT APPLY)

- 1 YES, COMMON-LAW
- 2 YES, MARRIAGE
- 3 YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- 4 NO ---> GO TO CUS-Q6E
- 8 DON'T KNOW ---> GO TO CUS-Q6E
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q6B How many times?

- NUMBER ---> GO TO CUS-Q6E
- 98 DON'T KNOW ---> GO TO CUS-Q6E
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q6C Before ... 's birth, had his/her mother been in any common-law relationships or been married to a person other than ...'s father?
(MARK ALL THAT APPLY)

- 1 YES, COMMON-LAW
- 2 YES, MARRIAGE
- 3 YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- 4 NO ---> GO TO CUS-Q6H
- 8 DON'T KNOW ---> GO TO CUS-Q6H
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q6D How many times?

- NUMBER ---> GO TO CUS-Q6H
- 98 DON'T KNOW ---> GO TO CUS-Q6H
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON PREVIOUS CHILDREN OF MOTHER

CUS-Q6E Did ...'s mother have any children before entering into union with ...'s father?

- 1 YES
- 2 NO ---> GO TO CUS-Q7A
- 8 DON'T KNOW ---> GO TO CUS-Q7A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q6F How many?

NUMBER

CUS-Q6G Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

NOTE: GO TO CUS-Q7A

CUS-Q6H How many children did ...'s mother have before ...?

[_ _] NUMBER

CUS-C6I *IF CUS-Q6H = 0 AND CUS-Q5A = YES ---> GO TO CUS-Q7C*

ELSE IF CUS-Q6H = 0 AND CUS-Q5A = NO OR DON'T KNOW ---> GO TO CUS-Q8A

OTHERWISE ---> GO TO CUS-Q6I

CUS-Q6I Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C7A *IF CUS-Q5A = YES ---> GO TO CUS-Q7C*

OTHERWISE ---> GO TO CUS-Q8A

INFORMATION ON PREVIOUS UNIONS OF CHILD'S FATHER

CUS-Q7A Had ...'s father been in any common-law relationships or been married before the union with ...'s mother?
(MARK ALL THAT APPLY)

- 1 YES, COMMON-LAW
- 2 YES, MARRIAGE
- 3 YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- 4 NO ---> GO TO CUS-Q7E
- 8 DON'T KNOW ---> GO TO CUS-Q7E
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q7B How many times?

[_ _] NUMBER ---> GO TO CUS-Q7E

98 DON'T KNOW ---> GO TO CUS-Q7E

99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q7C Before ...'s birth, had his/her father been in any common-law relationships or been married to a person other than ...'s mother?
(MARK ALL THAT APPLY)

- 1 YES, COMMON-LAW
- 2 YES, MARRIAGE
- 3 YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- 4 NO ---> GO TO CUS-Q7H
- 8 DON'T KNOW ---> GO TO CUS-Q7H
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q7D How many times?

- NUMBER ---> GO TO CUS-Q7H
- 98 DON'T KNOW ---> GO TO CUS-Q7H
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON PREVIOUS CHILDREN OF FATHER

CUS-Q7E Did ...'s father have any children before entering into union with ...'s mother?

- 1 YES
- 2 NO ---> GO TO CUS-Q9A
- 8 DON'T KNOW ---> GO TO CUS-Q9A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q7F How many?

CUS-Q7G Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

NOTE: GO TO CUS-Q9A

CUS-Q7H How many children did ...'s father have before ...?

CUS-C7I *IF CUS-Q7H = 0 ---> GO TO CUS-Q8A
OTHERWISE ---> GO TO CUS-Q7I*

CUS-Q7I Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

PARENTS NOT TOGETHER AT CHILD'S BIRTH - INFORMATION ON CHILD'S CONTACTS WITH OTHER PARENT

CUS-Q8A Was ... 's father declared on his/her birth certificate?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q8B What kind of contact did ... first have with his/her other parent?

- 01 SHARING LIVING ARRANGEMENTS ON AN EQUAL TIME BASIS
- 02 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH MOTHER
- 03 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH FATHER
- 04 REGULAR VISITING
- 05 IRREGULAR VISITING
- 06 TELEPHONE OR LETTER CONTACT ONLY
- 07 NO CONTACT AT ALL
- 08 OTHER
- 98 DON'T KNOW ---> GO TO CUS-Q8E
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q8C How many times would you say this situation has changed over time?

- 1 NONE ---> GO TO CUS-Q9B
- 2 ONCE
- 3 TWICE
- 4 THREE TIMES
- 5 FOUR OR MORE TIMES
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q8D How old was ... when the last change happened?
(ENTER AGE IN YEARS. IF LESS THAN ONE YEAR ENTER 0.)

[_] Age in Years

CUS-Q8E What type of contact does ... now have with his/her other parent?

- 01 SHARING LIVING ARRANGEMENTS ON AN EQUAL TIME BASIS
- 02 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH MOTHER
- 03 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH FATHER
- 04 REGULAR VISITING
- 05 IRREGULAR VISITING
- 06 TELEPHONE OR LETTER CONTACT ONLY
- 07 BOTH PARENTS NOW LIVING WITH THE CHILD
- 08 NO CONTACT AT ALL
- 09 OTHER
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

NOTE: GO TO CUS-Q9B

BOTH CASES (PARENTS TOGETHER AT CHILD'S BIRTH AND THOSE NOT) INFORMATION ON POSSIBLE DEATH OF PARENT

CUS-Q9A Between ...'s birth and now, has one of his/her parents died?

- 1 YES, MOTHER ---> GO TO CUS-Q9C
- 2 YES, FATHER ---> GO TO CUS-Q9C
- 3 YES, BOTH ---> GO TO CUS-Q9C
- 4 NO ---> GO TO CUS-Q10B
- 5 DON'T KNOW (ABOUT FATHER) ---> GO TO CUS-Q10B
- 6 DON'T KNOW (ABOUT MOTHER) ---> GO TO CUS-Q10B
- 8 DON'T KNOW ---> GO TO CUS-Q10B
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q9B Has one of ...'s parents died?

- 1 YES, MOTHER
- 2 YES, FATHER
- 3 YES, BOTH
- 4 NO ---> GO TO CUS-C10
- 5 DON'T KNOW (ABOUT FATHER) ---> GO TO CUS-C10
- 6 DON'T KNOW (ABOUT MOTHER) ---> GO TO CUS-C10
- 8 DON'T KNOW ---> GO TO CUS-C10
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q9C When did it happen? (DATE OF FIRST DEATH, IF BOTH)

CUS-Q9D With whom did ... go on living at the time it happened?

- 1 MOTHER
- 2 FATHER
- 3 OTHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C10 *IF CUS-Q9A OR CUS-Q9B = 3 (BOTH PARENTS DIED) ---> GO TO CHILD CARE SECTION*

ELSE IF CUS-Q5A = NO OR DON'T KNOW (PARENTS EITHER DID NOT LIVE TOGETHER, OR DON'T KNOW IF THEY LIVED TOGETHER) ---> GO TO CUS-C20B

ELSE IF CUS-Q5A=YES AND CUS-Q5B=BEFORE (PARENTS LIVED TOGETHER ONLY BEFORE CHILDS BIRTH) ---> GO TO CUS-C20B

ELSE IF (CUS-Q9A = 1 OR 2) OR ((CUS-Q9B = 1 OR 2) AND CUS-Q5A = YES (ONE PARENT DIED, AND THEY HAD LIVED TOGETHER)) ---> GO TO CUS-Q10A

OTHERWISE ---> GO TO CUS-Q10B

WHETHER PARENTS BROKE UP

CUS-Q10A Prior to the death of ...'s parent, did his/her parents break up and stop living together?

- 1 YES ---> GO TO CUS-Q11A
- 2 NO ---> GO TO CUS-C20B
- 8 DON'T KNOW ---> GO TO CUS-C20B
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q10B Since ...'s birth, did his/her parents break up and stop living together?

- 1 YES
- 2 NO ---> GO TO CUS-C25A
- 8 DON'T KNOW ---> GO TO CUS-C25A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

PARENTS BROKE UP - INFORMATION ON SEPARATION

CUS-Q11A When did the separation happen?

MONTH	YEAR
□□	□□

CUS-C11B *IF ('MARRIED' OR 'COMMON-LAW, BUT MARRIED LATER' IN CUS-Q3A) OR (CUS-Q5C = YES (PARENTS HAD BEEN MARRIED)) ---> GO TO CUS-Q11B*

OTHERWISE ---> GO TO CUS-Q11D

CUS-Q11B Did ...'s parents eventually divorce?

- 1 YES
- 2 NO ---> GO TO CUS-Q11D
- 8 DON'T KNOW ---> GO TO CUS-Q11D
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q11C When was the divorce pronounced?

MONTH	YEAR
□□	□□

CUS-Q11D Was there a court order concerning ...'s custody when his/her parents separated or divorced?

- 1 YES
- 2 YES, IN PROGRESS ---> GO TO CUS-Q11F
- 3 NO ---> GO TO CUS-Q11F
- 8 DON'T KNOW ---> GO TO CUS-Q11F
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

- CUS-Q11E Did the court order him/her to be put into:
- 1 Sole custody of mother?
 - 2 Sole custody of father?
 - 3 Shared physical custody of both parents?
 - 4 Other?
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION
- CUS-Q11F What type of agreement was made regarding support/maintenance payments when ...'s parents separated or divorced?
- 1 NONE ---> GO TO CUS-C12
 - 2 PRIVATE AGREEMENT BETWEEN SPOUSES ---> GO TO CUS-C12
 - 3 COURT-ORDERED AGREEMENT IN PROGRESS ---> GO TO CUS-C12
 - 4 COURT-ORDERED AGREEMENT
 - 8 DON'T KNOW ---> GO TO CUS-C12
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION
- CUS-Q11G Was this:
- 1 For child support only?
 - 2 For spousal support only?
 - 3 For both?
 - 8 DON'T KNOW
 - 9 REFUSAL ---> GO TO CHILD CARE SECTION
- CUS-Q11H How regular have the maintenance support payments been?
- 01 REGULAR AND ON TIME
 - 02 REGULAR BUT LATE SOMETIMES
 - 03 IRREGULAR
 - 04 NO PAYMENTS FOR THE LAST 6 MONTHS
 - 05 NO PAYMENTS FOR THE LAST YEAR
 - 06 NO PAYMENTS FOR THE LAST FEW YEARS
 - 07 PAYMENTS NEVER BEEN RECEIVED
 - 08 PAYMENTS STOPPED DUE TO A CHANGE IN CIRCUMSTANCES, E.G. COURT ORDER, DEATH OF PAYOR, ETC.
 - 98 DON'T KNOW
 - 99 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON LIVING ARRANGEMENTS AFTER SEPARATION

CUS-C12 *IF CUS-Q11E = 1 OR 2 (CHILD IN EXCLUSIVE CARE OF ONE PARENT) ---> GO TO CUS-Q13*

OTHERWISE ---> GO TO CUS-Q12

CUS-Q12 With whom did ... go on living at the time of the separation?

- 1 MOTHER ONLY
- 2 FATHER ONLY
- 3 SHARED TIME BASIS, MOSTLY MOTHER ---> GO TO CUS-Q16
- 4 SHARED TIME BASIS, MOSTLY FATHER ---> GO TO CUS-Q16
- 5 EQUALLY SHARED TIME, MOTHER AND FATHER ---> GO TO CUS-Q16
- 6 OTHER ---> GO TO CUS-Q17
- 8 DON'T KNOW ---> GO TO CUS-C18A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

EXCLUSIVE CUSTODY OF ONE PARENT

CUS-Q13 At that time, what type of contact did ... have with his/her other parent?

- 01 REGULAR VISITING, EVERY WEEK
- 02 REGULAR VISITING, EVERY TWO WEEKS
- 03 REGULAR VISITING, MONTHLY
- 04 IRREGULAR VISITING, ON HOLIDAYS ONLY
- 05 IRREGULAR VISITING, WITHOUT SET PATTERN
- 06 TELEPHONE OR LETTER CONTACT ONLY
- 07 NO CONTACT AT ALL
- 08 OTHER
- 98 DON'T KNOW ---> GO TO CUS-C15A
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CHANGES IN LIVING ARRANGEMENTS AND TYPE OF CONTACT

CUS-Q14 Since then, how many times has the type of contact changed?

- 1 NONE ---> GO TO CUS-Q19A
- 2 ONCE
- 3 TWICE
- 4 THREE TIMES
- 5 FOUR OR MORE TIMES
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CURRENT SITUATION

CUS-C15A *IF (CUS-Q9A = 1, 2, 5, 6 OR DON'T KNOW) OR (CUS-Q9B = 1, 2, 5, 6 OR DON'T KNOW) ---
> GO TO CUS-Q19A
OTHERWISE ---> GO TO CUS-Q15A*

CUS-Q15A What type of contact does ... now have with his/her other parent?

- 01 REGULAR VISITING, EVERY WEEK ---> GO TO CUS-Q19A
- 02 REGULAR VISITING, EVERY TWO WEEKS ---> GO TO CUS-Q19A
- 03 REGULAR VISITING, MONTHLY ---> GO TO CUS-Q19A
- 04 IRREGULAR VISITING, ON HOLIDAYS ONLY ---> GO TO CUS-Q19A
- 05 IRREGULAR VISITING, WITHOUT SET PATTERN ---> GO TO CUS-Q19A
- 06 TELEPHONE OR LETTER CONTACT ONLY ---> GO TO CUS-Q19A
- 07 LOST CONTACT COMPLETELY ---> GO TO CUS-Q19A
- 08 CHILD NOW SHARES LIVING ARRANGEMENTS WITH OTHER PARENT
- 09 PARENTS NOW LIVING TOGETHER AGAIN ---> GO TO CUS-Q19C
- 10 CHILD NOW LIVES WITH OTHER PARENT
- 11 OTHER ---> GO TO CUS-Q19A
- 98 DON'T KNOW ---> GO TO CUS-Q19A
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q15B How much time does ... live at his/her other parent's home?
(MARK ALL THAT APPLY)

- 01 ON WEEKDAYS, NOT WEEKENDS ---> GO TO CUS-Q19A
- 02 EVERY OTHER NIGHT ---> GO TO CUS-Q19A
- 03 ONE WEEK OUT OF TWO ---> GO TO CUS-Q19A
- 04 TWO WEEKS ALTERNATELY ---> GO TO CUS-Q19A
- 05 EVERY WEEK END ---> GO TO CUS-Q19A
- 06 ONE WEEKEND OUT OF TWO ---> GO TO CUS-Q19A
- 07 LESS THAN TWO DAYS EVERY MONTH ---> GO TO CUS-Q19A
- 08 SOME HOLIDAYS ---> GO TO CUS-Q19A
- 09 NEVER ---> GO TO CUS-Q19A
- 10 ALL THE TIME ---> GO TO CUS-Q19A
- 11 OTHER ---> GO TO CUS-Q19A
- 98 DON'T KNOW ---> GO TO CUS-Q19A
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

SHARED CUSTODY

CUS-Q16 At that time, how much time did ... live at his/her other parent's home?
(MARK ALL THAT APPLY)

- 01 ON WEEKDAYS, NOT WEEKENDS
- 02 EVERY OTHER NIGHT
- 03 ONE WEEK OUT OF TWO
- 04 TWO WEEKS ALTERNATELY
- 05 EVERY WEEKEND
- 06 ONE WEEKEND OUT OF TWO
- 07 LESS THAN TWO DAYS EVERY MONTH
- 08 SOME HOLIDAYS
- 09 OTHER
- 98 DON'T KNOW ---> GO TO CUS-C18A
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CHANGES

CUS-Q17 How many times would you say these living arrangements have changed over time?

- 1 NONE ---> GO TO CUS-Q19A
- 2 ONCE
- 3 TWICE
- 4 THREE TIMES
- 5 FOUR OR MORE TIMES
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CURRENT SITUATION

CUS-C18A *IF (CUS-Q9A = 1, 2, 5, 6 OR DON'T KNOW) OR (CUS-Q9B = 1, 2, 5 6 OR DON'T KNOW) --->
GO TO CUS-Q19A
OTHERWISE ---> GO TO CUS-Q18A*

CUS-Q18A Currently, how much time does ... live at his/her other parent's home?
(MARK ALL THAT APPLY.)

- 01 ON WEEKDAYS, NOT WEEKENDS
- 02 EVERY OTHER NIGHT
- 03 ONE WEEK OUT OF TWO
- 04 TWO WEEKS ALTERNATELY
- 05 EVERY WEEK END
- 06 ONE WEEKEND OUT OF TWO
- 07 LESS THAN TWO DAYS EVERY MONTH
- 08 SOME HOLIDAYS
- 09 VISITS OR LETTER OR TELEPHONE CALLS ONLY
- 10 NO CONTACT
- 11 ALL THE TIME
- 12 PARENTS NOW LIVING TOGETHER AGAIN
- 13 OTHER
- 98 DON'T KNOW
- 99 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C18B *IF 12 ENTERED IN CUS-Q18A ---> GO TO CUS-Q19C*

ELSE IF 9 ENTERED IN CUS-Q18A ---> GO TO CUS-Q18B

OTHERWISE ---> GO TO CUS-Q19A

CUS-Q18B Which type of contact does ... now have with his/her other parent?

- 1 REGULAR VISITING, EVERY WEEK
- 2 REGULAR VISITING, EVERY TWO WEEKS
- 3 REGULAR VISITING, MONTHLY
- 4 IRREGULAR VISITING, ON HOLIDAYS ONLY
- 5 IRREGULAR VISITING, WITHOUT SET PATTERN
- 6 TELEPHONE OR LETTER CONTACT ONLY
- 7 OTHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

BOTH CASES (EXCLUSIVE AND SHARED CUSTODY) - INFORMATION ON CURRENT STATUS

CUS-Q19A Has a court order modified the custody of ... since his/her parents separated (or divorced)?

- 1 YES
- 2 NO ---> GO TO CUS-Q19C
- 8 DON'T KNOW ---> GO TO CUS-Q19C
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q19B Is he/she now in:

- 1 Sole custody of mother?
- 2 Sole custody of father?
- 3 Shared physical custody of both parents?
- 4 Other?
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q19C Between ...'s parents, has the question of living arrangements or visiting rights been:

- 1 A great source of tension?
- 2 Some source of tension?
- 3 Very little source of tension?
- 4 No source of tension at all?
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C20A *IF ELDEST SELECTED CHILD'S CUSTODY SECTION COMPLETED AND SELECTED CHILD IS A FULL SIBLING BY BIRTH, AND PARENTS SEPARATED AFTER ELDEST CHILD'S BIRTH- NEITHER REMARRIED, AND THIS CHILD BORN BEFORE THE SEPARATION ---> GO TO CHILD CARE SECTION*

OTHERWISE ---> GO TO CUS-C20B

CUS-C20B *IF (CUS-Q9A = 1, 6 OR DON'T KNOW) OR (CUS-Q9B = 1, 6 OR DON'T KNOW) ---> GO TO CUS-C21*

ELSE IF CUS-Q2 = 1 AND CUS-Q9A = 4 AND CUS-Q10B = 2 ---> GO TO CUS-C25A

OTHERWISE ---> GO TO CUS-Q20A

INFORMATION ON SUBSEQUENT UNIONS OF CHILD'S MOTHER

CUS-Q20A Has ...'s mother entered into another marriage, common-law relationship or common-law relationship that resulted in marriage?
(MARK ALL THAT APPLY)

- 1 YES, A MARRIAGE
- 2 YES, A COMMON-LAW RELATIONSHIP
- 3 YES, A COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE
- 4 NO
- 8 DON'T KNOW
- 9 REFUSAL

CUS-C20B1 *IF CUS-Q20A = 2 OR 3 ---> GO TO CUS-Q20B*
ELSE IF CUS-Q20A = 1 ---> GO TO CUS-Q20C
ELSE IF CUS-Q20A = 4 OR DON'T KNOW ---> GO TO CUS-C21
OTHERWISE (REFUSAL) ---> GO TO CHILD CARE SECTION

CUS-Q20B When did ...'s mother start living with her new partner?

MONTH YEAR

CUS-C20C *IF CUS-Q20A = 2 (YES, A COMMON-LAW RELATIONSHIP) ---> GO TO CUS-Q20D*
OTHERWISE ---> GO TO CUS-Q20C

CUS-Q20C When did the marriage take place?

MONTH YEAR

CUS-Q20D When they started living together, did ... live in the household with his/her mother's new partner?

- 1 YES, FULL-TIME
- 2 YES, PART-TIME
- 3 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON PREVIOUS CHILDREN OF PARTNER

CUS-Q20E Did the mother's new partner have any children of his own?

- 1 YES
- 2 NO ---> GO TO CUS-Q20H
- 8 DON'T KNOW ---> GO TO CUS-Q20H
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q20F How many?

CUS-Q20G Did he/she/they live in the household with their father?
(MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CHILDREN OF UNION

CUS-Q20H Did ...'s mother have any children with this new spouse/partner?

- 1 YES
- 2 NO ---> GO TO CUS-C21
- 8 DON'T KNOW ---> GO TO CUS-C21
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q20I How many?

CUS-C21 *IF 'YES, FATHER' IN CUS-Q9A OR CUS-Q9B AND 'YES' (1 TO 3) IN CUS-Q20A (FATHER DIED, AND MOTHER ENTERED A NEW RELATIONSHIP) ---> GO TO CUS-Q22A*

IF 'YES, FATHER' IN CUS-Q9A OR CUS-Q9B AND 'NO' OR DON'T KNOW IN CUS-Q20A (FATHER DIED AND MOTHER DID NOT ENTER A NEW RELATIONSHIP) ---> GO TO CUS-C25A

IF 'DON'T KNOW (FATHER)' OR DON'T KNOW IN CUS-Q9A OR CUS-Q9B AND 'YES' (1 TO 3) IN CUS-Q20A (DON'T KNOW IF FATHER DIED, AND MOTHER ENTERED A NEW RELATIONSHIP) ---> GO TO CUS-Q22A

IF 'DON'T KNOW (FATHER)' OR DON'T KNOW IN CUS-Q9A OR CUS-Q9B AND 'NO' OR DON'T KNOW IN CUS-Q20A (DON'T KNOW IF FATHER DIED AND MOTHER DID NOT ENTER A NEW RELATIONSHIP) ---> GO TO CUS-C25A

OTHERWISE ---> GO TO CUS-Q21A

INFORMATION ON SUBSEQUENT UNIONS OF CHILD'S FATHER

CUS-Q21A Has ...'s father entered into another marriage, common-law relationship or common-law relationship that resulted in marriage?
(MARK ALL THAT APPLY)

- 1 YES, A MARRIAGE ---> GO TO CUS-Q21C
- 2 YES, A COMMON-LAW RELATIONSHIP
- 3 YES, A COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE
- 4 NO ---> GO TO CUS-C22
- 8 DON'T KNOW ---> GO TO CUS-C22
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q21B When did ...'s father start living with his new partner?

MONTH	YEAR
□□	□□

CUS-C21C *IF CUS-Q21A = 2 (YES, A COMMON-LAW RELATIONSHIP) ---> GO TO CUS-Q21D*
OTHERWISE ---> GO TO CUS-Q21C

CUS-Q21C When did the marriage take place?

MONTH YEAR
 □□ □□

CUS-Q21D When they started living together, did ... live in the household with his/her father's new partner?

- 1 YES, FULL-TIME
- 2 YES, PART-TIME
- 3 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON PREVIOUS CHILDREN OF PARTNER

CUS-Q21E Did the father's new partner have any children of her own?

- 1 YES
- 2 NO ---> GO TO CUS-Q21H
- 8 DON'T KNOW ---> GO TO CUS-Q21H
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q21F How many?

CUS-Q21G Did he/she/they live in the household with their mother?
 (MARK ALL THAT APPLY)

- 1 YES, ALL OF THEM, FULL-TIME
- 2 YES, ALL OF THEM, PART-TIME
- 3 YES, SOME OF THEM, FULL-TIME
- 4 YES, SOME OF THEM, PART-TIME
- 5 NO, NONE OF THEM
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON CHILDREN OF UNION

CUS-Q21H Did ...'s father have any children with this new spouse/partner?

- 1 YES
- 2 NO ---> GO TO CUS-C22
- 8 DON'T KNOW ---> GO TO CUS-C22
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q21I How many?

CUS-C22 *IF 'YES' IN CUS-Q20A OR CUS-Q21A (MOTHER OR FATHER ENTERED A NEW RELATIONSHIP) ---> GO TO CUS-Q22A*

OTHERWISE ---> GO TO CUS-C25A

INFORMATION ON POSSIBLE BREAK-UP OF NEW UNION

CUS-Q22A Has this other union of ...'s mother or father broken up?

- 1 YES, MOTHER'S UNION
- 2 YES, FATHER'S UNION
- 3 YES, BOTH UNIONS
- 4 NO ---> GO TO CUS-C25A
- 8 DON'T KNOW ---> GO TO CUS-C25A
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-Q22B When did that happen? (IF BOTH UNIONS HAVE BROKEN UP, USE DATE OF FIRST EVENT)

CUS-Q22C With whom did ... go on living after it happened?

- 1 MOTHER, FULL-TIME
- 2 FATHER, FULL-TIME
- 3 PART-TIME, MOTHER AND FATHER
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

INFORMATION ON SUBSEQUENT UNIONS

CUS-Q23 Did ... live through any other family reconstitution between then and now?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL ---> GO TO CHILD CARE SECTION

CUS-C25A *IF ELDEST-DONE = 1 ---> GO TO CHILD CARE SECTION*

CHILD CARE

NOTE: AGE 0-11 MONTHS: CAR-11 - Q1G2, CAR-Q1J - Q5
 AGE 12-23 MONTHS: CAR-11 - Q1G2, CAR-Q1J - Q7
 AGE 2-3 YEARS: CAR-11, Q1G2, CAR-Q1J - Q7
 AGE 4-5 YEARS: CAR-11 - Q1G2, CAR-Q1H - Q1H1, CAR-Q1J - Q7
 AGE 6-11 YEARS: CAR-11 - Q1G2, CAR-Q1H - Q3, CAR-Q4 - Q8

CAR-11 **Now I'd like to ask you some questions regarding your child care arrangements for**

CAR-Q1A Do you currently use child care such as daycare or babysitting while you (and your spouse/partner) are at work or studying?

- 1 YES
- 2 NO ---> GO TO CAR-C6
- 8 DON'T KNOW ---> GO TO END OF CHILD CARE SECTION
- 9 REFUSAL ---> GO TO END OF CHILD CARE SECTION

CAR-Q1B Which of the following methods of child care do you currently use? Care provided in someone else's home by a non-relative?

- 1 YES
- 2 NO ---> GO TO CAR-Q1C
- 8 DON'T KNOW ---> GO TO CAR-Q1C
- 9 REFUSAL ---> GO TO CAR-Q1C

CAR-Q1B1 For about how many hours per week is that?

CAR-Q1B2 Is the person providing this care licensed by the government or approved by a family daycare agency?

- 1 YES
- 2 NO

CAR-Q1C Care in someone else's home by a relative?

- 1 YES
- 2 NO ---> GO TO CAR-Q1D
- 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
- 8 DON'T KNOW ---> GO TO CAR-Q1D
- 9 REFUSAL ---> GO TO CAR-Q1D

- CAR-Q1C1 For about how many hours per week is that?
- CAR-Q1C2 Is the person providing this care licensed by the government or approved by a family daycare agency?
- 1 YES
 - 2 NO
 - 8 DON'T KNOW
 - 9 REFUSAL
- CAR-Q1D Care in own home by brother or sister of the child?
- 1 YES
 - 2 NO ---> GO TO CAR-Q1E
 - 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 4 NOT APPLICABLE ---> GO TO CAR-Q1E
 - 8 DON'T KNOW ---> GO TO CAR-Q1E
 - 9 REFUSAL ---> GO TO CAR-Q1E
- CAR-Q1D1 For about how many hours per week is that?
- CAR-Q1E Care in own home by a relative other than a sister or brother of the child?
- 1 YES
 - 2 NO ---> GO TO CAR-Q1F
 - 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-Q1F
 - 9 REFUSAL ---> GO TO CAR-Q1F
- CAR-Q1E1 For about how many hours per week is that?
- CAR-Q1F Care in own home by a non-relative?
- 1 YES
 - 2 NO ---> GO TO CAR-Q1G
 - 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-Q1G
 - 9 REFUSAL ---> GO TO CAR-Q1G
- CAR-Q1F1 For about how many hours per week is that?

- CAR-Q1G Care in a daycare centre (including at workplace)?
- 1 YES
 - 2 NO ---> GO TO CAR-C1H
 - 3 NO AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-C1H
 - 9 REFUSAL ---> GO TO CAR-C1H
- CAR-Q1G1 For about how many hours per week is that?
- CAR-Q1G2 Is the child care program or daycare centre operated on a profit or non-profit basis (include government sponsored care)?
- 1 PROFIT
 - 2 NON-PROFIT
 - 8 DON'T KNOW
 - 9 REFUSAL
- CAR-C1H *IF AGE < 4 ---> GO TO CAR-Q1J*
- OTHERWISE (4-11 YEARS OF AGE) ---> GO TO CAR-Q1H*
- CAR-Q1H Care in a before or after school program?
- 1 YES
 - 2 NO ---> GO TO CAR-C1I
 - 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-C1I
 - 9 REFUSAL ---> GO TO CAR-C1I
- CAR-Q1H1 For about how many hours per week is that?
- CAR-C1I *IF AGE= 4-5 ---> GO TO CAR-Q1J*
- OTHERWISE (6-11 YEARS) ---> GO TO CAR-Q1I*

- CAR-Q1I Is ... in his/her own care (e.g. before/after school)?
- 1 YES
 - 2 NO ---> GO TO CAR-Q1J
 - 3 NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-Q1J
 - 9 REFUSAL ---> GO TO CAR-Q1J
- CAR-Q1II For about how many hours per week is that?
- CAR-Q1J Do you currently use other child care arrangements?
- 1 YES
 - 2 NO ---> GO TO CAR-I2
 - 8 DON'T KNOW ---> GO TO CAR-I2
 - 9 REFUSAL ---> GO TO CAR-I2
- CAR-Q1JI For about how many hours per week is that?
- CAR-I2 **In the following questions we will be asking about your main child care arrangement, that is, the one used for the most hours.**
- CAR-Q2 When did you start using this child care arrangement?
- CAR-C3 *IF AGE > 5 ---> GO TO CAR-Q4*
OTHERWISE ---> GO TO CAR-Q3
- CAR-Q3 During the past 6 months, how well has he/she gotten along with his/her main child care provider?
- 1 VERY WELL, NO PROBLEMS
 - 2 QUITE WELL, HARDLY ANY PROBLEMS
 - 3 PRETTY WELL, OCCASIONAL PROBLEMS
 - 4 NOT TOO WELL, FREQUENT PROBLEMS
 - 5 NOT WELL AT ALL, CONSTANT PROBLEMS
 - 8 DON'T KNOW
 - 9 REFUSAL

CAR-Q4 In the past 12 months, how many times have you changed your main child care arrangement and/or caregiver, excluding periods of care by yourself (or spouse/partner)?

- 1 NONE
- 2 1
- 3 2
- 4 3 OR 4
- 5 5 OR MORE
- 8 DON'T KNOW
- 9 REFUSAL

CAR-C5 *IF 'NONE' IN CAR-Q4 AND AGE < 1 ---> GO TO END OF CHILD CARE SECTION*

IF 'NONE' IN CAR-Q4 AND AGE > 0 ---> GO TO CAR-Q7

OTHERWISE ---> GO TO CAR-Q5

CAR-Q5 What were the reasons for changing?
(DO NOT READ. MARK ALL THAT APPLY.)

- 1 DISSATISFACTION WITH CAREGIVER/PROGRAM
- 2 CAREGIVER/PROGRAM NO LONGER AVAILABLE
- 3 FAMILY OR CHILD MOVED, PARENTAL WORK STATUS, OR CUSTODY ARRANGEMENT CHANGED
- 4 CHANGES IN CHILD OR CHILD'S NEEDS (E.G. SPECIAL CARE, CHILD'S AGE)
- 5 A PREFERRED ARRANGEMENT BECAME AVAILABLE (E.G. SUBSIDIZED SPACE)
- 6 COST
- 7 OTHER
- 8 DON'T KNOW
- 9 REFUSAL

CAR-E5 *IF AGE < 1 ---> GO TO END OF CHILD CARE SECTION*

OTHERWISE ---> GO TO CAR-Q7

CAR-C6 *IF AGE < 1 ---> GO TO END OF CHILD CARE SECTION*

OTHERWISE ---> GO TO CAR-Q6

CAR-Q6 Have you ever used child care for ... while you (and your spouse/partner) were at work or studying?

- 1 YES
- 2 NO ---> GO TO END OF CHILD CARE SECTION
- 8 DON'T KNOW ---> GO TO END OF CHILD CARE SECTION
- 9 REFUSAL ---> GO TO END OF CHILD CARE SECTION

CAR-Q7 Overall, how many changes in child care arrangements has ... experienced since you began using child care, excluding periods of care by yourself (or spouse/partner)?

[_] NUMBER

CAR-C8 *IF AGE < 6 ---> GO TO END OF CHILD CARE SECTION
OTHERWISE ---> GO TO CAR-Q8*

CAR-Q8 Last summer while ... was not in school, what type of child care arrangement did you use while you (and your spouse/partner) were at work/studying?
(MARK ALL THAT APPLY.)

- 01 DAY CARE CENTRE
- 02 CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE
- 03 CARE IN SOMEONE ELSE'S HOME BY A RELATIVE
- 04 CARE IN OWN HOME BY A NON-RELATIVE
- 05 CARE IN OWN HOME BY BROTHER/SISTER
- 06 CARE IN OWN HOME BY OTHER RELATIVE
- 07 CHILD IN OWN CARE
- 08 STRUCTURED SUMMER PROGRAM
- 09 OTHER
- 10 NOT APPLICABLE
- 98 DON'T KNOW
- 99 REFUSAL

END OF CHILD CARE SECTION

APPENDIX A
QUESTIONNAIRE FOR 10-11 YEAR OLDS

APPENDIX B
INFORMED CONSENT FORM

APPENDIX C
TEACHER'S QUESTIONNAIRE

APPENDIX D
PRINCIPAL'S QUESTIONNAIRE

APPENDIX E
NATIONAL POPULATION HEALTH SURVEY
(NPHS) QUESTIONS

APPENDIX F
ADMINISTRATIVE INFORMATION

INSTRUCTIONS

This is a survey with questions about your family, friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

Only a few children in Canada will be asked to answer this questionnaire. You can choose whether or not to fill out this questionnaire.

This is not a test and there are no right or wrong answers. Take your time and **please be sure to answer each question** based on what you really think. If you need help with any questions, you may ask the Interviewer. Remember this is not a test and there are no right or wrong answers.

The answers that you give will be kept PRIVATE by Statistics Canada. No one from your home or your school will see what you write.*

*The following sentence was removed after the November and December collection: "The only other people who might see what you write would be your parents if they wrote to Statistics Canada and asked for a copy of your answers on your behalf."

When you finish this survey

Please put this questionnaire in the envelope and return it to the Interviewer when you have finished. If the Interviewer is not in your home, please seal the envelope. The Interviewer will pick it up from you on another day.

SECTION A. FRIENDS AND FAMILY

The following statements are about your friends and family.

Please answer each question. Mark your answers like this **Q** or write in a number.

A.01 I have a lot of friends.

- ⁰F False
- ¹F Mostly false
- ²F Sometimes false/Sometimes true
- ³F Mostly true
- ⁴F True

A.02 I get along with kids easily.

- ⁵F False
- ⁶F Mostly false
- ⁷F Sometimes false/Sometimes true
- ⁸F Mostly true
- ⁹F True

A.03 Other kids want me to be their friend.

- ⁰F False
- ¹F Mostly false
- ²F Sometimes false/Sometimes true
- ³F Mostly true
- ⁴F True

A.04 Most other kids like me.

- ⁵F False
- ⁶F Mostly false
- ⁷F Sometimes false/Sometimes true
- ⁸F Mostly true
- ⁹F True

A.05 About how many days a week do you do things with friends outside of school hours?

- ⁰F Never
- ¹F Less than once a week
- ²F 1 day a week
- ³F 2-3 days a week
- ⁴F 4-5 days a week
- ⁵F 6-7 days a week

A.06 How many close friends do you have?

|_| |_| Number of close friends
(If none write **00**)

A.07 Other than your friends, do you have anyone else in particular you can talk to about yourself or your problems?

- ⁰F Yes ---> Go to question **08**
- ¹F No ---> Go to question **09**

A.08 What is their relationship to you?
(Mark everyone you feel you can talk to about yourself or your problems)

- ⁰¹F Mother
- ⁰²F Father
- ⁰³F Stepmother
- ⁰⁴F Stepfather
- ⁰⁵F Brother
- ⁰⁶F Sister
- ⁰⁷F Grandparents
- ⁰⁸F Other relatives
- ⁰⁹F A friend of the family
- ¹⁰F Sitter or babysitter
- ¹¹F Parent's boyfriend/girlfriend
- ¹²F Teacher
- ¹³F Coach or leader (e.g. scout or church leader)
- ¹⁴F Other

A.09 During the past 6 months, how well have you gotten along with other children such as **friends** or **classmates**?

- ¹⁵F Very well, no problems
- ¹⁶F Quite well, hardly any problems
- ¹⁷F Pretty well, occasional problems
- ¹⁸F Not too well, frequent problems
- ¹⁹F Not well at all, constant problems

A.10 During the past 6 months, how well have you gotten along with your **mother**?

- ²⁰F Very well, no problems
- ²¹F Quite well, hardly any problems
- ²²F Pretty well, occasional problems
- ²³F Not too well, frequent problems
- ²⁴F Not well at all, constant problems
- ²⁵F Don't have a mother or am not in touch with her

A.11 During the past 6 months, how well have you gotten along with your father?

- ²⁶F Very well, no problems
- ²⁷F Quite well, hardly any problems
- ²⁸F Pretty well, occasional problems
- ²⁹F Not too well, frequent problems
- ³⁰F Not well at all, constant problems
- ³¹F Don't have a father or am not in touch with him

A.12 During the past 6 months, how well have you gotten along with your brothers and sisters?

- ³²F Very well, no problems
- ³³F Quite well, hardly any problems
- ³⁴F Pretty well, occasional problems
- ³⁵F Not too well, frequent problems
- ³⁶F Not well at all, constant problems
- ³⁷F Don't have brothers and sisters or am not in touch with them

SECTION B. SCHOOL

ABOUT MY SCHOOL AND ME

Please mark only one circle for each statement. Mark your answers like this Q.

B.01 How do you feel about school?

- ⁰F I like school very much
- ¹F I like school quite a bit
- ²F I like school a bit
- ³F I don't like school very much
- ⁴F I hate school

B.02 How well do you think you are doing in your school work?

- ⁵F Very well
- ⁶F Well
- ⁷F Average
- ⁸F Poorly
- ⁹F Very poorly

B.03 How important is it to you to have good grades in school?

- ⁰F Very important
- ¹F Important
- ²F Somewhat important
- ³F Not very important
- ⁴F Not important at all

B.04 I like mathematics.

- ⁵F False
- ⁶F Mostly false
- ⁷F Sometimes false\sometimes true
- ⁸F Mostly true
- ⁹F True

Read the following statements and choose the answer that best describes how you feel.

B.05 I feel safe at school.

- ⁰F All the time
- ¹F Most of the time
- ²F Some of the time
- ³F Rarely
- ⁴F Never

B.06 I feel safe on my way to and from school.

- ⁵F All the time
- ⁶F Most of the time
- ⁷F Some of the time
- ⁸F Rarely
- ⁹F Never

B.07 Children say nasty and unpleasant things to me at school.

- ⁰F All the time
- ¹F Most of the time
- ²F Some of the time
- ³F Rarely
- ⁴F Never

B.08 I am bullied in school.

- ⁵F All the time
- ⁶F Most of the time
- ⁷F Some of the time
- ⁸F Rarely
- ⁹F Never

B.09 I am bullied on my way to and from school.

- ⁰F All the time
- ¹F Most of the time
- ²F Some of the time
- ³F Rarely
- ⁴F Never

B.10 I feel like an outsider (or left out of things) at my school.

- ⁵F All the time
- ⁶F Most of the time
- ⁷F Some of the time
- ⁸F Rarely
- ⁹F Never

ABOUT MY TEACHER AND ME

B.11 When I need extra help, my teacher gives it to me.

- ¹F All the time
- ²F Most of the time
- ³F Some of the time
- ⁴F Rarely
- ⁵F Never
- ⁶F Don't need extra help

B.12 My teacher treats me fairly.

- ⁷F All the time
- ⁸F Most of the time
- ⁹F Some of the time
- ¹⁰F Rarely
- ¹¹F Never

ABOUT MY PARENTS AND SCHOOL

B.13 If I have problems at school, my parents are ready to help.

- ¹²F All the time
- ¹³F Most of the time
- ¹⁴F Some of the time
- ¹⁵F Rarely
- ¹⁶F Never
- ¹⁷F Don't have problems at school

B.14 My parents encourage me to do well at school.

- ⁰F All the time
- ¹F Most of the time
- ²F Some of the time
- ³F Rarely
- ⁴F Never

B.15 My parents expect too much of me at school.

- ⁵F All the time
- ⁶F Most of the time
- ⁷F Some of the time
- ⁸F Rarely
- ⁹F Never

ABOUT MY HOMEWORK

B.16 I have a place at home to do homework or study.

- ⁰F All the time
- ¹F Most of the time
- ²F Some of the time
- ³F Rarely
- ⁴F Never

B.17 When my teacher gives me homework, I do it.

- ⁵F All the time
- ⁶F Most of the time
- ⁷F Some of the time
- ⁸F Rarely
- ⁹F Never

SECTION C. ABOUT ME

Read the following statements and choose the answer that best describes how you feel.

Please mark only one circle for each statement. Mark your answers like this **q**.

C.01	False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a. In general, I like the way I am.	⁰ O	¹ O	² O	³ O	⁴ O
b. Overall I have a lot to be proud of.	⁵ O	⁶ O	⁷ O	⁸ O	⁹ O
c. A lot of things about me are good.	⁰ O	¹ O	² O	³ O	⁴ O
d. When I do something, I do it well.	⁵ O	⁶ O	⁷ O	⁸ O	⁹ O
e. I am good looking.	⁰ O	¹ O	² O	³ O	⁴ O
f. I have a pleasant looking face.	⁵ O	⁶ O	⁷ O	⁸ O	⁹ O
g. Other kids think I am good looking.	⁰ O	¹ O	² O	³ O	⁴ O
h. I have a good looking body.	⁵ O	⁶ O	⁷ O	⁸ O	⁹ O

SECTION D. FEELINGS AND BEHAVIOURS

Read the following statements and choose the answer that best describes you.

Please mark only one circle for each statement. Mark your answers like this **Q**.

D.01		Never or not true	Sometimes or somewhat true	Often or very true
a.	I show sympathy to (feel sorry for) someone who has made a mistake	¹ O	² O	³ O
b.	I can't sit still, am restless or hyperactive	⁴ O	⁵ O	⁶ O
c.	I destroy my own things	⁷ O	⁸ O	⁹ O
d.	I will try to help someone who has been hurt	¹ O	² O	³ O
e.	I steal at home	⁴ O	⁵ O	⁶ O
f.	I am unhappy, sad or depressed	⁷ O	⁸ O	⁹ O
g.	I get into many fights	¹ O	² O	³ O
h.	I volunteer to help clear up a mess someone else has made	⁴ O	⁵ O	⁶ O
i.	I am distractible, have trouble sticking to any activity	⁷ O	⁸ O	⁹ O
j.	I try when I am mad at someone, to get others to dislike him/her	¹ O	² O	³ O
k.	I am not as happy as other children	⁴ O	⁵ O	⁶ O
l.	I destroy things belonging to my family or other children	⁷ O	⁸ O	⁹ O
m.	I will try, if there is an argument, to stop it	¹ O	² O	³ O

D.01		Never or not true	Sometimes or somewhat true	Often or very true
n.	I fidget	⁴ O	⁵ O	⁶ O
o.	I am disobedient at school	⁷ O	⁸ O	⁹ O
p.	I can't concentrate, can't pay attention	¹ O	² O	³ O
q.	I am too fearful or anxious	⁴ O	⁵ O	⁶ O
r.	When I am mad at someone, I become friends with another as revenge	⁷ O	⁸ O	⁹ O
s.	I am impulsive, act without thinking	¹ O	² O	³ O
t.	I tell lies or cheat	⁴ O	⁵ O	⁶ O
u.	I offer to help other children (friend, brother or sister) who are having difficulty with a task	⁷ O	⁸ O	⁹ O
v.	I am worried	¹ O	² O	³ O
w.	I have difficulty awaiting my turn in games or groups	⁴ O	⁵ O	⁶ O
x.	I assume, when another child accidentally hurts me (such as bumping into me), that the other child meant to do it, and then react with anger and fighting	⁷ O	⁸ O	⁹ O
y.	I tend to do things on my your own - am rather solitary	¹ O	² O	³ O
z.	when mad at someone, I say bad things behind the other's back	⁴ O	⁵ O	⁶ O
aa.	I physically attack people	⁷ O	⁸ O	⁹ O

D.01		Never or not true	Sometimes or somewhat true	Often or very true
bb.	I comfort a child (friend, brother or sister) who is crying or upset	¹ O	² O	³ O
cc.	I cry a lot	⁴ O	⁵ O	⁶ O
dd.	I vandalize	⁷ O	⁸ O	⁹ O
ee.	I give up easily	¹ O	² O	³ O
ff.	I threaten people	⁴ O	⁵ O	⁶ O
gg.	I help to pick up objects which another child has dropped (e.g. pencils, books.)	⁷ O	⁸ O	⁹ O
hh.	I cannot settle to anything for more than a few moments	¹ O	² O	³ O
ii.	I feel miserable, unhappy, tearful, or distressed	⁴ O	⁵ O	⁶ O
jj.	I am cruel, bully or am mean to others	⁷ O	⁸ O	⁹ O
kk.	I stare into space	¹ O	² O	³ O
ll.	when mad at someone, I say to others: let's not be with him/her	⁴ O	⁵ O	⁶ O
mm.	I am nervous, highstrung or tense	⁷ O	⁸ O	⁹ O
nn.	I kick, bite, hit other children	¹ O	² O	³ O
oo.	I will invite bystanders to join in a game	⁴ O	⁵ O	⁶ O
pp.	I steal outside the home	⁷ O	⁸ O	⁹ O
qq.	I am inattentive, have difficulty paying attention to someone	¹ O	² O	³ O

D.01		Never or not true	Sometimes or somewhat true	Often or very true
rr.	I have trouble enjoying myself	⁴ O	⁵ O	⁶ O
ss.	I help other children (friends, brother or sister) who are feeling sick	⁷ O	⁸ O	⁹ O
tt.	When mad at someone, I tell the other one's secrets to a third person	¹ O	² O	³ O
uu.	I take the opportunity to show support for the work of children who can't do things as well as me	⁴ O	⁵ O	⁶ O

D.02 In the past year, about how many times...

	Never	Once	Twice	More than twice
a. did you stay out later than your parents said you should?	¹ O	² O	³ O	⁴ O
b. did you stay out all night without permission?	⁵ O	⁶ O	⁷ O	⁸ O
c. did you skip a day of school without permission?	¹ O	² O	³ O	⁴ O
d. did you get drunk?	⁵ O	⁶ O	⁷ O	⁸ O
e. were you questioned by the police about anything you might have done such as stealing, damaging property or anything else?	¹ O	² O	³ O	⁴ O
f. did you run away from home?	⁵ O	⁶ O	⁷ O	⁸ O

D.03 In the past year were you part of a group that did bad things?

¹ O Yes

² O No

SECTION E. MY PARENT(S) AND ME

Please mark only one circle for each statement. Mark your answers like this **q**

E. 01 My parents (or step parents or foster parents)...

	Never	Sometimes	Often	Very often
a. smile at me	¹ O	² O	³ O	⁴ O
b. want to know exactly where I am and what I am doing	⁵ O	⁶ O	⁷ O	⁸ O
c. soon forget a rule they have made	¹ O	² O	³ O	⁴ O
d. praise me	⁵ O	⁶ O	⁷ O	⁸ O
e. let me go out any evening I want	¹ O	² O	³ O	⁴ O
f. do tell me what time to be home when I go out	⁵ O	⁶ O	⁷ O	⁸ O
g. nag me about little things	¹ O	² O	³ O	⁴ O
h. tell me what I can watch on TV	⁵ O	⁶ O	⁷ O	⁸ O
i. make sure I do my homework	¹ O	² O	³ O	⁴ O
j. only keep rules when it suits them	⁵ O	⁶ O	⁷ O	⁸ O
k. make sure I know I am appreciated	¹ O	² O	³ O	⁴ O
l. threaten punishment more often than they use it	⁵ O	⁶ O	⁷ O	⁸ O

- | | | | | | |
|----|---|----------------|----------------|----------------|----------------|
| m. | speak of the good things I do | ¹ O | ² O | ³ O | ⁴ O |
| n. | find out about my misbehaviour | ⁵ O | ⁶ O | ⁷ O | ⁸ O |
| o. | enforce a rule or do not enforce a rule depending upon their mood | ¹ O | ² O | ³ O | ⁴ O |
| p. | hit me or threaten to do so | ⁵ O | ⁶ O | ⁷ O | ⁸ O |
| q. | seem proud of the things I do | ¹ O | ² O | ³ O | ⁴ O |

SECTION F. PUBERTY

Please mark only one circle for each statement. Mark your answers like this **q**.

F.01 Would you say that your body hair ("body hair" means underarm and pubic hair):

- ⁵ O has not yet started growing
- ⁶ O has barely started growing
- ⁷ O growth of body hair is definitely underway
- ⁸ O growth of body hair seems completed

FOR GIRLS ONLY

F.02 Have your breasts begun to grow?

- ¹ O Not yet started growing
- ² O Have barely started growing
- ³ O Breast growth is definitely underway
- ⁴ O Breast growth seems completed

F.03 Have you begun to menstruate (your monthly periods)?

⁵O Yes

⁶O No

FOR BOYS ONLY

F.04 Have you noticed a deepening of your voice?

¹F Not yet started changing

²F Has barely started changing

³F Voice is definitely changing

⁴F Voice change seems completed

F.05 Have you begun to grow hair on your face?

⁵O Not yet started growing

⁶O Has barely started growing

⁷O Facial hair growth is definitely underway

⁸O Facial hair growth seems completed

SECTION G. SMOKING, DRINKING AND DRUGS

Not too many young people your age smoke, drink, or use drugs. The following questions are for both those who have or have not tried to smoke, drink or take drugs.

Please answer each question. Mark your answers like this **Q** or write in a number.

G.01 Have you ever tried cigarette smoking, even just a few puffs?

¹ Yes

² No ---> If No, which of the following are the **most important reasons** why you have never tried smoking?

⁰¹ Most of my friends do not smoke

⁰² My parents do not smoke

⁰³ I think it might be bad for my health

⁰⁴ I think I might not be able to stop

⁰⁵ It is against the law for me to smoke

⁰⁶ I would get into trouble with my parents or teachers

⁰⁷ I would get into trouble with the police

⁰⁸ I cannot get cigarettes or afford them

⁰⁹ I have other things I enjoy doing

¹⁰ Some other reason

G.02 If you do smoke, how often do you smoke cigarettes?

⁰ I do not smoke, or only tried once or twice -----> **GO TO QUESTION G.05**

¹ Every day

² At least once or twice a week but not every day

³ At least once or twice a month but not every week

⁴ A few times a year

⁵ Once or twice a year -----> **GO TO QUESTION G.05**

G.03 If you have smoked one or more cigarettes every day for at least 7 days in a row, how old were you when you first did so? (**Mark one only**)

⁹⁸ I have never done this **OR** I was ___ ___ years old

G.04 On the days that you smoke, about how many cigarettes do you usually smoke?

⁹⁹O I do not smoke **OR** ___ ___ Number of cigarettes

G.05 How many of your friends smoke?

___ ___ Friends who smoke (If none write **00**)

G.06 Have you ever drunk alcohol?

⁷O Yes

⁸O No -----> **GO TO QUESTION G.09**

G.07 If you have ever drunk more alcohol than the amount allowed by your parents, how old were you when you first did this? (**Mark one only**)

⁹⁸O I have never drunk alcohol

OR

⁹⁹O I have only drunk the amount allowed by my parents

OR

I was ___ ___ years old

G.08 If you drink anything alcoholic such as wine, liquor or beer, how often do you do so?

⁰O I do not drink alcohol, or only tried once or twice

¹O Every day

²O At least once or twice a week but not every day

³O At least once or twice a month but not every week

⁴O A few times a year

⁵O Once or twice a year

G.09 How many of your friends drink alcohol?

___ ___ Friends who drink alcohol (If none write **00**)

G.10 Have you ever tried drugs or sniffed glue or solvents?

⁸O Yes

⁹O No -----> **GO TO QUESTION G.13**

G.11 If you use the following substances, how often do you ...

a. use marijuana ("pot", "grass" or "hash")

⁰¹O I do not use marijuana, or only tried once or twice

⁰²O Every day

⁰³O At least once or twice a week but not every day

⁰⁴O At least once or twice a month but not every week

⁰⁵O A few times a year

⁰⁶O Once or twice a year

b. sniff glue or solvents

⁰⁷O I do not sniff glue or solvents, or only tried once or twice

⁰⁸O Every day

⁰⁹O At least once or twice a week but not every day

¹⁰O At least once or twice a month but not every week

¹¹O A few times a year

¹²O Once or twice a year

c. use other drugs like cocaine, crack, speed, LSD/acid

¹³O I do not use other drugs. or only tried once or twice

¹⁴O Every day

¹⁵O At least once or twice a week but not every day

¹⁶O At least once or twice a month but not every week

¹⁷O A few times a year

¹⁸O Once or twice a year

G.12 If you have used drugs (such as marijuana, glue, solvents or cocaine, etc.) how old were you when you first did so? (**Mark one only**)

⁹⁹ O I have never used drugs

OR

I was ____ ____ years old

G.13 How many of your friends have tried drugs or sniffed glue or solvents?

___ Friends who have tried drugs or sniffed glue or solvents? (If none write **00**)

SECTION H. ACTIVITIES

Please mark only one circle for each statement. Mark your answers like this **q**.

H.01	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. Outside of school hours, I take part in sports with a coach or an instructor	⁶ O	⁷ O	⁸ O	⁹ O
b. Outside of school, I play sports or do physical activities WITHOUT a coach or instructor.	² O	³ O	⁴ O	⁵ O
c. Outside of school hours, I take part in Art, Dance or Music Groups or Lessons	⁶ O	⁷ O	⁸ O	⁹ O
d. I take part in Clubs or groups such as Girl Guides or Boy Scouts	² O	³ O	⁴ O	⁵ O
e. I have a job (a paper route, baby sitting, etc.)	⁶ O	⁷ O	⁸ O	⁹ O
f. I play computer or video games	² O	³ O	⁴ O	⁵ O
g. I watch TV	⁶ O	⁷ O	⁸ O	⁹ O

H.02 On average, about how many hours a day do you watch TV?

- ⁰F 0 - 1 hour a day
- ¹F 1 - 2 hours a day
- ²F 3 - 4 hours a day
- ³F 5 - 6 hours a day
- ⁴F 7 or more hours a day

H.03 How often do you read for fun (not just for school)

- ⁴F Every day
- ⁵F A few times a week
- ⁶F Once a week
- ⁷F A few times a month
- ⁸F Less than once a month
- ⁹F Almost never

Thank you for taking part in this survey!!

When you finish this survey:

- M put this questionnaire in the envelope and
- M return it to the Interviewer .

If the Interviewer is not in your home:

- M please seal the envelope
- M the Interviewer will pick it up from you on another day.

APPENDIX B

Informed Consent **National Longitudinal** **Survey of Children** **Informed Consent Form**

I understand that this form is part of the National Longitudinal Survey of Children. Statistics Canada is carrying out this national study on behalf of Human Resource Development Canada. I understand that this survey is voluntary and that any information that Statistics Canada collects from me, my child and my child's teacher will remain strictly confidential under the Statistics Act.

Consentement éclairé **Enquête nationale longitudinale** **Sur les enfants** **Formulaire de consentement éclairé**

Je comprends que ce formulaire fait partie de L'Enquête nationale longitudinale sur les enfants. Statistique Canada mène cette enquête au nom de Développement des ressources humaines Canada. Je comprends que la participation à cette enquête est volontaire et que tous les renseignements obtenus par Statistique Canada de moi, de mon enfant et du Professeur de mon enfant resteront Strictement confidentiels en vertu de la Loi sur la statistique.

What is the National Longitudinal Survey of Children?

The National Longitudinal Survey of Children has been developed jointly by Statistics Canada and Human Resources Development Canada. The purpose of the survey is to collect information that will help us understand the factors affecting the development of children in Canada. These findings will improve the prospects and conditions for all children.

Why does my child's teacher need to be contacted?

Children spend much of their time at school. Your child's teacher will provide us with valuable information regarding your child's school experiences.

Qu'est-ce que l'Enquête nationale Longitudinale sur les enfants?

L'enquête nationale longitudinale sur les enfants a été élaborée conjointement par Statistique Canada et par Développement des ressources humaines Canada. Son but est de recueillir des renseignements qui nous aideront à mieux comprendre les facteurs qui influencent le développement des enfants au Canada. Ces connaissances serviront à élaborer des programmes efficaces qui amélioreront les possibilités d'avenir de tous les enfants.

Pourquoi le professeur de mon enfant être contacté?

Les enfants passent une grande partie de leur temps à l'école. Le professeur de votre enfant fournira d'importants renseignements se rapportant à la vie de votre enfant à l'école.

What will my child's teacher be asked?

Your child's teacher will receive a questionnaire that will ask questions about his/her achievement and behavior, and about his/her classroom. As well, your child's teacher will be asked to give a short test of your child's skills in math.

What does my consent mean?

Your consent means that you agree that your child's teacher be contacted and asked to complete a questionnaire regarding your child.

What happens to the survey information I have provided if I do not consent?

The information you have provided in the interview is very valuable on its own. It will still permit important research to be conducted and influence future policies and programs.

Que demandera-t-on au professeur de mon enfant?

Le professeur de votre enfant recevra une questionnaire portant sur le rendement scolaire de votre enfant. Sur son comportement à l'école et sur sa classe. De plus, on demandera au professeur de votre enfant de lui passer un court test d'habilité en mathématiques.

Qu'est-ce que mon consentement veut dire?

Par votre consentement vous acceptez que le professeur de votre enfant soit contacté et qu'il (elle) remplisse un questionnaire sur votre enfant.

Que se passe-t-il si je décide de ne pas signer le formulaire de consentement éclairé?

Les renseignements que vous avez déjà fournis lors de l'interview sont très importants. Ils permettront quand même de faire d'importantes recherches et d'influencer les politiques et les programmes futurs.



**Informed Consent
National Longitudinal
Survey of Children**

**Consentement éclairé
Enquête nationale longitudinale
sur les enfants**

**Confidential
when completed**

**Confidenciel
Une fois rempli**

Sample ID No.
N° d'échantillon

Child ID No.
N° d'identification de l'enfant

Assignment No.
N° de tâche

.....

..

.....

Child's Full Name - Nom et prénom de l'enfant	Child's age Âge de l'enfant . .	Child's Grade Année scolaire de l'enfant . .
Name of Teacher - Nom de professeur	Name and Address of School Nom et adresse de l'école	Language of interview Langue de l'interview
Name of Principal - Nom du (de la) directeur (trice)	Name of school - Nom de l'école	Q English Q French Anglais Français
Name of School Board - Nom de la commission scolaire	Address of school - Adresse de l'école	School's Telephone No. N° de téléphone de l'école
Parent's Full Name - Nom et prénom du parent	City or Town - Ville ou village	Area code Indicant régional
	Postal Code Code postal	()

YES, I agree that my child's teacher may be contacted and asked to complete a questionnaire regarding my child.

G OUI, j'accepte qu'on prenne contact avec le professeur de mon enfant et je consens à ce qu'il remplisse un questionnaire sur mon enfant.

I understand that this is a voluntary survey and that the information my child's teacher provides will be kept strictly confidential under the Statistics Act. That means that my name and my child's name will not be associated in any way with the results of the survey.

Je comprends que la participation à cette enquête est volontaire et que les renseignements fournis par le professeur de mon enfant resteront strictement confidentiels en vertu de la Loi sur la Statistique. Cela veut dire que mon nom et le nom de mon enfant ne seront reliés d'aucune façon aux résultats de l'enquête.

YES, I agree that my child's teacher may give my child a brief test of math skills.

G OUI, j'accepte que le professeur de mon enfant lui fasse passer un court test d'habileté en mathématiques.

Signature of Parent or Legal Guardian - Signature du parent ou du tuteur légal

7-5030-429: 1994-09-26

Copy 1: Regional Office
Copy 1: Bureau régional

Copy 2: Teacher
Copy 2: Professeur

Copy 3: Parent
Copy 3: Parent

STC/HLD-040-75020
SQC/ENM-040-75020

APPENDIX C - Teacher's Questionnaire

Education, Culture and Tourism Division

National Longitudinal Survey of Children Teacher's Questionnaire

This information is collected under the authority
of the Statistics Act (RSC.1985, c.S19).

Confidential when completed

Version française disponible

Sample I.D.									
Child I.D.			Child's Age			Child's Grade			
Teacher's/Child's Language			Mathematics Test						
Operation Number									

Instructions

The purpose of this survey is to gather information on various school factors which may influence the development and education of children. The items in this questionnaire relate to a particular student in your class, various school practices, and to yourself.

Under the *Statistics Act* the information collected in this questionnaire will be kept confidential.

Completion of the questionnaire is completely voluntary. However, to ensure that we have a complete picture of all the forces which shape this student's development we strongly encourage you to complete the questionnaire.

We would be most happy to answer any questions that you might have. Please feel free to call. The telephone number is 1-800-307-EDUC/1-800-307-3382.

When you finish this survey

Please place the completed questionnaire in the business reply envelope and mail it to us today.

If you have lost the reply envelope please call 1-800-307-3382 for instructions on where to send the completed questionnaire.

THANK YOU FOR YOUR HELP.

L The following sections relate to the educational development of a specific student in your class.

Please answer all questions by **marking the appropriate circle** corresponding with your answer in each section.

SECTION 1 THIS STUDENT'S EDUCATION

L These first few questions ask about this student's grade and educational history.

1. Is this student currently in kindergarten or a similar pre-grade one programme (i.e.: Junior Kindergarten, Primary (Nova Scotia), Nursery (Manitoba), Early Childhood Services (Alberta), or First Year of Primary (British Columbia))?
(Mark one circle only)

- ¹ Yes ----> **GO TO QUESTION 17**
² No

2. Is this student assigned to a grade?
(Mark one circle only)

- ³ Yes ----> **In what grade is this student?** grade |_|_|
⁴ No, this student is not assigned to a grade

3. Is this student in a split or multi-grade class?
(Mark one circle only)

- ⁵ Yes ----> **What grades are contained in this class?**
grade |_|_| to grade |_|_|
⁶ No, the class contains a single grade
⁷ No, the class is ungraded

4. Has this student ever skipped a grade?
(Mark one circle only)

- ¹ Yes
² No
³ Don't know

5. Is this student currently repeating his or her grade?

(Mark one circle only)

⁴ Yes

⁵ No

6. Has this student previously repeated a grade(s), been retained, or not been promoted to a new grade for any reason? *(Mark one circle only)*

⁶ Yes

⁷ No

⁸ Don't know

L These next questions deal with this student's academic performance.

7. How would you rate this student's current academic achievement in *reading*?

(Mark one circle only)

⁰¹ I do not teach reading

⁰² Near the top of the class

⁰³ Above the middle of the class, but not at the top

⁰⁴ In the middle of the class

⁰⁵ Below the middle of the class, but above the bottom

⁰⁶ Near the bottom of the class

8. How would you rate this student's current academic achievement in *mathematics*? *(Mark one circle only)*

⁰⁷ I do not teach mathematics

⁰⁸ Near the top of the class

⁰⁹ Above the middle of the class, but not at the top

¹⁰ In the middle of the class

¹¹ Below the middle of the class, but above the bottom

¹² Near the bottom of the class

9. How would you rate this student's current academic achievement in *written work* (e.g., spelling and composition)? *(Mark one circle only)*

¹ I do not teach spelling or composition

² Near the top of the class

³ Above the middle of the class, but not at the top

⁴ In the middle of the class

⁵ Below the middle of the class, but above the bottom

⁶ Near the bottom of the class

10. How would you rate this student's current academic achievement across all areas of instruction? *(Mark one circle only)*

- ⁰⁷ Near the top of the class
- ⁰⁸ Above the middle of the class, but not at the top
- ⁰⁹ In the middle of the class
- ¹⁰ Below the middle of the class, but above the bottom
- ¹¹ Near the bottom of the class

11. Looking ahead, how far do you expect this student will go in school? Will he/she... *(Mark one circle only)*

- ¹ Complete primary/elementary school?
- ² Complete some secondary or high school?
- ³ Graduate from secondary or high school?
- ⁴ Obtain a community college, technical college, vocational college, business school, or CEGEP certificate or diploma?
- ⁵ Obtain a university degree?
- ⁶ Don't know

L The next series of questions ask about the amount of instruction this student receives. In order to better understand the amount of instruction which is delivered, it is first necessary to collect information regarding the length of the school's instructional cycle and the length of the school year. By instructional cycle we mean the number of days which make up one complete rotation through all regularly taught topics. For example, some schools run on a four day instructional cycle.

12. Overall, how long is one cycle of instruction in this student's homeroom class? *(Specify the number of days)*

|_|_| days

13. How long is the normal school year for this school? *(Specify the number of days)*

|_|_|_| days

14. For the most recent full cycle of instruction, please estimate how much class time this student spent on

(Specify the number of minutes per cycle. If this student does not spend time on a particular area indicate this by recording 00000 minutes/cycle)

- | | | |
|----|--|---------------------------|
| a) | Reading and other language arts (e.g. spelling, grammar, composition)... | 01 _ _ _ _ minutes/cycle |
| b) | Second language education... | 02 _ _ _ _ minutes/cycle |
| c) | Mathematics... | 03 _ _ _ _ minutes/cycle |
| d) | Science... | 04 _ _ _ _ minutes/cycle |
| e) | Social Studies... | 05 _ _ _ _ minutes/cycle |
| f) | Environmental Studies... | 06 _ _ _ _ minutes/cycle |
| g) | Music... | 07 _ _ _ _ minutes/cycle |
| h) | Art... | 08 _ _ _ _ minutes/cycle |
| i) | Physical Education... | 09 _ _ _ _ minutes/cycle |
| j) | Learning how to use computers... | 10 _ _ _ _ minutes/cycle |
| k) | Other topics... | 11 _ _ _ _ minutes/cycle |

15. How much class time per cycle does this student spend using a computer?

(Specify the number of minutes per cycle)

|_|_|_|_| minutes/cycle

16. Thinking about the most recent full instructional cycle, what is the main language of instruction in this student's class?

(Mark the circle corresponding to the predominant language of instruction in this student's regular class)

- ¹ French
- ² English
- ³ An equal combination of French and English
- ⁴ Other

L These next questions deal with this student's social and personal skills.

- 17. Listed below are a number of different social and personal skills which may be demonstrated in your class. Please indicate how often this student demonstrates each of the following.**

(Mark the circle corresponding to your answer for each of the following)

		Never	Rarely	Sometimes	Usually	Always
a)	Works cooperatively with other students...	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
b)	Plays cooperatively with other students...	⁰⁶ O	⁰⁷ O	⁰⁸ O	⁰⁹ O	¹⁰ O
c)	Follows rules...	¹¹ O	¹² O	¹³ O	¹⁴ O	¹⁵ O
d)	Follows instructions...	¹⁶ O	¹⁷ O	¹⁸ O	¹⁹ O	²⁰ O
e)	Respects the property of others...	²¹ O	²² O	²³ O	²⁴ O	²⁵ O
f)	Demonstrates self-control...	²⁶ O	²⁷ O	²⁸ O	²⁹ O	³⁰ O
g)	Shows self-confidence...	³¹ O	³² O	³³ O	³⁴ O	³⁵ O
h)	Demonstrates respect for adults...	³⁶ O	³⁷ O	³⁸ O	³⁹ O	⁴⁰ O
i)	Demonstrates respect for other children...	⁴¹ O	⁴² O	⁴³ O	⁴⁴ O	⁴⁵ O
j)	Accepts responsibility for actions...	⁴⁶ O	⁴⁷ O	⁴⁸ O	⁴⁹ O	⁵⁰ O

18. These statements describe the work habits of students. Please indicate how often this student demonstrates each of these work habits.

(Mark the circle corresponding to your answer for each of the following)

		Never	Rarely	Sometimes	Usually	Always
a)	Listens attentively...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	Follows directions...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	Completes work on time...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Works independently...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Takes care of materials...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Works neatly and carefully...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>

L **The following questions ask about this student's academic and educational strengths and weaknesses.**

19. Does this student receive enhanced or extra instruction at school because of his/her exceptionally advanced intellectual or artistic abilities? (Mark one circle only)

¹ Yes

² No ----> **GO TO QUESTION 21**

20. Where does this student receive this enhanced or extra instruction? (Mark one circle only)

³ Exclusively within a regular classroom

⁴ Primarily within a regular classroom but with some time spent in a special education class or resource room

⁵ Primarily within a special education class or resource room but with some integration into a regular classroom

⁶ Exclusively within a special education class or resource room within a regular school

⁷ Exclusively within a special school in the school district

⁸ Exclusively within a special residential school

⁹ Other

21. Does this student receive special education because a physical, emotional, behavioural, or some other problem limits the kind or amount of school work he/she can do? (Mark one circle only)

- ¹ Yes
² No ----> **GO TO QUESTION 24**

22. What type of problem limits this student's ability to do school work in a regular classroom? (Mark as many circles as applicable)

- | | |
|---|--|
| ⁰¹ <input type="radio"/> A physical disability | ⁰⁶ <input type="radio"/> An emotional or behavioural problem |
| ⁰² <input type="radio"/> A visual impairment | ⁰⁷ <input type="radio"/> A mental disability or limitation |
| ⁰³ <input type="radio"/> A hearing impairment | ⁰⁸ <input type="radio"/> Home environment/problems at home |
| ⁰⁴ <input type="radio"/> A speech impairment | ⁰⁹ <input type="radio"/> He/she does not understand the language spoken at school |
| ⁰⁵ <input type="radio"/> A learning disability | ¹⁰ <input type="radio"/> Some other type of problem |

23. Where does this student receive this special education? (Mark one circle only)

- | | |
|---|--|
| ¹ <input type="radio"/> Exclusively within a regular classroom | ⁴ <input type="radio"/> Exclusively within a special education class or resource room within a regular school |
| ² <input type="radio"/> Primarily within a regular classroom but with some time spent in a special education class or resource room | ⁵ <input type="radio"/> Exclusively within a special school in the school district |
| ³ <input type="radio"/> Primarily within a special education class or resource room but with some integration into a regular classroom | ⁶ <input type="radio"/> Exclusively within a special residential school |
| | ⁷ <input type="radio"/> Other |

SECTION 2 THIS STUDENT'S BEHAVIOUR AND ABSENTEEISM
--

L The first two questions in this section ask about absenteeism.

24. About how many regular school days has this student been absent since the beginning of school in the fall (*Specify the number of days absent*)

|_|_| days

25. Since the beginning of school in the fall about how many times has this student skipped a day of school without permission? (*Mark one circle only*)

- ⁰ Never
¹ Once
² Twice
³ More than twice
⁴ Don't know

L This next question asks how prepared this student is for school.

26. Since the start of school in the fall, how often has this student arrived
(*Mark the circle corresponding to your answer for each of the following*)

	Never	Rarely	Sometimes	Usually	Always
a) Without the materials (e.g., notebooks, paper) needed to do his/her schoolwork...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b) Inadequately clothed to participate in school related activities (e.g., gym, sports, field trips, recess)...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c) Inadequately dressed for the weather conditions (e.g., canvas running shoes in winter)...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d) Too tired to do school work...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e) Without his/her homework completed...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f) Late for school...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>

L This next question asks about this student's behaviour at school.

- 27.** Using the answers never or not true, sometimes or somewhat true and often or very true, how often would you say that this student:
(Mark the circle corresponding to your answer)

		Never or not true	Sometimes or somewhat true	Often or very true
a)	Shows sympathy to someone who has made a mistake...	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>
b)	Can't sit still, is restless or hyperactive...	004 <input type="radio"/>	005 <input type="radio"/>	006 <input type="radio"/>
c)	Destroys his/her own things...	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>
d)	Will try to help someone who has been hurt...	010 <input type="radio"/>	011 <input type="radio"/>	012 <input type="radio"/>
e)	Steals...	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>
f)	Seems to be unhappy, sad or depressed...	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>
g)	Gets into many fights...	019 <input type="radio"/>	020 <input type="radio"/>	021 <input type="radio"/>
h)	Volunteers to help clear up a mess someone else has made...	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>
i)	Is distractible, has trouble sticking to any activity...	025 <input type="radio"/>	026 <input type="radio"/>	027 <input type="radio"/>
j)	When mad at someone tries to get others to dislike her/him...	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>
k)	Is not as happy as other children...	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>
l)	Destroys things belonging to others...	034 <input type="radio"/>	035 <input type="radio"/>	036 <input type="radio"/>
m)	If there is a quarrel or dispute will try to stop it...	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>
n)	Fidgets...	040 <input type="radio"/>	041 <input type="radio"/>	042 <input type="radio"/>
o)	Is disobedient at school...	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>
p)	Can't concentrate, can't pay attention for long...	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>
q)	Is too fearful or anxious...	049 <input type="radio"/>	050 <input type="radio"/>	051 <input type="radio"/>

r)	When mad at someone, becomes friends with another as revenge...	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>
s)	Is impulsive, acts without thinking...	055 <input type="radio"/>	056 <input type="radio"/>	057 <input type="radio"/>
t)	Tells lies or cheats...	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>
u)	Offers to help other children (friend, brother, or sister) who are having difficulty with a task...	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>
v)	Is worried...	064 <input type="radio"/>	065 <input type="radio"/>	066 <input type="radio"/>
w)	Has difficulty awaiting turn in games or groups...	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>
x)	When another child accidentally hurts her/him (such as by bumping into her or him), assumes that the other child meant to do it and then reacts with anger and fighting...	070 <input type="radio"/>	071 <input type="radio"/>	072 <input type="radio"/>
y)	Tends to do things on his/her own - is rather solitary...	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
z)	When mad at someone, says bad things behind the other's back...	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>
aa)	Physically attacks people...	079 <input type="radio"/>	080 <input type="radio"/>	081 <input type="radio"/>
bb)	Comforts a child (friend, brother, or sister) who is crying or upset...	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>
cc)	Cries a lot...	085 <input type="radio"/>	086 <input type="radio"/>	087 <input type="radio"/>
dd)	Vandalizes...	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
ee)	Gives up easily...	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>
ff)	Threatens people...	094 <input type="radio"/>	095 <input type="radio"/>	096 <input type="radio"/>
gg)	Spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books)...	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>
hh)	Cannot settle to anything for more than a few moments...	100 <input type="radio"/>	101 <input type="radio"/>	102 <input type="radio"/>
ii)	Appears miserable, unhappy, tearful or distressed...	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
jj)	Is cruel, bullies or is mean to others...	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>
kk)	Stares into space...	109 <input type="radio"/>	110 <input type="radio"/>	111 <input type="radio"/>

- | | | | | |
|-----|---|---------------------------|---------------------------|---------------------------|
| ll) | When mad at someone, says to others: let's not be with her/him... | 112 <input type="radio"/> | 113 <input type="radio"/> | 114 <input type="radio"/> |
| mm) | Is nervous, high-strung, or tense... | 115 <input type="radio"/> | 116 <input type="radio"/> | 117 <input type="radio"/> |
| nn) | Kicks, bites, hits other children... | 118 <input type="radio"/> | 119 <input type="radio"/> | 120 <input type="radio"/> |
| oo) | Will invite bystanders to join in a game... | 121 <input type="radio"/> | 122 <input type="radio"/> | 123 <input type="radio"/> |
| pp) | Is inattentive... | 124 <input type="radio"/> | 125 <input type="radio"/> | 126 <input type="radio"/> |
| qq) | Has trouble enjoying self... | 127 <input type="radio"/> | 128 <input type="radio"/> | 129 <input type="radio"/> |
| rr) | Helps other children (friends, brother or sister) who are feeling sick... | 130 <input type="radio"/> | 131 <input type="radio"/> | 132 <input type="radio"/> |
| ss) | When mad at someone, tells the other one's secrets to a third person... | 133 <input type="radio"/> | 134 <input type="radio"/> | 135 <input type="radio"/> |
| tt) | Takes the opportunity to praise the work of less able children... | 136 <input type="radio"/> | 137 <input type="radio"/> | 138 <input type="radio"/> |

SECTION 3 PARENT'S(S')/GUARDIAN'S(S') INVOLVEMENT IN THIS STUDENT'S EDUCATION

L These next questions concern your impressions of how involved this student's parents/guardians are with his/her education. This information will enable us to determine the situations where parent's(s')/guardian's(s') involvement may have positive or negative impacts on academic achievement and child development.

- 28. Since the beginning of school last fall did a parent/guardian of this student...**
(Mark the circle corresponding to your answer for each of the following)

- | | | Yes | No | Not
Applicable |
|----|---|-------------------------|-------------------------|-------------------------|
| a) | Participate in regularly scheduled parent-teacher conferences (either in person or on the telephone)... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b) | Contact you to discuss this student's academic performance or behaviour... | 4 <input type="radio"/> | 5 <input type="radio"/> | 6 <input type="radio"/> |
| c) | Return your call to talk about this student's academic performance or behaviour... | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> |

29. In your opinion, how involved is/are the parent(s)/guardian(s) in this student's education? (Mark one circle only)

- ¹O Very Involved
- ²O Somewhat involved
- ³O Not involved
- ⁴O Don't know the parent(s)/guardian(s) well enough

30. In your opinion, how important is school considered to be to this student's parent(s)/guardian(s)? (Mark one circle only)

- ⁵O Very important
- ⁶O Somewhat important
- ⁷O Little importance
- ⁸O Don't know the parent(s)/guardian(s) well enough

31. In your opinion, to what extent do the parent(s)/guardian(s) of this student support your teaching efforts? (Mark one circle only)

- ¹O Strongly support
- ²O Somewhat support
- ³O Do not support
- ⁴O Don't know the parent(s)/guardian(s) well enough

32. How often during the past month has a parent/guardian of this child volunteered in your kindergarten class? (Mark one circle only)

- ⁵O Not applicable because the child is not in kindergarten
- ⁶O Never ----> **GO TO QUESTION 47**
- ⁷O Once ----> **GO TO QUESTION 47**
- ⁸O Twice ----> **GO TO QUESTION 47**
- ⁹O More than twice ----> **GO TO QUESTION 47**

SECTION 4 YOUR CLASS AND TEACHING PRACTICES
--

L These first few questions gather information about the students in your class. This information will help us understand how the classroom may affect students' academic and social functioning.

- 33. Currently, how many students are *enrolled* in your class?**
(Specify the number of students)

|_|_| students

- 34. Including those who have not been officially identified as having the following long-term problems, how many students in your class have:**
(Some children may belong to more than one category)

- a) A speech, hearing, vision, mobility or other health impairment that affects their learning? |_|_|_| students
- b) An emotional, or behavioural problem? |_|_|_| students
- c) A learning problem? (e.g.: a problem with attention, memory, reasoning, reading, writing, spelling, or calculation which interferes with learning)? |_|_|_| students

- 35. How many students in your class:**
(Some children may belong to more than one category)

- a) Have a first language other than English or French?.. |_|_|_| students
- b) Have immigrated to Canada within the last year? |_|_|_| students

L Now we would like to ask you some questions about the achievement of your class and your teaching practices.

- 36. Compared with other teachers in your school who are teaching the same grade(s), do you feel that your class has (Mark one circle only)**

- ¹O Lower overall academic ability than their classes
- ²O Similar overall academic ability to their classes
- ³O Higher overall academic ability than their classes
- ⁴O A greater diversity of academic abilities than their classes
- ⁵O There are no other classes at the same grade(s)

37. Do you teach reading to your class?

(Mark one circle only)

⁶O Yes

⁷O No ----> **GO TO QUESTION 39**

38. How often do you use each of the following strategies to teach reading to your class?

(Mark the circle corresponding to your answer for each of the following)

	Never	Rarely	Sometimes	Usually	Always
a) Teach reading to the class as a whole...	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
b) Divide the class into groups having similar reading abilities...	⁰⁶ O	⁰⁷ O	⁰⁸ O	⁰⁹ O	¹⁰ O
c) Divide the class into groups having a mixture of reading abilities...	¹¹ O	¹² O	¹³ O	¹⁴ O	¹⁵ O
d) Allow students to form their own reading groups...	¹⁶ O	¹⁷ O	¹⁸ O	¹⁹ O	²⁰ O
e) Use individualized instruction plans to teach reading...	²¹ O	²² O	²³ O	²⁴ O	²⁵ O
f) Other	²⁶ O	²⁷ O	²⁸ O	²⁹ O	³⁰ O

39. Do you teach writing (composition) to your class?

(Mark one circle only)

¹O Yes

²O No ----> **GO TO QUESTION 41**

40. How often do you use each of the following strategies to teach writing (composition) to your class? *(Mark the circle corresponding to your answer for each of the following)*

	Never	Rarely	Sometimes	Usually	Always
a) Teach writing to the class as a whole...	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O

- | | | | | | | |
|----|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| b) | Divide the class into groups having similar writing abilities... | ⁰⁶ O | ⁰⁷ O | ⁰⁸ O | ⁰⁹ O | ¹⁰ O |
| c) | Divide the class into groups having a mixture of writing abilities... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | Allow students to form their own writing groups... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |
| e) | Use individualized instruction plans to teach writing... | ²¹ O | ²² O | ²³ O | ²⁴ O | ²⁵ O |
| f) | Other | ²⁶ O | ²⁷ O | ²⁸ O | ²⁹ O | ³⁰ O |

41. Do you teach mathematics to your class? (*Mark one circle only*)

- ¹O Yes
²O No ----> **GO TO QUESTION 43**

42. How often do you use each of the following strategies to teach mathematics to your class? (*Mark the circle corresponding to your answer for each of the following*)

- | | | Never | Rarely | Sometimes | Usually | Always |
|----|--|-----------------|-----------------|------------------|-----------------|-----------------|
| a) | Teach mathematics to the class as a whole... | ⁰¹ O | ⁰² O | ⁰³ O | ⁰⁴ O | ⁰⁵ O |
| b) | Divide the class into groups having similar mathematical abilities... | ⁰⁶ O | ⁰⁷ O | ⁰⁸ O | ⁰⁹ O | ¹⁰ O |
| c) | Divide the class into groups having a mixture of mathematical abilities... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | Allow students to form their own mathematics groups... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |

- e) Use individualized instruction plans to teach mathematics... ²¹O ²²O ²³O ²⁴O ²⁵O
- f) Other ²⁶O ²⁷O ²⁸O ²⁹O ³⁰O

43. For the most recent full cycle of instruction, please indicate the number of minutes you spent on the following non-instructional activities.

(Specify the number of minutes per cycle)

- a) Maintaining order and discipline 01|_|_|_|_| minutes/cycle
- b) Performing routine tasks (e.g., taking attendance, filling out forms) 02|_|_|_|_| minutes/cycle
- c) Professional discussions with colleagues 03|_|_|_|_| minutes/cycle
- d) Supervising children at noon/recess 04|_|_|_|_| minutes/cycle
- e) Assisting/directing extra-curricular activities 05|_|_|_|_| minutes/cycle
- f) In discussions with students' parents/guardians 06|_|_|_|_| minutes/cycle

44. How often do you assign your class homework?

(Do not include students' uncompleted classroom work)

- ¹O Always
- ²O Usually
- ³O Sometimes
- ⁴O Rarely
- ⁵O Never ----> **GO TO QUESTION 47**

45. Approximately how much homework do you assign each day?

(Specify the number of minutes per day)

|_|_| minutes/day

46. How often do you monitor homework in the following ways?

(Mark the circle corresponding to your answer for each of the following)

- | | Never | Rarely | Sometimes | Usually | Always |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| a) By keeping a record of who turned in assignments... | ⁰¹ O | ⁰² O | ⁰³ O | ⁰⁴ O | ⁰⁵ O |

- | | | | | | | |
|----|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| b) | By returning assignments with corrections or grades... | ⁰⁶ O | ⁰⁷ O | ⁰⁸ O | ⁰⁹ O | ¹⁰ O |
| c) | By discussing homework in class... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | By having parent(s) /guardian(s) sign a homework book/note... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |
| e) | By student's own or their peer's evaluations... | ²¹ O | ²² O | ²³ O | ²⁴ O | ²⁵ O |

47. The following statements describe various attributes about yourself and the students in your classroom. Please indicate the extent to which you agree or disagree with each statement. (Mark the circle corresponding to your answer for each of the following)

- | | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|----|--|--------------------------|-----------------|-----------------------------------|-----------------|-----------------------|
| a) | Many of the students I teach are not capable of mastering the curriculum at their grade... | ⁰¹ O | ⁰² O | ⁰³ O | ⁰⁴ O | ⁰⁵ O |
| b) | The emphasis in my classroom is on the development of academic skills... | ⁰⁶ O | ⁰⁷ O | ⁰⁸ O | ⁰⁹ O | ¹⁰ O |
| c) | I have a strong effect on the academic achievement of the students I teach | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | I feel competent in dealing with student's behavioural problems... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |

- | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| e) | I feel students' success at school is determined mainly by their home environment... | ²¹ O | ²² O | ²³ O | ²⁴ O | ²⁵ O |
| f) | I have high expectations for the academic success of my students... | ²⁶ O | ²⁷ O | ²⁸ O | ²⁹ O | ³⁰ O |
| g) | I push students to achieve their full academic potential... | ³¹ O | ³² O | ³³ O | ³⁴ O | ³⁵ O |

L The next question deals with the behaviour of your class.

48. Overall, with the exception of a few individual students, the class as a whole ... (Mark the circle corresponding to your answer for each of the following)

- | | | Never | Rarely | Sometimes | Usually | Always |
|----|--|-----------------|-----------------|------------------|-----------------|-----------------|
| a) | Moves smoothly from one classroom activity to another... | ⁰¹ O | ⁰² O | ⁰³ O | ⁰⁴ O | ⁰⁵ O |
| b) | Is easily distracted by the disruptive behaviour of a few... | ⁰⁶ O | ⁰⁷ O | ⁰⁸ O | ⁰⁹ O | ¹⁰ O |
| c) | Works well together on group activities... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | Misbehaves when I am called to the door or must attend to other interruptions... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |

L This next question asks about the resources present in or available to your class. This information will help us better understand the types of resources that are available to teachers and students across Canada.

49. Please rate the extent to which each of the following meets the needs of your class. (Mark the circle corresponding to your answer for each of the following)

		Does not meet my needs	Parti- ally meets my needs	Adequate- ly meets my needs	Completely meets my needs	Not applicable
a)	Instructional resources (e.g., curriculum documents, books)...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	School supplies (e.g. paper, pencils)...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	Space within the classroom...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Computers for course instruction...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Computer software for course instruction...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Audio-visual resources (e.g. VCR's, film projector)...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
g)	Science equipment...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>
h)	Equipment for mathematics instruction...	³⁶ <input type="radio"/>	³⁷ <input type="radio"/>	³⁸ <input type="radio"/>	³⁹ <input type="radio"/>	⁴⁰ <input type="radio"/>
i)	Special equipment for handicapped students...	⁴¹ <input type="radio"/>	⁴² <input type="radio"/>	⁴³ <input type="radio"/>	⁴⁴ <input type="radio"/>	⁴⁵ <input type="radio"/>
j)	Library or teacher-librarian...	⁴⁶ <input type="radio"/>	⁴⁷ <input type="radio"/>	⁴⁸ <input type="radio"/>	⁴⁹ <input type="radio"/>	⁵⁰ <input type="radio"/>
k)	Other...	⁵¹ <input type="radio"/>	⁵² <input type="radio"/>	⁵³ <input type="radio"/>	⁵⁴ <input type="radio"/>	⁵⁵ <input type="radio"/>

SECTION 5 PERCEPTIONS OF YOUR SCHOOL

50. Below are a number of statements which describe the social climate of your school. Please indicate how strongly you agree or disagree that each statement is descriptive of your school.

(Mark the circle corresponding to your answer for each of the following)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a)	The administrative, support, and teaching staff work together as a team...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	All staff are involved in decision-making at this school...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	School staff know what is expected of them in terms of their roles and responsibilities...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Staff clearly understand school policies and procedures...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Teachers in this school have considerable influence on school policies...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Teachers have a strong influence on how resources (e.g. money, staff, instructional materials) are allocated at this school...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
g)	Students clearly understand school rules...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>
h)	The principal provides support to teachers...	³⁶ <input type="radio"/>	³⁷ <input type="radio"/>	³⁸ <input type="radio"/>	³⁹ <input type="radio"/>	⁴⁰ <input type="radio"/>

- | | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i) | Teachers receive positive feed-back from the principal... | 41 <input type="radio"/> | 42 <input type="radio"/> | 43 <input type="radio"/> | 44 <input type="radio"/> | 45 <input type="radio"/> |
| j) | The principal gets around the school to talk to staff... | 46 <input type="radio"/> | 47 <input type="radio"/> | 48 <input type="radio"/> | 49 <input type="radio"/> | 50 <input type="radio"/> |
| k) | The principal spends time getting to know students... | 51 <input type="radio"/> | 52 <input type="radio"/> | 53 <input type="radio"/> | 54 <input type="radio"/> | 55 <input type="radio"/> |
| l) | The school provides a positive working environment for teachers... | 56 <input type="radio"/> | 57 <input type="radio"/> | 58 <input type="radio"/> | 59 <input type="radio"/> | 60 <input type="radio"/> |
| m) | The school provides a positive working environment for students... | 61 <input type="radio"/> | 62 <input type="radio"/> | 63 <input type="radio"/> | 64 <input type="radio"/> | 65 <input type="radio"/> |

51. Please indicate the extent to which you agree with each of these statements regarding the disciplinary policies of your school.

(Mark the circle corresponding to your answer for each of the following)

- | | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|----|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a) | Teachers in this school have reached a consensus about ways to discipline children who break rules... | 01 <input type="radio"/> | 02 <input type="radio"/> | 03 <input type="radio"/> | 04 <input type="radio"/> | 05 <input type="radio"/> |
| b) | All children who break rules in this school face the same consequences... | 06 <input type="radio"/> | 07 <input type="radio"/> | 08 <input type="radio"/> | 09 <input type="radio"/> | 10 <input type="radio"/> |
| c) | Teachers in this school rarely overlook physical aggression among students... | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |

- d) Teachers in this school rarely overlook verbal aggression among students... ¹⁶O ¹⁷O ¹⁸O ¹⁹O ²⁰O
- e) Teachers feel there is insufficient support within the school for managing disciplinary problems... ²¹O ²²O ²³O ²⁴O ²⁵O

SECTION 6 PERSONAL INFORMATION
--

L Finally, we would like to ask a few questions about yourself and your experiences. Your answers to these questions when combined with the answers of other Canadian teachers will provide a better understanding of Canadian schools.

52. Are you... (*Mark one circle*)

- ¹O Female?
²O Male?

53. To which age category do you belong? (*Mark one circle*)

- ³O 20 to 29 years
⁴O 30 to 39 years
⁵O 40 to 49 years
⁶O 50 to 59 years
⁷O 60 years or older

54. How much experience do you have as...

(Specify the number of years and months of experience; e.g., 1 year and 5 months. Please specify 00 years and 00 months if you have no experience in a particular position)

- a) a teacher 1|_|_| years and 2|_|_| months
b) a teacher at this grade..... 3|_|_| years and 4|_|_| months
c) a teacher at this school 5|_|_| years and 6|_|_| months

55. Please specify the levels of education you have attained?

(Mark all that apply)

- ¹ Some coursework towards a Bachelor's degree
- ² A teaching certificate, diploma or licence
- ³ A Bachelor's degree
- ⁴ A Bachelor of Education degree
- ⁵ Some post-baccalaureate coursework
- ⁶ A post-baccalaureate diploma or certificate
- ⁷ Some coursework towards a Master's degree
- ⁸ A Master's degree
- ⁹ Some coursework towards a Doctorate
- ¹⁰ A Doctorate
- ¹¹ Other

56. Have you obtained any of the following advanced qualifications in *special education*?

(Mark all that apply)

- ¹² One class in, or part of a special education programme
- ¹³ A special education certificate
- ¹⁴ A graduate degree in special education
- ¹⁵ None of the above
- ¹⁶ Other

57. Have you obtained any of the following advanced qualifications in *second language education*? *(Mark all that apply)*

- ¹⁷ One class in, or part of a second language programme
- ¹⁸ A certificate in second language education
- ¹⁹ A graduate degree in second language education
- ²⁰ None of the above
- ²¹ Other

58. Statistics Canada is conducting this survey jointly with another federal department, Human Resources Development Canada. The information collected will be kept confidential and used only for statistical purposes. Do you agree to share the information collected with Human Resources Development Canada?

- ¹ Yes
- ² No

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Do you have any comments about this survey? If so, please use the space below.

WHEN YOU FINISH THIS SURVEY...

Please place the completed questionnaire in the self-addressed business reply envelope and mail it to us today. If you have lost the reply envelope please call **1-800-307-3382** for instructions on where to send the completed questionnaire.

YOUR CONTRIBUTION TO THIS EFFORT IS GREATLY APPRECIATED

APPENDIX D - Principal's Questionnaire

Education, Culture and Tourism Division
**National Longitudinal Survey
of Children
Principal's Questionnaire**

This information is collected under the authority
of the *Statistics Act (RSC.1985, c.S19)*.

Confidential when completed

Version française disponible

Principal's Language |_|

Operation Number |_|_|_|_|_|_|_|_|

Instructions

The purpose of this survey is to gather information on various school factors which may influence the development and education of children. The items in this questionnaire relate to various school practices, the availability of resources, and the overall social climate of the school..

Under the *Statistics Act* the information collected in this questionnaire will be kept confidential.

Completion of the questionnaire is completely voluntary. However, to ensure that we have a complete picture of all the forces which shape this student's development we strongly encourage you to complete the questionnaire.

We would be most happy to answer any questions that you might have. Please feel free to call. The telephone number is 1-800-307-EDUC/1-800-307-3382.

When you finish this survey

Please place the completed questionnaire in the business reply envelop and mail it to us today

If you have lost the reply envelop please call 1-800-307-3382 for instructions on where to send the completed questionnaire.

THANK YOU FOR YOUR COOPERATION.

The following questions relate to various aspects of your school, its policies, and the students attending your school.

Please answer all questions by marking the appropriate circle corresponding with your answer in each section.

SECTION 1 THE STUDENTS IN YOUR SCHOOL

L This section of the questionnaire gathers information about students and how they are assigned to classrooms.

1. Are there students in your school who are enrolled in grade 3 or under? (Please include students enrolled in kindergarten/pre-grade one (*junior kindergarten, primary, nursery, early childhood services, or first year of primary*))? (Mark one circle only)

- ¹ Yes
² No ----> **GO TO QUESTION 4**

2. Does your school contain sufficient students enrolled in grade 3 or under to form more than one class per grade? (Please include students enrolled in kindergarten/pre-grade one classes (*junior kindergarten, primary, nursery, early childhood services, or first year of primary*)). (Mark one circle only)

- ³ Yes
⁴ No ----> **GO TO QUESTION 4**

3. In general, how often do you use the following ways to assign students to classrooms for grade 3 and under. (Please include kindergarten/pre-grade 1 classes (*junior kindergarten, primary, nursery, early childhood services or first year of primary*))? (Mark the circle corresponding to your answer for each of the following)

		Never	Rarely	Sometimes	Usually	Always
a)	Students are grouped together more or less at random...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	Students are grouped according to similar ability levels...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>

- | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| c) | Students are grouped so that classes contain a mixture of ability levels... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | Students are assigned according to the special expertise of teachers... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |
| e) | Assign students to classes composed of students of similar ages... | ²¹ O | ²² O | ²³ O | ²⁴ O | ²⁵ O |
| f) | Groupings are based on social considerations (e.g., friendships, siblings, rivalries)... | ²⁶ O | ²⁷ O | ²⁸ O | ²⁹ O | ³⁰ O |
| g) | Parents' / guardians' requests are considered when grouping students... | ³¹ O | ³² O | ³³ O | ³⁴ O | ³⁵ O |
| h) | Consider teachers' input when grouping students... | ³⁶ O | ³⁷ O | ³⁸ O | ³⁹ O | ⁴⁰ O |

4. Are there students in your school who are enrolled in the middle and later elementary grades (grade 4 and higher)? *(Mark one circle only)*

- ¹ Yes
² No ----> **GO TO QUESTION 7**

5. Does your school contain sufficient students in the middle and later elementary grades (grade 4 and higher) to form more than one class per grade? *(Mark one circle only)*

- ³ Yes
⁴ No ----> **GO TO QUESTION 7**

6. **In general, how often do you use the following ways to assign students to classrooms for the middle and later elementary grades (grade 4 and higher)?**
(Mark the circle corresponding to your answer for each of the following)

		Never	Rarely	Sometimes	Usually	Always
a)	Students are grouped together more or less at random...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	Students are grouped according to similar ability levels...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	Students are grouped so that classes contain a mixture of ability levels...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Students are assigned according to the special expertise of teachers...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Assign students to classes composed of students of similar ages...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Groupings are based on social considerations (e.g., friendships, siblings, rivalries)...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
g)	Parents'/ guardians' requests are considered when grouping students...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>
h)	Consider teachers' input when grouping students...	³⁶ <input type="radio"/>	³⁷ <input type="radio"/>	³⁸ <input type="radio"/>	³⁹ <input type="radio"/>	⁴⁰ <input type="radio"/>

7. How would you describe the economic background of the students attending your school? (*Specify the percentage of families in each category*)

- a) High income (family income above \$60,000 per year) ¹ |__| %
- b) Middle income (family income between \$40,000 and \$60,000 per year) ² |__| %
- c) Low income (family income below \$40,000 per year) ³ |__| %

8. As of the first day of school in January 1995, what was the total enrollment of your school?

(*Specify the number of students*)

|_|_|_| students

9. Including those who have not been officially identified as having the following long-term problems, how many students attending your school have:

(*Some students may belong to more than one category*)

- a) A speech, hearing, vision, mobility or other health impairment that affects their learning? ¹ |_|_| students
- b) An emotional, or behavioural problem? ² |_|_| students
- c) A learning problem (i.e.: a problem with attention, memory, reasoning, reading, writing, spelling, or calculation which interferes with learning)? ³ |_|_| students

10. How many students attending your school:

(*Some students may belong to more than one category*)

- a) Have a first language other than English or French?.. ⁴ |_|_| students
- b) Have immigrated to Canada within the last year? ⁵ |_|_| students
- c) Are from a rural or farm setting? ⁶ |_|_| students

11. Excluding students registering for the first time at the start of your school year, how many students have registered as new students during the course of the school year? (*Specify the number of students*)

|_|_|_| students

12. Excluding students who must leave your school to attend a higher grade, how many students have left this school during the course of the school year?

(*Specify the number of students*)

|_|_|_| students

13. What is the average absenteeism rate at your school this year? Please only include students that are absent for a full school day.

(Mark one circle only)

- ⁰¹ Less than 1 %
- ⁰² 1 to 5 %
- ⁰³ 6 to 10 %
- ⁰⁴ 11 to 15%
- ⁰⁵ 16 to 20%
- ⁰⁶ More than 20%
- ⁰⁷ Don't know

14. Approximately, what percentage of students are chronically late for school? By chronically late we mean that a student is late for the start of school two or more times each week.

(Mark one circle only)

- ⁰⁸ Less than 1 %
- ⁰⁹ 1 to 5 %
- ¹⁰ 6 to 10 %
- ¹¹ 11 to 15%
- ¹² 16 to 20%
- ¹³ More than 20%
- ¹⁴ Don't know

15. Listed below are a number of different disciplinary problems that may occur in a school. How often do you have to discipline students because of ...

(Mark the circle corresponding to your answer for each of the following)

		Never	Rarely	Sometimes	Usually	Always
a)	Verbal conflicts among students...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	Physical conflicts among students...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	Vandalism of school property...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Theft of student belongings...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Theft of staff belongings...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Smoking on school property...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
g)	Use of drugs on school property...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>

h)	Verbal abuse of a staff member...	³⁶ O	³⁷ O	³⁸ O	³⁹ O	⁴⁰ O
i)	Physical assault of a staff member...	⁴¹ O	⁴² O	⁴³ O	⁴⁴ O	⁴⁵ O
j)	Harassment of certain students by groups of students...	⁴⁶ O	⁴⁷ O	⁴⁸ O	⁴⁹ O	⁵⁰ O
k)	Conflicts among students of differing racial or ethnic backgrounds...	⁵¹ O	⁵² O	⁵³ O	⁵⁴ O	⁵⁵ O
l)	Students possessing weapons (e.g., pocket knife, gun)...	⁵⁶ O	⁵⁷ O	⁵⁸ O	⁵⁹ O	⁶⁰ O

SECTION 2**PARENTS’/GUARDIANS’ INVOLVEMENT
IN YOUR SCHOOL**

These next questions ask about parents’/guardians’ involvement in your school.

16. What proportion of parents/guardians volunteer to help with ...

(Specify the proportion of parents/guardians for each category)

		1 to 5%	6 to 10%	11 to 15%	16 to 20%	21% or more	Not applica- ble
a)	School events (e.g., sports, plays)...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>	⁰⁶ <input type="radio"/>
b)	Fund raising activities...	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>	¹¹ <input type="radio"/>	¹² <input type="radio"/>
c)	Field trips...	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>
d)	Classroom activities...	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>
e)	Supervising children (i.e., at recess or lunch time)...	²⁵ <input type="radio"/>	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
f)	The parent-school association/home and school liaison committee/parent advisory committee...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>	³⁶ <input type="radio"/>

17. In your opinion, how strongly do parents/guardians support the efforts of the school’s staff? (Mark one circle only)

- ⁰¹ Strongly support the efforts of the school’s staff
- ⁰² Support the efforts of the school’s staff
- ⁰³ Support some of the efforts of the school’s staff
- ⁰⁴ Oppose the efforts of the school’s staff
- ⁰⁵ Strongly oppose the efforts of the school’s staff
- ⁰⁶ I don’t know the parents/guardians well enough

18. **How active is the parent-school association, home and school liaison committee, or parent advisory committee in your school?** (*Mark one circle only*)

⁰⁷ Very active

⁰⁸ Active

⁰⁹ Somewhat active

¹⁰ Not very active

¹¹ Not at all active

¹² There is no parent-school association/home and school liaison committee/parent advisory committee ----> **GO TO SECTION 3**

19. **How much influence does the parent-school association, home and school liaison committee, or parent advisory committee have on school policies or practices?** (*Mark one circle only*)

¹³ A strong influence

¹⁴ A considerable influence

¹⁵ Some influence

¹⁶ A little influence

¹⁷ No influence

SECTION 3

CHARACTERISTICS OF YOUR SCHOOL

L Questions in this section collect information on a variety of features of your school such as its enrollment, the range of grades taught, and the resources which are available to the school.

20. **What is the range of grades taught in your school (e.g., Junior kindergarten to grade 8)? For schools containing junior kindergarten and kindergarten/pre-grade one classes please use “JK” to indicate junior kindergarten and “KN” to indicate kindergarten.**

(*Specify the grades*)

grade |_|_| to grade |_|_|

21. **How many of the following positions are staffed in your school?**

(*Specify in full-time equivalent units: e.g., 1.0, or 1.5 full-time equivalent units. Please use 00.00 to indicate that the position is not staffed*)

a) Principal... ¹ |_|_|.|_|_| full time equivalent positions

b) Vice-principals/assistant principals... ² |_|_|.|_|_| full time equivalent positions

c) Classroom teachers... ³ |_|_|.|_|_| full time equivalent positions

- | | | | |
|--|---|-----------|-----------------------------------|
| d) Teaching assistants/student assistants/
teacher's aides... | 4 | _ _ . _ _ | full time equivalent
positions |
| e) Librarians... | 5 | _ _ . _ _ | full time equivalent
positions |
| f) Resource teachers (e.g. special education
teachers, educational therapists, music
teachers, etc.)... | 6 | _ _ . _ _ | full time equivalent
positions |
| g) Physical educators for special needs
students... | 7 | _ _ . _ _ | full time equivalent
positions |
| h) Guidance counsellors... | 8 | _ _ . _ _ | full time equivalent
positions |
| i) Secretaries, custodians, and other
non-certified, non-teaching staff... | 9 | _ _ . _ _ | full time equivalent
positions |

22. Including special education, physical education, and itinerant/part-time teachers, how many teachers did you have in your school on January 1, 1995?
(Specify the total number of teachers)

|_|_| teachers

23. How many teachers in your school are *not* assigned a specific homeroom class (e.g., librarians, music teachers, physical education teachers, etc.)?
(Specify the number of teachers)

|_|_| teachers

24. Excluding teachers, how many other paid staff (e.g., teacher's aides/student assistants/teaching assistants) provide direct instructional assistance in students' classrooms?
(Specify the number of staff. Please use 000 to indicate that there are no such staff)

|_|_| staff

25. How many volunteers (e.g., co-op students, parents/guardians) are working directly with students on a regular basis?
(Specify the number of volunteers. If none please write "00")

|_| volunteers

26. How many of the teachers and teaching assistants/student assistants/teacher's aides at your school have:
(Some teachers may belong to more than one category. If none please write "0")

- a) A first language other than English or French?... ¹ |_|_| teachers
 b) A speech, hearing, visual, mobility or other health impairment?... ² |_|_| teachers

27. Listed below are several types of support services available to some schools. Please indicate whether the service is available to your school, and if it is, how often has the service been used in your school *during a typical week*. (For example, a community health nurse who spends one full day and one half day each week at your school would be recorded as 1.50 full-time days/week)

		Available?		Full-time days used in a typical week	
		No	Yes		
a)	School psychologist...	⁰¹ O	⁰² O-->	_ _ . _ _	full-time days/week
b)	Psychiatrist...	⁰³ O	⁰⁴ O-->	_ _ . _ _	full-time days/week
c)	Speech and language therapist...	⁰⁵ O	⁰⁶ O-->	_ _ . _ _	full-time days/week
d)	Audiologist...	⁰⁷ O	⁰⁸ O-->	_ _ . _ _	full-time days/week
e)	Occupational therapist...	⁰⁹ O	¹⁰ O-->	_ _ . _ _	full-time days/week
f)	Physical therapist...	¹¹ O	¹² O-->	_ _ . _ _	full-time days/week
g)	Social worker...	¹³ O	¹⁴ O-->	_ _ . _ _	full-time days/week
h)	Community health nurse...	¹⁵ O	¹⁶ O-->	_ _ . _ _	full-time days/week
i)	Instructor in Aboriginal Peoples' culture...	¹⁷ O	¹⁸ O-->	_ _ . _ _	full-time days/week
j)	Instructor in culture awareness...	¹⁹ O	²⁰ O-->	_ _ . _ _	full-time days/week
k)	Police officer...	²¹ O	²² O-->	_ _ . _ _	full-time days/week
l)	Other (<i>Specify</i>)	²³ O	²⁴ O-->	_ _ . _ _	full-time days/week

28. Below are a number of different resources which may be available to your school. Please rate the extent to which each attribute *currently* meets the needs of your school.

(Mark the circle corresponding to your answer for each of the following)

		Does not meet my school's needs	Parti- ally meets my school's needs	Adequate- ly meets my school's needs	Comple- ly meets my school's needs	Not applicable
a)	Instructional resources (e.g., curriculum documents, books)...	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
b)	School supplies (e.g. paper, pencils)...	⁰⁶ <input type="radio"/>	⁰⁷ <input type="radio"/>	⁰⁸ <input type="radio"/>	⁰⁹ <input type="radio"/>	¹⁰ <input type="radio"/>
c)	Instructional space (e.g., classroom size)...	¹¹ <input type="radio"/>	¹² <input type="radio"/>	¹³ <input type="radio"/>	¹⁴ <input type="radio"/>	¹⁵ <input type="radio"/>
d)	Computers for course instruction...	¹⁶ <input type="radio"/>	¹⁷ <input type="radio"/>	¹⁸ <input type="radio"/>	¹⁹ <input type="radio"/>	²⁰ <input type="radio"/>
e)	Computer software for course instruction...	²¹ <input type="radio"/>	²² <input type="radio"/>	²³ <input type="radio"/>	²⁴ <input type="radio"/>	²⁵ <input type="radio"/>
f)	Library materials...	²⁶ <input type="radio"/>	²⁷ <input type="radio"/>	²⁸ <input type="radio"/>	²⁹ <input type="radio"/>	³⁰ <input type="radio"/>
g)	Audio-visual resources (e.g. VCR's, film projector)...	³¹ <input type="radio"/>	³² <input type="radio"/>	³³ <input type="radio"/>	³⁴ <input type="radio"/>	³⁵ <input type="radio"/>
h)	School buildings...	³⁶ <input type="radio"/>	³⁷ <input type="radio"/>	³⁸ <input type="radio"/>	³⁹ <input type="radio"/>	⁴⁰ <input type="radio"/>
i)	School grounds...	⁴¹ <input type="radio"/>	⁴² <input type="radio"/>	⁴³ <input type="radio"/>	⁴⁴ <input type="radio"/>	⁴⁵ <input type="radio"/>
j)	Heating and lighting...	⁴⁶ <input type="radio"/>	⁴⁷ <input type="radio"/>	⁴⁸ <input type="radio"/>	⁴⁹ <input type="radio"/>	⁵⁰ <input type="radio"/>
k)	Science equipment...	⁵¹ <input type="radio"/>	⁵² <input type="radio"/>	⁵³ <input type="radio"/>	⁵⁴ <input type="radio"/>	⁵⁵ <input type="radio"/>

l)	Equipment for mathematics instruction (e.g., counting blocks, calculators)...	⁵⁶ O	⁵⁷ O	⁵⁸ O	⁵⁹ O	⁶⁰ O
m)	Budget for consumables...	⁶¹ O	⁶² O	⁶³ O	⁶⁴ O	⁶⁵ O
n)	Special equipment for handicapped students...	⁶⁶ O	⁶⁷ O	⁶⁸ O	⁶⁹ O	⁷⁰ O
o)	Gymnasium...	⁷¹ O	⁷² O	⁷³ O	⁷⁴ O	⁷⁵ O
p)	Gym equipment (e.g., mats, balls)...	⁷⁶ O	⁷⁷ O	⁷⁸ O	⁷⁹ O	⁸⁰ O
q)	Outdoor play equipment...	⁸¹ O	⁸² O	⁸³ O	⁸⁴ O	⁸⁵ O
r)	Other (<i>Specify</i>) _____	⁸⁶ O	⁸⁷ O	⁸⁸ O	⁸⁹ O	⁹⁰ O

SECTION 4	PERCEPTIONS OF YOUR SCHOOL
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L These questions ask how you feel about your school as a place to work and study.

29. Below are a number of statements which describe different aspects of schooling. Please indicate how strongly you agree or disagree with each of the following statements.

(Mark the circle corresponding to your answer for each of the following)

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a)	I find my professional role satisfying...	⁰¹ O	⁰² O	⁰³ O	⁰⁴ O	⁰⁵ O
b)	If I had to do it again, I would remain a teacher rather than become a principal...	⁰⁶ O	⁰⁷ O	⁰⁸ O	⁰⁹ O	¹⁰ O

- | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| c) | I feel good about continuing my career in this school district... | ¹¹ O | ¹² O | ¹³ O | ¹⁴ O | ¹⁵ O |
| d) | I feel competent to deal with students' behavioural problems... | ¹⁶ O | ¹⁷ O | ¹⁸ O | ¹⁹ O | ²⁰ O |
| e) | I have a considerable influence on my school's policies... | ²¹ O | ²² O | ²³ O | ²⁴ O | ²⁵ O |
| f) | I have little influence on how money is allocated for school resources... | ²⁶ O | ²⁷ O | ²⁸ O | ²⁹ O | ³⁰ O |
| g) | The emphasis in my school is on the development of academic skills... | ³¹ O | ³² O | ³³ O | ³⁴ O | ³⁵ O |
| h) | I have high expectations for the academic success of students attending this school... | ³⁶ O | ³⁷ O | ³⁸ O | ³⁹ O | ⁴⁰ O |
| i) | I try to ensure that students are pushed to achieve their full academic potential... | ⁴¹ O | ⁴² O | ⁴³ O | ⁴⁴ O | ⁴⁵ O |
| j) | I feel students' success at school is determined mainly by their home environments... | ⁴⁶ O | ⁴⁷ O | ⁴⁸ O | ⁴⁹ O | ⁵⁰ O |

SECTION 5 PERSONAL INFORMATION
--

L Finally, we would like to ask a few questions about yourself and your experiences. Your answers to these questions when combined with the answers of other Canadian principals will provide a better understanding of Canadian schools.

30. Are you... (Mark one circle)

- ¹O Female?
- ²O Male?

31. To which age category do you belong? (Mark one circle)

- ³O 20 to 29 years
- ⁴O 30 to 39 years
- ⁵O 40 to 49 years
- ⁶O 50 to 59 years
- ⁷O 60 years or older

32. How much experience do you have as...

(Specify the number of years and months of experience; e.g., 1 year and 5 months. Please specify 00 years and 00 months if you have no experience in a particular position)

- a) a principal 01|_|_| years and 02|_|_| months
- b) a principal at this school..... 03|_|_| years and 04|_|_| months
- c) a vice-principal 05|_|_| years and 06|_|_| months
- d) a vice-principal at this school..... 07|_|_| years and 08|_|_| months
- e) a teacher..... 09|_|_| years and 10|_|_| months
- f) a teacher at this school..... 11|_|_| years and 12|_|_| months

33. Please specify the levels of education you have attained.

(Mark all that apply)

- ¹O Some coursework towards a Bachelor's degree
- ²O A teaching certificate, diploma or licence
- ³O A Bachelor's degree
- ⁴O A Bachelor of Education degree
- ⁵O Some post-baccalaureate coursework
- ⁶O A post-baccalaureate diploma or certificate
- ⁷O Some coursework towards a Master's degree
- ⁸O A Master's degree
- ⁹O Some coursework towards a Doctorate
- ¹⁰O A Doctorate
- ¹¹O Other *(Specify)* _____

34. Statistics Canada is conducting this survey jointly with another federal department, Human Resources Development Canada. The information collected will be kept confidential and used only for statistical purposes. Do you agree to share the information collected with Human Resources Development Canada?

¹ Yes

² No

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Do you have any comments about this survey? If so, please use the space below.

WHEN YOU FINISH THIS SURVEY...

Please place the completed questionnaire in the self-addressed business reply envelope and mail it to us today. If you have lost the reply envelope please call **1-800-307-3382** for instructions on where to send the completed questionnaire.

YOUR CONTRIBUTION TO THIS EFFORT IS GREATLY APPRECIATED

APPENDIX E

**NATIONAL POPULATION HEALTH SURVEY
(NPHS) QUESTIONS**

NPBS QUESTIONS

NOTE: THE FOLLOWING ADDITIONAL NPBS QUESTIONS ARE ASKED ONLY DURING THE INTEGRATED NLSC/NPBS COLLECTION, WHEN DATA FOR BOTH THE NLSC AND THE NPBS ARE BEING COLLECTED, I.E. IN NOVEMBER 1994 AND MARCH 1995. THE DATA FROM THESE QUESTIONS WILL NOT BE PART OF THE NLSC FILE.

Household Record Variables

HHL-D-Q4 Is there a pet in this household?

- YES
 NO ---> GO TO HHL-D-Q6

HHL-D-Q5 What kind of pet?
(Do not read list. Mark all that apply.)

- DOG
 CAT
 OTHER ---> GO TO HHL-D-Q6

HHL-D-Q5a Does this pet or do any of these pets live mainly indoors?

- YES
 NO

General Questionnaire

Two-Week Disability

TWOWK-INT The first few questions ask about your/...'s) health during the past 14 days.

TWOWK-Q1 It is important for you to refer to the 14-day period from (2 weeks ago) to (YESTERDAY). During that period, did ... stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

- YES
 NO (GO TO TWOWK-Q3)

TWOWK-Q2 How many days did ... stay in bed for all or most of the day?

- DAYS (ENTER <0> IF LESS THAN A DAY.)
(IF = 14 DAYS GO TO TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During those 14 days, were there any days that ... cut down on things you/he/she normally do/does because of illness or injury?

- YES
 NO (GO TO TWOWK-Q5)

TWOWK-Q4 How many days did ... cut down on things for all or most of the day?

___ DAYS
(ENTER <0> IF LESS THAN A DAY.)

TWOWK-Q5 Do(es) ... have a regular medical doctor?

___ YES
___ NO

Health Care Utilization

UTIL-INT **Now I'd like to ask about your/...'s contacts with health professionals during the past 12 months.**

UTIL-Q1 In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or convalescent home?

___ YES
___ NO (GO TO UTIL-Q2)

UTIL-Q1a For how many nights in the past 12 months?

___ NIGHTS

UTIL-Q2 (Not counting when ... were/was an overnight patient) In the past 12 months, have/has ... seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health:

- a) General practitioner or family physician
- b) Eye specialist (such as an ophthalmologist or optometrist)
- c) Other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)
- d) A nurse for care or advice
- e) Dentist or orthodontist
- f) Chiropractor
- g) Physiotherapist
- h) Social worker or counsellor
- i) Psychologist
- j) Speech, audiology or occupational therapist

FOR EACH RESPONSE >0 IN a), c), or d), ASK UTIL-Q3.

UTIL-Q3 Where did the most recent contact take place?
(READ LIST. MARK ONE ONLY.)

- Walk-in clinic
- Outpatient clinic in hospital
- Hospital emergency room
- Health professional's office
- Community health centre /clsc
- At home
- Telephone consultation only
- Other (specify _____)

UTIL-Q4 People may also use alternative health care services. In the past 12 months, have/has ... seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your/his/her physical, emotional or mental health?

- YES
- NO (GO TO UTIL-Q6)

UTIL-Q5 Who did ... see or talk to?
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- MESSAGE THERAPIST
- ACUPUNCTURIST
- HOMEOPATH OR NATUROPATH
- FELDENKRAIS OR ALEXANDER TEACHER
- RELAXATION THERAPIST
- BIOFEEDBACK TEACHER
- ROLFER
- HERBALIST
- REFLEXOLOGIST
- SPIRITUAL HEALER
- RELIGIOUS HEALER
- SELF HELP GROUP (SUCH AS AA, CANCER THERAPY, ETC.)
- OTHER (SPECIFY _____)

UTIL-Q6 During the past 12 months, was there ever a time when you/he/she needed health care or advice but did not receive it?

- YES
- NO (GO TO UTIL-C9)

UTIL-Q7 Thinking of the most recent time, why did ... not get care?

UTIL-Q8 Again, thinking of the most recent time, what was the type of care that was needed? Was it for:
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- TREATMENT OF A PHYSICAL HEALTH PROBLEM
- TREATMENT OF AN EMOTIONAL OR MENTAL HEALTH PROBLEM
- A REGULAR CHECK-UP (OR FOR REGULAR PRE-NATAL CARE)
- CARE OF AN INJURY
- ANY OTHER REASON (SPECIFY _____)

UTIL-C9 IF AGE < 18 THEN GO TO NEXT SECTION.

UTIL-Q9 Home care services are *health care or homemaker* services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing; help around the home; physiotherapy; counselling; and meal delivery. Have/Has ... received any home care services in the past 12 months?

- YES
- NO (GO TO NEXT SECTION)

UTIL-Q10 What type of services have/has ... received?

(Specify _____)

APPENDIX F

ADMINISTRATIVE INFORMATION

DATA-SHARING AGREEMENT

KCON-Q1A WILL BE ASKED DURING PERIODS WHEN DATA FOR BOTH THE NATIONAL POPULATION HEALTH SURVEY AND THE NATIONAL LONGITUDINAL SURVEY OF CHILDREN ARE BEING COLLECTED I.E. IN NOVEMBER 1994 AND MARCH 1995.

KCON-Q1B WILL BE ASKED WHEN DATA FOR ONLY THE NATIONAL LONGITUDINAL SURVEY OF CHILDREN ARE BEING COLLECTED I.E. IN DECEMBER 1994 AND FEBRUARY 1995.

KCON-Q1A To avoid duplication, Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada and Human Resources Development Canada. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided, including any that may be provided by your child(ren)?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

NOTE: THIS QUESTION MAY BE ASKED OF MORE THAN ONE PERSON. WHEN FINISHED (FOR THE FIRST VISIT OR PHONE CALL), THE NEXT QUESTION WILL BE KCON-I2.

IF THE INTERVIEW IS COMPLETED IN MORE THAN ONE VISIT OR PHONE CALL, THIS QUESTION WILL REAPPEAR IF REQUIRED, AS THE LAST ITEM FOR THE RESPONDENT.

KCON-Q1B Statistics Canada is conducting this survey jointly with another federal department, Human Resources Development Canada. The information collected will be kept confidential and used only for statistical purposes. Do you agree to share the information collected, including any that may be provided by your child(ren), with Human Resources Development Canada?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

NOTE: THIS QUESTION MAY BE ASKED OF MORE THAN ONE PERSON. WHEN FINISHED (FOR THE FIRST VISIT OR PHONE CALL), THE NEXT QUESTION WILL BE KCON-I2.

IF THE INTERVIEW IS COMPLETED IN MORE THAN ONE VISIT OR PHONE CALL, THIS QUESTION WILL REAPPEAR IF REQUIRED, AS THE LAST ITEM FOR THE RESPONDENT.

KCON-I2 In case you move or change telephone numbers, it would be helpful if you could provide the name, address and telephone number of someone, such as a friend or relative, who could help us to contact you.

KCON-Q2A I want to emphasize that Statistics Canada will contact this person only if you move, and then only to obtain your new address or telephone number.

(ENTER FIRST AND LAST NAME OF CONTACT)

NAME OF CONTACT:

DON'T KNOW ---> GO TO NEXT SECTION

REFUSAL ---> GO TO NEXT SECTION

KCON-Q2B ENTER ADDRESS OF CONTACT

ADDRESS OF CONTACT:

DON'T KNOW ---> GO TO CON-Q2C

REFUSAL ---> GO TO NEXT SECTION

KCON-Q2C ENTER PHONE NUMBER OF CONTACT (AREA CODE, PREFIX AND SUFFIX)

TELEPHONE NUMBER:

|||_|-|||_|-|||_|

DON'T KNOW

REFUSAL

KCON-Q3A In case we can't reach that person, we would like to ask for the name, address and telephone number of another person that we could contact.

(ENTER FIRST AND LAST NAME OF CONTACT)

NAME OF CONTACT:

DON'T KNOW ---> GO TO NEXT SECTION

REFUSAL ---> GO TO NEXT SECTION

KCON-Q3B ENTER ADDRESS OF CONTACT

ADDRESS OF CONTACT:

DON'T KNOW ---> GO TO CON-Q3C

REFUSAL ---> GO TO NEXT SECTION

KCON-Q3C ENTER PHONE NUMBER OF CONTACT (AREA CODE, PREFIX AND SUFFIX)

TELEPHONE NUMBER:

|||_|-|||_|-|||_|

DON'T KNOW

REFUSAL

TEACHER CONTACT INFORMATION

NOTE: THIS MODULE IS DONE FOLLOWING THE DATA SHARING AGREEMENT, AND ONLY IF ALL COMPONENTS ARE COMPLETED. IT IS DONE FOR ANY SELECTED CHILDREN WHO ATTENDED SCHOOL IN THE PAST 12 MONTHS. THERE MAY BE UP TO 4 CHILDREN IN A HOUSEHOLD FOR WHOM A TEACHER CONSENT FORM IS REQUIRED.

TCH-C1 IF IN SCHOOL, GO TO TCH-Q1

OTHERWISE ---> GO TO NEXT SECTION

TCH-Q1 Do you agree that ...'s teacher may be contacted and asked to complete a questionnaire regarding ...?

- 1 YES
- 2 NO ---> GO TO NEXT SECTION
- 7 DON'T KNOW ---> GO TO NEXT SECTION
- 8 REFUSAL ---> GO TO NEXT SECTION

TCH-C2 IF IN GRADE 2 OR OVER, GO TO TCH-I3

OTHERWISE ---> GO TO TCH-Q2

TCH-Q2 Do you agree that ...'s teacher may give ... a brief test of math skills?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 REFUSAL

TCH-13 INTERVIEWER: FILL IN THE FOLLOWING ITEMS ON THE CONSENT FORM, AND COMPLETE ALL OTHER REQUESTED INFORMATION.

SAMPLE-ID

□□□□□ □□ □□□ □ □□□ □

PERSON#

□□

FIRST NAME

□□□□□□□□□□□□□□□□

LAST NAME

□□□□□□□□□□□□□□□□

NEIGHBOURHOOD OBSERVATION BY INTERVIEWER

OBS-Q1 How would you rate the volume of traffic on the street or road?

- 1 VERY LIGHT
- 2 LIGHT
- 3 MODERATE
- 4 HEAVY
- 5 VERY HEAVY
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q2 Is there garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards?

- 1 ALMOST NONE
- 2 YES, BUT NOT A LOT
- 3 YES, QUITE A BIT
- 4 YES, ALMOST EVERYWHERE
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q4 Are people loitering, congregating or hanging out?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q5 Are any persons arguing, shouting, fighting or otherwise behaving in hostile or threatening ways?

- 1 NO PERSONS OBSERVED
- 2 NO, NONE BEHAVING IN HOSTILE OR THREATENING WAYS
- 3 YES SOME OBSERVED
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q6 Are drunken or otherwise intoxicated persons visible?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q7 Based on street level frontage, how would you characterize land use on this block/road?

- 01 PRIMARILY RESIDENTIAL
- 02 PRIMARILY COMMERCIAL
- 03 MIXED RESIDENTIAL AND COMMERCIAL USE
- 04 PRIMARILY INDUSTRIAL, WAREHOUSE, MANUFACTURING
- 05 PRIMARILY VACANT HOUSES
- 06 PRIMARILY VACANT LOTS OR OPEN SPACE
- 07 PRIMARILY SERVICES OR INSTITUTIONAL, E.G., SCHOOLS, CHURCHES, HOSPITALS
- 08 PRIMARILY PARK, PLAYGROUND
- 09 PRIMARILY RURAL, RESIDENTIAL
- 10 PRIMARILY RURAL, FARM
- 11 OTHER
- 98 DON'T KNOW
- 99 REFUSAL

OBS-Q8 How would you rate the general condition of most of the buildings, on the block/or within 100 yards of the respondents house?

- 1 BADLY DETERIORATED
- 2 POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR
- 3 FAIR CONDITION
- 4 WELL KEPT WITH GOOD REPAIR AND EXTERIOR SURFACE
- 8 DON'T KNOW
- 9 REFUSAL

OBS-Q9 Did you first contact this dwelling by phone or in person?

- 1 BY PHONE
- 2 IN PERSON
- 8 DON'T KNOW
- 9 REFUSAL

PEABODY (PPVT) ASSESSMENT

PPVT-I1 **This is the Peabody Assessment for**

PPVT-Q1 **During the Peabody, how was ...'s:**
Attitude towards being tested?

- 1 POOR
- 2
- 3 AVERAGE
- 4
- 5 EXCELLENT
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q2 Rapport with you?

- 1 POOR
- 2
- 3 AVERAGE
- 4
- 5 EXCELLENT
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q3 Perseverance/persistence?

- 1 POOR
- 2
- 3 AVERAGE
- 4
- 5 EXCELLENT
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q4 Cooperation?

- 1 Poor
- 1 POOR
- 2
- 3 AVERAGE
- 4
- 5 EXCELLENT
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q5 Motivation/interest?

- 1 POOR
- 2
- 3 AVERAGE
- 4
- 5 EXCELLENT
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q6 **During the Peabody, were there any problems with ...'s:**
Visual sharpness?

- 1 YES
- 2 NO ---> GO TO PPVT-Q7
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q6A Specify the problems with ...'s visual sharpness.

PPVT-Q7 Hearing?

- 1 YES
- 2 NO ---> GO TO PPVT-Q8
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q7A Specify the problems with ...'s hearing.

PPVT-Q8 During the Peabody, were there any problems with ...'s state of health?

- 1 YES
- 2 NO ---> GO TO PPVT-Q9
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q8A Specify the problems with ...'s state of health.

PPVT-Q9 How shy or anxious was ... at the end of the Peabody?

- 1 NOT AT ALL SHY OR ANXIOUS/SOCIABLE AND FRIENDLY
- 2
- 3
- 4
- 5 EXTREMELY SHY/QUIET/WITHDRAWN
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q10 **During the Peabody with ..., was the following an interference:**
Noise level?

- 1 INTERFERING
- 2
- 3
- 4
- 5 NOT INTERFERING
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q11 Interruptions?

- 1 INTERFERING
- 2
- 3
- 4
- 5 NOT INTERFERING
- 7 DON'T KNOW
- 8 REFUSAL

PPVT-Q12 Distractions?
1 INTERFERING
2
3
4
5 NOT INTERFERING
7 DON'T KNOW
8 REFUSAL

PPVT-Q13 Light?
1 INTERFERING
2
3
4
5 NOT INTERFERING
7 DON'T KNOW
8 REFUSAL

PPVT-Q14 Temperature?
1 INTERFERING
2
3
4
5 NOT INTERFERING
7 DON'T KNOW
8 REFUSAL

PPVT-Q15 Presence of others?
1 INTERFERING
2
3
4
5 NOT INTERFERING
7 DON'T KNOW
8 REFUSAL

PPVT-Q16 Please enter any general comments not covered above for the Peabody with