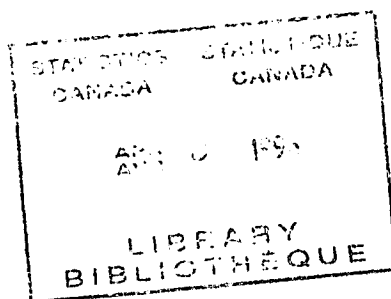


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National Survey of Children

Content for November Field Test



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"What Works for Children -
Information Development Program"

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National Survey of Children Introduction

1.0 General

This document presents overview charts outlining the content of the National Survey of Children, as well as copies of the draft questionnaires which will be tested in November 1993 in approximately 90 households in each of Toronto and Winnipeg. Included are:

- ***Household Record Docket - Form No. 03***
- ***Background Questionnaire: Parent Response***
NLSC-1A
- ***Age-Specific Questionnaires: Parent Response***
 - NLSC-2 Newborn - 11 months
 - NLSC-3 12 - 23 months
 - NLSC-4 2 & 3 years
 - NLSC-5 4 & 5 years
 - NLSC-6 6 & 7 years
 - NLSC-7 8 & 9 years
 - NLSC-8 10 & 11 years
- ***Child Self-Completed Questionnaire: Age 10 & 11 years***
NLSC-9

It should be noted that the age groupings reflected in the questionnaires have been revised since the original parameters for the survey were developed. Two-year age groupings were selected to provide consistent age groups, as well as to fit within the plan to interview households every two years. The infant (newborn - 11 months, and 12 - 23 months) are each one-year age groups to reflect the need for a larger infant cohort.

The teacher questionnaire is still under development, and therefore has not been included in this document.

2.0 Development of the Questionnaires

The Project Team developed the draft questionnaires based on the following:

- consultations with federal departments, provincial governments and members of the NLSC Expert Advisory Group regarding the content parameters outlined in the document, "National Longitudinal Survey of Children (NLSC) - Overview", March 1993.
- existing (e.g., Labour Force Survey, 1991 Census) and planned (National Population Health Survey) Statistics Canada surveys

- research into other child-centred studies and surveys, particularly longitudinal studies (e.g., Ontario Child Health Study, National Longitudinal Survey of Youth (Ohio State University), Western Australia Child Health Survey, etc.)
- continuing consultation with specialists (and groups of specialists) in specific subject areas, such as: infancy and early childhood; family and custody history; behaviour; cognition; child abuse; physical health; etc.
- continuing consultation with members of the Expert Advisory Group
- feedback received from focus group testing at three sites (Toronto, Peterborough, Montreal) in June and August 1993

Consultation on questionnaire content with subject matter specialists, federal, and provincial officials is continuing. It is anticipated that the content will be finalized by early 1994. It should be noted that, based on the results of focus group testing, the questionnaires are presently too long. It is proposed that any new content will replace, rather than augment, existing content.

3.0 Questionnaire Content

Figures 1 and 2 in the document, "National Longitudinal Survey of Children (NLSC) - Overview" served as the starting point for developing the content of the various questionnaires. Based on consultations and research, as well as the new age groupings, the content has been revised somewhat. The following figures provide an updated summary of the subject areas covered by the questionnaires. For further information on content, please refer to the document, "The National Survey of Children - Content", October 1993.

4.0 Using the Draft Questionnaires

Outlined below are a few general notes regarding the questionnaires.

- ***Respondent***

It is intended that the survey respondent will be the person in the household who is most knowledgeable about the child(ren). There also will be a "Child Self-Complete Questionnaire" for 10 and 11 year olds. This will be completed by the child, while the interviewer administers the background and any applicable age-specific questionnaires to the parent; if the child is not available to complete the questionnaire at that time, the interviewer will return to the household so that it can be completed at another time.

- ***Household Record Docket - Form No. 03***

This form is routinely used to gather basic demographic information for the Labour Force Survey (LFS). Since the sample is made up of LFS participants, most of this information will already have been collected. Interviewers will use this form to confirm the information, and to verify the eligibility of households for participation in the NLSC (i.e., presence of children, ages newborn to eleven years).

- ***Age-Specific Questionnaires***

- . These questionnaires have been developed to gather information on topics relevant to each age group, as well as certain basic information which will be collected for all ages. The interviewer will administer the appropriate questionnaire to the respondent, in respect of each child in the household who is in the age range of newborn to eleven years.

- . Figures 1 and 2 provide an outline of the content to be covered for each age. Subject areas covered for all ages include: demographics; custody history; child care; and certain indicators of physical health. As well, information on the child's temperament and/or behaviour will be collected for each age group. However, the questions used to gather this information differ between the infant/preschool group (newborn to age three) and the school-age children (ages 4 - 11 years).

- . You will notice when reviewing the questionnaires, that, in some cases, response categories for some subject areas have been modified to be age-appropriate. For example, in the "Child Care" section of the "Newborn - 11 month" questionnaire (p. 50), the following response options are excluded:

- H) Child in his/her own care
- I) Care in a pre-school program
- J) Care in a before or after school program

Thus, items "H, I and J" are not missing - they have been purposely excluded. Another example may be found on pages 55 - 56, "Section D - Health". This section contains questions D1 - 11, then skips to item D.43. Items D.12 - D.42, "Health Status" are not used for children under age six years.

- . Generally, when the same response category will be used throughout a question, the response category is shown only for the first item. For example, on page 57, question D.46 will gather information on the number of times the parent consulted each type of medical practitioner listed. However, the response category is only shown for item a).

- ***Other***

- . Please consult the document, "The National Survey of Children - Content" for further information on particular sections of the questionnaires.

Figure 1. National Survey of Children - Content

<p>Parents</p> <p><i>demographic</i></p> <ul style="list-style-type: none"> - relationship to other family members - date of birth - sex - country of birth - year of landed immigrancy - language - ethnic origin - religion - marital status and history <p><i>education</i></p> <ul style="list-style-type: none"> - highest grade level - diploma/degree <p><i>labour force activity (past 2 years)</i></p> <ul style="list-style-type: none"> - employment - hours worked - shifts/weekend work - main activity if not employed <p><i>income (household)</i></p> <ul style="list-style-type: none"> - sources - amount <p><i>physical health</i></p> <ul style="list-style-type: none"> - health status - activity limitations - smoking <p><i>mental health (respondent only)</i></p> <ul style="list-style-type: none"> - distress/depression 	<p>Other Family Members</p> <p><i>demographic</i></p> <ul style="list-style-type: none"> - relationship to other family members - date of birth - sex - country of birth - year a landed immigrant - language - ethnic origin - religion <p><i>education</i></p> <ul style="list-style-type: none"> - highest grade level - diploma/degree <p><i>labour force activity (past 2 years) (spouse/partner)</i></p> <ul style="list-style-type: none"> - employment - hours worked - shifts/weekend work - main activity if not employed <p>---</p> <p><i>physical health (spouse/partner)</i></p> <ul style="list-style-type: none"> - health status - activity limitations - smoking <p>---</p>	<p>Family Characteristics</p> <p>family functioning</p> <p>social support (of respondent)</p> <ul style="list-style-type: none"> - family - friends - other <p>Housing</p> <p><i>housing conditions</i></p> <ul style="list-style-type: none"> - owned/rented - subsidized - crowding <p>Community</p> <p><i>neighbourhood safety (perception)</i></p> <ul style="list-style-type: none"> - satisfaction - social problems <p><i>information from other data sources</i></p>
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Figure 1. National Survey of Children - Content (cont'd)

<p>Age 0 - 11 Months</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p>—</p> <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - health care use - medication <p><i>newborn indicators</i></p> <ul style="list-style-type: none"> - pre-natal care and lifestyle - delivery details - infant health after birth - post-natal - breast-feeding <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>temperament</i></p> <p><i>behaviour</i></p> <ul style="list-style-type: none"> - sleeping patterns <p><i>development</i></p> <ul style="list-style-type: none"> - physical - self-help - communication - socialization - cognition <p>—</p> <p>—</p>	<p>Age 12 - 23 Months</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p>—</p> <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - health care use - medication <p><i>newborn indicators</i></p> <ul style="list-style-type: none"> - pre-natal care and lifestyle - delivery details - infant health after birth - post-natal - breast-feeding <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>temperament</i></p> <p><i>behaviour</i></p> <ul style="list-style-type: none"> - sleeping patterns <p><i>development</i></p> <ul style="list-style-type: none"> - physical - self-help - communication - socialization - cognition <p>—</p> <p>—</p>	<p>Age 2 - 3 Years</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p>—</p> <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - health care use - medication <p><i>newborn indicators</i></p> <ul style="list-style-type: none"> - weight and length <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>behaviour</i></p> <ul style="list-style-type: none"> - sleeping patterns <p><i>development</i></p> <ul style="list-style-type: none"> - physical - self-help - communication - socialization - cognition <p><i>activities</i></p> <ul style="list-style-type: none"> - preschool <p>—</p> <p>—</p>
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<p>Age 4 - 5 Years</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p><i>education</i></p> <ul style="list-style-type: none"> - level - school type, language - travel time - enjoyment - special education <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - medication - happy/unhappy - unusual event <p>---</p> <p><i>behaviour</i></p> <p>---</p> <p>---</p> <p><i>activities/time use</i></p> <ul style="list-style-type: none"> - preschool - literacy - sports/lessons/clubs - TV <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>relationships</i></p> <ul style="list-style-type: none"> - friends, family - teacher, caregiver - other adults 	<p>Age 6 - 7 Years</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p><i>education</i></p> <ul style="list-style-type: none"> - level - school type, language - travel time - enjoyment of school - achievements - special education <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - medication - health status - happy/unhappy - unusual event <p>---</p> <p><i>behaviour</i></p> <p>---</p> <p>---</p> <p><i>activities/time use</i></p> <ul style="list-style-type: none"> - literacy - sports/lessons/clubs - after-school <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>relationships</i></p> <ul style="list-style-type: none"> - friends, family - teacher - other adults 	<p>Age 8 - 9 Years</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p><i>education</i></p> <ul style="list-style-type: none"> - level - school type, language - travel time - enjoyment of school - achievement - special education <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - health care use - medication - health status - happy/unhappy - unusual event <p>---</p> <p><i>behaviour</i></p> <p>---</p> <p>---</p> <p><i>activities/time use</i></p> <ul style="list-style-type: none"> - literacy - sports/lessons/clubs - after-school - talents/skills <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>relationships</i></p> <ul style="list-style-type: none"> - friends, family - teacher - parents' knowledge of friends 	<p>Age 10 - 11 Years</p> <p><i>demographic</i></p> <p><i>custody history</i></p> <p><i>child care</i></p> <p><i>education</i></p> <ul style="list-style-type: none"> - level - school type, language - travel time - enjoyment of school - achievement - expectations - special education <p><i>physical health</i></p> <ul style="list-style-type: none"> - general health status - height and weight - injuries - activity limitations - chronic conditions - health care use - medication - health status - happy/unhappy - unusual event <p>---</p> <p><i>behaviour</i></p> <ul style="list-style-type: none"> - social behaviour <p>---</p> <p>---</p> <p><i>activities/time use</i></p> <ul style="list-style-type: none"> - literacy - sports/lessons/clubs - after-school - talents/skills - responsibilities - TV <p><i>parenting style</i></p> <ul style="list-style-type: none"> - acceptance/rejection - permissiveness/restrictiveness <p><i>relationships</i></p> <ul style="list-style-type: none"> - friends, family - teacher - parents' knowledge of friends
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Figure 2. National Survey of Children - *Child Information*

VARIABLE	AGE OF CHILD						
	0-11mos	12-23mos	2-3yrs	4-5yrs	6-7yrs	8-9yrs	10-11yrs
<i>demographic</i>	xx	xx	xx	xx	xx	xx	xx
<i>custody history</i>	xx	xx	xx	xx	xx	xx	xx
<i>child care</i>	xx	xx	xx	xx	xx	xx	xx
<i>physical health</i>							
- general health status	xx	xx	xx	xx	xx	xx	xx
- height & weight	xx	xx	xx	xx	xx	xx	xx
- injuries	xx	xx	xx	xx	xx	xx	xx
- activity limitation	xx	xx	xx	xx	xx	xx	xx
- chronic conditions	xx	xx	xx	xx	xx	xx	xx
- health care use	xx	xx	xx	xx	xx	xx	xx
- medication	xx	xx	xx	xx	xx	xx	xx
- health status index					xx	xx	xx
- happy/unhappy				xx	xx	xx	xx
- unusual event				xx	xx	xx	xx
<i>newborn indicators</i>							
- pre-natal care & lifestyle	xx	xx	xx				
- delivery details	xx	xx	xx				
- infant health after birth	xx	xx					
- post-natal	xx	xx					
- breast-feeding	xx	xx					
<i>temperament</i>	xx	xx	xx				
<i>behaviour</i>							
- sleeping patterns	xx	xx	xx				
- aggression (including indirect)				xx	xx	xx	xx
- opposition				xx	xx	xx	xx
- hyperactivity				xx	xx	xx	xx
- anxiety				xx	xx	xx	xx
- inattentiveness				xx	xx	xx	xx
- pro-social				xx	xx	xx	xx
- depression				xx	xx	xx	xx
- anti-social							xx

Figure 2. National Survey of Children - *Child Information (cont'd)*

VARIABLE	AGE OF CHILD						
	0-11mos	12-23mos	2-3yrs	4-5yrs	6-7yrs	8-9yrs	10-11yrs
<i>development</i>							
- physical	xx	xx	xx				
- self-help	xx	xx	xx				
- communication	xx	xx	xx				
- socialization	xx	xx	xx				
- cognition	xx	xx	xx				
<i>education</i>							
- level				xx	xx	xx	xx
- school type, language				xx	xx	xx	xx
- travel time				xx	xx	xx	xx
- enjoyment of school				xx	xx	xx	xx
- special education				xx	xx	xx	xx
- achievement					xx	xx	xx
- expectations							xx
<i>activities/time use</i>							
- preschool				xx			
- literacy				xx	xx	xx	xx
- extra-curricular				xx	xx	xx	xx
- t.v. time use				xx			xx
- after school time use					xx	xx	xx
- talents/skills						xx	xx
<i>Parenting Style</i>							
- acceptance/rejection	xx	xx	xx	xx	xx	xx	xx
- permissiveness/ restrictiveness	xx	xx	xx	xx	xx	xx	xx
<i>responsibilities</i>							xx
<i>relationships</i>							
- friends, family				xx	xx	xx	xx
- caregiver				xx			
- teacher				xx	xx	xx	xx
- other adults				xx	xx		
- parents' knowledge of friends						xx	xx

44 Determine and record the best time to call on this household.

NLSC-1A

DOCKET

INTERVIEWER #

FAM.ID.

|_|_|_|_|_|_|_|

|_|_|_|_|_|_|_|

|_|

National Survey of Children

To be completed for each family

START TIME

|_|_|:|_|_|

FINISH
TIME

|_|_|:|_|_|

SECTION A - DEMOGRAPHICS

A.01 Interviewer Instructions:

Enter the given name(s), age(s) and page-line number(s) of the household member(s).
Mark the appropriate relationship to reference person indicator for each.

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

- ☐ Respondent
- ☐ Spouse/partner
- ☐ Son/daughter
- ☐ Other family member

A.02 Interviewer check item:

- ☐ If ... is a son or daughter and under 12 years of age ---> Go to A.03
- ☐ Otherwise ---> Go to A.04

A.03 IS ... YOUR SON/DAUGHTER BY:

- ☐ BIRTH?
- ☐ ADOPTION?
- ☐ MARRIAGE (STEP-CHILD)?
- ☐ A FOSTER ARRANGEMENT?

A.04 IN WHAT COUNTRY WAS ... BORN?

- ☐ Canada ---> Go to A.08
- ☐ United Kingdom
- ☐ Italy
- ☐ U.S.A.
- ☐ India
- ☐ U.S.S.R
- ☐ Germany
- ☐ Poland
- ☐ Portugal
- ☐ Rep. of China
- ☐ Netherlands
- ☐ Other ---> Specify: _____

A.05 OF WHAT COUNTRY IS ... A CITIZEN?

(Mark more than one if applicable.)

- ☐ Canada, by birth ---> Go to A.08
- ☐ Canada, by naturalization
- ☐ Same as country of birth
(other than Canada)
- ☐ Other country

A.06 IS ... NOW, OR HAS ... EVER BEEN A LANDED IMMIGRANT?

- ☐ Yes
- ☐ No---> Go to question A.08

A.07 IN WHAT YEAR DID ... FIRST BECOME A LANDED IMMIGRANT IN CANADA?

Year

|_|_|_|_|

A.08 TO WHICH ETHNIC OR CULTURAL GROUP(S) DID ...'S ANCESTORS BELONG, FOR EXAMPLE, FRENCH, BRITISH, CHINESE? (Mark all that apply)

- ☐ French
- ☐ English
- ☐ German
- ☐ Scottish
- ☐ Italian
- ☐ Irish
- ☐ Ukranian
- ☐ Chinese
- ☐ Dutch (Netherlands)
- ☐ Jewish
- ☐ Polish
- ☐ Black
- ☐ North American Indian
- ☐ Metis
- ☐ Inuit/Eskimo
- ☐ Other ethnic or cultural group(s)-Specify: _____

A.09 IS ... A REGISTERED INDIAN AS DEFINED BY THE INDIAN ACT OF CANADA?

- ☐ Yes, registered Indian
Specify Indian Band or First Nation: _____
- ☐ No

A.10 WHAT LANGUAGE DOES ... SPEAK MOST OFTEN AT HOME?

- ☐ English
- ☐ French
- ☐ English and French equally
- ☐ Other ---> Specify _____
- ☐ None

A.11 WHAT IS THE LANGUAGE THAT ... FIRST LEARNED AT HOME IN CHILDHOOD AND STILL UNDERSTANDS? (If this person no longer understands the first language learned, indicate the second language learned).

- ☐ English
- ☐ French
- ☐ Other ---> Specify _____
- ☐ None

A.12 WHAT, IF ANY, IS ...'S RELIGION? (Mark one only)

- ☐ No religion ---> Go to A.14
- ☐ Roman Catholic
- ☐ United Church
- ☐ Anglican
- ☐ Baptist
- ☐ Presbyterian
- ☐ Lutheran
- ☐ Other ---> specify _____

A.13 OTHER THAN ON SPECIAL OCCASIONS (SUCH AS WEDDINGS, FUNERALS OR BAPTISMS), HOW OFTEN DID ... ATTEND RELIGIOUS SERVICES OR MEETINGS IN THE PAST YEAR?

- ☐ At least once a week
- ☐ At least once a month
- ☐ A few times a year
- ☐ At least once a year
- ☐ Not at all

A.14 Interviewer instructions:

- ☐ If questions A.01 to A.13 completed as required for all household members ---> Go to A.15

A.15 Interviewer instructions:

- ☐ If ... is age 12 or more ---> continue
- ☐ Otherwise ---> Go to next person or applicable questionnaire

Parent(s) and Children 12 and over

SECTION D - MARITAL STATUS

(Completed by respondent only for self (and spouse/partner))

D.01 Interviewer check item:

- ☐ If ... is the respondent ---> Continue
- ☐ Otherwise ---> Go to E.01

D.02 WHAT IS YOUR CURRENT LEGAL MARITAL STATUS? IS IT:

- ☐ MARRIED AND NOT SEPARATED?
- ☐ MARRIED BUT SEPARATED?
- ☐ DIVORCED?
- ☐ WIDOWED?
- ☐ SINGLE (NEVER MARRIED)? ---> Go to D.13

D.03 WHAT WAS THE DATE OF YOUR MARRIAGE? (If more than one, enter date of last marriage).

Month Year

|_|_| |_|_|

D.04 HAVE YOU EVER LIVED AS A PARTNER IN A COMMON-LAW RELATIONSHIP:

a) WITH YOUR SPOUSE BEFORE MARRYING?

- ☐ Yes
- ☐ No

b) WITH ANOTHER PARTNER?

D.05 WHAT WAS YOUR MARITAL STATUS BEFORE YOU MARRIED? WERE YOU ...

- ☐ NEVER LEGALLY MARRIED?
- ☐ DIVORCED?
- ☐ WIDOWED?

D.06 WHAT WAS YOUR SPOUSE'S MARITAL STATUS BEFORE YOU MARRIED?

- ☐ NEVER MARRIED, AND NEVER HAD LIVED WITH A PARTNER OTHER THAN YOU?
- ☐ NEVER MARRIED, BUT HAD LIVED WITH A PARTNER OTHER THAN YOU BEFORE?
- ☐ DIVORCED?
- ☐ WIDOWED?

D.07 Interviewer check item:

- ☐ If 'married and not separated' marked in D.02 ---> Go to E.01
- ☐ If any other category marked in D.02 and 'No' to both questions in D.04 ---> Go to D.09
- ☐ Otherwise ---> Go to D.08

D.08 ARE YOU PRESENTLY LIVING WITH A PARTNER IN A COMMON-LAW RELATIONSHIP?

- ☐ Yes ---> Go to D.10
- ☐ No

D.09 SINCE WHEN HAVE YOU BEEN LIVING WITHOUT A SPOUSE OR PARTNER?

Month Year

|_|_| |_|_| ---> Go to E.01

D.10 WHEN DID YOU START LIVING WITH YOUR PARTNER?

Month Year

|_|_| |_|_|

D.11 WHAT WAS YOUR PARTNER'S MARITAL STATUS BEFORE HE/SHE STARTED LIVING WITH YOU? WAS IT...

- ☐ NEVER MARRIED, AND NEVER HAD LIVED WITH A PARTNER OTHER THAN YOU?
- ☐ NEVER MARRIED, BUT HAD LIVED WITH A PARTNER OTHER THAN YOU BEFORE?
- ☐ NEVER MARRIED, AND LIVING WITH ANOTHER PARTNER?
- ☐ LEGALLY MARRIED?
- ☐ LEGALLY MARRIED, BUT SEPARATED?
- ☐ LEGALLY DIVORCED?
- ☐ WIDOWED?

---> Go to E.01

D.12 HAVE YOU EVER LIVED AS A PARTNER IN A COMMON-LAW RELATIONSHIP?

- ☐ Yes
- ☐ No ----> Go to E.01

D.13 ARE YOU PRESENTLY LIVING WITH A PARTNER IN A COMMON-LAW RELATIONSHIP?

- ☐ Yes ----> Go to D.15
- ☐ No

D.14 SINCE WHEN HAVE YOU BEEN LIVING WITHOUT A PARTNER?

Month Year

|_|_| |_|_| ---> Go to E.01

D.15 SINCE WHEN HAVE YOU BEEN LIVING WITH YOUR PARTNER?

Month Year

|_|_| |_|_|

D.16 WHAT WAS YOUR PARTNER'S MARITAL STATUS BEFORE STARTING LIVING WITH YOU? WAS IT ...

- ☐ NEVER MARRIED, AND NEVER HAD LIVED WITH A PARTNER OTHER THAN YOU?
- ☐ NEVER MARRIED, BUT HAD LIVED WITH A PARTNER OTHER THAN YOU BEFORE?
- ☐ NEVER MARRIED, AND LIVING WITH ANOTHER PARTNER?
- ☐ LEGALLY MARRIED?
- ☐ LEGALLY MARRIED, BUT SEPARATED?
- ☐ LEGALLY DIVORCED?
- ☐ WIDOWED?

D.17 HAD YOU LIVED WITH OTHER PARTNERS BEFORE ENTERING THIS UNION?

- ☐ Yes
- ☐ No

SECTION E - EDUCATION

E.01 THIS SECTION WILL ASK ABOUT PAST EDUCATION AND CURRENT SCHOOL ATTENDANCE.

EXCLUDING KINDERGARTEN, HOW MANY YEARS OF ELEMENTARY AND HIGH SCHOOL EDUCATION HAS... SUCCESSFULLY COMPLETED?

- ☐ No schooling ---> Go to F.01
- ☐ One to five years ---> Go to E.03
- ☐ Six ---> Go to E.03
- ☐ Seven ---> Go to E.03
- ☐ Eight ---> Go to E.03
- ☐ Nine ---> Go to E.03
- ☐ Ten ---> Go to E.03
- ☐ Eleven
- ☐ Twelve
- ☐ Thirteen

E.02 HAS ... GRADUATED FROM HIGH SCHOOL?

- ☐ Yes
- ☐ No

E.03 HAS ... HAD ANY FURTHER SCHOOLING BEYOND ELEMENTARY/HIGH SCHOOL?

- ☐ Yes
- ☐ No ---> Go to E.05

E.04 WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT ... HAS ATTAINED?

- ☐ Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.)
- ☐ Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.D.)
- ☐ Bachelor or undergraduate degree, or teacher's college (eg. B.A., B.Sc., B.A.Sc., LL.B)
- ☐ Diploma or certificate from community college, CEGEP or nursing school.
- ☐ Diploma or certificate from trade, technical or vocational school, or business college
- ☐ Some university
- ☐ Some community college, CEGEP or nursing school
- ☐ Some trade, technical or vocational school, or business college
- ☐ Other ---> Specify: _____

E.05 IS ... ATTENDING SCHOOL?

- ☐ Yes
- ☐ No ---> Go to F.01
- ☐ Don't know ---> Go to F.01

E.06 DOES ... ATTEND SCHOOL FULL-TIME OR PART-TIME?

- ☐ Full-time
- ☐ Part-time

SECTION F - LABOUR FORCE AND ECONOMIC SECTION

(Completed for the respondent and spouse/partner only)

F.01 Interviewer check item:

- ☐ If ... is the respondent or his/her spouse/partner ---> Go to F.02
- ☐ Otherwise ---> Go to G.01

F.02 WHAT DOES ... CONSIDER TO BE HIS/HER MAIN ACTIVITY CURRENTLY? (FOR EXAMPLE, WORKING FOR PAY, CARING FOR FAMILY)
(Mark all that apply)

- ☐ Caring for family
- ☐ Working for pay or profit
- ☐ Going to school
- ☐ Recovering from illness/on disability
- ☐ Looking for work
- ☐ Retired
- ☐ Other - Specify: _____
- ☐ Don't know

THE NEXT SECTION CONTAINS QUESTIONS ABOUT JOBS OR EMPLOYMENT WHICH ... HAS HAD DURING THE PAST TWO YEARS, THAT IS, SINCE NOVEMBER 1991. PLEASE INCLUDE SUCH EMPLOYMENT AS PART-TIME JOBS, CONTRACT WORK, BABY SITTING AND ANY OTHER PAID WORK.

F.03 DOES ... CURRENTLY WORK FOR PAY OR PROFIT (INCLUDE PAID ABSENCES SUCH AS VACATION OR ILLNESS)?

- ☐ Yes ---> Go to F.06
- ☐ No

F.04 HAS ... WORKED FOR PAY OR PROFIT AT ANY TIME SINCE NOVEMBER '91?

- ☐ Yes
- ☐ No ---> Go to F.49

F.05 AT HOW MANY JOBS HAS ... WORKED SINCE NOVEMBER 1991? (INCLUDE ALL WORK FOR WHICH PAY WAS RECEIVED OR PROFIT EARNED.)

- ☐ One ---> Go to F.27
- ☐ Two ---> Go to F.26
- ☐ Three or more ---> Go to F.26

- F.06 AT HOW MANY JOBS DOES ... CURRENTLY WORK? (INCLUDE ALL WORK FOR WHICH PAY IS RECEIVED OR PROFIT IS EARNED)
- ☐ One
 - ☐ Two ---> Go to F.12
 - ☐ Three or more ---> Go to F.12
- F.07 WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DOES ... WORK?
- |_|_| Hours
- ☐ Don't know
- F.08 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKED AT THIS JOB?
- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
 - ☐ REGULAR EVENING SHIFT
 - ☐ REGULAR NIGHT SHIFT
 - ☐ ROTATING SHIFT
 - ☐ SPLIT SHIFT
 - ☐ ON CALL
 - ☐ OTHER ---> Specify: _____
- F.09 DOES ... USUALLY WORK ON WEEKENDS?
- ☐ Yes
 - ☐ No
- F.10 WHEN DID ... START WORKING AT THIS JOB OR BUSINESS?
- |_|_| |_|_|
Month Year
- F.11 Interviewer check item:
- ☐ If before November 1991 in F.10 ---> Go to F.41
 - ☐ If after November 1991 in F.10 ---> Go to F.25
- F.12 I WOULD NOW LIKE TO ASK YOU ABOUT THE FIRST OF THESE. WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DOES ... WORK?
- |_|_| Hours
- ☐ Don't know

F.13 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKS AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER ---> Specify: _____

F.14 DOES ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
- ☐ No

F.15 WHEN DID ... START WORKING AT THIS JOB OR BUSINESS?

|_|_| |_|_|
Month Year

F.16 I WOULD NOW LIKE TO ASK YOU ABOUT THE SECOND JOB. WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DOES ... WORK?

|_|_| Hours

- ☐ Don't know

F.17 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKS AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER - Specify: _____

F.18 DOES ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
- ☐ No

F.19 WHEN DID ... START WORKING AT THIS JOB OR BUSINESS?

|_|_| |_|_|
Month Year

F.20 Interviewer check item:

- ☐ If F.06 is two ---> Go to F.25
- ☐ Otherwise ---> Go to F.21

F.21 I WOULD NOW LIKE TO ASK YOU ABOUT THE THIRD JOB. WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DOES ... WORK?

|_|_| Hours

- ☐ Don't know

F.22 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKS AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER - Specify: _____

F.23 DOES ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
- ☐ No

F.24 WHEN DID ... START WORKING AT THIS JOB OR BUSINESS?

|_|_| |_|_|
Month Year

F.25 SINCE NOVEMBER 1991, HAS ... DONE ANY OTHER WORK FOR PAY OR PROFIT?

- ☐ Yes ---> Go to F.27
- ☐ No ---> Go to F.41

F.26 I WOULD LIKE TO ASK YOU ABOUT THE FIRST OF THESE JOBS. WHEN DID ... WORK AT THIS JOB OR BUSINESS?

Start: |_|_| |_|_|
Month Year

Finish |_|_| |_|_|
Month Year

---> Go to F.28

F.27 WHEN DID ... WORK AT THIS JOB OR BUSINESS?

F.28 WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DOES ... WORK?

|_|_| Hours

☐ Don't know

F.29 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKED AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER --> Specify: _____

F.30 DID ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
- ☐ No

F.31 SINCE NOVEMBER 1991, HAS ... DONE ANY OTHER WORK FOR PAY OR PROFIT?

- ☐ Yes
- ☐ No --> Go to F.41

F.32 WHEN DID ... WORK AT THIS JOB OR BUSINESS?

Start: |_|_| |_|_|
Month Year

Finish |_|_| |_|_|
Month Year

F.33 WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DID ... WORK?

|_|_| Hours

☐ Don't know

F.34 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKED AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER ---> Specify: _____

F.35 DID ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
- ☐ No

F.36 SINCE NOVEMBER 1991, HAS ... DONE ANY OTHER WORK FOR PAY OR PROFIT?

- ☐ Yes
- ☐ No ---> Go to F.41

F.37 WHEN DID ... WORK AT THIS JOB OR BUSINESS?

Start: |_|_| |_|_|
 Month Year

Finish |_|_| |_|_|
 Month Year

F.38 WHILE WORKING AT THIS JOB, ABOUT HOW MANY HOURS PER WEEK DID ... WORK?

|_|_| Hours

☐ Don't know

F.39 WHICH OF THE FOLLOWING BEST DESCRIBES THE HOURS ... WORKED AT THIS JOB?

- ☐ REGULAR DAYTIME SCHEDULE OR SHIFT
- ☐ REGULAR EVENING SHIFT
- ☐ REGULAR NIGHT SHIFT
- ☐ ROTATING SHIFT
- ☐ SPLIT SHIFT
- ☐ ON CALL
- ☐ OTHER ---> Specify: _____

F.40 DID ... USUALLY WORK ON WEEKENDS?

- ☐ Yes
☐ No

F.41 HAS THERE BEEN A PERIOD OR PERIODS SINCE NOVEMBER '91 WHEN ... WAS NOT WORKING FOR PAY OR PROFIT? (EXCLUDE PERIODS OF LEAVE WITH PAY)

- ☐ Yes
☐ No ---> Go to F.48

F.42 WHEN WAS THIS/WERE THEY?

A) From: |_|_| |_|_|
 Month Year

To: |_|_| |_|_|
 Month Year

B) From: |_|_| |_|_|
 Month Year

To: |_|_| |_|_|
 Month Year

C) From: |_|_| |_|_|
 Month Year

To: |_|_| |_|_|
 Month Year

F.43 WHAT WAS THE REASON THAT ... DID NOT WORK IN PERIOD (A)?

- ☐ Caring for children/family
- ☐ Going to school
- ☐ Recovering from illness/on disability
- ☐ Looking for work
- ☐ On layoff or on strike
- ☐ Retired
- ☐ Other
- ☐ Don't know

F.44 Interviewer check item:

- ☐ If period B) is completed in F.42 ---> Go to F.45
- ☐ Otherwise ---> Go to F.48

F.45 WHAT WAS THE REASON THAT ... DID NOT WORK IN PERIOD (B)?

- ☐ Caring for children/family
- ☐ Going to school
- ☐ Recovering from illness/on disability
- ☐ Looking for work
- ☐ On layoff or on strike
- ☐ Retired
- ☐ Other
- ☐ Don't know

F.46 Interviewer check item:

- ☐ If period C) is completed in F.42 ---> Go to F.47
- ☐ Otherwise ---> Go to F.48

F.47 WHAT WAS THE REASON THAT ... DID NOT WORK IN PERIOD (C)?

- ☐ Caring for children/family
- ☐ Going to school
- ☐ Recovering from illness/on disability
- ☐ Looking for work
- ☐ On layoff or on strike
- ☐ Retired
- ☐ Other
- ☐ Don't know

F.48 DID ... WORK MAINLY:

- ☐ FOR OTHERS FOR WAGES, SALARY OR COMMISSION?
- ☐ IN OWN BUSINESS, FARM OR PROFESSIONAL PRACTICE?
- ☐ Don't know

F.49 Interviewer check item:

- ☐ If ... is the Respondent ---> Go to F.50
- ☐ Otherwise ---> Go to G.01

F.50 THE FOLLOWING QUESTIONS REFER TO THE HOUSEHOLD INCOME FOR 1992. DID YOUR HOUSEHOLD RECEIVE ANY INCOME FROM THE FOLLOWING SOURCES:

a) WAGES AND SALARIES?
(Include commissions, tips)

- ☐ Yes
- ☐ No
- ☐ Don't know

b) INCOME FROM SELF-EMPLOYMENT?

c) UNEMPLOYMENT INSURANCE?

d) WORKER'S COMPENSATION?

e) PROVINCIAL OR MUNICIPAL SOCIAL ASSISTANCE OR WELFARE?

f) FAMILY ALLOWANCE (BABY BONUS)?

g) CHILD SUPPORT?

h) ALIMONY?

i) INCOME FROM OTHER SOURCES?
(E.G.: OTHER GOVERNMENT INCOME OR INVESTMENT INCOME)

F.51 Interviewer check item:

- ☐ If more than one 'Yes' marked in F.50 ---> Go to F.52
- ☐ Otherwise ---> Go to F.53

F.52 OF ALL THE INCOME SOURCES YOU HAVE MENTIONED, WHICH ONE DO YOU CONSIDER THE MAIN SOURCE?

- ☐ Wages and salaries
- ☐ Income from self-employment
- ☐ Unemployment insurance
- ☐ Worker's compensation
- ☐ Provincial or municipal social assistance or welfare
- ☐ Child tax benefits
- ☐ Child support
- ☐ Alimony
- ☐ Income from other sources (e.g.: other government income or investment income)

F.53 WHAT IS YOUR BEST ESTIMATE OF YOUR HOUSEHOLD INCOME FROM ALL SOURCES, BEFORE DEDUCTIONS DURING 1992? (Interviewer: get an estimate if possible)

|_|_|_| Thousands

- ☐ Don't know
- ☐ Refused

F.54 WHAT IS YOUR BEST ESTIMATE OF YOUR PERSONAL INCOME FROM ALL SOURCES, BEFORE DEDUCTIONS DURING 1992? (Interviewer: get an estimate if possible)

SECTION G - HEALTH

G.01 THE FOLLOWING QUESTIONS ASK ABOUT GENERAL HEALTH.

IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS:

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?
- ☐ Don't know

G.02 BECAUSE OF A LONG TERM PHYSICAL OR MENTAL CONDITION OR A HEALTH PROBLEM, IS ... LIMITED IN THE KIND OR AMOUNT OF ACTIVITY ... CAN DO:

a) AT HOME?

- ☐ Yes
- ☐ No
- ☐ Don't know

b) AT SCHOOL?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

c) AT WORK?

d) IN OTHER ACTIVITIES SUCH AS TRANSPORTATION TO OR FROM WORK, LEISURE TIME ACTIVITIES?

- ☐ Yes
- ☐ No
- ☐ Don't know

e) IN CARING FOR CHILD(REN)?

G.03 AT THE PRESENT TIME DOES ... SMOKE CIGARETTES DAILY, OCCASIONALLY OR NOT AT ALL?

- ☐ Daily
- ☐ Occasionally ---> Go to G.05
- ☐ Not at all ---> Go to G.05
- ☐ Don't know ---> Go to G.05

G.04 ABOUT HOW MANY CIGARETTES DOES ... SMOKE EACH DAY NOW?

|_|_| # cigarettes

☐ Don't know

G.05 Interviewer check item:

☐ If ... is the respondent ---> Go to G.06

☐ Otherwise ---> End of questions for this person

RESPONDENT ONLY

G.06 Interviewer check item:

☐ If ... is the female parent of the family and has children under 2 years of age ---> Go to G.07

☐ Otherwise ---> Go to G.11

Maternal History

G.07 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 MISCARRIAGES OR ABORTIONS (VOLUNTARY OR INVOLUNTARY)?

|_|_| times - If '0' ---> Go to G.11

☐ Don't know

G.08 HOW MANY LIVE BIRTHS HAVE YOU HAD THROUGHOUT YOUR LIFETIME?

|_|_| - If '0' ---> Go to G.11

G.09 HOW MANY STILLBIRTHS OR DEATHS IMMEDIATELY AFTER BIRTH HAVE YOU HAD DURING YOUR LIFETIME?

|_|_|

G.10 AT WHAT AGE DID YOU HAVE YOUR FIRST BABY?

|_|_| years

RESPONDENT ONLY

G.11 THE NEXT SET OF QUESTIONS ARE ABOUT SOME OF THE WAYS PEOPLE FEEL AT DIFFERENT TIMES. DURING THE PAST MONTH, ABOUT HOW OFTEN DID YOU FEEL:

a) PHYSICALLY TENSE OR SHAKY?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

b) WORRIED ABOUT THINGS THAT WERE NOT REALLY IMPORTANT?

c) DURING THE PAST MONTH, ABOUT HOW OFTEN DID YOU FEEL ASHAMED OR GUILTY?

d) WORTHLESS?

e) SO RESTLESS THAT YOU COULD NOT SIT STILL?

f) DURING THE PAST MONTH, ABOUT HOW OFTEN DID YOU FEEL SO SAD THAT NOTHING COULD CHEER YOU UP?

g) SO NERVOUS THAT NOTHING COULD CALM YOU DOWN?

h) HAD THOUGHTS OF KILLING YOURSELF?

i) HAVE YOU FELT THAT YOUR FAMILY DOESN'T UNDERSTAND YOU?

j) HAVE YOU FELT THAT NOBODY REALLY CARES ABOUT YOU?

k) HAVE YOU FELT THAT YOU ARE NOT IN CONTROL OF YOUR ACTIONS?

l) HAVE YOU FELT THAT SOMEONE HAS DONE SOMETHING JUST TO MAKE YOU ANGRY?

G.12 Interviewer check item:

- ☐ If any of G.11 marked 'Often' or 'Sometimes' ---> Go to G.13
- ☐ Otherwise ---> Go to H.01

G.13 IN THE PAST MONTH, DID YOU HAVE MORE OR LESS OF THESE FEELINGS THAN USUAL?

- ☐ More
- ☐ About the same ---> Go to G.16
- ☐ Never had any ---> Go to H.01
- ☐ Less ---> Go to G.15

G.14 IS THAT A LOT MORE, SOMEWHAT, OR ONLY A LITTLE MORE THAN USUAL?

- ☐ A lot
- ☐ Somewhat
- ☐ A little

---> GO TO G.16

G.15 IS THAT A LOT LESS, SOMEWHAT, OR ONLY A LITTLE LESS THAN USUAL?

- ☐ A lot
- ☐ Somewhat
- ☐ A little

G.16 HOW MUCH DO THESE FEELINGS USUALLY INTERFERE WITH YOUR LIFE OR ACTIVITIES?

- ☐ A lot
- ☐ Somewhat
- ☐ A little
- ☐ Not at all ---> Go to H.01

G.17 DURING THE PAST MONTH, HOW MANY DAYS WERE YOU TOTALLY UNABLE TO WORK OR CARRY OUT YOUR NORMAL ACTIVITIES BECAUSE OF THESE FEELINGS?

|_|_| Days

G.18 HOW MANY DAYS OUT OF THE MONTH WERE YOU ABLE TO WORK, BUT YOU HAD TO CUT DOWN ON WHAT YOU DID BECAUSE OF THESE FEELINGS?

SECTION H - FAMILY SECTION

Family Functioning

H.01 THE FOLLOWING STATEMENTS ARE ABOUT FAMILIES AND FAMILY RELATIONSHIPS. FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE OR STRONGLY DISAGREE.

a) PLANNING FAMILY ACTIVITIES IS DIFFICULT BECAUSE WE MISUNDERSTAND EACH OTHER.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

b) IN TIMES OF CRISIS WE CAN TURN TO EACH OTHER FOR SUPPORT.

c) WE CANNOT TALK TO EACH OTHER ABOUT SADNESS WE FEEL.

d) INDIVIDUALS (IN THE FAMILY) ARE ACCEPTED FOR WHAT THEY ARE.

e) WE AVOID DISCUSSING OUR FEARS OR CONCERNS.

f) WE EXPRESS FEELINGS TO EACH OTHER.

g) THERE ARE LOTS OF BAD FEELINGS IN OUR FAMILY

h) WE FEEL ACCEPTED FOR WHAT WE ARE.

i) MAKING DECISIONS IS A PROBLEM FOR OUR FAMILY.

j) WE ARE ABLE TO MAKE DECISIONS ABOUT HOW TO SOLVE PROBLEMS.

k) WE DON'T GET ALONG WELL TOGETHER.

l) WE CONFIDE IN EACH OTHER.

m) DRINKING IS A SOURCE OF TENSION OR DISAGREEMENT IN OUR FAMILY.

Social Support

H.02 THE NEXT QUESTIONS ARE ABOUT YOUR FAMILY AND FRIENDS.

DO YOU HAVE CLOSE FRIENDS, THAT IS, FRIENDS OR FAMILY THAT YOU FEEL AT EASE WITH, CAN TALK TO ABOUT PRIVATE MATTERS AND CAN CALL UPON FOR HELP?

- ☐ Yes
- ☐ No ---> Go to H.06

H.03 DURING THE PAST 12 MONTHS HOW OFTEN DID YOU TALK TO YOUR CLOSE FRIENDS?

- ☐ More than once a week
- ☐ Once a week
- ☐ Once a month
- ☐ Several times a year
- ☐ About once a year

H.04 DURING THE PAST 12 MONTHS, HOW WELL HAVE YOU GOTTEN ALONG WITH YOUR CLOSE FRIENDS?

- ☐ Very well, no problems
- ☐ Quite well, hardly any problems
- ☐ Fairly well, occasional problems
- ☐ Not too well, frequent problems
- ☐ Not well at all, constant problems

H.05 DO YOU DISCUSS YOUR PROBLEMS WITH ANY MEMBERS OF YOUR FAMILY OR FRIENDS? (Mark one only)

- ☐ Yes ---> DOES IT:
 - ☐ HELP A LOT?
 - ☐ HELP SOMEWHAT?
 - ☐ NOT HELP AT ALL?
- ☐ No ---> IS THAT BECAUSE YOU:
 - ☐ DO NOT HAVE ANYONE YOU CAN TALK WITH ABOUT YOUR PROBLEMS?
 - ☐ DO NOT CARE TO TALK ABOUT YOUR PROBLEMS WITH ANYONE?
 - ☐ DO NOT HAVE ANY PROBLEMS?

H.06 BESIDES YOUR FRIENDS AND FAMILY, DO ANY OF THE FOLLOWING HELP YOU WITH YOUR PERSONAL PROBLEMS?

a) COMMUNITY OR SOCIAL SERVICE PROFESSIONALS?

- ☐ Yes
- ☐ No

- b) GROUPS OR ORGANIZATIONS?
- c) BOOKS OR MAGAZINES?
- d) MEDICAL PROFESSIONALS?
- e) RELIGIOUS OR SPIRITUAL LEADERS?
- f) A RELIGIOUS OR SPIRITUAL COMMUNITY?
- g) YOUR CHILD(REN)?

SECTION J - HOUSING CONDITIONS

J.01 THE FOLLOWING QUESTIONS CONCERN THE DWELLING IN WHICH YOU ARE CURRENTLY RESIDING.

IS THIS DWELLING OWNED OR RENTED BY A MEMBER OF THIS HOUSEHOLD?

- ☐ Owned ---> Go to J.03
- ☐ Rented
- ☐ Other ---> Go to J.03

J.02 IS THE RENT FOR THIS DWELLING SUBSIDIZED BY THE GOVERNMENT FOR ANY REASON? (EXAMPLES OF GOVERNMENT SUBSIDIZATION ARE: LOW INCOME HOUSING PROJECTS, CO-OPERATIVE HOUSING PROJECTS, PUBLIC HOUSING)

- ☐ Yes
- ☐ No
- ☐ Don't know

J.03 HOW MANY ROOMS ARE THERE IN THIS DWELLING?
(Include kitchen, bedrooms, living rooms. Do not count bathrooms, halls, and rooms used solely for business purposes).

|_|_| # rooms

SECTION K - NEIGHBOURHOOD SAFETY

K.01 THIS SECTION ASKS QUESTIONS ABOUT YOUR NEIGHBOURHOOD.

USING THE ANSWERS VERY GOOD, GOOD, POOR AND VERY POOR, HOW WOULD YOU DESCRIBE THE FOLLOWING ASPECTS OF YOUR NEIGHBOURHOOD?

- a) THE NUMBER OF PARKS AND PLAYGROUNDS WITH PLAY EQUIPMENT FOR YOUNG CHILDREN.
- ☐ Very good
 - ☐ Good
 - ☐ Poor
 - ☐ Very poor
- b) SAFETY FOR CHILDREN WHEN THEY GO OUT TO PLAY.
- c) AVAILABILITY OF HEALTH SERVICES SUCH AS MEDICAL CLINICS, DOCTORS AND DENTISTS.
- d) THE SAFETY OF CHILDREN CROSSING ROADS.

K.02 HOW MUCH OF A PROBLEM ARE THE FOLLOWING IN YOUR NEIGHBOURHOOD?

- a) ALCOHOL ABUSE.
- ☐ A major problem
 - ☐ Somewhat of a problem
 - ☐ Little or no problem
 - ☐ Don't know
- b) USE OF DRUGS SUCH AS MARIJUANA OR COCAINE.
- c) VIOLENT CRIME.
- d) PROPERTY CRIME SUCH AS THEFT OR VANDALISM.



NLSC-2

RO	DOCKET	INTERVIEWER #	FAM.ID.
_	_ _ _ _ _	_ _ _ _ _	_

National Survey
of Children

Children 0-11 months

START TIME _ _ : _	FINISH TIME _ _ : _
-------------------------------	--------------------------------

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None ---> GO TO A.04

|_|_| Number

A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	O Male O Female	O Male O Female
Does not live in this household because:		
O	In someone else's custody or care	O In someone else's custody or care
O	Lives on his/her own	O Lives on his/her own
O	Deceased	O Deceased

A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes ---> GO TO A.07

O No

A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

 |_|_| |_|_|
Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

 |_|_| |_|_|
Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

- A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?
- ☐ Yes ---> HOW MANY?
|_|_| Number
 - ☐ No ---> GO TO A.19
- A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.17
- A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.17 Interviewer check item:
- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
 - ☐ Otherwise ---> Go to A.18
- A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their father
 - ☐ Other - specify _____
- A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?
- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
 - ☐ Yes, marriage ---> HOW MANY? |_|_| Number
 - ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
 - ☐ No

A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.55

A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.24

A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.23 Interviewer check item:

- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
- ☐ Otherwise ---> Go to A.24

A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify _____

---> Go to A.55

A.25 DID ... LIVE WITH HER/HIS:

- ☐ MOTHER ALONE?
- ☐ FATHER ALONE?
- ☐ MOTHER AND OTHER? - Specify_____
- ☐ FATHER AND OTHER? - Specify_____
- ☐ OTHER? - Specify_____

A.26 HAVE ...S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
|_|_| |_|_|
Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.44

A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.43 Interviewer check item:

- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
- ☐ Otherwise ---> Go to A.44

A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify_____

A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?

- ☐ Care of mother, father unknown on birth certificate
- ☐ Care of mother, both parents declared on birth certificate, no court order
- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ Other - specify_____

A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?

- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information given by the other parent?
- ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?

(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify_____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify_____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

- A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?
- ☐ Yes
☐ No ---> WHAT IS IT NOW?
- ☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER
☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER
☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER
☐ OTHER - Specify: _____
- A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:
- ☐ A GREAT SOURCE OF TENSION?
☐ SOME SOURCE OF TENSION?
☐ VERY LITTLE SOURCE OF TENSION?
☐ NO SOURCE OF TENSION AT ALL?
- A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?
- ☐ Yes, a marriage ---> GO TO A.87
☐ Yes, a common-law relationship
☐ Yes, a common-law relationship that resulted in marriage
☐ No ---> GO TO A.93
- A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?
- |_|_| |_|_|
 Month Year
- A.86 Interviewer check item:
- ☐ If 'Common-law only' in A.84 ---> Go to A.88
☐ Otherwise ---> Go to A.87
- A.87 WHEN DID THE MARRIAGE TAKE PLACE?
- |_|_| |_|_|
 Month Year
- A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?
- ☐ Yes, full-time
☐ Yes, part-time
☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No --> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes --> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 --> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 --> Go to B.01
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'Yes' in A.84 --> Go to A.104
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'No' in A.84 --> Go to B.01
- ☐ Otherwise --> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage --> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No --> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 --> Go to A.98
- ☐ Otherwise --> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

- ☐ Yes ---> Go to SECTION D
- ☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

- ☐ Profit
- ☐ Non-profit
- ☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

E) CARE IN OWN HOME BY A NON-RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No
- ☐ Not applicable

G) CARE IN OWN HOME BY OTHER RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

K) OTHER CARE

- ☐ Yes ---> Specify: _____
FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| |_|_|
Month Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO SECTION D
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?
(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|_|.|_| Inches

or

|_|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_|_| Pounds

or

|_|_|.|_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify) _____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify) _____

D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ----> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

O Yes ---> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_|_| NIGHTS

O No

O Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

O Yes ---> HOW MANY TIMES SINCE LAST SEPTEMBER?

|_|_|

O No

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

☐ Yes

☐ No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

SECTION E - MEDICAL/ BIOLOGICAL INFORMATION

E.01 Interviewer check item:

- ☐ If respondent is ...'s biological mother ---> Go to E.02
- ☐ Otherwise ---> Go to E.14

Prenatal Questions

E.02 THE FOLLOWING ARE PRENATAL, BIRTH AND POST-NATAL QUESTIONS CONCERNING ...

ARE YOU CURRENTLY ON MATERNITY OR EXTENDED CHILD CARE LEAVE?

- ☐ Yes
- ☐ No ---> GO TO E.04

E.03 WHEN DO YOU EXPECT TO RETURN TO WORK?

|_|_| |_|_|
month year

- ☐ Do not expect to return to work

E.04 DURING THE PREGNANCY WITH ... DID YOU SUFFER FROM ANY OF THE FOLLOWING:

A) PREGNANCY DIABETES?

- ☐ Yes
- ☐ No
- ☐ Don't know

B) HIGH BLOOD PRESSURE?

C) PREECLAMPSIA?

D) OTHER PHYSICAL PROBLEMS?

E) OTHER MENTAL PROBLEMS?

E.05 FROM WHOM DID YOU RECEIVE PRE-NATAL CARE?

- ☐ A doctor
- ☐ A nurse
- ☐ A midwife
- ☐ Other
- ☐ Nobody

E.06 DID YOU SMOKE DURING YOUR PREGNANCY WITH?

- ☐ Yes
- ☐ No ---> GO TO E.09

E.07 HOW MANY CIGARETTES PER DAY DID YOU SMOKE DURING YOUR PREGNANCY WITH ...?

- ☐ 1 to 7
- ☐ 8 to 12
- ☐ 13 to 20
- ☐ 21 or more
- ☐ Don't know

E.08 WHEN DID YOU SMOKE THIS AMOUNT?
(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.09 HOW FREQUENTLY DID YOU CONSUME ALCOHOL DURING YOUR PREGNANCY WITH (EG. BEER, WINE, VERMOUTH, SPIRITS, LIQUEURS)?

- ☐ Never ---> Go to E.12
- ☐ Less than once a month
- ☐ 1-3 times a month
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Everyday

E.10 ON THE DAYS WHEN YOU DRANK, HOW MANY DRINKS DID YOU USUALLY HAVE?

- ☐ 1 to 2
- ☐ 3 to 4
- ☐ 5 or more

E.11 WHEN DID YOU CONSUME THIS QUANTITY?

(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.12 DID YOU TAKE ANY DRUGS DURING YOUR PREGNANCY WITH ...?

- ☐ Yes, prescription
- ☐ Yes, over the counter
- ☐ Yes, illegal
- ☐ No ---> Go to E.14

E.13 AT WHAT STAGE IN YOUR PREGNANCY DID YOU TAKE THESE?

(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.14 HOW MANY DAYS OR WEEKS BEFORE OR AFTER THE DUE DATE WAS ... BORN?

|_|_| Days OR |_|_| Weeks

- ☐ Before
- ☐ After

E.15 WHAT WAS'S BIRTH WEIGHT?|_|_|_|_| or |_|_| . |_|_|
Grams Pounds/ Ounces**E.16 WHAT WAS ...'S LENGTH AT BIRTH:**

|_|_|_| cm or |_|_| inches

Delivery**E.17 WAS THIS A SINGLE BIRTH OR TWINS, OR TRIPLETS?**

- ☐ Single birth
- ☐ Twins
- ☐ Triplet
- ☐ More than triplets

E.18 WAS THE DELIVERY VAGINAL, OR CESARIAN?

- ☐ Vaginal
- ☐ Cesearian

E.19 WAS ... BORN HEAD FIRST?

- ☐ Yes
- ☐ No

E.20 WERE BIRTHING AIDS USED?

- ☐ None
- ☐ Forceps
- ☐ Cupping glass (suction cup)

E.21 WHO DELIVERED ...?

- ☐ A doctor
- ☐ A nurse
- ☐ A midwife
- ☐ Other - Specify: _____

E.22 WHERE WAS ... BORN?

- ☐ Home
- ☐ Clinic
- ☐ Hospital ---> Go to E.24

E.23 WAS ... MOVED TO A HOSPITAL DURING OR FOLLOWING BIRTH?

- ☐ Yes
- ☐ No ---> Go to E.27

Infant after birth

E.24 WAS ... IN INTENSIVE CARE IN THE HOSPITAL WHEN HE/SHE WAS BORN?

- ☐ Yes ---> If Yes, how many days:
|_|_|_| days
- ☐ No

E.25 HOW MANY DAYS IN TOTAL DID ... STAY IN THE HOSPITAL AFTER SHE/HE WAS BORN?

|_|_|_| days

E.26 WAS ... TRANSFERRED TO A SPECIALIZED HOSPITAL?

- ☐ Yes ---> If Yes, length of stay in the hospital:
|_|_|_| days
- ☐ No

E.27 COMPARED TO OTHER BABIES IN GENERAL, WOULD YOU SAY THAT ...'S HEALTH AT BIRTH WAS:

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

Post Natal/Post delivery physical and mental health

E.28 AFTER ...'S DELIVERY, DID ...'S MOTHER SUFFER FROM ANY OF THE FOLLOWING CONDITIONS:

A) POST-PARTUM HAEMORRHAGE

- ☐ Yes
- ☐ No
- ☐ Don't know

B) POST PARTUM INFECTION

C) POST-PARTUM DEPRESSION

D) POST PARTUM HYPERTENSION

E.29 WAS ...'S MOTHER HOSPITALIZED FOR ANY PERIOD IMMEDIATELY FOLLOWING THE BIRTH OF...?

- ☐ Yes ---> FOR HOW LONG? |_|_|_| days
- ☐ No

Breast-Feeding

E.30 DID ...'S MOTHER BREAST-FEED ...?

- ☐ Yes ---> FOR HOW LONG?
 - ☐ 0-4 weeks
 - ☐ 5-8 weeks
 - ☐ 9-12 weeks
 - ☐ 3-6 months
 - ☐ 7-9 months
 - ☐ 10-11 months
 - ☐ still breast-feeding ---> Go to SECTION.F
- ☐ No ---> Go to SECTION.F
- ☐ Tried, not successful ---> Go to SECTION.F

E.31 WHAT WAS THE MAIN REASON ...'S MOTHER STOPPED BREAST-FEEDING ...?

- ☐ Not enough milk/hungry baby
- ☐ sore nipples/engorged breasts/I was too tired
- ☐ difficulty positioning baby
- ☐ felt tied down/too difficult to breast-feed in public
- ☐ returned to work/school
- ☐ I didn't want to continue planned to stop at this time
- ☐ physician told me to stop
- ☐ partner/father wanted me to stop
- ☐ Other, specify _____

SECTION F - PARENTING

F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.

- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.
- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - TEMPERAMENT

Interviewer: Infants 3-11 months (IF LESS THAN 3 MONTHS GO TO SECTION I)

H.01 THE FOLLOWING QUESTIONS ARE ABOUT HOW ... BEHAVES. PLEASE ANSWER THEM FOR ... IN COMPARISON TO OTHERS. "ABOUT AVERAGE" MEANS HOW YOU THINK THE TYPICAL BABY WOULD BE SCORED.

HOW EASY OR DIFFICULT IS IT FOR YOU TO CALM OR SOOTHE ... WHEN SHE/HE IS UPSET?

- ☐ Very easy
- ☐ About average
- ☐ Difficult

H.02 HOW EASY OR DIFFICULT IS IT FOR YOU TO PREDICT WHEN ... WILL GO TO SLEEP AND WAKE UP?

H.03 HOW EASY OR DIFFICULT IS IT FOR YOU TO PREDICT WHEN ... WILL BECOME HUNGRY?

H.04 HOW EASY OR DIFFICULT IS IT FOR YOU TO KNOW WHAT'S BOTHERING ... WHEN SHE/HE CRIES OR FUSSES?

H.05 HOW MANY TIMES PER DAY, ON AVERAGE, DOES ... GET FUSSY AND IRRITABLE--FOR EITHER SHORT OR LONG PERIODS OF TIME?

- ☐ never
- ☐ 1-2 times per day
- ☐ 3-6 times per day
- ☐ 7-14 times per day
- ☐ 15 times per day or more

H.06 HOW MUCH DOES ... CRY AND FUSS IN GENERAL?

- ☐ Much less than the average baby
- ☐ About as much as the average baby
- ☐ Much more than the average baby

H.07 HOW DID ... RESPOND TO HIS/HER FIRST BATH?

- ☐ Very well -- baby loved it
- ☐ Neither liked nor disliked it
- ☐ Terribly -- didn't like it

H.08 HOW EASILY DOES YOUR INFANT GET UPSET?

- ☐ Very hard to upset -- even by things that upset most babies
- ☐ About average
- ☐ Very easily upset by things that wouldn't bother most babies

H.09 WHEN ... GETS UPSET (E.G., BEFORE FEEDING, DURING DIAPERING, ETC.), HOW VIGOROUSLY OR LOUDLY DOES HE/SHE CRY AND FUSS?

- ☐ Very mild intensity or loudness
- ☐ Moderate intensity or loudness
- ☐ Very loud or intense, really cuts loose

H.10 HOW DOES ... REACT WHEN YOU ARE DRESSING HIM/HER?

- ☐ Very well -- likes it
- ☐ About average -- doesn't mind it
- ☐ Doesn't like it at all

H.11 HOW ACTIVE IS ... IN GENERAL?

- ☐ Very calm and quiet
- ☐ Average
- ☐ Very active and vigorous

H.12 HOW MUCH DOES ... SMILE AND MAKE HAPPY SOUNDS?

- ☐ A great deal, much more than most infants
- ☐ An average amount
- ☐ Very little, much less than most infants

H.13 WHAT KIND OF MOOD IS ... GENERALLY IN?

- ☐ Very happy and cheerful
- ☐ Neither serious nor cheerful
- ☐ Serious

H.14 HOW MUCH DOES ... WANT TO BE HELD?

- ☐ Wants to be free most of the time
- ☐ Sometimes wants to be held; sometimes not
- ☐ A great deal -- wants to be held almost all the time

- H.15 HOW DOES ... RESPOND TO DISRUPTIONS AND CHANGES IN EVERYDAY ROUTINE, SUCH AS WHEN YOU GO TO CHURCH OR A MEETING, ON TRIPS, ETC.,?
- ☐ Very favorably, doesn't get upset
 - ☐ About average
 - ☐ Very unfavorably, gets quite upset
- H.16 HOW EASY IS IT FOR YOU TO PREDICT WHEN ... WILL NEED A DIAPER CHANGE?
- ☐ Very easy
 - ☐ About average
 - ☐ Very difficult
- H.17 HOW CHANGEABLE IS ...'S MOOD?
- ☐ Changes seldom and changes slowly when he/she does change
 - ☐ About average
 - ☐ Changes often and rapidly
- H.18 HOW EXCITED DOES ... BECOME WHEN PEOPLE PLAY WITH OR TALK TO HIM/HER ?
- ☐ Very excited
 - ☐ About average
 - ☐ Not at all
- H.19 PLEASE RATE THE OVERALL DEGREE OF DIFFICULTY ... WOULD PRESENT FOR THE AVERAGE MOTHER.
- ☐ Super easy
 - ☐ Ordinary, some problems
 - ☐ Highly difficult to deal with

FOR 3-5 MONTHS ONLY (IF 6-11 MONTHS GO TO H.22)

- H.20 ON THE AVERAGE, HOW MUCH ATTENTION DOES ... REQUIRE, OTHER THAN FOR CAREGIVING (FEEDING, DIAPER CHANGES, ETC.)?
- ☐ Very little -- much less than the average baby
 - ☐ Average amount
 - ☐ A lot -- much more than the average baby

H.21 HOW DOES ... REACT TO BEING CONFINED (AS IN A CARSEAT, INFANT SEAT, PLAYPEN, ETC.)?

- ☐ Very well -- likes it
- ☐ Minds a little or protests once in a while
- ☐ Doesn't like it at all

INFANTS 6-11 MONTHS (IF LESS THAN 6 MONTHS GO TO SECTION I)

H.22 HOW DID ... RESPOND TO HIS/HER FIRST SOLID FOOD?

- ☐ Very favorably -- liked it immediately
- ☐ Neither liked nor disliked it
- ☐ Very negatively -- did not like it at all

H.23 HOW DOES ... TYPICALLY RESPOND TO A NEW PERSON?

- ☐ Almost always responds favorably
- ☐ Responds favorably about half the time
- ☐ Almost always responds negatively at first

H.24 HOW DOES ... TYPICALLY RESPOND TO BEING IN A NEW PLACE?

H.25 HOW WELL DOES ... ADAPT TO THINGS (SUCH AS BATHS, NEW PEOPLE & NEW PLACES) EVENTUALLY?

- ☐ Very well -- always likes it eventually
- ☐ Ends up liking it about half the time
- ☐ Almost always dislikes it in the end

H.26 HOW MUCH DOES ... ENJOY PLAYING LITTLE GAMES WITH YOU?

- ☐ A great deal -- really loves it
- ☐ About average
- ☐ Very little -- doesn't like it very much

SECTION I - BEHAVIOUR

I.01 THE FOLLOWING QUESTIONS RELATE TO ...'S SLEEP PATTERNS. WHEN YOU PUT ... TO BED, DOES HE/SHE HAVE TROUBLE FALLING ASLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.02 DOES ... HAVE A PARTICULAR ROUTINE (MORE THAN 30 MINUTES) TO GO TO BED (ROCKING, SONGS, NURSERY RHYMES, ETC.) THAT SHE/HE CANNOT GO TO SLEEP WITHOUT?

- ☐ Yes, routine is consistent almost every night
- ☐ Routine about one night out of two
- ☐ No, no consistent routine

I.03 DOES ... WAKE UP SEVERAL TIMES DURING HIS/HER SLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.04 DOES ... HAVE AN AGITATED SLEEP?

I.05 THE FOLLOWING ARE A FEW EXAMPLES OF HOW INFANTS REACT TO NEW FOODS (ORANGE JUICE, APPLE PURÉE, PORRIDGE, VEGETABLES, ETC.). WHICH OF THE FOLLOWING ARE THE BEST APPROXIMATION OF HOW ... REACTS?

- ☐ She/he swallows everything without complaining
- ☐ The first time she/he made faces or spit out the food, but after a few tries, she/he got used to it
- ☐ The same reaction after several attempts, she/he continued to refuse most of the new foods

SECTION J - DEVELOPMENT

Infant 3 - 6 months

J.00 Interviewer check item:

- ☐ If 0-3 months ---> Go to SECTION K
- ☐ If 3-6 months ---> Go to J.01
- ☐ If 7-11 months ---> Go to J.16

Physical Development

J.01 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

WHEN ... IS LYING ON HIS/HER STOMACH, DOES ... HOLD HIS/HER HEAD UP, WITHOUT SUPPORT, FOR AT LEAST ONE MINUTE?

- ☐ Yes
- ☐ No

J.02 CAN ... ROLL FROM HIS/HER STOMACH TO HIS/HER BACK AND FROM BACK TO STOMACH WITHOUT HELP?

J.03 DOES ... HAVE ANY METHOD OF GETTING FROM ONE PLACE TO ANOTHER IN ANY FASHION EXCEPT ROLLING THAT PERMITS FORWARD TRAVEL? (FOR EXAMPLE, CREEPING OR CRAWLING.)

Self-Help

J.04 DOES ... GRASP OBJECTS WITHIN REACH?

J.05 DOES ... TRY TO GET OBJECTS THAT ARE NEAR BUT BEYOND REACH?

J.06 DOES ... HOLD (BUT NOT NECESSARILY SUPPORT) A BOTTLE WITH HIS/HER HANDS OR FEET WHILE DRINKING FROM IT? (IF ... IS BREAST FED, INCLUDE HOLDING THE BREAST DURING FEEDING).

Communication

- J.07 DOES ... USE VOCAL NOISES FOR PLAY, THAT IS PLAYING WITH SOUNDS (NOT JUST CRYING, GURGLING OR LAUGHING WHEN SOMETHING HAPPENS).
- J.08 DOES ... BABBLE OR USE SOME SOUNDS ATTEMPTING TO IMITATE WORDS OR SPEECH? IT IS AS THOUGH ... IS PRETENDING TO TALK.
- J.09 DOES ... USUALLY LOOK TOWARD THE SOURCE OF A SOUND WHEN IT STARTS, SUCH AS A PERSON BEGINNING TO TALK?

Socialization

- J.10 DOES ... SMILE SPONTANEOUSLY TO A PERSON WHO INTERACTS WITH HIM/HER?
- J.11 DOES ... SHOW HE/SHE WANTS ATTENTION? THIS INCLUDES IF ... REACHES FOR PEOPLE, COOS AT THEM, OR STOPS CRYING WHEN PLAYED WITH (BUT NOT PICKED UP).
- J.12 DOES ... BABBLE OR USE OTHER SOUNDS WHICH SEEM TO BE ATTEMPTS TO TALK? DO NOT INCLUDE CRYING TO GET ATTENTION, TO GET A BOTTLE, OR TO BE HELD.
- J.13 DOES ... SHOW NEGATIVE REACTIONS (ANGER, REFUSAL, FEAR, WITHDRAWAL) TO SUCH NON-PHYSICALLY PAINFUL THINGS AS DISLIKED FOOD OR STRANGERS?

Cognition

- J.14 DOES ... BECOME MORE OR LESS ACTIVE WHEN SOMEONE COMES INTO THE ROOM OR WHEN BEING PICKED UP? (THAT IS, DOES SHE/HE CHANGE HER/HIS ACTIVITY LEVEL).
- J.15 DOES ... EVER SHOW ACTIVE INTEREST IN AN OBJECT OR A PERSON FOR AT LEAST A MINUTE? DO NOT INCLUDE OBJECTS RELATED TO FOOD SUCH AS BOTTLES.

---> Go to SECTION K

Infant 7-11 months

Physical Development

J.16 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

IS ... ABLE TO SIT WITHOUT SUPPORT? FOR EXAMPLE, IS HE/SHE STABLE WHILE SITTING, OR ABLE TO USE BOTH ARMS TO PLAY WHILE SITTING?

- ☐ Yes
- ☐ No

J.17 DOES ... GET INTO THE SITTING POSITION BY HIMSELF/HERSELF?

J.18 DOES ... GO FROM A CRAWLING OR SITTING POSITION TO A STANDING POSITION? ... MAY USE SOMETHING FOR HELP BUT NOT SOMEONE.

J.19 DOES ... WALK BY HOLDING ONTO FURNITURE?

J.20 IS ... ABLE TO TAKE 10 TO 15 STEPS BY HIMSELF/HERSELF WITHOUT HOLDING ON?

Self-Help

J.21 DOES ... USE THUMB AND ONE OR TWO FINGERS TO PICK UP SOMETHING INSTEAD OF GRASPING THE OBJECT WITH THE WHOLE HAND?

J.22 DOES ... TRANSFER OBJECTS FROM ONE HAND TO THE OTHER?

Communication

J.23 DOES ... SOMETIMES IMITATE SPOKEN "WORDS" SUCH AS "DA-DA" OR "MA-MA"? ... MAY NOT KNOW WHAT THESE WORDS MEAN.

- J.24 DOES ... USE MOTIONS OR GESTURES AS A WAY OF TALKING, (E.G. SHAKING HEAD "NO" OR HOLDING OUT ARMS TO BE PICKED UP)?
- J.25 DOES ... ANSWER AN ADULT'S WORDS WITH GESTURES SUCH AS WAVING "BYE-BYE" WHEN AN ADULT SAYS GOODBYE, OR SHAKING THE HEAD UP AND DOWN FOR "YES" OR SIDE TO SIDE FOR "NO" WHEN AN ADULT ASKS SOMETHING?

Socialization

- J.26 DOES ... WAVE "BYE-BYE" AT THE RIGHT TIMES OR CLAP HIS/HER HANDS BY COPYING THE ACTION OF OTHERS OR WHEN PLAYING WITH SOMEONE?
- J.27 DOES ... SHOW HE/SHE KNOWS WHAT "MY" MEANS? THIS MEANS THAT ... UNDERSTANDS WHEN SOMEONE SAYS "MY TRUCK" OR "MY MOMMY".
- J.28 DOES ... COME WHEN CALLED AT LEAST ONE-QUARTER (25%) OF THE TIME?

Cognition

- J.29 DOES ... SHOW LIKES OR DISLIKES FOR SOME PEOPLE, OBJECTS, OR PLACES? DO NOT INCLUDE FOOD LIKES OR DISLIKES?
- J.30 DOES ... SEARCH IN THE RIGHT PLACE FOR SOMETHING THAT HAS BEEN MOVED OUT OF SIGHT? FOR EXAMPLE, IF ... WERE TO SEE A TOY WHICH WAS THEN HIDDEN UNDER A TABLE OR PILLOW, WOULD ... SEARCH FOR IT AND NOT JUST SEEM TO FORGET IT?

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_| - |_|_| - |_|_|_|

NLSC-3

RO	DOCKET	INTERVIEWER #	FAM.ID.
_	_ _ _ _	_ _ _ _	_

National Survey
of Children

Children 12-23 months

START TIME	FINISH TIME
_ : _	_ : _

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

- A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

- A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None ---> GO TO A.04

|_|_| Number

- A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	O Male O Female	O Male O Female
Does not live in this household because:		
O	In someone else's custody or care	O In someone else's custody or care
O	Lives on his/her own	O Lives on his/her own
O	Deceased	O Deceased

- A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes ---> GO TO A.07
O No

- A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

|_|_| |_|_|
 Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

|_|_| |_|_|
 Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

- A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?
- ☐ Yes ---> HOW MANY?
|_|_| Number
 - ☐ No ---> GO TO A.19
- A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.17
- A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.17 Interviewer check item:
- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
 - ☐ Otherwise ---> Go to A.18
- A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their father
 - ☐ Other - specify _____
- A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?
- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
 - ☐ Yes, marriage ---> HOW MANY? |_|_| Number
 - ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
 - ☐ No

A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.55

A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.24

A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.23 Interviewer check item:

- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
- ☐ Otherwise ---> Go to A.24

A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify _____

---> Go to A.55

A.25 DID ... LIVE WITH HER/HIS:

- ☐ MOTHER ALONE?
- ☐ FATHER ALONE?
- ☐ MOTHER AND OTHER? - Specify _____
- ☐ FATHER AND OTHER? - Specify _____
- ☐ OTHER? - Specify _____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
|_|_| |_|_|
Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

- A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.44
- A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.43 Interviewer check item:
- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
 - ☐ Otherwise ---> Go to A.44
- A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify_____
- A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?
- ☐ Care of mother, father unknown on birth certificate
 - ☐ Care of mother, both parents declared on birth certificate, no court order
 - ☐ Exclusive custody of mother granted by court order
 - ☐ Exclusive custody of father granted by court order
 - ☐ Shared custody between parents granted by court order
 - ☐ Other - specify_____
- A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?
- ☐ Sharing living arrangements on an equal time basis?
 - ☐ Sharing living arrangements with most time with you?
 - ☐ Regular visiting?
 - ☐ Irregular visiting?
 - ☐ Telephone or letter inquiries by the parent living with the child?
 - ☐ Telephone or letter information given by the other parent?
 - ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?

(Date of first death, if both)

|_|_| |_|_|
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify _____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify _____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

☐ Yes

☐ No ---> WHAT IS IT NOW?

☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER

☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER

☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER

☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

☐ A GREAT SOURCE OF TENSION?

☐ SOME SOURCE OF TENSION?

☐ VERY LITTLE SOURCE OF TENSION?

☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

☐ Yes, a marriage ---> GO TO A.87

☐ Yes, a common-law relationship

☐ Yes, a common-law relationship that resulted in marriage

☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

|_|_| |_|_|

Month Year

A.86 Interviewer check item:

☐ If 'Common-law only' in A.84 ---> Go to A.88

☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|

Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

☐ Yes, full-time

☐ Yes, part-time

☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

- ☐ Yes ---> Go to SECTION D
- ☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

- ☐ Profit
- ☐ Non-profit
- ☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- E) CARE IN OWN HOME BY A NON-RELATIVE

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No
- ☐ Not applicable

G) CARE IN OWN HOME BY OTHER RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

K) OTHER CARE

- ☐ Yes ---> Specify: _____
FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| |_|_|
Month Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?

(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody
Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

B.05 FINALLY, 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

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|_|. |_| Inches

or

|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_| Pounds

or

|_|_|. |_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify)_____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify)_____

D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ---> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

☐ Yes ---> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_| NIGHTS

☐ No

☐ Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

☐ Yes ---> HOW MANY TIMES SINCE LAST SEPTEMBER?

|_|_|

☐ No

E.07 HOW MANY CIGARETTES PER DAY DID YOU SMOKE DURING YOUR PREGNANCY WITH ...?

- ☐ 1 to 7
- ☐ 8 to 12
- ☐ 13 to 20
- ☐ 21 or more
- ☐ Don't know

E.08 WHEN DID YOU SMOKE THIS AMOUNT?
(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.09 HOW FREQUENTLY DID YOU CONSUME ALCOHOL DURING YOUR PREGNANCY WITH (EG. BEER, WINE, VERMOUTH, SPIRITS, LIQUEURS)?

- ☐ Never ---> Go to E.12
- ☐ Less than once a month
- ☐ 1-3 times a month
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Everyday

E.10 ON THE DAYS WHEN YOU DRANK, HOW MANY DRINKS DID YOU USUALLY HAVE?

- ☐ 1 to 2
- ☐ 3 to 4
- ☐ 5 or more

E.11 WHEN DID YOU CONSUME THIS QUANTITY?
(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.12 DID YOU TAKE ANY DRUGS DURING YOUR PREGNANCY WITH ...?

- ☐ Yes, prescription
- ☐ Yes, over the counter
- ☐ Yes, illegal
- ☐ No ---> Go to E.14

E.13 AT WHAT STAGE IN YOUR PREGNANCY DID YOU TAKE THESE?
(Mark more than one if necessary)

- ☐ Before realizing you were pregnant
- ☐ During the first three months
- ☐ During the second three months
- ☐ During the third three months
- ☐ Throughout

E.14 HOW MANY DAYS OR WEEKS BEFORE OR AFTER THE DUE DATE WAS ... BORN?

|_|_| Days OR |_|_| Weeks

- ☐ Before
- ☐ After

E.15 WHAT WAS'S BIRTH WEIGHT?

|_|_|_| or |_|_| . |_|_|
Grams Pounds/ Ounces

E.16 WHAT WAS ...'S LENGTH AT BIRTH:

|_|_|_| cm or |_|_| inches

Delivery

E.17 WAS THIS A SINGLE BIRTH OR TWINS, OR TRIPLETS?

- ☐ Single birth
- ☐ Twins
- ☐ Triplet
- ☐ More than triplets

E.21 WHO DELIVERED ...?

- ☐ A doctor
- ☐ A nurse
- ☐ A midwife
- ☐ Other - Specify: _____

E.22 WHERE WAS ... BORN?

- ☐ Home
- ☐ Clinic
- ☐ Hospital ---> Go to E.24

E.23 WAS ... MOVED TO A HOSPITAL DURING OR FOLLOWING BIRTH?

- ☐ Yes
- ☐ No ---> Go to E.27

Infant after birth**E.24 WAS ... IN INTENSIVE CARE IN THE HOSPITAL WHEN HE/SHE WAS BORN?**

- ☐ Yes ---> If Yes, how many days:
 |_|_|_| days
- ☐ No

E.25 HOW MANY DAYS IN TOTAL DID ... STAY IN THE HOSPITAL AFTER SHE/HE WAS BORN?

|_|_|_| days

E.26 WAS ... TRANSFERRED TO A SPECIALIZED HOSPITAL?

- ☐ Yes ---> If Yes, length of stay in the hospital:
 |_|_|_| days
- ☐ No

E.27 COMPARED TO OTHER BABIES IN GENERAL, WOULD YOU SAY THAT ...'S HEALTH AT BIRTH WAS:

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

Breast-Feeding

E.30 DID ...'S MOTHER BREAST-FEED ...?

- ☐ Yes ---> FOR HOW LONG?
 - ☐ 0-4 weeks
 - ☐ 5-8 weeks
 - ☐ 9-12 weeks
 - ☐ 3-6 months
 - ☐ 7-9 months
 - ☐ 10-11 months
 - ☐ 12-16 months
 - ☐ still breast-feeding ---> Go to SECTION.F
- ☐ No ---> Go to SECTION.F
- ☐ Tried, not successful ---> Go to SECTION.F

E.31 WHAT WAS THE MAIN REASON ...'S MOTHER STOPPED BREAST-FEEDING ...?

- ☐ Not enough milk/hungry baby
- ☐ sore nipples/engorged breasts/I was too tired
- ☐ difficulty positioning baby
- ☐ felt tied down/too difficult to breast-feed in public
- ☐ returned to work/school
- ☐ I didn't want to continue/ planned to stop at this time
- ☐ physician told me to stop
- ☐ partner/father wanted me to stop
- ☐ Other, specify _____

SECTION F - PARENTING

F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.

- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.
- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - TEMPERAMENT

H.01 THE FOLLOWING QUESTIONS ARE ABOUT HOW ... BEHAVES. PLEASE ANSWER THEM FOR ... IN COMPARISON TO OTHERS. "ABOUT AVERAGE" MEANS HOW YOU THINK THE TYPICAL BABY WOULD BE SCORED.

HOW EASY OR DIFFICULT IS IT FOR YOU TO CALM OR SOOTHE ... WHEN HE/SHE IS UPSET?

- ☐ Very easy
- ☐ About average
- ☐ Difficult

H.02 HOW CONSISTENT IS ... IN STICKING WITH HIS/HER SLEEPING ROUTINE?

- ☐ Very consistent
- ☐ Some variability
- ☐ Very inconsistent, highly variable

H.03 HOW CONSISTENT IS ... IN STICKING TO HIS/HER EATING ROUTINE?

H.04 HOW EASY OR DIFFICULT IS IT FOR YOU TO KNOW WHAT'S BOTHERING ... WHEN HE/SHE CRIES OR FUSSES?

- ☐ Very easy
- ☐ About average
- ☐ Difficult

H.05 HOW MANY TIMES PER DAY, ON THE AVERAGE, DOES ... GET FUSSY AND IRRITABLE, FOR EITHER SHORT OR LONG PERIODS OF TIME?

- ☐ Never
- ☐ 1-2 times per day
- ☐ 3-6 times per day
- ☐ 7-14 times per day
- ☐ more than 15 times per day

H.06 HOW MUCH DOES ... CRY AND FUSS IN GENERAL?

- ☐ Very little; much less than the average baby
- ☐ Average amount; about as much as the average baby
- ☐ A lot; much more than the average baby

H.07 HOW DOES ... TYPICALLY RESPOND TO NEW PLAYTHINGS?

- ☐ Always responds favorably
- ☐ Responds favorably about half the time or is always neutral
- ☐ Almost always responds negatively or fearfully

H.08 HOW DOES ... TYPICALLY RESPOND TO NEW FOODS?

H.09 HOW DOES ... TYPICALLY RESPOND TO A NEW PERSON?

H.10 HOW DOES ... TYPICALLY RESPOND TO BEING IN A NEW PLACE?

H.11 HOW WELL DOES ... ADAPT TO THINGS (SUCH AS NEW FOODS, PEOPLE OR PLACES) EVENTUALLY?

- ☐ Very well -- always likes it eventually
- ☐ Ends up liking it about half the time
- ☐ Almost always dislikes it in the end

H.12 HOW EASILY DOES ... GET UPSET?

- ☐ Very hard to upset -- even by things that upset most babies
- ☐ About average
- ☐ Very easily upset by things that wouldn't bother most babies

H.13 WHEN ... GETS UPSET, HOW VIGOROUSLY OR LOUDLY DOES HE/SHE CRY AND FUSS?

- ☐ Very mild intensity or loudness
- ☐ Moderate intensity or loudness
- ☐ Very loud or intense, really cuts loose

H.14 HOW DOES ... REACT WHEN YOU ARE DRESSING HIM/HER?

- ☐ Very well -- likes it
- ☐ About average -- doesn't mind it
- ☐ Doesn't like it at all

H.15 HOW ACTIVE IS ... IN GENERAL?

- ☐ Very calm and quiet
- ☐ Average
- ☐ Very active and vigorous

H.16 HOW MUCH DOES ... SMILE AND MAKE HAPPY SOUNDS?

- ☐ A great deal, much more than most infants
- ☐ An average amount
- ☐ Very little, much less than most infants

H.17 WHAT KIND OF MOOD IS ... GENERALLY IN?

- ☐ Very happy and cheerful
- ☐ Neither serious nor cheerful
- ☐ Serious

H.18 HOW MUCH DOES ... ENJOY PLAYING GAMES WITH YOU?

- ☐ A great deal -- really loves it
- ☐ About average
- ☐ Very little -- doesn't like it very much

H.19 HOW MUCH DOES ... WANT TO BE HELD?

- ☐ Wants to be free most of the time
- ☐ Sometimes wants to be held; sometimes not
- ☐ A great deal -- wants to be held almost all the time

H.20 HOW DOES ... RESPOND TO DISRUPTIONS AND CHANGES IN EVERYDAY ROUTINE, SUCH AS WHEN YOU GO TO CHURCH OR A MEETING, ON TRIPS, ETC.,?

- ☐ Very favorably, doesn't get upset
- ☐ About average
- ☐ Very unfavorably, gets quite upset

H.21 HOW CHANGEABLE IS ...'S MOOD?

- ☐ Changes seldom and changes slowly when he/she does change
- ☐ About average
- ☐ Changes often and rapidly

- H.22 HOW EXCITED DOES ... BECOME WHEN PEOPLE PLAY WITH OR TALK TO HIM/HER?
- ☐ Very excited
 - ☐ About average
 - ☐ Not at all
- H.23 ON THE AVERAGE, HOW MUCH ATTENTION DOES ... REQUIRE, OTHER THAN FOR CAREGIVING (FEEDING, DIAPER CHANGES, ETC.)?
- ☐ Very little -- much less than the average baby
 - ☐ Average amount
 - ☐ A lot -- much more than the average baby
- H.24 WHEN LEFT ALONE, ... PLAYS WELL BY HIMSELF/HERSELF?
- ☐ Almost always
 - ☐ About half the time
 - ☐ Almost never -- won't play by self
- H.25 HOW DOES ... REACT TO BEING CONFINED (AS IN A CARSEAT, INFANT SEAT, PLAYPEN, ETC.)?
- ☐ Very well -- likes it
 - ☐ Minds a little or protests once in a while
 - ☐ Doesn't like it at all
- H.26 HOW MUCH DOES ... CUDDLE AND SNUGGLE WHEN HELD?
- ☐ A great deal -- almost every time
 - ☐ Average, sometimes does and sometimes does not
 - ☐ Very little; seldom cuddles
- H.27 HOW EASY OR DIFFICULT IS IT TO TAKE ... PLACES?
- ☐ Easy; fun to take baby with me
 - ☐ Okay; baby may fuss but no real trouble
 - ☐ Difficult; baby is usually disruptive

H.28 DOES ... PERSIST IN PLAYING WITH OBJECTS WHEN HE/SHE IS TOLD TO LEAVE THEM ALONE?

- ☐ Rarely or never persists
- ☐ Sometimes does and sometimes does not
- ☐ Almost always persists

H.29 DOES ... CONTINUE TO GO SOMEPLACE EVEN WHEN YOU TOLD HIM/HER SOMETHING LIKE "STOP", "COME HERE" OR "NO-NO"?

H.30 WHEN REMOVED FROM SOMETHING HE/SHE IS INTERESTED IN BUT SHOULD NOT BE GETTING INTO, ... GETS UPSET.

- ☐ Never
- ☐ Sometimes does and sometimes does not
- ☐ Always gets very upset

H.31 HOW PERSISTENT IS ... IN TRYING TO GET YOUR ATTENTION WHEN YOU ARE BUSY?

- ☐ Doesn't persist at all
- ☐ Will try, but will only mildly persist
- ☐ Very persistent -- will do anything to get attention

H.32 PLEASE RATE THE OVERALL DEGREE OF DIFFICULTY ... WOULD PRESENT FOR THE AVERAGE MOTHER.

- ☐ Super easy
- ☐ Ordinary, some problems
- ☐ Highly difficult to deal with

SECTION I - BEHAVIOUR

I.01 THE FOLLOWING QUESTIONS RELATE TO ...'S SLEEP PATTERNS. WHEN YOU PUT ... TO BED, DOES HE/SHE HAVE TROUBLE FALLING ASLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.02 DOES ... HAVE A PARTICULAR ROUTINE (MORE THAN 30 MINUTES) TO GO TO BED (ROCKING, SONGS, NURSERY RHYMES, ETC.) THAT SHE/HE CANNOT GO TO SLEEP WITHOUT?

- ☐ Yes, routine is consistent almost every night
- ☐ Routine about one night out of two
- ☐ No, no consistent routine

I.03 DOES ... WAKE UP SEVERAL TIMES DURING HIS/HER SLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.04 DOES ... HAVE AN AGITATED SLEEP?

I.05 THE FOLLOWING ARE A FEW EXAMPLES OF HOW INFANTS REACT TO NEW FOODS (ORANGE JUICE, APPLE PURÉE, PORRIDGE, VEGETABLES, ETC.). WHICH OF THE FOLLOWING ARE THE BEST APPROXIMATION OF HOW ... REACTS?

- ☐ She/he swallows everything without complaining
- ☐ The first time she/he made faces or spit out the food, but after a few tries, she/he got used to it
- ☐ The same reaction after several attempts, she/he continued to refuse most of the new foods

SECTION J - DEVELOPMENT

Infant 12-17 months (If 18-23 months ---> Go to J.15)

Physical Development

J.01 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

IS ... ABLE TO TAKE 10 TO 15 STEPS BY HIMSELF/HERSELF WITHOUT HOLDING ON?

- ☐ Yes
☐ No

J.02 DOES ... WALK UPSTAIRS (UPRIGHT, NOT CRAWLING) USING A WALL, HAND RAIL, OR A PERSON'S HAND FOR SUPPORT? INCLUDE PUTTING BOTH FEET ON EACH STEP.

J.03 DOES ... WALK WELL ENOUGH, WITHOUT SUPPORT, TO GO ABOUT THE HOUSE UNWATCHED WITHOUT FALLING OR BUMPING INTO OBJECTS?

Self-Help

J.04 DOES ... TAKE OFF SHOES OR SOCKS WITHOUT HELP? THE SHOES MAY BE UNFASTENED BEFORE HE/SHE TAKES THEM OFF. THIS *MUST* BE AS AN ACT OF UNDRESSING, NOT JUST AS A FORM OF PLAY.

J.05 DOES ... DRINK FROM A CHILD'S SIZED CUP OR GLASS *WITHOUT HELP*? HE/SHE MUST HOLD THE CUP OR GLASS WITH ENOUGH SKILL SO THAT THERE ARE ONLY OCCASIONAL SPILLS.

J.06 DOES ... USE A SPOON WITHOUT HELP AND WITH VERY LITTLE SPILLING?

Communication

J.07 DOES ... USE SOME VOCAL SOUNDS (REAL WORDS OR WORD-LIKE SOUNDS) TO TELL WHAT HE/SHE WANTS? SAYING "WAWA" FOR WATER WOULD BE AN EXAMPLE. DO NOT INCLUDE CRYING OR WHINING FOR SOMETHING.

- J.08 DOES ... SAY THE NAMES OF AT LEAST FIVE THINGS (NOT IN IMITATION AND NOT INCLUDING NAMES OF PEOPLE)? THE WORDS MUST BE SAID WELL ENOUGH TO BE UNDERSTOOD BY A STRANGER.
- J.09 DOES ... CARRY OUT COMMANDS OF SHOW, COME, GO, OR GET? FOR EXAMPLE, COULD ... SHOW WHERE HIS/HER TOES ARE, GO TO MA-MA, OR GET THE SPOON WHEN ASKED?

Socialization

- J.10 DOES ... KEEP BUSY AND CONTENT FOR AT LEAST 15 MINUTES DOING ONE OF THE FOLLOWING: WATCHING T.V., COLORING, MARKING WITH A PENCIL, BUILDING, LOOKING AT PICTURES, OR OTHER SIMILAR ACTIVITY? ... MAY DO THIS ALONE OR WITH CHILDREN OF SIMILAR AGE, BUT IT DOES NOT COUNT IF CONSTANT ADULT SUPERVISION IS NEEDED.
- J.11 WHEN TOLD, DOES ... BRING SOMETHING FROM, OR TAKE SOMETHING TO, SOMEONE OR SOMEPLACE? HE/SHE MUST BE ABLE TO FIND THE OBJECT FROM SPOKEN INSTRUCTIONS AND CARRY OUT DIRECTIONS SUCH AS "BRING IT HERE" OR "TAKE IT TO MOMMY."
- J.12 IS ... INTERESTED IN THINGS OR GAMES OTHER CHILDREN LIKE? HE/SHE MAY NOT BE ABLE TO SHARE OR TAKE TURNS WITH OTHER CHILDREN, BUT HE/SHE LIKES THEIR TOYS AND GAMES.

Cognition

- J.13 DOES ... USE PENCILS OR CRAYONS IN DEFINITE ATTEMPTS TO MAKE MARKS ON ANY SURFACE?
- J.14 CAN ... POINT TO AT LEAST ONE BODY PART, EITHER ON HIMSELF/HERSELF OR ON A DOLL, WHEN ASKED?

---> Go to SECTION K

Infant 18-23 months

Physical Development

- J.15 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

CAN ... PITCH, TOSS OR FLING OBJECTS FOR A DISTANCE OF AT LEAST THREE FEET IN A DIRECTION HE/SHE WANTS? DO NOT INCLUDE JUST THROWING THINGS WHICH GO ANY DIRECTION.

- ☐ Yes
☐ No

- J.16 DOES ... GO UPSTAIRS TAKING ONE STAIR WITH EACH FOOT? HE/SHE MUST ALTERNATE FEET GOING UPSTAIRS BUT MAY STILL BE PUTTING TWO FEET ON EACH STEP GOING DOWNSTAIRS.

- J.17 CAN ... RIDE A THREE-WHEELER (TRICYCLE OR "BIG WHEEL") *USING THE PEDALS* FOR AT LEAST 10 FEET AND TURNING WIDE CORNERS?

Self-Help

- J.18 DOES ... KNOW THE DIFFERENCE BETWEEN FOOD AND THINGS WHICH CANNOT BE EATEN? ALTHOUGH HE/SHE MAY PUT SOMETHING OTHER THAN FOOD INTO HIS/HER MOUTH, HE/SHE WILL NOT CHEW OR SWALLOW IT.

- J.19 DOES ... TAKE OFF HIS/HER COAT WITHOUT HELP WHEN BUTTON OR ZIPPERS ARE UNDONE?

- J.20 DOES ... USE A FORK FOR EATING SOLID FOODS WHEN A FORK IS AVAILABLE? A SPOON MAY BE PREFERRED BUT HE/SHE HAS SHOWN THE ABILITY TO USE A FORK.

Communication

- J.21 DOES ... USE AT LEAST 15 DIFFERENT WORDS IN THE RIGHT WAY?

- J.22 DOES ... GET ACROSS, THROUGH WORDS OR GESTURES, THE IDEA OF WANTING "MORE" OR "ANOTHER"? THE WORDS OR GESTURES MUST BE REASONABLY SPECIFIC AND NOT MERELY CRYING OR GENERAL HAND-WAVING.

- J.23 DOES ... PUT TWO OR MORE WORDS TOGETHER TO FORM SENTENCES? "ME GO", "YOU GIVE", "TOM WANT" ARE ALL EXAMPLES.

Socialization

- J.24 DOES ... SHOW JEALOUSY WHEN ATTENTION IS GIVEN TO OTHER PERSONS, ESPECIALLY FAMILY MEMBERS? JEALOUSY MAY BE SHOWN BY ANGER, BABYISH BEHAVIOR, NOISINESS, ASKING TO BE HELD, OR OTHER EXPRESSIONS OF DISPLEASURE.
- J.25 IS ... ABLE TO PLAY WITH AN EASILY BREAKABLE TOY SUCH AS A BALLOON OR CARDBOARD AIRPLANE WITHOUT DESTROYING IT RIGHT AWAY? THE TOY MAY EVENTUALLY BE BROKEN, BUT HE/SHE MUST SHOW THAT HE/SHE KNOWS THE RIGHT WAY TO USE THE TOY AND BE ABLE TO PLAY WITH IT ONCE OR TWICE WITHOUT BREAKING IT.
- J.26 IS ... INTERESTED IN EXPLORING NEW PLACES SUCH AS A FRIEND'S HOUSE OR NEIGHBOR'S YARD? EXPLORATION WITH EYES ALONE IS NOT SUFFICIENT TO PASS THIS ITEM.

Cognition

- J.27 DOES ... EVER GIVE "ONE MORE" OF SOMETHING OR TAKE "ONE MORE" SPOONFUL OF FOOD IF ASKED TO DO SO?
- J.28 DOES ... NAME OR POINT TO AT LEAST 20 OBJECTS OR PICTURES WHEN THEY ARE NAMED?
- J.29 DOES ... RECOGNIZE HIMSELF/HERSELF IN A PHOTOGRAPH?

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_| - |_|_| - |_|_|_|

NLSC-4

RO DOCKET

INTERVIEWER #

FAM.ID.

|_| |_|_|_|_|_|

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|_|

National Survey of Children

Children 2-3 years

START TIME

|_|_|_|_|

FINISH
TIME

|_|_|_|_|

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None ---> GO TO A.04

|_|_| Number

A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1		CHILD # 2
Date of Birth	_ _ Month _ _ Year		_ _ Month _ _ Year
Sex	O Male O Female		O Male O Female
Does not live in this household because:			
O	In someone else's custody or care	O	In someone else's custody or care
O	Lives on his/her own	O	Lives on his/her own
O	Deceased	O	Deceased

A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes ---> GO TO A.07
O No

A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

|_|_| |_|_|
Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?

- ☐ Yes ---> HOW MANY?
|_|_| Number
- ☐ No ---> GO TO A.19

A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.17

A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.17 Interviewer check item:

- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
- ☐ Otherwise ---> Go to A.18

A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify _____

A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.55

A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.24

A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.23 Interviewer check item:

- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
- ☐ Otherwise ---> Go to A.24

A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify _____

---> Go to A.55

A.25 DID ... LIVE WITH HER/HIS:

- ☐ MOTHER ALONE?
- ☐ FATHER ALONE?
- ☐ MOTHER AND OTHER? - Specify_____
- ☐ FATHER AND OTHER? - Specify_____
- ☐ OTHER? - Specify_____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
 |_|_| |_|_|
 Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.44

A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.43 Interviewer check item:

- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
- ☐ Otherwise ---> Go to A.44

A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify_____

A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?

- ☐ Care of mother, father unknown on birth certificate
- ☐ Care of mother, both parents declared on birth certificate, no court order
- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ Other - specify_____

A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?

- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information given by the other parent?
- ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify_____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
- ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No --> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify_____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' --> Go to A.82
- ☐ Otherwise --> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER
 - ☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER
 - ☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER
 - ☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

- ☐ A GREAT SOURCE OF TENSION?
- ☐ SOME SOURCE OF TENSION?
- ☐ VERY LITTLE SOURCE OF TENSION?
- ☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.87
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

|_|_| |_|_|
Month Year

A.86 Interviewer check item:

- ☐ If 'Common-law only' in A.84 ---> Go to A.88
- ☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

- ☐ Yes ---> Go to B.07
- ☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

- ☐ Profit
- ☐ Non-profit
- ☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- E) CARE IN OWN HOME BY A NON-RELATIVE

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No
- ☐ Not applicable

G) CARE IN OWN HOME BY OTHER RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

I) CARE IN A PRESCHOOL PROGRAM (E.G., NURSERY SCHOOL)

- ☐ Yes ---> WHAT TYPE(S) OF PROGRAM(S)? (Mark all that apply)
- ☐ Kindergarten (or junior kindergarten) program
---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ Nursery school or preschool
- ☐ Play group
- ☐ Drop-in centre
- ☐ Toy library
- ☐ Other - specify _____
- ☐ No

K) OTHER CARE

- ☐ Yes ---> Specify: _____
FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| |_|_|
Month Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?

(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody
Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

B.05 FINALLY, 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

B.06 Interviewer check item:

- ☐ If 'Yes' to B.01-I) ---> Go to SECTION D
- ☐ Otherwise ---> Go to B.07

PRESCHOOL ACTIVITIES

B.07 DURING THE WEEK OF (REFERENCE WEEK) DID ... ATTEND ANY NURSERY SCHOOL, PLAY GROUP OR PRESCHOOL PROGRAMS OTHER THAN FOR CHILD CARE REASONS?

- ☐ Yes
☐ No ---> GO TO SECTION D

B.08 WHAT WERE THEY?
(Mark all that apply)

☐ Kindergarten (or junior kindergarten) program
---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours

- ☐ Nursery school or preschool
☐ Play group
☐ Drop-in centre
☐ Toy library
☐ Other - specify _____

B.09 HOW OLD WAS ... WHEN HE/SHE FIRST ATTENDED ANY OF THESE NURSERY SCHOOL OR PRESCHOOL PROGRAMS?

(____) Age in Years

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|_|. |_| Inches

or

|_|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_|_| Pounds

or

|_|_|. |_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify) _____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify) _____

- D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

- D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ----> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

O Yes --> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_|_| NIGHTS

O No

O Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

O Yes --> HOW MANY TIMES SINCE LAST SEPTEMBER?

|_|_|

O No

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

☐ Yes

☐ No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

SECTION E - MEDICAL/ BIOLOGICAL INFORMATION

E.14 HOW MANY DAYS OR WEEKS BEFORE OR AFTER THE DUE DATE WAS ... BORN?

|_|_| Days OR |_|_| Weeks

☐ Before

☐ After

E.15 WHAT WAS'S BIRTH WEIGHT?

|_|_|_|_| Grams or |_|_| . |_|_| Pounds/ Ounces

E.16 WHAT WAS ...'S LENGTH AT BIRTH:

|_|_|_| cm or |_|_| inches

Delivery

E.17 WAS THIS A SINGLE BIRTH OR TWINS, OR TRIPLETS?

☐ Single birth

☐ Twins

☐ Triplet

☐ More than triplets

SECTION F - PARENTING

- F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.
- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
- ☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.
- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - TEMPERAMENT

H.01 THE FOLLOWING QUESTIONS ARE ABOUT HOW ... BEHAVES. PLEASE ANSWER THEM FOR ... IN COMPARISON TO OTHERS. "ABOUT AVERAGE" MEANS HOW YOU THINK THE TYPICAL BABY WOULD BE SCORED.

HOW EASY OR DIFFICULT IS IT FOR YOU TO CALM OR SOOTHE ... WHEN HE/SHE IS UPSET?

- ☐ Very easy
- ☐ About average
- ☐ Difficult

H.02 HOW CONSISTENT IS ... IN STICKING WITH HIS/HER SLEEPING ROUTINE?

- ☐ Very consistent
- ☐ Some variability
- ☐ Very inconsistent, highly variable

H.03 HOW CONSISTENT IS ... IN STICKING TO HIS/HER EATING ROUTINE?

H.04 HOW EASY OR DIFFICULT IS IT FOR YOU TO KNOW WHAT'S BOTHERING ... WHEN HE/SHE CRIES OR FUSSES?

- ☐ Very easy
- ☐ About average
- ☐ Difficult

H.05 HOW MANY TIMES PER DAY, ON THE AVERAGE, DOES ... GET FUSSY AND IRRITABLE, FOR EITHER SHORT OR LONG PERIODS OF TIME?

- ☐ Never
- ☐ 1-2 times per day
- ☐ 3-6 times per day
- ☐ 7-14 times per day
- ☐ more than 15 times per day

H.06 HOW MUCH DOES ... CRY AND FUSS IN GENERAL?

- ☐ Very little; much less than the average baby
- ☐ Average amount; about as much as the average baby
- ☐ A lot; much more than the average baby

H.07 HOW DOES ... TYPICALLY RESPOND TO NEW PLAYTHINGS?

- ☐ Always responds favorably
- ☐ Responds favorably about half the time or is always neutral
- ☐ Almost always responds negatively or fearfully

H.08 HOW DOES ... TYPICALLY RESPOND TO NEW FOODS?**H.09 HOW DOES ... TYPICALLY RESPOND TO A NEW PERSON?****H.10 HOW DOES ... TYPICALLY RESPOND TO BEING IN A NEW PLACE?****H.11 HOW WELL DOES ... ADAPT TO THINGS (SUCH AS NEW FOODS, PEOPLE OR PLACES) EVENTUALLY?**

- ☐ Very well -- always likes it eventually
- ☐ Ends up liking it about half the time
- ☐ Almost always dislikes it in the end

H.12 HOW EASILY DOES ... GET UPSET?

- ☐ Very hard to upset -- even by things that upset most babies
- ☐ About average
- ☐ Very easily upset by things that wouldn't bother most babies

H.13 WHEN ... GETS UPSET, HOW VIGOROUSLY OR LOUDLY DOES HE/SHE CRY AND FUSS?

- ☐ Very mild intensity or loudness
- ☐ Moderate intensity or loudness
- ☐ Very loud or intense, really cuts loose

H.14 HOW DOES ... REACT WHEN YOU ARE DRESSING HIM/HER?

- ☐ Very well -- likes it
- ☐ About average -- doesn't mind it
- ☐ Doesn't like it at all

H.15 HOW ACTIVE IS ... IN GENERAL?

- ☐ Very calm and quiet
- ☐ Average
- ☐ Very active and vigorous

H.16 HOW MUCH DOES ... SMILE AND MAKE HAPPY SOUNDS?

- ☐ A great deal, much more than most infants
- ☐ An average amount
- ☐ Very little, much less than most infants

H.17 WHAT KIND OF MOOD IS ... GENERALLY IN?

- ☐ Very happy and cheerful
- ☐ Neither serious nor cheerful
- ☐ Serious

H.18 HOW MUCH DOES ... ENJOY PLAYING GAMES WITH YOU?

- ☐ A great deal -- really loves it
- ☐ About average
- ☐ Very little -- doesn't like it very much

H.19 HOW MUCH DOES ... WANT TO BE HELD?

- ☐ Wants to be free most of the time
- ☐ Sometimes wants to be held; sometimes not
- ☐ A great deal -- wants to be held almost all the time

H.20 HOW DOES ... RESPOND TO DISRUPTIONS AND CHANGES IN EVERYDAY ROUTINE, SUCH AS WHEN YOU GO TO CHURCH OR A MEETING, ON TRIPS, ETC.,?

- ☐ Very favorably, doesn't get upset
- ☐ About average
- ☐ Very unfavorably, gets quite upset

H.21 HOW CHANGEABLE IS ...'S MOOD?

- ☐ Changes seldom and changes slowly when he/she does change
- ☐ About average
- ☐ Changes often and rapidly

- H.22 HOW EXCITED DOES ... BECOME WHEN PEOPLE PLAY WITH OR TALK TO HIM/HER?
- ☐ Very excited
 - ☐ About average
 - ☐ Not at all
- H.23 ON THE AVERAGE, HOW MUCH ATTENTION DOES ... REQUIRE, OTHER THAN FOR CAREGIVING (FEEDING, DIAPER CHANGES, ETC.)?
- ☐ Very little -- much less than the average baby
 - ☐ Average amount
 - ☐ A lot -- much more than the average baby
- H.24 WHEN LEFT ALONE, ... PLAYS WELL BY HIMSELF/HERSELF?
- ☐ Almost always
 - ☐ About half the time
 - ☐ Almost never -- won't play by self
- H.25 HOW DOES ... REACT TO BEING CONFINED (AS IN A CARSEAT, INFANT SEAT, PLAYPEN, ETC.)?
- ☐ Very well -- likes it
 - ☐ Minds a little or protests once in a while
 - ☐ Doesn't like it at all
- H.26 HOW MUCH DOES ... CUDDLE AND SNUGGLE WHEN HELD?
- ☐ A great deal -- almost every time
 - ☐ Average, sometimes does and sometimes does not
 - ☐ Very little; seldom cuddles
- H.27 HOW EASY OR DIFFICULT IS IT TO TAKE ... PLACES?
- ☐ Easy; fun to take baby with me
 - ☐ Okay; baby may fuss but no real trouble
 - ☐ Difficult; baby is usually disruptive

- H.28 DOES ... PERSIST IN PLAYING WITH OBJECTS WHEN HE/SHE IS TOLD TO LEAVE THEM ALONE?
- ☐ Rarely or never persists
 - ☐ Sometimes does and sometimes does not
 - ☐ Almost always persists
- H.29 DOES ... CONTINUE TO GO SOMEPLACE EVEN WHEN YOU TOLD HIM/HER SOMETHING LIKE "STOP", "COME HERE" OR "NO-NO"?
- H.30 WHEN REMOVED FROM SOMETHING HE/SHE IS INTERESTED IN BUT SHOULD NOT BE GETTING INTO, ... GETS UPSET.
- ☐ Never
 - ☐ Sometimes does and sometimes does not
 - ☐ Always gets very upset
- H.31 HOW PERSISTENT IS ... IN TRYING TO GET YOUR ATTENTION WHEN YOU ARE BUSY?
- ☐ Doesn't persist at all
 - ☐ Will try, but will only mildly persist
 - ☐ Very persistent -- will do anything to get attention
- H.32 PLEASE RATE THE OVERALL DEGREE OF DIFFICULTY ... WOULD PRESENT FOR THE AVERAGE MOTHER.
- ☐ Super easy
 - ☐ Ordinary, some problems
 - ☐ Highly difficult to deal with

SECTION I - BEHAVIOUR

I.01 THE FOLLOWING QUESTIONS RELATE TO ...'S SLEEP PATTERNS. WHEN YOU PUT ... TO BED, DOES HE/SHE HAVE TROUBLE FALLING ASLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.02 DOES ... HAVE A PARTICULAR ROUTINE (MORE THAN 30 MINUTES) TO GO TO BED (ROCKING, SONGS, NURSERY RHYMES, ETC.) THAT SHE/HE CANNOT GO TO SLEEP WITHOUT?

- ☐ Yes, routine is consistent almost every night
- ☐ Routine about one night out of two
- ☐ No, no consistent routine

I.03 DOES ... WAKE UP SEVERAL TIMES DURING HIS/HER SLEEP?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

I.04 DOES ... HAVE AN AGITATED SLEEP?

I.05 THE FOLLOWING ARE A FEW EXAMPLES OF HOW INFANTS REACT TO NEW FOODS (ORANGE JUICE, APPLE PURÉE, PORRIDGE, VEGETABLES, ETC.). WHICH OF THE FOLLOWING ARE THE BEST APPROXIMATION OF HOW ... REACTS?

- ☐ She/he swallows everything without complaining
- ☐ The first time she/he made faces or spit out the food, but after a few tries, she/he got used to it
- ☐ The same reaction after several attempts, she/he continued to refuse most of the new foods

SECTION J - DEVELOPMENT

J.00 Interviewer check item:

- ☐ If 30-35 months ---> Go to J.16
- ☐ If 36-41 months ---> Go to J.31
- ☐ If 42-47 months ---> Go to J.46
- ☐ Otherwise ---> Go to J.01

Infant 24-29 months

Physical Development

J.01 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

IF YOU WERE TO DRAW AN UP-AND-DOWN STRAIGHT LINE, COULD ... COPY IT USING A PENCIL, CRAYON OR PAINT BRUSH? THE QUESTION IS WHETHER HE/SHE HAS ENOUGH EYE-HAND COORDINATION TO COPY A LINE INSTEAD OF JUST SCRIBBLING.

- ☐ Yes
- ☐ No

J.02 DOES ... JUMP WITHOUT FALLING, WITH BOTH FEET TOGETHER, FROM ANY OBJECT WHICH IS AT LEAST EIGHT INCHES OFF THE FLOOR (SUCH AS A STEP OR A BOX)?

J.03 CAN ... MOVE FROM PLACE TO PLACE BY JUMPING OR LEAPING WITH TWO FEET TOGETHER? HE/SHE MUST BE ABLE TO GO AT LEAST 10 FEET IN THIS MANNER.

Self-Help

J.04 WHEN ...'S HANDS HAVE BEEN WASHED, DOES HE/SHE DRY THEM, WITHOUT HELP SO THAT THEY ARE, IN FACT, DRY?

J.05 DOES ... UNDERSTAND AND STAY AWAY FROM COMMON DANGERS? FOR EXAMPLE, TAKING CARE NOT TO FALL ON STAIRS OR FROM HIGH PLACES OR SHOWING THAT HE/SHE KNOWS THE DANGER OF THINGS SUCH AS BROKEN GLASS, BUSY STREETS, OR STRANGE ANIMALS.

J.06 DOES ... COMPLETELY FEED HIMSELF/HERSELF USING A FORK AND SPOON AND GLASS IN THE RIGHT WAY?

Communication

J.07 DOES ... EITHER REPEAT PARTS OF NURSERY RHYMES OR JOIN IN WHEN OTHERS SAY THEM?

J.08 DOES ... NAME (NOT JUST REPEAT) AT LEAST 20 DIFFERENT THINGS SEEN IN PICTURES?

J.09 DOES ... USE AT LEAST 50 DIFFERENT WORDS WHEN SPEAKING? HE/SHE MUST USE THESE WORDS, NOT JUST UNDERSTAND THEM WHEN SPOKEN BY OTHERS.

Socialization

J.10 DOES ... NAME HIS/HER OWN SEX OR TELL THE SEX OF OTHERS? MAY INCLUDE HIM/HER SHOWING HE/SHE KNOWS THAT CERTAIN CLOTHES, ACTIVITIES, OR TOYS USUALLY GO WITH ONE SEX OR THE OTHER.

J.11 DOES ... LIKE TO HELP THE PARENTS AROUND THE HOUSE? FOR EXAMPLE, SUCH ACTIVITIES AS PICKING THINGS UP FROM THE FLOOR, PUTTING RAKED LEAVES IN A BASKET, DUSTING, SETTING OR CLEARING THE TABLE?

J.12 DOES ... SHOW, BY ASKING OR GESTURES, THE NEED TO GO TO THE TOILET? THE GESTURES MUST BE MORE THAN JUST ACTING JUMPY. THEY MUST SHOW HE/SHE IS TRYING TO LET SOME ONE KNOW THAT HE/SHE NEEDS TO GO TO THE TOILET.

Cognition

J.13 IN ...'S PLAY, ARE THINGS EVER GROUPED TOGETHER BY COLOUR OR FORM OR SIZE?

- J.14 DOES ... COPY AN UP-AND-DOWN LINE IN IMITATION OF ONE DRAWN BY AN ADULT?
- J.15 DOES ... SAY SIZE WORDS (LARGE OR BIG *AND* LITTLE OR SMALL) OFTEN AND CORRECTLY? EXCLUDE USING THE WORDS ONLY IN SOME GAME (E.G., HOW BIG IS BABY?).

---> Go to SECTION K

Infant 36-41 months

Physical Development

- J.31 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

CAN ... THROW A BALL (ANY SIZE) TO AN ADULT WHO IS STANDING FIVE FEET AWAY? THE ADULT MUST BE ABLE TO CATCH THE BALL WITHOUT HAVING TO MOVE.

- ☐ Yes
☐ No

- J.32 DOES ... RELEASE THE LATCH AND OPEN AN INSIDE DOOR? HE/SHE MUST BE ABLE, FOR INSTANCE, TO TWIST A DOOR-KNOB AND PUSH OPEN AN UNLOCKED BATHROOM DOOR.

- J.33 CAN ... USE SCISSORS TO CUT OUT A PRINTED CIRCLE THE SIZE OF A SILVER DOLLAR WITHOUT BEING OFF MORE THAN A QUARTER OF AN INCH ANYWHERE? HE/SHE MUST HOLD AND TURN THE PAPER WITH ONE HAND WHILE CUTTING WITH THE OTHER.

Self-help

- J.34 DOES ... CARE FOR HIS/HER OWN TOILETING NEEDS WITHOUT HELP? THIS MEANS UNDESSING, WIPING AND DRESSING. HE/SHE DOES NOT HAVE TO FASTEN BASK BUTTONS OR TIE BOWS TO PASS THIS ITEM.

- J.35 DOES ... HAVE NO MORE THAN ONE TOILETING ACCIDENT PER MONTH? THIS INCLUDED WAKING AND SLEEPING AND BOTH BLADDER AND BOWEL ACCIDENTS.

- J.36 DOES ... USUALLY WASH HIS/HER FACE AND HANDS ACCEPTABLY AND DRY THEM WITHOUT HELP?

Communication

- J.37 DOES ... *USUALLY* OFFER BOTH FIRST *AND* LAST NAME WHEN ADULTS ASK FOR HIS/HER WHOLE NAME?

- J.38 CAN ... TELL A STORY BY LOOKING AT THE PICTURES IN A BOOK? THE STORY MUST BE WHAT IS PICTURED, ALTHOUGH PARTS OF THE STORY NOT SHOWN BY THE PICTURES MAY BE LEFT OUT.

Socialization

- J.40 DOES ... PLAY GROUP GAMES WITH OTHER CHILDREN SUCH AS TAG, HIDE-AND-SEEK, HOPSCOTCH, JUMPROPE, OR MARBLES WITHOUT NEEDING CONSTANT SUPERVISION BY AN ADULT?
- J.41 IS ... ABLE TO KEEP "WORKING" FOR AT LEAST *30 MINUTES* WITH A SIMILAR-AGED CHILD ON A *SINGLE TASK* SUCH AS BLOCK BUILDING, SAND OR MUD PLAY, OR PLAYING STORE, SCHOOL OR HOUSE?
- J.42 DOES ... KNOW THAT SOME THINGS BELONG TO OTHER PEOPLE BY ASKING PERMISSION TO USE THEM INSTEAD OF JUST TAKING THEM? DOES HE/SHE ALSO KNOW THAT THE OWNER HAS FIRST CHOICE AND MAY NOT LET HIM/HER HAVE IT AT ALL?

Cognition

- J.43 DOES ... COUNT TO SIX? FOR INSTANCE, IF SIX THINGS ARE PLACED IN FRONT OF HIM/HER AND HE/SHE IS ASKED TO TELL HOW MANY, HE/SHE CAN USUALLY COUNT THEM CORRECTLY.
- J.44 DOES ... KNOW THAT DIFFERENT ACTIVITIES OCCUR DURING DIFFERENT TIMES OF THE DAY? EXAMPLES ARE KNOWING THAT BREAKFAST IS THE MORNING MEAL AND THAT WHEN IT IS DARK, IT IS TIME FOR BED. ANY INDICATION HE/SHE KNOWS SOME ACTIVITIES GO ON AT CERTAIN TIMES OF THE DAY WILL DO.
- J.45 CAN ... DRAW A CROSS, ONE VERTICAL AND INTERSECTING HORIZONTAL LINE (+) AFTER AN ADULT MAKES ONE?

--> Go to SECTION K

Infant 42-47 months

Physical Development

- J.46 CHILDREN PASS THROUGH A VARIETY OF STAGES OF DEVELOPMENT. THE FOLLOWING QUESTIONS ARE ABOUT ...'S DEVELOPMENT.

CAN ... CATCH A BALL (ANY SIZE) THROWN BY AN ADULT WHO IS STANDING FIVE FEET AWAY? HE/SHE MUST BE ABLE TO CATCH THE BALL AT LEAST HALF (50%) OF THE TIME.

- ☐ Yes
☐ No

- J.47 CAN ... HOP FORWARD ON ONE FOOT FOR A DISTANCE OF AT LEAST 10 FEET WITHOUT HAVING TO START AND STOP AGAIN?

- J.48 DOES ... JUMP ROPE WITH ONE OR BOTH FEET AT LEAST TWICE; OR CAN HE/SHE JUMP OVER A NUMBER OF THINGS IN HIS/HER PATH WITHOUT STOPPING? THE "THINGS" SHOULD BE AT LEAST EIGHT INCHES HIGH.

Self-help

- J.49 DOES ... DRESS COMPLETELY EXCEPT FOR SHOELACE TYING AND OTHER DIFFICULT FASTENINGS? HE/SHE MUST MANAGE REGULAR SHIRT OR BLOUSE BUTTONS AND ZIPPERS.

- J.50 DOES ... PUT TOYS AWAY NEATLY WHEN ASKED TO DO SO? (HE/SHE MAY OFTEN HAVE TO BE ASKED MORE THAN ONCE).

- J.51 CAN ... FIX A BOWL OF DRY CEREAL? THIS MUST INCLUDE GETTING THE BOWL, CEREAL, AND MILK AND POURING BOTH CEREAL AND MILK INTO THE BOWL.

Communication

- J.52 HAS ... SUNG A SONG OF AT LEAST 30 WORDS? MANY OF THE WORDS CAN BE REPEATED IN THE SONG, BUT HE/SHE MUST SING THE SONG ALONE.

- J.53 HAS ... BEEN ABLE TO BUY ANYTHING IN A STORE WITHOUT HELP? HE/SHE MUST HAVE LET THE SALESPERSON KNOW EXACTLY WHAT WAS WANTED, PAID FOR THE ITEM, AND WAITED FOR CHANGE.
- J.54 CAN ... TELL PEOPLE (BY SPEAKING OR HOLDING UP FINGERS) HOW OLD HE/SHE IS NOW, HOW OLD HE/SHE WAS LAST YEAR, AND HOW OLD HE/SHE WILL BE NEXT YEAR?

Socialization

- J.55 DOES ... DRAW A PERSON SO THAT AN ADULT COULD TELL WHAT WAS DRAWN? IT NEED NOT BE A WHOLE PERSON, BUT THERE SHOULD BE A HEAD AND BODY, OR A HEAD AND EYES, NOSE, OR MOUTH WHICH ANY ADULT COULD RECOGNIZE.
- J.56 IS ... ALLOWED TO PLAY IN HIS/HER OWN NEIGHBORHOOD WITHOUT BEING WATCHED BY AN ADULT? THIS DOES NOT MEAN HE/SHE IS ALLOWED TO CROSS THE STREET ALONE.
- J.57 DOES ... KNOW TO USE (THOUGH NOT ALWAYS) THE TERMS "THANK YOU", "PLEASE" AND "YOU'RE WELCOME" AT THE RIGHT TIMES?

Cognition

- J.58 WHEN ASKED TO DRAW A PERSON OR WHEN DRAWING A PICTURE OF A PERSON, DOES ... DRAW A HEAD THAT LOOKS LIKE A HEAD AND AT LEAST ONE OTHER BODY PART?
- J.59 CAN ... TELL A PENNY FROM A NICKEL OR A DIME BY NAMING OR POINTING TO THE PENNY WHEN IT IS NAMED? HE/SHE NEED NOT KNOW THE VALUE OF THE COINS.
- J.60 CAN ... DRAW OR COPY A SQUARE? THE SQUARE MUST HAVE RIGHT ANGLE CORNERS AND THE SIDES OF THE SQUARE SHOULD BE ABOUT EQUAL SIZE.

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_|_| - |_|_|_| - |_|_|_|_|

NLSC-5

RO DOCKET

INTERVIEWER #

FAM.ID.

|_|_| |_|_|_|_|_|_|_|_|

|_|_|_|_|_|_|_|_|

|_|

National Survey of Children

Children 4-5 years

START TIME

|_|_|:|_|_|

FINISH
TIME

|_|_|:|_|_|

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only --> GO TO A.04

A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None --> GO TO A.04

|_|_| Number

A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	O Male O Female	O Male O Female
Does not live in this household because:		
O	In someone else's custody or care	O In someone else's custody or care
O	Lives on his/her own	O Lives on his/her own
O	Deceased	O Deceased

A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes --> GO TO A.07

O No

A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

|_|_| |_|_|
Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?

- ☐ Yes ---> HOW MANY?
|_|_| Number
- ☐ No ---> GO TO A.19

A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.17

A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.17 Interviewer check item:

- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
- ☐ Otherwise ---> Go to A.18

A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify _____

A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.55

A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.24

A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.23 Interviewer check item:

- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
- ☐ Otherwise ---> Go to A.24

A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify _____

---> Go to A.55

A.25 DID ... LIVE WITH HER/HIS:

- ☐ MOTHER ALONE?
- ☐ FATHER ALONE?
- ☐ MOTHER AND OTHER? - Specify_____
- ☐ FATHER AND OTHER? - Specify_____
- ☐ OTHER? - Specify_____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
 |_|_| |_|_|
 Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.44

A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.43 Interviewer check item:

- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
- ☐ Otherwise ---> Go to A.44

A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify_____

A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?

- ☐ Care of mother, father unknown on birth certificate
- ☐ Care of mother, both parents declared on birth certificate, no court order
- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ Other - specify_____

A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?

- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information given by the other parent?
- ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

__|_| __|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify_____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify_____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER
 - ☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER
 - ☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER
 - ☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

- ☐ A GREAT SOURCE OF TENSION?
- ☐ SOME SOURCE OF TENSION?
- ☐ VERY LITTLE SOURCE OF TENSION?
- ☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.87
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

|_|_| |_|_|
Month Year

A.86 Interviewer check item:

- ☐ If 'Common-law only' in A.84 ---> Go to A.88
- ☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU (AND YOUR SPOUSE/PARTNER) SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU ARE AT WORK OR STUDYING.

EXCLUDING TIME SPENT IN ELEMENTARY SCHOOL, WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

- ☐ Yes ---> Go to B.07
- ☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

- ☐ Profit
- ☐ Non-profit
- ☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

- E) CARE IN OWN HOME BY A NON-RELATIVE

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No
- ☐ Not applicable

G) CARE IN OWN HOME BY OTHER RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

I) CARE IN A PRESCHOOL PROGRAM (E.G., NURSERY SCHOOL)

- ☐ Yes ---> WHAT TYPE(S) OF PROGRAM(S)? (Mark all that apply)
- ☐ Kindergarten (or junior kindergarten) program
---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ Nursery school or preschool
- ☐ Play group
- ☐ Drop-in centre
- ☐ Toy library
- ☐ Other - specify _____
- ☐ No

J) CARE IN A BEFORE OR AFTER SCHOOL PROGRAM

- ☐ Yes ---> Specify: _____
FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

K) OTHER CARE

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| |_|_|
Month Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?
(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

B.05 FINALLY, 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

B.06 Interviewer check item:

- ☐ If 'Yes' to B.01-I) ---> Go to SECTION C
- ☐ Otherwise ---> Go to B.07

PRESCHOOL ACTIVITIES

B.07 DURING THE WEEK OF (REFERENCE WEEK) DID ... ATTEND ANY NURSERY SCHOOL, PLAY GROUP OR PRESCHOOL PROGRAMS OTHER THAN FOR CHILD CARE REASONS?

- ☐ Yes
☐ No ---> GO TO SECTION C

B.08 WHAT WERE THEY?
(Mark all that apply)

☐ Kindergarten (or junior kindergarten) program
---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours

- ☐ Nursery school or preschool
☐ Play group
☐ Drop-in centre
☐ Toy library
☐ Other - specify _____

B.09 HOW OLD WAS ... WHEN HE/SHE FIRST ATTENDED ANY OF THESE NURSERY SCHOOL OR PRESCHOOL PROGRAMS?

(____) Age in Years

SECTION C - EDUCATION

C.01 WHAT SCHOOL GRADE IS ... IN?

- ☐ Not in school ---> Go to Section D
- ☐ Ungraded

Newfoundland

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 9) for elementary school
- ☐ Level 1 Secondary
- ☐ Level 2 Secondary
- ☐ Level 3 Secondary

Quebec

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 6) for elementary school
- ☐ Secondary I
- ☐ Secondary II
- ☐ Secondary III
- ☐ Secondary IV
- ☐ Secondary V

Rest of Canada

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 12) for school grade
- ☐ OAC grade 13

C.02 WHICH TYPE OF SCHOOL DID ... ATTEND MOST OF THE TIME SINCE HE/SHE STARTED SCHOOL? WAS/IS IT A ...

- ☐ PUBLIC SCHOOL?
(Include Catholic Schools)
- ☐ PRIVATE SCHOOL?
- ☐ OTHER? - Specify _____

C.03 IN WHAT LANGUAGE IS ... MAINLY TAUGHT?

- ☐ English
- ☐ French
- ☐ Both
- ☐ Other

- C.04 IN AN AVERAGE DAY, HOW MUCH TIME DOES ... SPEND TRAVELLING TO AND FROM SCHOOL?
- |_|_| Hours |_|_| Minutes
- ☐ Not applicable
- C.10 DOES ... LIKE SCHOOL?
- ☐ Yes
☐ No
☐ Not applicable
- C.14 DOES ... RECEIVE ENHANCED OR EXTRA INSTRUCTION BECAUSE SHE/HE IS EXCEPTIONALLY BRIGHT, OR ARTISTICALLY GIFTED?
- ☐ Yes ---> Go to C.17
☐ No
- C.15 DOES ... REQUIRE SPECIAL EDUCATION BECAUSE A PHYSICAL, EMOTIONAL, BEHAVIORAL, OR SOME OTHER PROBLEM INTERFERES WITH HIS/HER ABILITY TO LEARN?
- ☐ Yes
☐ No ---> Go to SECTION D
- C.16 WHAT TYPE OF PROBLEM LIMITS ...'S ABILITY TO LEARN?
- ☐ A physical handicap such as cerebral palsy
☐ A severe visual impairment
☐ A severe hearing impairment
☐ A severe speech impairment
☐ A learning disability such as dyslexia
☐ An emotional or behavioral problem
☐ Mental handicap
☐ A combination of the above conditions
☐ Some other type of problem - Specify: _____
- C.17 WHERE IS THIS SPECIAL EDUCATION PROVIDED FOR ... ?
- ☐ Exclusively within a regular classroom
☐ Primarily within a regular classroom but with occasional lessons in a special education class or resource room
☐ Primarily within a special education class or resource room with occasional lessons in a regular classroom
☐ Exclusively within a special education class or resource room within a regular school
☐ Exclusively within a special school in the school district
☐ Exclusively within a special residential school
☐ Other - Specify: _____
☐ Not provided

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|.|_| Inches

or

|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_| Pounds

or

|_|.|_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify) _____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify) _____

D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ---> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

O Yes --> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_| NIGHTS

O No

O Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

O Yes --> HOW MANY TIMES SINCE LAST SEPTEMBER?

|_|_|

O No

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

- ☐ Yes
- ☐ No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

D.50 USING THE ANSWERS OFTEN, SOMETIMES, SELDOM, OR NEVER, HOW OFTEN WOULD YOU SAY THAT ... :

a) FEELS VERY RESTLESS. OFTEN RUNNING ABOUT OR JUMPING UP AND DOWN. HARDLY EVER STILL.

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

b) FEELS SELF-CONSCIOUS OR EASILY EMBARRASSED.

c) WILL TRY TO HELP SOMEONE WHO HAS BEEN HURT.

d) IS SQUIRMY, OR FIDGETY.

e) DOES NOT SHARE TOYS (OR GAMES).

f) FIGHTS WITH OTHER CHILDREN.

g) HAS A LOT OF ACHES AND PAINS WHEN HE/SHE IS NOT SICK OR HURT.

h) SEEMS TO BE VERY SAD?

i) IS WORRIED, WORRIES ABOUT MANY THINGS.

j) WHEN MAD AT SOMEONE, TRIES TO GET OTHERS TO DISLIKE HIM/HER.

k) NOT INTERESTED IN ANYTHING AND SEEMS BORED, OR JUST SITS AROUND DOING NOTHING MOST OF THE TIME.

-
- l) TENDS TO DO THINGS ON HIS/HER OWN - RATHER SOLITARY.
 - m) IS IRRITABLE AND IS QUICK TO "FLY OFF THE HANDLE".
 - n) APPEARS MISERABLE, UNHAPPY, TEARFUL OR DISTRESSED.
 - o) USES PHYSICAL FORCE (OR THREATENS TO USE FORCE) IN ORDER TO DOMINATE OTHER CHILDREN.
 - p) IS DISOBEDIENT.
 - q) HAS POOR CONCENTRATION OR SHORT ATTENTION SPAN.
 - r) TENDS TO BE FEARFUL OR AFRAID OF NEW THINGS OR NEW SITUATIONS.
 - s) WHEN MAD AT SOMEONE, BECOMES FRIENDS WITH ANOTHER AS REVENGE.
 - t) TALKS ABOUT DEATH OR DYING?
 - u) CLAIMS THAT OTHER CHILDREN ARE TO BLAME IN A FIGHT AND FEELS THAT THEY STARTED THE WHOLE TROUBLE.
 - v) TELLS LIES.
 - w) OFFERS TO HELP OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE HAVING DIFFICULTY WITH A TASK.
 - x) THREATENS OR BULLIES OTHER CHILDREN.
 - y) HAS TROUBLE SLEEPING, THAT IS, TROUBLE FALLING ASLEEP OR STAYING ASLEEP OR WAKES UP TOO EARLY?
 - z) WHEN ANOTHER CHILD ACCIDENTALLY HURTS HIM/HER (SUCH AS BY BUMPING INTO HIM OR HER), ASSUMES THAT THE OTHER CHILD MEANT TO DO IT, AND THEN OVERREACTS WITH ANGER AND FIGHTING.
 - aa) WHEN MAD AT SOMEONE, SAYS BAD THINGS BEHIND THE OTHER'S BACK.
 - bb) HAS TRIED TO KILL HER/HIMSELF
 - cc) COMFORTS A CHILD (FRIEND, BROTHER, OR SISTER) WHO IS CRYING OR UPSET?
 - dd) WHEN TEASED OR THREATENED, GETS ANGRY EASILY AND STRIKES BACK.
 - ee) CRIES EASILY.
 - ff) KEEPS ASKING YOU IF HE/SHE IS DOING OKAY.
 - gg) GIVES UP EASILY.
 - hh) BLAMES OTHERS.
 - ii) CANNOT SETTLE TO ANYTHING FOR MORE THAN A FEW MOMENTS.

- jj) INCONSIDERATE OF OTHERS.
- kk) STARES INTO SPACE.
- ll) WHEN MAD AT SOMEONE, SAYS TO OTHERS: LET'S NOT BE WITH HIM/HER.
- mm) WHEN YOU ARE ABOUT TO LEAVE THE HOUSE, CLINGS TO YOU OR GRABS ON TO YOU TO TRY AND STOP YOU FROM LEAVING.
- nn) KICKS, BITES, HITS OTHER CHILDREN.
- oo) FOLLOWS YOU AROUND THE HOUSE FROM ROOM TO ROOM BECAUSE HE/SHE IS AFRAID TO BE ALONE.
- pp) IS INATTENTIVE.
- qq) THIS CHILD GETS OTHER KIDS TO GANG UP ON A PEER THAT HE/SHE DOES NOT LIKE.
- rr) FEELS NOTHING IS FUN FOR HIM/HER, EVEN THINGS HE/SHE USED TO LIKE?
- ss) WHEN MAD AT SOMEONE, TELLS THE OTHER ONE'S SECRETS TO A THIRD PERSON.
- tt) HELPS OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE FEELING SICK.
- uu) TAKES THE OPPORTUNITY TO PRAISE THE WORK OF LESS ABLE CHILDREN.

D.51 WOULD YOU DESCRIBE ... AS USUALLY:

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ VERY UNHAPPY?

D.52 HAS YOUR CHILD EVER EXPERIENCED ANY UNUSUAL EVENT OR SITUATION THAT HAS CAUSED HIM/HER A GREAT AMOUNT OF WORRY OR UNHAPPINESS?

- ☐ Yes ---> Specify: _____
- ☐ No

SECTION E - LITERACY -- ACTIVITIES

E.01 CHILDREN CAN SHOW THEIR INTEREST IN READING OR SHARING BOOKS IN DIFFERENT WAYS. PLEASE TELL ME IF THESE STATEMENTS DESCRIBE ... A LOT, SOMEWHAT OR NOT AT ALL.

A) CHOOSES TO LOOK AT BOOKS DURING FREE TIME.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

C) ENJOYS TALKING ABOUT A STORY HE/SHE HAS READ OR HEARD.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

D) ENJOYS BEING READ TO.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

E.07 OUTSIDE OF REGULAR PHYSICAL EDUCATION CLASSES, DID HE/SHE TAKE PART IN ANY SPORTS DURING THE PAST YEAR WHICH INVOLVED COACHING OR INSTRUCTION?

- ☐ Yes ---> HOW MANY SUCH SPORTS DID HE/SHE TAKE PART IN?
|_|_| Number
- ☐ No

E.08 OUTSIDE OF REGULAR CLASSES IN SCHOOL, DID HE/SHE TAKE ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

☐ Yes ---> HOW MANY SUCH ACTIVITIES DID HE/SHE RECEIVE INSTRUCTION IN?

|_|_| Number

☐ No

E.09 DURING THE PAST YEAR, DID HE/SHE BELONG TO ANY CLUBS OR GROUPS WITH LEADERSHIP SUCH AS BEAVERS, SPARKS, BROWNIES, A CHURCH GROUP OR COMMUNITY PROGRAMS?

☐ Yes ---> HOW MANY SUCH CLUBS OR GROUPS DID HE/SHE BELONG TO?

|_|_| Number

☐ No

SECTION F - PARENTING

F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.

- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.

- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.
- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - RELATIONSHIPS

- H.01 THE NEXT FEW QUESTIONS ARE ABOUT YOUR CHILD'S RELATIONSHIPS WITH FRIENDS, FAMILY AND OTHERS.

ABOUT HOW MANY DAYS A WEEK DOES ... DO THINGS WITH PLAYMATES (OTHER THAN BROTHERS OR SISTERS)?

- ☐ Never
- ☐ 1 day a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ 6-7 days a week

- H.02 ARE ...'S PLAYMATES MOSTLY THE SAME AGE AS HIM/HER, OLDER OR YOUNGER THAN HIM/HER? (Mark all that apply)

- ☐ Same age
- ☐ Older
- ☐ Younger

- H.03 IS ... ALLOWED TO PLAY IN HIS/HER NEIGHBOURHOOD WITHOUT BEING WATCHED BY AN ADULT? THIS DOES NOT MEAN THE CHILD IS ALLOWED TO CROSS THE STREET ALONE.

- ☐ Yes
- ☐ No

- H.04 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER CHILD CARE PROVIDER?

- ☐ Very well, no problems
- ☐ Quite well, hardly any problems
- ☐ Pretty well, occasional problems
- ☐ Not too well, frequent problems
- ☐ Not well at all, constant problems
- ☐ N/A

- H.05 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH OTHER KIDS, SUCH AS FRIENDS OR CLASSMATES (EXCLUDING BROTHERS OR SISTERS)?

- H.06 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER TEACHER(S) AT SCHOOL?

H.07 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER PARENT(S)?

H.08 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER BROTHER(S)/SISTER(S)

H.09 BESIDES YOURSELF, DOES ... HAVE AN IMPORTANT RELATIONSHIP WITH ANY OTHER ADULTS? (Probe if necessary: WHO ARE THEY?)
(Mark all that apply)

- ☐ The child's other parent
- ☐ The child's grandparent(s)
- ☐ The child's aunt(s) and uncle(s)
- ☐ A friend of the family
- ☐ The child's childcare provider
- ☐ Parent's boyfriend/girlfriend
- ☐ Other - specify _____

SECTION J - TIME USE

J.03 THE NEXT FEW QUESTIONS ARE ABOUT ...'S ACTIVITIES OUTSIDE OF SCHOOL.

JUST THINKING OF AN AVERAGE WEEK, ON HOW MANY WEEKDAYS, THAT IS MONDAY TO FRIDAY, DOES ... WATCH TELEVISION AND/OR MOVIE VIDEOS?

- ☐ None
- ☐ Less than one day a week
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

J.04 ON THE WEEKDAYS THAT ... WATCHES TELEVISION AND/OR MOVIE VIDEOS, HOW MANY HOURS ON AVERAGE DOES HE/SHE WATCH PER DAY?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 9 hours

J.05 HOW MANY HOURS DOES ... SPEND WATCHING TELEVISION AND/OR MOVIE VIDEOS ON AN AVERAGE SATURDAY?

J.06 HOW MANY HOURS DOES ... SPEND WATCHING TELEVISION AND/OR MOVIE VIDEOS ON AN AVERAGE SUNDAY?

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_|_| - |_|_|_| - |_|_|_|_|



NLSC-6

RO DOCKET

INTERVIEWER #

FAM.ID.

|_|_| |_|_|_|_|_|_|_|_|

|_|_|_|_|_|_|_|_|

|_|

National Survey of Children

Children 6-7 years

START TIME

|_|_|_|_|

FINISH
TIME

|_|_|_|_|

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

- A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

- A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None ---> GO TO A.04

|_|_| Number

- A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	O Male O Female	O Male O Female
Does not live in this household because:		
O	In someone else's custody or care	O In someone else's custody or care
O	Lives on his/her own	O Lives on his/her own
O	Deceased	O Deceased

- A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes ---> GO TO A.07
O No

- A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

|_|_| |_|_|
Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?

- ☐ Yes ---> HOW MANY?
|_|_| Number
- ☐ No ---> GO TO A.19

A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.17

A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.17 Interviewer check item:

- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
- ☐ Otherwise ---> Go to A.18

A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify _____

A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.55

A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.24

A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.23 Interviewer check item:

- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
- ☐ Otherwise ---> Go to A.24

A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their mother
- ☐ Other - specify _____

---> Go to A.55

A.25 DID ... LIVE WITH HER/HIS:

- ☐ MOTHER ALONE?
- ☐ FATHER ALONE?
- ☐ MOTHER AND OTHER? - Specify _____
- ☐ FATHER AND OTHER? - Specify _____
- ☐ OTHER? - Specify _____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
|_|_| |_|_|
Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

- A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.44
- A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.43 Interviewer check item:
- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
 - ☐ Otherwise ---> Go to A.44
- A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify_____
- A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?
- ☐ Care of mother, father unknown on birth certificate
 - ☐ Care of mother, both parents declared on birth certificate, no court order
 - ☐ Exclusive custody of mother granted by court order
 - ☐ Exclusive custody of father granted by court order
 - ☐ Shared custody between parents granted by court order
 - ☐ Other - specify_____
- A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?
- ☐ Sharing living arrangements on an equal time basis?
 - ☐ Sharing living arrangements with most time with you?
 - ☐ Regular visiting?
 - ☐ Irregular visiting?
 - ☐ Telephone or letter inquiries by the parent living with the child?
 - ☐ Telephone or letter information given by the other parent?
 - ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?
(Date of first death, if both)

____ | ____ |
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify _____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify _____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

☐ Yes

☐ No ---> WHAT IS IT NOW?

☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER

☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER

☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER

☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

☐ A GREAT SOURCE OF TENSION?

☐ SOME SOURCE OF TENSION?

☐ VERY LITTLE SOURCE OF TENSION?

☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

☐ Yes, a marriage ---> GO TO A.87

☐ Yes, a common-law relationship

☐ Yes, a common-law relationship that resulted in marriage

☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

|_|_| |_|_|

Month Year

A.86 Interviewer check item:

☐ If 'Common-law only' in A.84 ---> Go to A.88

☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|

Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

☐ Yes, full-time

☐ Yes, part-time

☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 Or a.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 Or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year**A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?**

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year**A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?**

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

EXCLUDING TIME SPENT IN ELEMENTARY SCHOOL, WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

☐ Yes ---> Go to SECTION C
☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

☐ Profit
☐ Non-profit
☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

☐ Yes
☐ No
☐ Don't know

- D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

☐ Yes
☐ No
☐ Don't know

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No
- ☐ Not applicable

G) CARE IN OWN HOME BY OTHER RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

H) CHILD IN HIS/HER OWN CARE

J) CARE IN A BEFORE OR AFTER SCHOOL PROGRAM

- ☐ Yes ---> Specify: _____
FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

K) OTHER CARE

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| Month
19|_|_| Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?
(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody
Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

**B.05 FINALLY, 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

SECTION C - EDUCATION

C.01 WHAT SCHOOL GRADE IS ... IN?

- ☐ Not in school ---> Go to Section D
- ☐ Ungraded

Newfoundland

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 9) for elementary school
- ☐ Level 1 Secondary
- ☐ Level 2 Secondary
- ☐ Level 3 Secondary

Quebec

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 6) for elementary school
- ☐ Secondary I
- ☐ Secondary II
- ☐ Secondary III
- ☐ Secondary IV
- ☐ Secondary V

Rest of Canada

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 12) for school grade
- ☐ OAC grade 13

C.02 WHICH TYPE OF SCHOOL DID ... ATTEND MOST OF THE TIME SINCE HE/SHE STARTED SCHOOL? WAS/IS IT A ...

- ☐ PUBLIC SCHOOL?
(Include Catholic Schools)
- ☐ PRIVATE SCHOOL?
- ☐ OTHER? - Specify _____

C.03 IN WHAT LANGUAGE IS ... MAINLY TAUGHT?

- ☐ English
- ☐ French
- ☐ Both
- ☐ Other

HEALTH STATUS

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 ... 'S ABILITIES. YOU MAY FEEL THAT SOME OF THESE QUESTIONS DO NOT APPLY TO YOU/HIM/HER, BUT IT IS IMPORTANT THAT WE ASK THE SAME QUESTIONS OF EVERYONE.

VISION

D.12 ARE/IS ... USUALLY ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No

D.13 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT WITH GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No
- ☐ Don't wear glasses or contacts

D.14 ARE/IS YOU/HE/SHE ABLE TO SEE AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.17

D.15 ARE/IS YOU/HE/SHE ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.17
- ☐ No

D.16 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET WITH GLASSES OR CONTACT LENSES?

- ☐ Yes
- ☐ No
- ☐ Don't wear glasses or contacts

HEARING

D.17 ARE/IS ... *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITHOUT* A HEARING AID?

- ☐ Yes ---> Go to D.22
- ☐ No

D.18 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITH* A HEARING AID?

- ☐ Yes ---> Go to D.20
- ☐ No
- ☐ Don't wear a hearing aid

D.19 ARE/IS YOU/HE/SHE ABLE TO HEAR AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.22

D.20 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM *WITHOUT* A HEARING AID ?

- ☐ Yes ---> Go to D.22
- ☐ No

D.21 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM WITH A HEARING AID?

- ☐ Yes
- ☐ No
- ☐ Don't wear a hearing aid

SPEECH

D.22 ARE/IS ... *USUALLY* ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH STRANGERS IN YOUR OWN LANGUAGE?

- ☐ Yes ---> Go to D.26
- ☐ No

D.23 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *PARTIALLY* WHEN SPEAKING WITH STRANGERS?

- ☐ Yes
- ☐ No

D.24 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes ---> Go to D.26
- ☐ No

D.25 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD PARTIALLY WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes
- ☐ No

GETTING AROUND

D.26 ARE/IS ... *USUALLY* ABLE TO WALK AROUND THE NEIGHBOURHOOD *WITHOUT* DIFFICULTY AND *WITHOUT* MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES?

- ☐ Yes ---> Go to D.33
- ☐ No

D.27 ARE/IS YOU/HE/SHE ABLE TO WALK AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.30

D.28 DO/DOES YOU/HE/SHE REQUIRE MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES TO BE ABLE TO WALK AROUND THE NEIGHBOURHOOD?

- ☐ Yes
- ☐ No

D.29 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON TO BE ABLE TO WALK?

- ☐ Yes
- ☐ No

D.30 DO/DOES YOU/HE/SHE REQUIRE A WHEELCHAIR TO GET AROUND?

- ☐ Yes
- ☐ No ---> Go to D.33

D.31 HOW OFTEN DO/DOES YOU/HE/SHE USE A WHEELCHAIR?
(READ LIST. MARK ONE ONLY.)

- ☐ ALWAYS
- ☐ OFTEN
- ☐ SOMETIMES
- ☐ NEVER

D.32 DO/DOES YOU/HE/SHE NEED THE HELP OF ANOTHER PERSON TO GET AROUND IN THE WHEELCHAIR?

- ☐ Yes
- ☐ No ---> Go to D.33

HANDS AND FINGERS

D.33 DO/DOES ... *USUALLY* HAVE THE FULL *USE* OF TWO HANDS AND TEN FINGERS?

- ☐ Yes ---> Go to D.37
- ☐ No

D.34 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON BECAUSE OF LIMITATIONS IN THE USE OF HANDS OR FINGERS?

- ☐ Yes
- ☐ No ---> Go to D.36

D.35 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON WITH:
(Mark one only)

- ☐ SOME TASKS?
- ☐ MOST TASKS?
- ☐ ALMOST ALL TASKS?
- ☐ ALL TASKS?

D.36 DO/DOES YOU/HE/SHE REQUIRE SPECIAL EQUIPMENT, FOR EXAMPLE, DEVICES TO ASSIST IN DRESSING BECAUSE OF LIMITATIONS IN THE USE OF HANDS OR FINGERS?

- ☐ Yes
- ☐ No

FEELINGS

D.37 WOULD YOU DESCRIBE YOURSELF/... AS BEING *USUALLY*:
(Mark one only)

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ UNHAPPY WITH LITTLE INTEREST IN LIFE?
- ☐ SO UNHAPPY THAT LIFE IS NOT WORTHWHILE?

MEMORY

D.38 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO REMEMBER THINGS? ARE/IS YOU/HE/SHE:
(Mark one only)

- ☐ ABLE TO REMEMBER MOST THINGS?
- ☐ SOMEWHAT FORGETFUL?
- ☐ VERY FORGETFUL?
- ☐ UNABLE TO REMEMBER ANYTHING AT ALL?

THINKING

D.39 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO THINK AND SOLVE DAY-TO-DAY PROBLEMS? ARE/IS YOU/HE/SHE:
(Mark one only)

- ☐ ABLE TO THINK CLEARLY AND SOLVE PROBLEMS?
- ☐ HAVING A LITTLE DIFFICULTY?
- ☐ HAVING SOME DIFFICULTY?
- ☐ HAVING A GREAT DEAL OF DIFFICULTY?
- ☐ UNABLE TO THINK OR SOLVE PROBLEMS?

PAIN AND DISCOMFORT

D.40 ARE/IS ... USUALLY FREE OF PAIN OR DISCOMFORT?

- ☐ Yes —> Go to D.43
- ☐ No

D.41 HOW WOULD YOU DESCRIBE THE USUAL INTENSITY OF YOUR/HIS/HER PAIN OR DISCOMFORT:
(Mark one only)

- ☐ MILD?
- ☐ MODERATE?
- ☐ SEVERE?

D.42 HOW MANY ACTIVITIES DOES YOUR/HIS/HER PAIN OR DISCOMFORT PREVENT?
(READ LIST. MARK ONE ONLY.)

- ☐ NONE
- ☐ A FEW
- ☐ SOME
- ☐ MOST

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS
THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

m) ARTHRITIS?

n) DIABETES?

o) EMOTIONAL, PSYCHOLOGICAL OR NERVOUS DIFFICULTIES?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ---> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

- ☐ Yes --> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_|_| NIGHTS

- ☐ No
- ☐ Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

O Yes ---> HOW MANY TIMES SINCE LAST SEPTEMBER?

O No

|_|_|

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

O Yes

O No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

D.50 USING THE ANSWERS OFTEN, SOMETIMES, SELDOM, OR NEVER, HOW OFTEN WOULD YOU SAY THAT ... :

a) FEELS VERY RESTLESS. OFTEN RUNNING ABOUT OR JUMPING UP AND DOWN. HARDLY EVER STILL.

O Often

O Sometimes

O Seldom

O Never

b) FEELS SELF-CONSCIOUS OR EASILY EMBARRASSED.

c) WILL TRY TO HELP SOMEONE WHO HAS BEEN HURT.

d) IS SQUIRMY, OR FIDGETY.

e) DOES NOT SHARE TOYS (OR GAMES).

f) FIGHTS WITH OTHER CHILDREN.

g) HAS A LOT OF ACHES AND PAINS WHEN HE/SHE IS NOT SICK OR HURT.

- h) SEEMS TO BE VERY SAD?
- i) IS WORRIED, WORRIES ABOUT MANY THINGS.
- j) WHEN MAD AT SOMEONE, TRIES TO GET OTHERS TO DISLIKE HIM/HER.
- k) NOT INTERESTED IN ANYTHING AND SEEMS BORED, OR JUST SITS AROUND DOING NOTHING MOST OF THE TIME.
- l) TENDS TO DO THINGS ON HIS/HER OWN - RATHER SOLITARY.
- m) IS IRRITABLE AND IS QUICK TO "FLY OFF THE HANDLE".
- n) APPEARS MISERABLE, UNHAPPY, TEARFUL OR DISTRESSED.
- o) USES PHYSICAL FORCE (OR THREATENS TO USE FORCE) IN ORDER TO DOMINATE OTHER CHILDREN.
- p) IS DISOBEDIENT.
- q) HAS POOR CONCENTRATION OR SHORT ATTENTION SPAN.
- r) TENDS TO BE FEARFUL OR AFRAID OF NEW THINGS OR NEW SITUATIONS.
- s) WHEN MAD AT SOMEONE, BECOMES FRIENDS WITH ANOTHER AS REVENGE.
- t) TALKS ABOUT DEATH OR DYING?
- u) CLAIMS THAT OTHER CHILDREN ARE TO BLAME IN A FIGHT AND FEELS THAT THEY STARTED THE WHOLE TROUBLE.
- v) TELLS LIES.
- w) OFFERS TO HELP OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE HAVING DIFFICULTY WITH A TASK.
- x) THREATENS OR BULLIES OTHER CHILDREN.
- y) HAS TROUBLE SLEEPING, THAT IS, TROUBLE FALLING ASLEEP OR STAYING ASLEEP OR WAKES UP TOO EARLY?
- z) WHEN ANOTHER CHILD ACCIDENTALLY HURTS HIM/HER (SUCH AS BY BUMPING INTO HIM OR HER), ASSUMES THAT THE OTHER CHILD MEANT TO DO IT, AND THEN OVERREACTS WITH ANGER AND FIGHTING.
- aa) WHEN MAD AT SOMEONE, SAYS BAD THINGS BEHIND THE OTHER'S BACK.
- bb) HAS TRIED TO KILL HER/HIMSELF
- cc) COMFORTS A CHILD (FRIEND, BROTHER, OR SISTER) WHO IS CRYING OR UPSET?
- dd) WHEN TEASED OR THREATENED, GETS ANGRY EASILY AND STRIKES BACK.

- ee) CRIES EASILY.
- ff) KEEPS ASKING YOU IF HE/SHE IS DOING OKAY.
- gg) GIVES UP EASILY.
- hh) BLAMES OTHERS.
- ii) CANNOT SETTLE TO ANYTHING FOR MORE THAN A FEW MOMENTS.
- jj) INCONSIDERATE OF OTHERS.
- kk) STARES INTO SPACE.
- ll) WHEN MAD AT SOMEONE, SAYS TO OTHERS: LET'S NOT BE WITH HIM/HER.
- mm) WHEN YOU ARE ABOUT TO LEAVE THE HOUSE, CLINGS TO YOU OR GRABS ON TO YOU TO TRY AND STOP YOU FROM LEAVING.
- nn) KICKS, BITES, HITS OTHER CHILDREN.
- oo) FOLLOWS YOU AROUND THE HOUSE FROM ROOM TO ROOM BECAUSE HE/SHE IS AFRAID TO BE ALONE.
- pp) IS INATTENTIVE.
- qq) THIS CHILD GETS OTHER KIDS TO GANG UP ON A PEER THAT HE/SHE DOES NOT LIKE.
- rr) FEELS NOTHING IS FUN FOR HIM/HER, EVEN THINGS HE/SHE USED TO LIKE?
- ss) WHEN MAD AT SOMEONE, TELLS THE OTHER ONE'S SECRETS TO A THIRD PERSON.
- tt) HELPS OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE FEELING SICK.
- uu) TAKES THE OPPORTUNITY TO PRAISE THE WORK OF LESS ABLE CHILDREN.

D.51 WOULD YOU DESCRIBE ... AS USUALLY:

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ VERY UNHAPPY?

D.52 HAS YOUR CHILD EVER EXPERIENCED ANY UNUSUAL EVENT OR SITUATION THAT HAS CAUSED HIM/HER A GREAT AMOUNT OF WORRY OR UNHAPPINESS?

- ☐ Yes ---> Specify: _____
- ☐ No



SECTION E - LITERACY -- ACTIVITIES

E.01 CHILDREN CAN SHOW THEIR INTEREST IN READING OR SHARING BOOKS IN DIFFERENT WAYS. PLEASE TELL ME IF THESE STATEMENTS DESCRIBE ... A LOT, SOMEWHAT OR NOT AT ALL.

A) CHOOSES TO READ DURING FREE TIME.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

B) ENJOYS TALKING ABOUT A STORY HE/SHE HAS READ OR HEARD.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

C) ENJOYS BEING READ TO.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

D) DISLIKES READING.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

E) AVOIDS BOOKS.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

F) LIKES TO READ TO YOU (OR YOUR SPOUSE/PARTNER).

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

E.07 OUTSIDE OF REGULAR PHYSICAL EDUCATION CLASSES, DID HE/SHE TAKE PART IN ANY SPORTS DURING THE PAST YEAR WHICH INVOLVED COACHING OR INSTRUCTION?

- ☐ Yes ---> HOW MANY SUCH SPORTS DID HE/SHE TAKE PART IN?
|_|_| Number
- ☐ No

E.08 OUTSIDE OF REGULAR CLASSES IN SCHOOL, DID HE/SHE TAKE ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

- ☐ Yes ---> HOW MANY SUCH ACTIVITIES DID HE/SHE RECEIVE INSTRUCTION IN?
|_|_| Number
- ☐ No

E.09 DURING THE PAST YEAR, DID HE/SHE BELONG TO ANY CLUBS OR GROUPS WITH LEADERSHIP SUCH AS BEAVERS, CUBS, BROWNIES, A CHURCH GROUP OR COMMUNITY PROGRAMS?

- ☐ Yes ---> HOW MANY SUCH CLUBS OR GROUPS DID HE/SHE BELONG TO?
|_|_| Number
- ☐ No

SECTION F - PARENTING

- F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.
- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.
- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - RELATIONSHIPS

H.05 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH OTHER KIDS, SUCH AS FRIENDS OR CLASSMATES (EXCLUDING BROTHERS OR SISTERS)?

- ☐ Never
- ☐ 1 day a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ 6-7 days a week

H.06 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER TEACHER(S) AT SCHOOL?

H.07 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER PARENT(S)?

H.08 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER BROTHER(S)/SISTER(S)

H.09 BESIDES YOURSELF, DOES ... HAVE AN IMPORTANT RELATIONSHIP WITH ANY OTHER ADULTS? (Probe if necessary: WHO ARE THEY?)
(Mark all that apply)

- ☐ The child's other parent
- ☐ The child's grandparent(s)
- ☐ The child's aunt(s) and uncle(s)
- ☐ A friend of the family
- ☐ The child's childcare provider
- ☐ Parent's boyfriend/girlfriend
- ☐ Other - specify _____

H.10 ABOUT HOW MANY FRIENDS DOES ... HAVE?

- ☐ None
- ☐ 1
- ☐ 2 or 3
- ☐ 4 or 5
- ☐ 6 or more

H.11 ABOUT HOW MANY DAYS A WEEK DOES ... DO THINGS WITH FRIENDS?

- ☐ Never
- ☐ 1 day a week
- ☐ 2-3 days a week
- ☐ 4-5 days a week
- ☐ 6-7 days a week

SECTION J - TIME USE

J.01 THE NEXT FEW QUESTIONS ARE ABOUT ...'S ACTIVITIES OUTSIDE OF SCHOOL.

AFTER A USUAL SCHOOL DAY, WHERE DOES ... GO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Home
- ☐ After school care/extended day care
- ☐ Playground
- ☐ Library
- ☐ Mall
- ☐ Relative's house
- ☐ Friend's house
- ☐ Work or a job
- ☐ Somewhere else - Specify: _____

J.02 ON A USUAL DAY AFTER SCHOOL, WHAT DOES ... DO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Spends time with friends
- ☐ Reads a book or magazine not assigned at school
- ☐ Does any chores around the house
- ☐ Works for pay
- ☐ Does homework
- ☐ Goes to a lesson or activity such as sports or a club
- ☐ Watches TV (Include video rentals)
- ☐ Plays video games
- ☐ Does things with his/her brother(s) or sister(s)
- ☐ Plays alone
- ☐ Other - Specify: _____

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_| - |_|_| - |_|_|_|



NLSC-7

RO DOCKET

INTERVIEWER #

FAM.ID.

|_| |_|_|_|_|_|

|_|_|_|_|_|_|

|_|

National Survey of Children

Children 8-9 years

START TIME

|_|_|_|_|

FINISH
TIME

|_|_|_|_|

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

O None ---> GO TO A.04

|_|_| Number

A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	O Male O Female	O Male O Female
Does not live in this household because:		
O	In someone else's custody or care	O In someone else's custody or care
O	Lives on his/her own	O Lives on his/her own
O	Deceased	O Deceased

A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

O Yes ---> GO TO A.07
O No

A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

|_|_| |_|_|
Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?

- ☐ Yes ---> HOW MANY?
|_|_| Number
- ☐ No ---> GO TO A.19

A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.17

A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One weekend out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.17 Interviewer check item:

- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
- ☐ Otherwise ---> Go to A.18

A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify _____

A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

- A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?
- ☐ Yes ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.55
- A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.24
- A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.23 Interviewer check item:
- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
 - ☐ Otherwise ---> Go to A.24
- A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify _____
- > Go to A.55
- A.25 DID ... LIVE WITH HER/HIS:
- ☐ MOTHER ALONE?
 - ☐ FATHER ALONE?
 - ☐ MOTHER AND OTHER? - Specify_____
 - ☐ FATHER AND OTHER? - Specify_____
 - ☐ OTHER? - Specify_____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?

|_|_| |_|_|
Month Year

- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

- A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.44
- A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.43 Interviewer check item:
- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
 - ☐ Otherwise ---> Go to A.44
- A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify_____
- A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?
- ☐ Care of mother, father unknown on birth certificate
 - ☐ Care of mother, both parents declared on birth certificate, no court order
 - ☐ Exclusive custody of mother granted by court order
 - ☐ Exclusive custody of father granted by court order
 - ☐ Shared custody between parents granted by court order
 - ☐ Other - specify_____
- A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?
- ☐ Sharing living arrangements on an equal time basis?
 - ☐ Sharing living arrangements with most time with you?
 - ☐ Regular visiting?
 - ☐ Irregular visiting?
 - ☐ Telephone or letter inquiries by the parent living with the child?
 - ☐ Telephone or letter information given by the other parent?
 - ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?

(Date of first death, if both)

|_|_| |_|_|
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify_____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|

Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|

Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify _____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

☐ Yes

☐ No ---> WHAT IS IT NOW?

☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER

☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER

☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER

☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

☐ A GREAT SOURCE OF TENSION?

☐ SOME SOURCE OF TENSION?

☐ VERY LITTLE SOURCE OF TENSION?

☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

☐ Yes, a marriage ---> GO TO A.87

☐ Yes, a common-law relationship

☐ Yes, a common-law relationship that resulted in marriage

☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

____ |____ |____ |
Month Year

A.86 Interviewer check item:

☐ If 'Common-law only' in A.84 ---> Go to A.88

☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

____ |____ |____ |
Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

☐ Yes, full-time

☐ Yes, part-time

☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 Or a.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 Or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No --> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes --> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes --> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

EXCLUDING TIME SPENT IN ELEMENTARY SCHOOL, WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

- A) NO CHILD CARE ARRANGEMENT?

☐ Yes ---> Go to SECTION C
☐ No

- B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
 |_|_| hours
☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

☐ Profit
☐ Non-profit
☐ Don't know

- C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
 |_|_| hours
☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

☐ Yes
☐ No
☐ Don't know

- D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

☐ Yes
☐ No
☐ Don't know

D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
☐ No
☐ Don't know

E) CARE IN OWN HOME BY A NON-RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD**G) CARE IN OWN HOME BY OTHER RELATIVE****H) CHILD IN HIS/HER OWN CARE****J) CARE IN A BEFORE OR AFTER SCHOOL PROGRAM****K) OTHER CARE**

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| Month
19|_|_| Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?
(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

B.05 FINALLY, 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

SECTION C - EDUCATION

C.01 WHAT SCHOOL GRADE IS ... IN?

- ☐ Not in school ---> Go to Section D
- ☐ Ungraded

Newfoundland

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 9) for elementary school
- ☐ Level 1 Secondary
- ☐ Level 2 Secondary
- ☐ Level 3 Secondary

Quebec

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 6) for elementary school
- ☐ Secondary I
- ☐ Secondary II
- ☐ Secondary III
- ☐ Secondary IV
- ☐ Secondary V

Rest of Canada

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 12) for school grade
- ☐ OAC grade 13

C.02 WHICH TYPE OF SCHOOL DID ... ATTEND MOST OF THE TIME SINCE HE/SHE STARTED SCHOOL? WAS/IS IT A ...

- ☐ PUBLIC SCHOOL?
(Include Catholic Schools)
- ☐ PRIVATE SCHOOL?
- ☐ OTHER? - Specify _____

C.03 IN WHAT LANGUAGE IS ... MAINLY TAUGHT?

- ☐ English
- ☐ French
- ☐ Both
- ☐ Other

C.04 IN AN AVERAGE DAY, HOW MUCH TIME DOES ... SPEND TRAVELLING TO AND FROM SCHOOL?

|_|_| Hours |_|_| Minutes

☐ Not applicable

C.05 HAS ... EVER SKIPPED A GRADE AT SCHOOL?
(EXCLUDE KINDERGARTEN)

☐ Yes

☐ No ---> GO TO C.07

C.06 WHAT GRADE(S) HAS ... SKIPPED?

C.07 HAS ... EVER REPEATED OR FAILED A GRADE AT SCHOOL?

☐ Yes

☐ No ---> GO TO C.09

C.08 WHAT GRADE(S) HAS ... REPEATED OR FAILED?

C.09 DOES HAVE SPECIAL PROBLEMS IN ANY OF THE FOLLOWING AREAS:

ACADEMIC ACHIEVEMENT

☐ Yes

☐ No

MOTIVATION TOWARDS SCHOOL WORK

ATTENDANCE AT SCHOOL

C.10 DOES ... LIKE SCHOOL?

☐ Yes

☐ No

☐ Not applicable

C.11 HOW WELL IS ... DOING IN SCHOOL?**READING**

- ☐ Very well
- ☐ Well
- ☐ Average
- ☐ Poorly
- ☐ Very poorly
- ☐ Don't know
- ☐ Not applicable

WRITING**MATHEMATICS****C.14 DOES ... RECEIVE ENHANCED OR EXTRA INSTRUCTION BECAUSE SHE/HE IS EXCEPTIONALLY BRIGHT, OR ARTISTICALLY GIFTED?**

- ☐ Yes ---> Go to C.17
- ☐ No

C.15 DOES ... REQUIRE SPECIAL EDUCATION BECAUSE A PHYSICAL, EMOTIONAL, BEHAVIORAL, OR SOME OTHER PROBLEM INTERFERES WITH HIS/HER ABILITY TO LEARN?

- ☐ Yes
- ☐ No ---> Go to SECTION D

C.16 WHAT TYPE OF PROBLEM LIMITS ...'S ABILITY TO LEARN?

- ☐ A physical handicap such as cerebral palsy
- ☐ A severe visual impairment
- ☐ A severe hearing impairment
- ☐ A severe speech impairment
- ☐ A learning disability such as dyslexia
- ☐ An emotional or behavioral problem
- ☐ Mental handicap
- ☐ A combination of the above conditions
- ☐ Some other type of problem - Specify: _____

C.17 WHERE IS THIS SPECIAL EDUCATION PROVIDED FOR ... ?

- ☐ Exclusively within a regular classroom
- ☐ Primarily within a regular classroom but with occasional lessons in a special education class or resource room
- ☐ Primarily within a special education class or resource room with occasional lessons in a regular classroom
- ☐ Exclusively within a special education class or resource room within a regular school
- ☐ Exclusively within a special school in the school district
- ☐ Exclusively within a special residential school
- ☐ Other - Specify: _____
- ☐ Not provided

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|_|_| Inches

or

|_|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_|_| Pounds

or

|_|_|_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify) _____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify) _____

D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

HEALTH STATUS

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 ... 'S ABILITIES. YOU MAY FEEL THAT SOME OF THESE QUESTIONS DO NOT APPLY TO YOU/HIM/HER, BUT IT IS IMPORTANT THAT WE ASK THE SAME QUESTIONS OF EVERYONE.

VISION

D.12 ARE/IS ... USUALLY ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No

D.13 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT WITH GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No
- ☐ Don't wear glasses or contacts

D.14 ARE/IS YOU/HE/SHE ABLE TO SEE AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.17

D.15 ARE/IS YOU/HE/SHE ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.17
- ☐ No

D.16 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET WITH GLASSES OR CONTACT LENSES?

- ☐ Yes
- ☐ No
- ☐ Don't wear glasses or contacts

HEARING

D.17 ARE/IS ... *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITHOUT* A HEARING AID?

- ☐ Yes ---> Go to D.22
- ☐ No

D.18 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITH* A HEARING AID?

- ☐ Yes ---> Go to D.20
- ☐ No
- ☐ Don't wear a hearing aid

D.19 ARE/IS YOU/HE/SHE ABLE TO HEAR AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.22

D.20 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM *WITHOUT* A HEARING AID ?

- ☐ Yes ---> Go to D.22
- ☐ No

D.21 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM WITH A HEARING AID?

- ☐ Yes
- ☐ No
- ☐ Don't wear a hearing aid

SPEECH

D.22 ARE/IS ... *USUALLY* ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH STRANGERS IN YOUR OWN LANGUAGE?

- ☐ Yes ---> Go to D.26
- ☐ No

D.23 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *PARTIALLY* WHEN SPEAKING WITH STRANGERS?

- ☐ Yes
- ☐ No

D.24 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes ---> Go to D.26
- ☐ No

D.25 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *PARTIALLY* WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes
- ☐ No

GETTING AROUND

D.26 ARE/IS ... *USUALLY* ABLE TO WALK AROUND THE NEIGHBOURHOOD *WITHOUT* DIFFICULTY AND *WITHOUT* MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES?

- ☐ Yes ---> Go to D.33
- ☐ No

D.27 ARE/IS YOU/HE/SHE ABLE TO WALK AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.30

D.28 DO/DOES YOU/HE/SHE REQUIRE MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES TO BE ABLE TO WALK AROUND THE NEIGHBOURHOOD?

- ☐ Yes
- ☐ No

D.29 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON TO BE ABLE TO WALK?

- ☐ Yes
- ☐ No

D.30 DO/DOES YOU/HE/SHE REQUIRE A WHEELCHAIR TO GET AROUND?

- ☐ Yes
- ☐ No ---> Go to D.33

D.31 HOW OFTEN DO/DOES YOU/HE/SHE USE A WHEELCHAIR?
(READ LIST. MARK ONE ONLY.)

- ☐ ALWAYS
- ☐ OFTEN
- ☐ SOMETIMES
- ☐ NEVER

D.32 DO/DOES YOU/HE/SHE NEED THE HELP OF ANOTHER PERSON TO GET AROUND IN THE WHEELCHAIR?

- ☐ Yes
- ☐ No ---> Go to D.33

HANDS AND FINGERS

D.33 DO/DOES ... *USUALLY* HAVE THE FULL *USE* OF TWO HANDS AND TEN FINGERS?

- ☐ Yes ---> Go to D.37
- ☐ No

D.34 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON BECAUSE OF LIMITATIONS IN THE USE OF HANDS OR FINGERS?

- ☐ Yes
- ☐ No ---> Go to D.36

D.35 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON WITH:
(Mark one only)

- ☐ SOME TASKS?
- ☐ MOST TASKS?
- ☐ ALMOST ALL TASKS?
- ☐ ALL TASKS?

D.36 DO/DOES YOU/HE/SHE REQUIRE SPECIAL EQUIPMENT, FOR EXAMPLE, DEVICES TO ASSIST IN DRESSING BECAUSE OF LIMITATIONS IN THE USE OF HANDS OR FINGERS?

- ☐ Yes
- ☐ No

FEELINGS

D.37 WOULD YOU DESCRIBE YOURSELF/... AS BEING *USUALLY*:
(Mark one only)

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ UNHAPPY WITH LITTLE INTEREST IN LIFE?
- ☐ SO UNHAPPY THAT LIFE IS NOT WORTHWHILE?

MEMORY

- D.38 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO REMEMBER THINGS? ARE/IS YOU/HE/SHE:
(Mark one only)

☐ ABLE TO REMEMBER MOST THINGS?
☐ SOMEWHAT FORGETFUL?
☐ VERY FORGETFUL?
☐ UNABLE TO REMEMBER ANYTHING AT ALL?

THINKING

- D.39 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO THINK AND SOLVE DAY-TO-DAY PROBLEMS? ARE/IS YOU/HE/SHE:
(Mark one only)

☐ ABLE TO THINK CLEARLY AND SOLVE PROBLEMS?
☐ HAVING A LITTLE DIFFICULTY?
☐ HAVING SOME DIFFICULTY?
☐ HAVING A GREAT DEAL OF DIFFICULTY?
☐ UNABLE TO THINK OR SOLVE PROBLEMS?

PAIN AND DISCOMFORT

- D.40 ARE/IS ... USUALLY FREE OF PAIN OR DISCOMFORT?

☐ Yes --> Go to D.43
☐ No

- D.41 HOW WOULD YOU DESCRIBE THE USUAL INTENSITY OF YOUR/HIS/HER PAIN OR DISCOMFORT:
(Mark one only)

☐ MILD?
☐ MODERATE?
☐ SEVERE?

D.42 HOW MANY ACTIVITIES DOES YOUR/HIS/HER PAIN OR DISCOMFORT PREVENT? (READ LIST. MARK ONE ONLY.)

- ☐ NONE
- ☐ A FEW
- ☐ SOME
- ☐ MOST

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

m) ARTHRITIS?

n) DIABETES?

o) EMOTIONAL, PSYCHOLOGICAL OR NERVOUS DIFFICULTIES?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ----> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPLE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

- ☐ Yes ---> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_| NIGHTS

- ☐ No
- ☐ Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

O Yes ---> HOW MANY TIMES SINCE LAST SEPTEMBER?

O No

|_|_|

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

O Yes

O No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

Time: |_|_|:|_|_|

D.50 USING THE ANSWERS OFTEN, SOMETIMES, SELDOM, OR NEVER, HOW OFTEN WOULD YOU SAY THAT ... :

a) FEELS VERY RESTLESS. OFTEN RUNNING ABOUT OR JUMPING UP AND DOWN. HARDLY EVER STILL.

O Often

O Sometimes

O Seldom

O Never

b) FEELS SELF-CONSCIOUS OR EASILY EMBARRASSED.

c) WILL TRY TO HELP SOMEONE WHO HAS BEEN HURT.

d) IS SQUIRMY, OR FIDGETY.

e) DOES NOT SHARE TOYS (OR GAMES).

- f) FIGHTS WITH OTHER CHILDREN.
- g) HAS A LOT OF ACHES AND PAINS WHEN HE/SHE IS NOT SICK OR HURT.
- h) SEEMS TO BE VERY SAD?
- i) IS WORRIED, WORRIES ABOUT MANY THINGS.
- j) WHEN MAD AT SOMEONE, TRIES TO GET OTHERS TO DISLIKE HIM/HER.
- k) NOT INTERESTED IN ANYTHING AND SEEMS BORED, OR JUST SITS AROUND DOING NOTHING MOST OF THE TIME.
- l) TENDS TO DO THINGS ON HIS/HER OWN - RATHER SOLITARY.
- m) IS IRRITABLE AND IS QUICK TO "FLY OFF THE HANDLE".
- n) APPEARS MISERABLE, UNHAPPY, TEARFUL OR DISTRESSED.
- o) USES PHYSICAL FORCE (OR THREATENS TO USE FORCE) IN ORDER TO DOMINATE OTHER CHILDREN.
- p) IS DISOBEDIENT.
- q) HAS POOR CONCENTRATION OR SHORT ATTENTION SPAN.
- r) TENDS TO BE FEARFUL OR AFRAID OF NEW THINGS OR NEW SITUATIONS.
- s) WHEN MAD AT SOMEONE, BECOMES FRIENDS WITH ANOTHER AS REVENGE.
- t) TALKS ABOUT DEATH OR DYING?
- u) CLAIMS THAT OTHER CHILDREN ARE TO BLAME IN A FIGHT AND FEELS THAT THEY STARTED THE WHOLE TROUBLE.
- v) TELLS LIES.
- w) OFFERS TO HELP OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE HAVING DIFFICULTY WITH A TASK.

- x) THREATENS OR BULLIES OTHER CHILDREN.
- y) HAS TROUBLE SLEEPING, THAT IS, TROUBLE FALLING ASLEEP OR STAYING ASLEEP OR WAKES UP TOO EARLY?
- z) WHEN ANOTHER CHILD ACCIDENTALLY HURTS HIM/HER (SUCH AS BY BUMPING INTO HIM OR HER), ASSUMES THAT THE OTHER CHILD MEANT TO DO IT, AND THEN OVERREACTS WITH ANGER AND FIGHTING.
- aa) WHEN MAD AT SOMEONE, SAYS BAD THINGS BEHIND THE OTHER'S BACK.
- bb) HAS TRIED TO KILL HER/HIMSELF
- cc) COMFORTS A CHILD (FRIEND, BROTHER, OR SISTER) WHO IS CRYING OR UPSET?
- dd) WHEN TEASED OR THREATENED, GETS ANGRY EASILY AND STRIKES BACK.
- ee) CRIES EASILY.
- ff) KEEPS ASKING YOU IF HE/SHE IS DOING OKAY.
- gg) GIVES UP EASILY.
- hh) BLAMES OTHERS.
- ii) CANNOT SETTLE TO ANYTHING FOR MORE THAN A FEW MOMENTS.
- jj) INCONSIDERATE OF OTHERS.
- kk) STARES INTO SPACE.
- ll) WHEN MAD AT SOMEONE, SAYS TO OTHERS: LET'S NOT BE WITH HIM/HER.
- mm) WHEN YOU ARE ABOUT TO LEAVE THE HOUSE, CLINGS TO YOU OR GRABS ON TO YOU TO TRY AND STOP YOU FROM LEAVING.
- nn) KICKS, BITES, HITS OTHER CHILDREN.
- oo) FOLLOWS YOU AROUND THE HOUSE FROM ROOM TO ROOM BECAUSE HE/SHE IS AFRAID TO BE ALONE.
- pp) IS INATTENTIVE.
- qq) THIS CHILD GETS OTHER KIDS TO GANG UP ON A PEER THAT HE/SHE DOES NOT LIKE.

- rr) FEELS NOTHING IS FUN FOR HIM/HER, EVEN THINGS HE/SHE USED TO LIKE?
- ss) WHEN MAD AT SOMEONE, TELLS THE OTHER ONE'S SECRETS TO A THIRD PERSON.
- tt) HELPS OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE FEELING SICK.
- uu) TAKES THE OPPORTUNITY TO PRAISE THE WORK OF LESS ABLE CHILDREN.

D.51 WOULD YOU DESCRIBE ... AS USUALLY:

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ VERY UNHAPPY?

D.52 HAS YOUR CHILD EVER EXPERIENCED ANY UNUSUAL EVENT OR SITUATION THAT HAS CAUSED HIM/HER A GREAT AMOUNT OF WORRY OR UNHAPPINESS?

- ☐ Yes ---> Specify: _____
- ☐ No

SECTION E - LITERACY -- ACTIVITIES

E.01 CHILDREN CAN SHOW THEIR INTEREST IN READING OR SHARING BOOKS IN DIFFERENT WAYS. PLEASE TELL ME IF THESE STATEMENTS DESCRIBE ... A LOT, SOMEWHAT OR NOT AT ALL.

A) CHOOSES TO READ DURING FREE TIME.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

B) ENJOYS TALKING ABOUT A STORY HE/SHE HAS READ OR HEARD.

C) ENJOYS BEING READ TO.

D) DISLIKES READING.

E) AVOIDS BOOKS.

F) LIKES TO READ TO YOU (OR YOUR SPOUSE/PARTNER).

E.02 HOW OFTEN DOES ... GO TO A LIBRARY OR BRING A BOOK HOME FROM SCHOOL?

- ☐ Once a week or more
- ☐ Every 2 or 3 weeks
- ☐ Once a month
- ☐ Less than once a month
- ☐ Don't know

E.03 ABOUT HOW MANY BOOKS DOES ... HAVE?

- ☐ None
- ☐ 1 or 2
- ☐ 3 to 9
- ☐ 10 or more

E.04 ABOUT HOW OFTEN DOES ... READ FOR ENJOYMENT?

- ☐ Every day
- ☐ Several times a week
- ☐ Several times a month
- ☐ Several times a year
- ☐ Never

E.05 HOW IMPORTANT IS IT TO ... TO EXCEL IN SPORTS OR ORGANIZED ACTIVITIES?

- ☐ Very important
- ☐ Important
- ☐ Somewhat important
- ☐ Not important at all

E.06 DOES ... HAVE SPECIAL SKILLS OR TALENTS IN ANY OF THE FOLLOWING AREAS?

A) SPORTS

- ☐ Yes
- ☐ No
- ☐ Don't know

B) ACADEMIC WORK

C) ARTS OR MUSIC

D) OTHER SKILLS

E.07 OUTSIDE OF REGULAR PHYSICAL EDUCATION CLASSES, DID HE/SHE TAKE PART IN ANY SPORTS DURING THE PAST YEAR WHICH INVOLVED COACHING OR INSTRUCTION?

- ☐ Yes --> HOW MANY SUCH SPORTS DID HE/SHE TAKE PART IN?
|_|_| Number
- ☐ No

E.08 OUTSIDE OF REGULAR CLASSES IN SCHOOL, DID HE/SHE TAKE ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

E.09 DURING THE PAST YEAR, DID HE/SHE BELONG TO ANY CLUBS OR GROUPS WITH LEADERSHIP SUCH AS CUBS, BROWNIES, A CHURCH GROUP OR COMMUNITY PROGRAMS?

- ☐ Yes --> HOW MANY SUCH CLUBS OR GROUPS DID HE/SHE BELONG TO?
|_|_| Number
- ☐ No

SECTION F - PARENTING

F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.

- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.

- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION H - RELATIONSHIPS

H.05 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH OTHER KIDS, SUCH AS FRIENDS OR CLASSMATES (EXCLUDING BROTHERS OR SISTERS)?

- ☐ Very well, no problems
- ☐ Quite well, hardly any problems
- ☐ Pretty well, occasional problems
- ☐ Not too well, frequent problems
- ☐ Not well at all, constant problems
- ☐ N/A

H.06 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER TEACHER(S) AT SCHOOL?

H.07 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER PARENT(S)?

H.08 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER BROTHER(S)/SISTER(S)

H.10 ABOUT HOW MANY FRIENDS DOES ... HAVE?

- ☐ None
- ☐ 1
- ☐ 2 or 3
- ☐ 4 or 5
- ☐ 6 or more

H.12 HOW MANY OF ... CLOSE FRIENDS DO YOU KNOW BY SIGHT AND BY FIRST AND LAST NAME?

- ☐ All
- ☐ Most
- ☐ About half
- ☐ Only a few
- ☐ None

H.13 WHEN IT COMES TO MEETING NEW CHILDREN AND MAKING NEW FRIENDS IS ... :

- ☐ SOMEWHAT SHY?
- ☐ ABOUT AVERAGE?
- ☐ VERY OUTGOING - MAKES FRIENDS VERY EASILY?

H.14 DOES ... HANG AROUND WITH KIDS YOU THINK ARE OFTEN IN TROUBLE?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

SECTION J - TIME USE

J.01 THE NEXT FEW QUESTIONS ARE ABOUT ...'S ACTIVITIES OUTSIDE OF SCHOOL.

AFTER A USUAL SCHOOL DAY, WHERE DOES ... GO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Home
- ☐ After school care/extended day care
- ☐ Playground
- ☐ Library
- ☐ Mall
- ☐ Relative's house
- ☐ Friend's house
- ☐ Work or a job
- ☐ Somewhere else - Specify: _____

J.02 ON A USUAL DAY AFTER SCHOOL, WHAT DOES ... DO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Spends time with friends
- ☐ Reads a book or magazine not assigned at school
- ☐ Does any chores around the house
- ☐ Works for pay
- ☐ Does homework
- ☐ Goes to a lesson or activity such as sports or a club
- ☐ Watches TV (Include video rentals)
- ☐ Plays video games
- ☐ Does things with his/her brother(s) or sister(s)
- ☐ Plays alone
- ☐ Other - Specify: _____

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_|_| - |_|_|_| - |_|_|_|_|

NLSC-8

RO DOCKET

INTERVIEWER #

FAM.ID.

|_|_| |_|_|_|_|_|_|_|

|_|_|_|_|_|_|_|

|_|

National Survey of Children

Children 10-11 years

START TIME

|_|_|:|_|_|

FINISH
TIME

|_|_|:|_|_|

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

SECTION A - FAMILY AND CUSTODY HISTORY

A.01 I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE LEGAL CUSTODY AND LIVING ARRANGEMENTS OF YOUR CHILD.

HOW MANY CHILDREN DID ...'S PARENTS HAVE OR ADOPT TOGETHER, INCLUDING ...?

|_|_| Number

If one child only ---> GO TO A.04

A.02 HOW MANY OF THESE CHILDREN DO NOT LIVE AT ALL IN THIS HOUSEHOLD?

☐ None ---> GO TO A.04

|_|_| Number

A.03 CAN YOU GIVE ME THEIR BIRTH DATE, SEX AND THE REASON WHY THEY DO NOT LIVE IN THIS HOUSEHOLD?

	CHILD # 1	CHILD # 2
Date of Birth	_ _ Month _ _ Year	_ _ Month _ _ Year
Sex	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Does not live in this household because:		
<input type="radio"/>	In someone else's custody or care	<input type="radio"/> In someone else's custody or care
<input type="radio"/>	Lives on his/her own	<input type="radio"/> Lives on his/her own
<input type="radio"/>	Deceased	<input type="radio"/> Deceased

A.04 HAS ... BEEN LIVING WITH YOU SINCE SHE/HE WAS BORN?

☐ Yes ---> GO TO A.07
☐ No

A.05 AT WHAT AGE DID ... START LIVING WITH YOU?

|_|_| Age in years

A.06 WHAT WAS THE REASON ... DID NOT LIVE WITH YOU RIGHT FROM BIRTH?

- ☐ You have adopted her/him
- ☐ She/he is a stepchild
- ☐ She/he was put in your care by a social agency (foster care)
- ☐ She/he was sick and had to remain in a hospital or other institution
- ☐ You had to leave her/him in the care of someone else for a while, before you could take charge of her/him
- ☐ Other - Specify _____

A.07 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS (BIOLOGICAL/ADOPTIVE) LIVING TOGETHER?

- ☐ Yes
- ☐ No ---> GO TO A.25

A.08 WHEN ... WAS BORN/ADOPTED, WERE HER/HIS PARENTS MARRIED, WERE THEY LIVING TOGETHER IN A COMMON-LAW RELATIONSHIP, OR WERE THEY LIVING TOGETHER AND EVENTUALLY GOT MARRIED?

- ☐ Married
- ☐ Common law ---> GO TO A.12
- ☐ Common-law, but married later ---> GO TO A.10

A.09 HAD THEY BEEN LIVING TOGETHER BEFORE GETTING MARRIED?

- ☐ Yes
- ☐ No

A.10 WHAT DATE WERE THEY MARRIED?

Month Year

A.11 If "married" IN A.08 AND "NO" in A.09 ---> GO TO A.13

A.12 APPROXIMATELY SINCE WHEN HAD THEY BEEN LIVING TOGETHER?

Month Year

A.13 HAD ...'S MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?

- ☐ Yes, common-law ---> HOW MANY? ____ Number
- ☐ Yes, marriage ---> HOW MANY? ____ Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? ____ Number
- ☐ No

- A.14 DID ...'S MOTHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S FATHER?
- ☐ Yes --> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.19
- A.15 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.17
- A.16 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.17 Interviewer check item:
- ☐ If 'Yes, all of them' in A.15 ---> Go to A.19
 - ☐ Otherwise ---> Go to A.18
- A.18 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their father
 - ☐ Other - specify _____
- A.19 HAD ...'S FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED BEFORE?
- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
 - ☐ Yes, marriage ---> HOW MANY? |_|_| Number
 - ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
 - ☐ No

- A.20 DID ...'S FATHER HAVE ANY CHILDREN BEFORE ENTERING INTO UNION WITH ...'S MOTHER?
- ☐ Yes ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.55
- A.21 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.24
- A.22 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.23 Interviewer check item:
- ☐ If 'Yes, all of them' in A.21 ---> Go to A.55
 - ☐ Otherwise ---> Go to A.24
- A.24 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify _____
- > Go to A.55
- A.25 DID ... LIVE WITH HER/HIS:
- ☐ MOTHER ALONE?
 - ☐ FATHER ALONE?
 - ☐ MOTHER AND OTHER? - Specify _____
 - ☐ FATHER AND OTHER? - Specify _____
 - ☐ OTHER? - Specify _____

A.26 HAVE ...'S PARENTS EVER LIVED TOGETHER AS A COUPLE?

- ☐ Yes
- ☐ No ---> GO TO A.31

A.27 WAS THAT BEFORE OR AFTER ...'S BIRTH?

- ☐ Before
- ☐ After
- ☐ Both before and after

A.28 WERE ...'S PARENTS EVER MARRIED?

- ☐ Yes ---> WHEN DID THEY MARRY?
|_|_| |_|_|
Month Year
- ☐ No

A.29 Interviewer check item:

- ☐ If "after" in A.27 - GO TO A.31
- ☐ Otherwise - GO TO A.30

A.30 AT THE TIME ... WAS BORN, SINCE WHEN HAD HER/HIS PARENTS STOPPED LIVING TOGETHER?

|_|_| |_|_|
Month Year

A.31 WITHOUT LIVING TOGETHER, DID ...'S PARENTS HAVE A STEADY RELATIONSHIP AT THE TIME OF HER/HIS BIRTH?

- ☐ Yes
- ☐ No

A.32 BEFORE ...'S BIRTH, HAD HER/HIS MOTHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.33 HOW MANY CHILDREN DID ...'S MOTHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.38

A.34 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Yes, all of them
- ☐ Yes, some of them ---> HOW MANY? |_|_| Number
- ☐ No ---> GO TO A.37

A.35 ON WHAT BASIS DID THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?

- ☐ Full time
- ☐ Week days only
- ☐ Every other night
- ☐ One week out of two
- ☐ Two weeks alternately
- ☐ Every weekend
- ☐ One week end out of two
- ☐ Less than two days every month
- ☐ Some holidays only

A.36 Interviewer check item:

- ☐ If 'Yes, all of them' in A.34 ---> Go to A.38
- ☐ Otherwise ---> Go to A.37

A.37 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?

- ☐ With their father
- ☐ Other - specify_____

A.38 Interviewer check item:

- ☐ If 'No' to A.26 ---> Go to A.45
- ☐ Otherwise ---> Go to A.39

A.39 BEFORE ...'S BIRTH, HAD HER/HIS FATHER BEEN IN ANY COMMON-LAW RELATIONSHIPS OR BEEN MARRIED?

- ☐ Yes, common-law ---> HOW MANY? |_|_| Number
- ☐ Yes, marriage ---> HOW MANY? |_|_| Number
- ☐ Yes, common-law which resulted in marriage ---> HOW MANY? |_|_| Number
- ☐ No

A.40 HOW MANY CHILDREN DID ...'S FATHER HAVE BEFORE ... ?

|_|_| Number ---> If '0' GO TO A.45

- A.41 DID THAT CHILD/ANY OF THOSE CHILDREN LIVE AT LEAST PART TIME IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Yes, all of them
 - ☐ Yes, some of them ---> HOW MANY? |_|_| Number
 - ☐ No ---> GO TO A.44
- A.42 ON WHAT BASIS DID THAT CHILD/THOSE CHILDREN LIVE IN THE HOUSEHOLD WHEN ... WAS BORN?
- ☐ Full time
 - ☐ Week days only
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every weekend
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
- A.43 Interviewer check item:
- ☐ If 'Yes, all of them' in A.41 ---> Go to A.45
 - ☐ Otherwise ---> Go to A.44
- A.44 WHERE DID THAT CHILD/THOSE CHILDREN NOT LIVING IN THE HOUSEHOLD LIVE AT THE TIME ... WAS BORN?
- ☐ With their mother
 - ☐ Other - specify_____
- A.45 WHAT WAS ...'S LEGAL CUSTODY STATUS AT BIRTH?
- ☐ Care of mother, father unknown on birth certificate
 - ☐ Care of mother, both parents declared on birth certificate, no court order
 - ☐ Exclusive custody of mother granted by court order
 - ☐ Exclusive custody of father granted by court order
 - ☐ Shared custody between parents granted by court order
 - ☐ Other - specify_____
- A.46 WHEN ... WAS BORN WHAT KIND OF CONTACT DID SHE/HE HAVE WITH HER/HIS OTHER PARENT?
- ☐ Sharing living arrangements on an equal time basis?
 - ☐ Sharing living arrangements with most time with you?
 - ☐ Regular visiting?
 - ☐ Irregular visiting?
 - ☐ Telephone or letter inquiries by the parent living with the child?
 - ☐ Telephone or letter information given by the other parent?
 - ☐ No contact at all?

A.47 HOW MANY TIMES WOULD YOU SAY THIS SITUATION HAS CHANGED OVER TIME?

- ☐ None ---> Go to A.50
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.48 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in Years

A.49 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Both parents now living with the child?
- ☐ Sharing living arrangements on an equal time basis?
- ☐ Sharing living arrangements, with most time with you?
- ☐ Regular visiting?
- ☐ Irregular visiting?
- ☐ Telephone or letter inquiries by the parent living with the child?
- ☐ Telephone or letter information initiated by the other parent?
- ☐ Lost contact completely?

A.50 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN SHE/HE WAS BORN?

- ☐ Yes
- ☐ No ---> WHAT IS IT NOW?
 - ☐ Exclusive care of mother
 - ☐ Exclusive care of father
 - ☐ Shared care between parents
 - ☐ Other - specify_____

A.51 HAS ONE OF ...'S PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.83
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.52 WHEN DID IT HAPPEN?
(Date of first death, if both)

|_|_| |_|_|
Month Year

A.53 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - Specify: _____

A.54 Interviewer check item:

- ☐ If 'Yes, both' in A.51 - Go to B.01
- ☐ If 'Yes, father' only in A.51 - Go to A.84
- ☐ If 'Yes, mother' only in A.51 - Go to A.94

A.55 BETWEEN ...'S BIRTH AND NOW, HAS ONE OF HER/HIS PARENTS DIED?

- ☐ Yes, mother
- ☐ Yes, father
- ☐ Yes, both
- ☐ No ---> Go to A.58
- ☐ Don't know (about father) ---> Go to A.84
- ☐ Don't know (about mother) ---> Go to A.94

A.56 WHEN DID IT HAPPEN?
(Date of first death, if both)

__ __ | __ __ |
Month Year

A.57 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother
- ☐ Father
- ☐ Other - specify _____

A.58 BETWEEN ...'S BIRTH AND NOW, DID HER/HIS PARENTS BREAK UP AND STOP LIVING TOGETHER?

- ☐ Yes
- ☐ No

A.59 Interviewer check item:

- ☐ If 'No' in A.55 and A.58 ---> Go to B.01
- ☐ If 'Yes, mother' in A.55 and 'No' in A.58 ---> Go to A.94
- ☐ If 'Yes, father' in A.55 and 'No' in A.58 ---> Go to A.84
- ☐ If 'Yes, both' in A.55 and 'no' in A.58 ---> Go to B.01
- ☐ Otherwise ---> Go to A.60

A.60 WHEN DID THE SEPARATION HAPPEN?

|_|_| |_|_|
Month Year

A.61 Interviewer check item:

- ☐ If 'Married' or 'Common-law, but married later' in A.08 ---> Go to A.62
- ☐ Otherwise ---> Go to A.64

A.62 DID ...'S PARENTS EVENTUALLY DIVORCE?

- ☐ Yes
- ☐ No ---> GO TO A.64

A.63 WHEN WAS THE DIVORCE PRONOUNCED?

|_|_| |_|_|
Month Year

A.64 WHAT WAS ...'S LEGAL CUSTODY STATUS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

- ☐ Exclusive custody of mother granted by court order
- ☐ Exclusive custody of father granted by court order
- ☐ Shared custody between parents granted by court order
- ☐ No legal custody granted by court order
- ☐ Other - specify_____

A.65 AS FAR AS YOU CAN TELL, WOULD YOU SAY THE SEPARATION WAS:

- ☐ VERY DIFFICULT?
- ☐ SOMEWHAT DIFFICULT?
- ☐ NOT TOO DIFFICULT, DONE ON A MUTUAL AGREEMENT BASIS?

A.66 WITH WHOM DID ... GO ON LIVING AT THE TIME IT HAPPENED?

- ☐ Mother only
- ☐ Father only
- ☐ Shared time basis, mostly mother ---> Go to A.74
- ☐ Shared time basis, mostly father ---> Go to A.74
- ☐ Equally shared time, mother and father ---> Go to A.74
- ☐ Other - Specify: _____ ---> Go to A.75

A.67 AT THE TIME, WHAT TYPE OF CONTACT DID ... HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent
- ☐ No contact at all

A.68 HOW MANY TIMES WOULD YOU SAY THIS SITUATION CHANGED OVER TIME?

- ☐ None ---> Go to A.82
- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.69 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - Specify: _____
- ☐ No

A.70 HOW OLD WAS ... WHEN THE LAST CHANGE HAPPENED?

|_|_| Age in years

A.71 Interviewer check item:

- ☐ If A.69 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.72

A.72 WHAT TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week ---> GO TO A.82
- ☐ Regular visiting, every two weeks ---> GO TO A.82
- ☐ Regular visiting, monthly ---> GO TO A.82
- ☐ Irregular visiting, on holidays only ---> GO TO A.82
- ☐ Irregular visiting, without set pattern ---> GO TO A.82
- ☐ Telephone or letter inquiries by the parent living with the child ---> GO TO A.82
- ☐ Telephone or letter information initiated by the other parent ---> GO TO A.82
- ☐ Lost contact completely ---> GO TO A.82
- ☐ Child now shares living arrangements with other parent ---> GO TO A.73

A.73 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends
 - ☐ Every other night
 - ☐ One week out of two
 - ☐ Two weeks alternately
 - ☐ Every week end
 - ☐ One weekend out of two
 - ☐ Less than two days every month
 - ☐ Some holidays only
 - ☐ Never
 - ☐ Parents now living together again
- > Go to A.82

A.74 AT THE TIME, DID SHARING THE LIVING ARRANGEMENTS MEAN THAT ... LIVED WITH HER/HIS OTHER PARENT:

- ☐ ON WEEKDAYS, NOT WEEKENDS?
- ☐ EVERY OTHER NIGHT?
- ☐ ONE WEEK OUT OF TWO?
- ☐ TWO WEEKS ALTERNATELY?
- ☐ EVERY WEEKEND?
- ☐ ONE WEEKEND OUT OF TWO?
- ☐ LESS THAN TWO DAYS EVERY MONTH?
- ☐ SOME HOLIDAYS ONLY?
- ☐ OTHER? - Specify_____

A.75 HAVE THESE LIVING ARRANGEMENTS FOR ... CHANGED OVER TIME?

- ☐ Yes
- ☐ No ---> GO TO A.82

A.76 HOW MANY TIMES SINCE THEN?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four or more times

A.77 DID SUCH CHANGE INCLUDE THE OTHER PARENT RETURNING HOME?

- ☐ Yes WAS IT THAT ...
 - ☐ THE OTHER PARENT RETURNED HOME AND STAYED?
 - ☐ THE OTHER PARENT RETURNED HOME AND LEFT AGAIN?
 - ☐ THE OTHER PARENT RETURNED, LEFT AND RETURNED HOME A SECOND TIME?
 - ☐ ANOTHER SITUATION? - specify _____
- ☐ No

A.78 HOW OLD WAS ... WHEN THE LIVING ARRANGEMENTS WITH HER/HIS OTHER PARENT LAST CHANGED?

|_|_| Age in years

A.79 Interviewer check item:

- ☐ If A.77 is 'Other parent returned home and stayed' or 'Other parent returned, left and returned home a second time' ---> Go to A.82
- ☐ Otherwise ---> Go to A.80

A.80 HOW MUCH TIME DOES ... LIVE AT HER/HIS OTHER PARENT'S HOME?

- ☐ On weekdays, not weekends ---> Go to A.82
- ☐ Every other night ---> Go to A.82
- ☐ One week out of two ---> Go to A.82
- ☐ Two weeks alternately ---> Go to A.82
- ☐ Every week end ---> Go to A.82
- ☐ One weekend out of two ---> Go to A.82
- ☐ Less than two days every month ---> Go to A.82
- ☐ Some holidays only ---> Go to A.82
- ☐ Visits or letter or telephone calls only
- ☐ No contact ---> Go to A.82

A.81 WHICH TYPE OF CONTACT DOES ... NOW HAVE WITH HER/HIS OTHER PARENT?

- ☐ Regular visiting, every week
- ☐ Regular visiting, every two weeks
- ☐ Regular visiting, monthly
- ☐ Irregular visiting, on holidays only
- ☐ Irregular visiting, without set pattern
- ☐ Telephone or letter inquiries by the parent living with the child
- ☐ Telephone or letter information initiated by the other parent

A.82 IS ...'S LEGAL CUSTODY STATUS THE SAME NOW AS WHEN HER/HIS PARENTS SEPARATED (OR DIVORCED)?

☐ Yes

☐ No ---> WHAT IS IT NOW?

☐ EXCLUSIVE CUSTODY OF MOTHER BY COURT ORDER

☐ EXCLUSIVE CUSTODY OF FATHER BY COURT ORDER

☐ SHARED CUSTODY BETWEEN PARENTS BY COURT ORDER

☐ OTHER - Specify: _____

A.83 BETWEEN ...'S PARENTS, HAS THE QUESTION OF LIVING ARRANGEMENTS OR VISITING RIGHTS BEEN:

☐ A GREAT SOURCE OF TENSION?

☐ SOME SOURCE OF TENSION?

☐ VERY LITTLE SOURCE OF TENSION?

☐ NO SOURCE OF TENSION AT ALL?

A.84 AFTER THAT SEPARATION, HAS ...'S MOTHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

☐ Yes, a marriage ---> GO TO A.87

☐ Yes, a common-law relationship

☐ Yes, a common-law relationship that resulted in marriage

☐ No ---> GO TO A.93

A.85 WHEN DID ...'S MOTHER START LIVING WITH HER NEW PARTNER?

____ |____
Month Year

A.86 Interviewer check item:

☐ If 'Common-law only' in A.84 ---> Go to A.88

☐ Otherwise ---> Go to A.87

A.87 WHEN DID THE MARRIAGE TAKE PLACE?

____ |____
Month Year

A.88 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS MOTHER'S NEW PARTNER?

☐ Yes, full-time

☐ Yes, part-time

☐ No

A.89 DID THE MOTHER'S NEW PARTNER HAVE ANY CHILDREN OF HIS OWN?

- ☐ Yes
- ☐ No ---> GO TO A.92

A.90 HOW MANY?

|_|_| Number

A.91 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR FATHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.92 DID ...'S MOTHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.93 Interviewer check item:

- ☐ If 'Yes, father' in A.51 or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Yes, father' in A.51 or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ If 'Don't know (father)' in A.51 Or A.55 and 'Yes' in A.84 ---> Go to A.104
- ☐ If 'Don't know (father)' in A.51 Or A.55 and 'No' in A.84 ---> Go to B.01
- ☐ Otherwise ---> Go to A.94

A.94 HAS ...'S FATHER ENTERED INTO ANOTHER MARRIAGE, COMMON-LAW RELATIONSHIP OR COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE?

- ☐ Yes, a marriage ---> GO TO A.97
- ☐ Yes, a common-law relationship
- ☐ Yes, a common-law relationship that resulted in marriage
- ☐ No ---> GO TO A.103

A.95 WHEN DID ...'S FATHER START LIVING WITH HIS NEW PARTNER?

|_|_| |_|_|
Month Year

A.96 Interviewer check item:

- ☐ If 'Common-law only' in A.94 ---> Go to A.98
- ☐ Otherwise ---> Go to A.97

A.97 WHEN DID THE MARRIAGE TAKE PLACE?

|_|_| |_|_|
Month Year

A.98 WHEN THEY STARTED LIVING TOGETHER, DID ... LIVE IN THE HOUSEHOLD WITH HER/HIS FATHER'S NEW PARTNER?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ No

A.99 DID THE FATHER'S NEW PARTNER HAVE ANY CHILDREN OF HER OWN?

- ☐ Yes
- ☐ No ---> GO TO A.102

A.100 HOW MANY?

|_|_| Number

A.101 DID THEY LIVE IN THE HOUSEHOLD WITH THEIR MOTHER?

- ☐ Yes, all of them, full-time
- ☐ Yes, all of them, part-time
- ☐ Yes, some of them, full-time
- ☐ Yes, some of them, part-time
- ☐ No

A.102 DID ...'S FATHER HAVE ANY CHILDREN WITH THIS NEW SPOUSE/PARTNER?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.103 Interviewer check item:

- ☐ If 'Yes' in A.84 or A.94 ---> Go to A.104
- ☐ Otherwise ---> Go to B.01

A.104 HAS THIS OTHER UNION OF ...'S MOTHER OR FATHER BROKEN UP?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both unions
- ☐ No ---> Go to B.01

A.105 WHEN DID THAT HAPPEN?

(If both unions have broken up, use year of first event)

|_|_| |_|_|
Month Year

A.106 WITH WHOM DID ... GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother, full-time
- ☐ Father, full-time
- ☐ Part-time, mother and father

A.107 HAS ... EXPERIENCED ANY OTHER UNION OF HER/HIS MOTHER OR FATHER?

- ☐ Yes, mother's union
- ☐ Yes, father's union
- ☐ Yes, both
- ☐ No ---> Go to B.01

A.108 WHEN DID THAT HAPPEN?

(Use date of first event, if more than one)

|_|_| |_|_|
Month Year

A.109 WITH WHOM DID ... MAINLY GO ON LIVING AFTER IT HAPPENED?

- ☐ Mother and new partner
- ☐ Father and new partner
- ☐ Single mother
- ☐ Single father
- ☐ Equally father and mother
- ☐ Other

A.110 DID ... LIVE THROUGH ANY OTHER PERIOD OF SINGLE PARENTHOOD BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.111 DID ... LIVE THROUGH ANY OTHER FAMILY RECONSTITUTION BETWEEN THEN AND NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
- ☐ No

A.112 DID ...'S MOTHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

A.113 DID ...'S FATHER HAVE ANY CHILDREN OTHER THAN THOSE YOU HAVE MENTIONED UP TO NOW?

- ☐ Yes ---> HOW MANY? |_|_| Number
☐ No

SECTION B - CHILD CARE

- B.01 NOW I'D LIKE TO ASK YOU SOME QUESTIONS REGARDING YOUR CHILD CARE ARRANGEMENTS FOR ... WHILE YOU (AND YOUR SPOUSE/PARTNER) ARE AT WORK OR STUDYING.

EXCLUDING TIME SPENT IN ELEMENTARY SCHOOL, WHICH OF THE FOLLOWING METHODS OF CHILD CARE DID YOU USE IN THE LAST "USUAL WEEK"?

A) NO CHILD CARE ARRANGEMENT?

- ☐ Yes ---> Go to SECTION C
- ☐ No

B) CARE IN A DAYCARE CENTRE (INCLUDING AT WORKPLACE)

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE CHILD CARE PROGRAM OR DAYCARE CENTRE OPERATED ON A PROFIT OR NON-PROFIT (INCLUDE GOVERNMENT SPONSORED CARE) BASIS?

- ☐ Profit
- ☐ Non-profit
- ☐ Don't know

C) CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
- ☐ No
- ☐ Don't know

D) CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

If yes, then ask the following:

IS THE PERSON PROVIDING THIS CARE LICENSED BY THE GOVERNMENT OR APPROVED BY A FAMILY DAYCARE AGENCY?

- ☐ Yes
☐ No
☐ Don't know

E) CARE IN OWN HOME BY A NON-RELATIVE

- ☐ Yes ---> FOR ABOUT HOW MANY HOURS WAS THAT?
|_|_| hours
- ☐ No

F) CARE IN OWN HOME BY BROTHER OR SISTER OF THE CHILD**G) CARE IN OWN HOME BY OTHER RELATIVE****H) CHILD IN HIS/HER OWN CARE****J) CARE IN A BEFORE OR AFTER SCHOOL PROGRAM****K) OTHER CARE**

Instruction to interviewer: explain to the respondent that the item with the most hours listed above will be referred to as the main child care arrangement in the following questions.

B.02 WHEN DID YOU START USING THIS CHILD CARE ARRANGEMENT?

|_|_| Month
19|_|_| Year

B.03 IN THE LAST YEAR, HOW MANY TIMES HAVE YOU CHANGED YOUR MAIN CHILD CARE ARRANGEMENT AND/OR CAREGIVER?

- ☐ None ---> GO TO B.05
- ☐ 1
- ☐ 2
- ☐ 3 or 4
- ☐ 5 or more

B.04 WHAT WERE THE REASONS FOR CHANGING?
(mark all that apply)

- ☐ Dissatisfaction with caregiver/program
- ☐ Caregiver/program no longer available
- ☐ Family or child moved, parental work status, or custody Arrangement changed
- ☐ Changes in child or child's needs (e.g. special care, child's age)
- ☐ A preferred arrangement became available (e.g. subsidized space)
- ☐ Cost
- ☐ Other - Specify: _____

B.05 FINALLY, 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

SECTION C - EDUCATION

C.01 WHAT SCHOOL GRADE IS ... IN?

- ☐ Not in school ---> Go to Section D
- ☐ Ungraded

Newfoundland

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 9) for elementary school
- ☐ Level 1 Secondary
- ☐ Level 2 Secondary
- ☐ Level 3 Secondary

Quebec

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 6) for elementary school
- ☐ Secondary I
- ☐ Secondary II
- ☐ Secondary III
- ☐ Secondary IV
- ☐ Secondary V

Rest of Canada

- ☐ Junior kindergarten
- ☐ Kindergarten
() Enter number (1 to 12) for school grade
- ☐ OAC grade 13

C.02 WHICH TYPE OF SCHOOL DID ... ATTEND MOST OF THE TIME SINCE HE/SHE STARTED SCHOOL? WAS/IS IT A ...

- ☐ PUBLIC SCHOOL?
(Include Catholic Schools)
- ☐ PRIVATE SCHOOL?
- ☐ OTHER? - Specify _____

C.03 IN WHAT LANGUAGE IS ... MAINLY TAUGHT?

- ☐ English
- ☐ French
- ☐ Both
- ☐ Other

C.04 IN AN AVERAGE DAY, HOW MUCH TIME DOES ... SPEND TRAVELLING TO AND FROM SCHOOL?

|_|_| Hours |_|_| Minutes

☐ Not applicable

C.05 HAS ... EVER SKIPPED A GRADE AT SCHOOL?
(EXCLUDE KINDERGARTEN)

☐ Yes

☐ No --> GO TO C.07

C.06 WHAT GRADE(S) HAS ... SKIPPED?

C.07 HAS ... EVER REPEATED OR FAILED A GRADE AT SCHOOL?

☐ Yes

☐ No --> GO TO C.09

C.08 WHAT GRADE(S) HAS ... REPEATED OR FAILED?

C.09 DOES HAVE SPECIAL PROBLEMS IN ANY OF THE FOLLOWING AREAS:

a) ACADEMIC ACHIEVEMENT

☐ Yes

☐ No

b) MOTIVATION TOWARDS SCHOOL WORK

c) ATTENDANCE AT SCHOOL

C.10 DOES ... LIKE SCHOOL?

☐ Yes

☐ No

☐ Not applicable

C.11 HOW WELL IS ... DOING IN SCHOOL?**READING**

- ☐ Very well
- ☐ Well
- ☐ Average
- ☐ Poorly
- ☐ Very poorly
- ☐ Don't know
- ☐ Not applicable

WRITING**MATHEMATICS****C.12 HOW IMPORTANT IS IT TO ... TO HAVE GOOD GRADES IN SCHOOL?**

- ☐ Very important
- ☐ Important
- ☐ Somewhat important
- ☐ Not important at all

C.13 HOW FAR DO YOU THINK ... WILL GO IN SCHOOL?

- ☐ Leave high school before graduation
- ☐ Graduate from high school
- ☐ Go to university
- ☐ Go to college
- ☐ Learn a trade
- ☐ Other education or training

C.14 DOES ... RECEIVE ENHANCED OR EXTRA INSTRUCTION BECAUSE SHE/HE IS EXCEPTIONALLY BRIGHT, OR ARTISTICALLY GIFTED?

- ☐ Yes ---> Go to C.17
- ☐ No

C.15 DOES ... REQUIRE SPECIAL EDUCATION BECAUSE A PHYSICAL, EMOTIONAL, BEHAVIORAL, OR SOME OTHER PROBLEM INTERFERES WITH HIS/HER ABILITY TO LEARN?

- ☐ Yes
- ☐ No ---> Go to SECTION D

C.16 WHAT TYPE OF PROBLEM LIMITS ...'S ABILITY TO LEARN?

- ☐ A physical handicap such as cerebral palsy
- ☐ A severe visual impairment
- ☐ A severe hearing impairment
- ☐ A severe speech impairment
- ☐ A learning disability such as dyslexia
- ☐ An emotional or behavioral problem
- ☐ Mental handicap
- ☐ A combination of the above conditions
- ☐ Some other type of problem - Specify: _____

C.17 WHERE IS THIS SPECIAL EDUCATION PROVIDED FOR ... ?

- ☐ Exclusively within a regular classroom
- ☐ Primarily within a regular classroom but with occasional lessons in a special education class or resource room
- ☐ Primarily within a special education class or resource room with occasional lessons in a regular classroom
- ☐ Exclusively within a special education class or resource room within a regular school
- ☐ Exclusively within a special school in the school district
- ☐ Exclusively within a special residential school
- ☐ Other - Specify: _____
- ☐ Not provided

SECTION D - HEALTH

D.01 IN GENERAL, COMPARED TO OTHER PEOPLE THE SAME AGE, WOULD YOU SAY ...'S HEALTH IS ...

- ☐ EXCELLENT?
- ☐ VERY GOOD?
- ☐ GOOD?
- ☐ FAIR?
- ☐ POOR?

D.02 OVER THE PAST FEW MONTHS, HAS ... BEEN IN GOOD HEALTH?

- ☐ Regularly
- ☐ Often
- ☐ About half of the time
- ☐ Sometimes
- ☐ Almost never

D.03 HOW TALL IS ... (WITHOUT SHOES ON)?

|_| Feet |_|.|_| Inches

or

|_|_|_| Centimetres

D.04 HOW MUCH DOES ... WEIGH?

|_|_|_| Pounds

or

|_|_|.|_| Kilograms

D.05 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 LIMIT NORMAL ACTIVITIES. IN THE PAST 12 MONTHS WAS ... INJURED?

- ☐ Yes
- ☐ No ---> Go to D.11

D.06 HOW MANY TIMES WAS ... INJURED?

|_| Times

D.07 FOR THE MOST SERIOUS INJURY, WHAT TYPE OF INJURY DID ... HAVE? (Mark all that apply)

- ☐ Broken or fractured bones
- ☐ Burn or scald
- ☐ Dislocation, sprain or strain
- ☐ Cut, scrape or bruise
- ☐ Loss of consciousness
- ☐ Poisoning by substance or liquid
- ☐ Internal injury
- ☐ Other (Specify) _____

D.08 WHAT PART OF ...'S BODY WAS INJURED? (Mark all that apply)

- ☐ Eyes
- ☐ Teeth
- ☐ Head or neck (excluding eyes and teeth)
- ☐ Arms or hands
- ☐ Legs or feet
- ☐ Back or spine
- ☐ Trunk (excluding back or spine) (include shoulder, chest, internal organs, etc.)

D.09 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.)

- ☐ Off-road vehicle collision
- ☐ Motor vehicle collision
 - ☐ Passenger
 - ☐ Pedestrian
 - ☐ Riding bicycle
- ☐ Fall from a bicycle
- ☐ Result of a fall
- ☐ Physical assault
- ☐ Sports
- ☐ Play and recreation
- ☐ Hot liquids or food
- ☐ Poisoning
- ☐ Animal Bite
- ☐ Other (Specify) _____

D.10 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.)

Home or vacation home and surrounding area

- ☐ Inside respondent's own home/apartment
- ☐ On a farm belonging to the household (around the barn, farm machinery or in the fields)
- ☐ Inside a vacation property (includes surrounding area)
- ☐ Inside a garage or other building on respondent's property
- ☐ Outside respondent's home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room

Other private residence/farm

- ☐ In or around

Commercial/ institutional

- ☐ Inside school or on school grounds
- ☐ In a commercial or office building or a factory
- ☐ In a hospital or rehabilitation centre
- ☐ At an indoor or outdoor sports facility

Street/ Other public place

- ☐ On sidewalk/ street/ highway in respondent's neighbourhood
- ☐ On any other sidewalk/ street/ highway
- ☐ In a playground/park
- ☐ In a rural area or park (includes national, provincial or local parks, or conservation areas)
- ☐ Other - specify: _____

D.11 DOES ... HAVE ANY LONG TERM CONDITION OR HEALTH PROBLEM WHICH PREVENTS OR LIMITS HIS/HER PARTICIPATION IN SCHOOL, AT PLAY OR ANY OTHER ACTIVITY NORMAL FOR A CHILD OF HIS/HER AGE?

- ☐ Yes
- ☐ No

HEALTH STATUS

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 ... 'S ABILITIES. YOU MAY FEEL THAT SOME OF THESE QUESTIONS DO NOT APPLY TO YOU/HIM/HER, BUT IT IS IMPORTANT THAT WE ASK THE SAME QUESTIONS OF EVERYONE.

VISION

D.12 ARE/IS ... USUALLY ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No

D.13 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT WITH GLASSES OR CONTACT LENSES?

- ☐ Yes ---> Go to D.15
- ☐ No
- ☐ Don't wear glasses or contacts

D.14 ARE/IS YOU/HE/SHE ABLE TO SEE AT ALL?

- ☐ Yes
- ☐ No --> Go to D.17

D.15 ARE/IS YOU/HE/SHE ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET *WITHOUT* GLASSES OR CONTACT LENSES?

- ☐ Yes --> Go to D.17
- ☐ No

D.16 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO SEE WELL ENOUGH TO RECOGNIZE A FRIEND ON THE OTHER SIDE OF THE STREET WITH GLASSES OR CONTACT LENSES?

- ☐ Yes
- ☐ No
- ☐ Don't wear glasses or contacts

HEARING

D.17 ARE/IS ... *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITHOUT* A HEARING AID?

- ☐ Yes ---> Go to D.22
- ☐ No

D.18 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A GROUP CONVERSATION WITH AT LEAST THREE OTHER PEOPLE *WITH* A HEARING AID?

- ☐ Yes ---> Go to D.20
- ☐ No
- ☐ Don't wear a hearing aid

D.19 ARE/IS YOU/HE/SHE ABLE TO HEAR AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.22

D.20 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM *WITHOUT* A HEARING AID ?

- ☐ Yes ---> Go to D.22
- ☐ No

D.21 ARE/IS YOU/HE/SHE *USUALLY* ABLE TO HEAR WHAT IS SAID IN A CONVERSATION WITH ONE OTHER PERSON IN A QUIET ROOM WITH A HEARING AID?

- ☐ Yes
- ☐ No
- ☐ Don't wear a hearing aid

SPEECH

D.22 ARE/IS ... *USUALLY* ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH STRANGERS IN YOUR OWN LANGUAGE?

- ☐ Yes ---> Go to D.26
- ☐ No

D.23 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *PARTIALLY* WHEN SPEAKING WITH STRANGERS?

- ☐ Yes
- ☐ No

D.24 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD *COMPLETELY* WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes ---> Go to D.26
- ☐ No

D.25 ARE/IS YOU/HE/SHE ABLE TO BE UNDERSTOOD PARTIALLY WHEN SPEAKING WITH THOSE WHO KNOW YOU/HIM/HER WELL?

- ☐ Yes
- ☐ No

GETTING AROUND

D.26 ARE/IS ... *USUALLY* ABLE TO WALK AROUND THE NEIGHBOURHOOD *WITHOUT* DIFFICULTY AND *WITHOUT* MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES?

- ☐ Yes ---> Go to D.33
- ☐ No

D.27 ARE/IS YOU/HE/SHE ABLE TO WALK AT ALL?

- ☐ Yes
- ☐ No ---> Go to D.30

D.28 DO/DOES YOU/HE/SHE REQUIRE MECHANICAL SUPPORT SUCH AS BRACES, A CANE OR CRUTCHES TO BE ABLE TO WALK AROUND THE NEIGHBOURHOOD?

- ☐ Yes
- ☐ No

D.29 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON TO BE ABLE TO WALK?

- ☐ Yes
- ☐ No

D.30 DO/DOES YOU/HE/SHE REQUIRE A WHEELCHAIR TO GET AROUND?

- ☐ Yes
- ☐ No --> Go to D.33

D.31 HOW OFTEN DO/DOES YOU/HE/SHE USE A WHEELCHAIR?
(READ LIST. MARK ONE ONLY.)

- ☐ ALWAYS
- ☐ OFTEN
- ☐ SOMETIMES
- ☐ NEVER

D.32 DO/DOES YOU/HE/SHE NEED THE HELP OF ANOTHER PERSON TO GET
AROUND IN THE WHEELCHAIR?

- ☐ Yes
- ☐ No ---> Go to D.33

HANDS AND FINGERS

D.33 DO/DOES ... *USUALLY* HAVE THE FULL *USE* OF TWO HANDS AND TEN FINGERS?

- ☐ Yes ---> Go to D.37
- ☐ No

D.34 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON BECAUSE OF
LIMITATIONS IN THE USE OF HANDS OR FINGERS?

- ☐ Yes
- ☐ No ---> Go to D.36

D.35 DO/DOES YOU/HE/SHE REQUIRE THE HELP OF ANOTHER PERSON WITH:
(Mark one only)

- ☐ SOME TASKS?
- ☐ MOST TASKS?
- ☐ ALMOST ALL TASKS?
- ☐ ALL TASKS?

D.36 DO/DOES YOU/HE/SHE REQUIRE SPECIAL EQUIPMENT, FOR EXAMPLE, DEVICES
TO ASSIST IN DRESSING BECAUSE OF LIMITATIONS IN THE USE OF HANDS OR
FINGERS?

- ☐ Yes
- ☐ No

FEELINGS

D.37 WOULD YOU DESCRIBE YOURSELF/... AS BEING *USUALLY*:
(Mark one only)

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ UNHAPPY WITH LITTLE INTEREST IN LIFE?
- ☐ SO UNHAPPY THAT LIFE IS NOT WORTHWHILE?

MEMORY

D.38 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO REMEMBER THINGS? ARE/IS YOU/HE/SHE:
(Mark one only)

- ☐ ABLE TO REMEMBER MOST THINGS?
- ☐ SOMEWHAT FORGETFUL?
- ☐ VERY FORGETFUL?
- ☐ UNABLE TO REMEMBER ANYTHING AT ALL?

THINKING

D.39 HOW WOULD YOU DESCRIBE YOUR/HIS/HER USUAL ABILITY TO THINK AND SOLVE DAY-TO-DAY PROBLEMS? ARE/IS YOU/HE/SHE:
(Mark one only)

- ☐ ABLE TO THINK CLEARLY AND SOLVE PROBLEMS?
- ☐ HAVING A LITTLE DIFFICULTY?
- ☐ HAVING SOME DIFFICULTY?
- ☐ HAVING A GREAT DEAL OF DIFFICULTY?
- ☐ UNABLE TO THINK OR SOLVE PROBLEMS?

PAIN AND DISCOMFORT

D.40 ARE/IS ... USUALLY FREE OF PAIN OR DISCOMFORT?

- ☐ Yes ---> Go to D.43
- ☐ No

D.41 HOW WOULD YOU DESCRIBE THE USUAL INTENSITY OF YOUR/HIS/HER PAIN OR DISCOMFORT:
(Mark one only)

- ☐ MILD?
- ☐ MODERATE?
- ☐ SEVERE?

D.42 HOW MANY ACTIVITIES DOES YOUR/HIS/HER PAIN OR DISCOMFORT PREVENT?
(READ LIST. MARK ONE ONLY.)

- ☐ NONE
- ☐ A FEW
- ☐ SOME
- ☐ MOST

D.43 IN THE FOLLOWING QUESTIONS LONG-TERM CONDITIONS REFER TO CONDITIONS
THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

HAS A DOCTOR EVER TOLD YOU THAT ... HAS:

a) FOOD ALLERGIES?

- ☐ Yes
- ☐ No

b) OTHER ALLERGIES (HAY FEVER OR ALLERGIC RHINITIS)?

c) ASTHMA?

d) CHRONIC BRONCHITIS?

e) CHRONIC SINUSITIS?

f) HEART DISEASE?

g) A MENTAL HANDICAP?

h) CEREBRAL PALSY?

i) EPILEPSY?

j) LUNG DISEASE?

k) PARALYSIS?

l) KIDNEY DISEASE?

m) ARTHRITIS?

n) DIABETES?

o) EMOTIONAL, PSYCHOLOGICAL OR NERVOUS DIFFICULTIES?

p) ANY OTHER LONG TERM CONDITION OR HEALTH PROBLEM?

D.44 DOES ... HAVE NOSE OR THROAT INFECTIONS?

- ☐ Regularly
- ☐ Often
- ☐ From time to time
- ☐ Rarely
- ☐ Never

D.45 SINCE ...'S BIRTH, HAS SHE/HE HAD AN EAR INFECTION (OTITIS)?

- ☐ Yes ----> HOW OFTEN?
 - ☐ 4 or more times
 - ☐ 3 times
 - ☐ 2 times
 - ☐ once
- ☐ No

D.46 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)

a) GENERAL PRACTITIONER, FAMILY PHYSICIAN?

|_|_| Times

b) OTHER MEDICAL DOCTOR (SUCH AS A PEDIATRICIAN, ORTHOPEDIST, EYE SPECIALIST, CARDIOLOGIST OR PSYCHIATRIST)?

c) DENTIST OR ORTHODONTIST?

d) PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST?

e) PSYCHOLOGIST?

f) CHILD WELFARE WORKER, CHILDREN'S AID WORKER OR SOCIAL WORKER?

g) ANY OTHER PERSON TRAINED TO PROVIDE TREATMENT OR COUNSEL, FOR EXAMPE A SPEECH THERAPIST, A HOTLINE?

D.47 SINCE LAST NOVEMBER, WAS ... EVER AN OVERNIGHT PATIENT IN A HOSPITAL?

☐ Yes ---> HOW MANY NIGHTS WAS ... A PATIENT IN HOSPITAL?

|_|_| NIGHTS

☐ No

☐ Don't Know

D.48 SINCE LAST NOVEMBER DID ... GO TO AN EMERGENCY ROOM AT A HOSPITAL BECAUSE OF AN ACCIDENT, ILLNESS OR SOME OTHER HEALTH PROBLEM?

☐ Yes ---> HOW MANY TIMES SINCE LAST SEPTEMBER?

|_|_|

☐ No

D.49 DOES ... TAKE ANY OF THE FOLLOWING PRESCRIBED MEDICATION:

A) ANTIBIOTICS?

☐ Yes

☐ No

B) RITALIN?

C) TRANQUILIZERS OR NERVE PILLS?

D) ANTI-CONVULSANTS OR ANTI-EPILEPTIC PILLS?

E) ANTIHISTAMINES?

F) DECONGESTANTS?

G) VENTALIN?

H) OTHER?

- D.50 USING THE ANSWERS OFTEN, SOMETIMES, SELDOM, OR NEVER, HOW OFTEN WOULD YOU SAY THAT ... :
- a) FEELS VERY RESTLESS. OFTEN RUNNING ABOUT OR JUMPING UP AND DOWN. HARDLY EVER STILL.
 - O Often
 - O Sometimes
 - O Seldom
 - O Never
 - b) FEELS SELF-CONSCIOUS OR EASILY EMBARRASSED.
 - c) WILL TRY TO HELP SOMEONE WHO HAS BEEN HURT.
 - d) IS SQUIRMY, OR FIDGETY.
 - e) DOES NOT SHARE TOYS (OR GAMES).
 - f) FIGHTS WITH OTHER CHILDREN.
 - g) HAS A LOT OF ACHES AND PAINS WHEN HE/SHE IS NOT SICK OR HURT.
 - h) SEEMS TO BE VERY SAD?
 - i) IS WORRIED, WORRIES ABOUT MANY THINGS.
 - j) WHEN MAD AT SOMEONE, TRIES TO GET OTHERS TO DISLIKE HIM/HER.
 - k) NOT INTERESTED IN ANYTHING AND SEEMS BORED, OR JUST SITS AROUND DOING NOTHING MOST OF THE TIME.
 - l) TENDS TO DO THINGS ON HIS/HER OWN - RATHER SOLITARY.
 - m) IS IRRITABLE AND IS QUICK TO "FLY OFF THE HANDLE".
 - n) APPEARS MISERABLE, UNHAPPY, TEARFUL OR DISTRESSED.
 - o) USES PHYSICAL FORCE (OR THREATENS TO USE FORCE) IN ORDER TO DOMINATE OTHER CHILDREN.
 - p) IS DISOBEDIENT.
 - q) HAS POOR CONCENTRATION OR SHORT ATTENTION SPAN.
 - r) TENDS TO BE FEARFUL OR AFRAID OF NEW THINGS OR NEW SITUATIONS.
 - s) WHEN MAD AT SOMEONE, BECOMES FRIENDS WITH ANOTHER AS REVENGE.
 - t) TALKS ABOUT DEATH OR DYING?

- u) CLAIMS THAT OTHER CHILDREN ARE TO BLAME IN A FIGHT AND FEELS THAT THEY STARTED THE WHOLE TROUBLE.
- v) TELLS LIES.
- w) OFFERS TO HELP OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE HAVING DIFFICULTY WITH A TASK.
- x) THREATENS OR BULLIES OTHER CHILDREN.
- y) HAS TROUBLE SLEEPING, THAT IS, TROUBLE FALLING ASLEEP OR STAYING ASLEEP OR WAKES UP TOO EARLY?
- z) WHEN ANOTHER CHILD ACCIDENTALLY HURTS HIM/HER (SUCH AS BY BUMPING INTO HIM OR HER), ASSUMES THAT THE OTHER CHILD MEANT TO DO IT, AND THEN OVERREACTS WITH ANGER AND FIGHTING.
- aa) WHEN MAD AT SOMEONE, SAYS BAD THINGS BEHIND THE OTHER'S BACK.
- bb) HAS TRIED TO KILL HER/HIMSELF
- cc) COMFORTS A CHILD (FRIEND, BROTHER, OR SISTER) WHO IS CRYING OR UPSET?
- dd) WHEN TEASED OR THREATENED, GETS ANGRY EASILY AND STRIKES BACK.
- ee) CRIES EASILY.
- ff) KEEPS ASKING YOU IF HE/SHE IS DOING OKAY.
- gg) GIVES UP EASILY.
- hh) BLAMES OTHERS.
- ii) CANNOT SETTLE TO ANYTHING FOR MORE THAN A FEW MOMENTS.
- jj) INCONSIDERATE OF OTHERS.
- kk) STARES INTO SPACE.
- ll) WHEN MAD AT SOMEONE, SAYS TO OTHERS: LET'S NOT BE WITH HIM/HER.
- mm) WHEN YOU ARE ABOUT TO LEAVE THE HOUSE, CLINGS TO YOU OR GRABS ON TO YOU TO TRY AND STOP YOU FROM LEAVING.
- nn) KICKS, BITES, HITS OTHER CHILDREN.
- oo) FOLLOWS YOU AROUND THE HOUSE FROM ROOM TO ROOM BECAUSE HE/SHE IS AFRAID TO BE ALONE.
- pp) IS INATTENTIVE.
- qq) THIS CHILD GETS OTHER KIDS TO GANG UP ON A PEER THAT HE/SHE DOES NOT LIKE.

- rr) FEELS NOTHING IS FUN FOR HIM/HER, EVEN THINGS HE/SHE USED TO LIKE?
- ss) WHEN MAD AT SOMEONE, TELLS THE OTHER ONE'S SECRETS TO A THIRD PERSON.
- tt) HELPS OTHER CHILDREN (FRIEND, BROTHER OR SISTER) WHO ARE FEELING SICK.
- uu) TAKES THE OPPORTUNITY TO PRAISE THE WORK OF LESS ABLE CHILDREN.

D.51 WOULD YOU DESCRIBE ... AS USUALLY:

- ☐ HAPPY AND INTERESTED IN LIFE?
- ☐ SOMEWHAT HAPPY?
- ☐ SOMEWHAT UNHAPPY?
- ☐ VERY UNHAPPY?

D.52 HAS YOUR CHILD EVER EXPERIENCED ANY UNUSUAL EVENT OR SITUATION THAT HAS CAUSED HIM/HER A GREAT AMOUNT OF WORRY OR UNHAPPINESS?

- ☐ Yes ---> Specify: _____
- ☐ No

SECTION E - LITERACY -- ACTIVITIES

E.01 CHILDREN CAN SHOW THEIR INTEREST IN READING OR SHARING BOOKS IN DIFFERENT WAYS. PLEASE TELL ME IF THESE STATEMENTS DESCRIBE ... A LOT, SOMEWHAT OR NOT AT ALL.

A) CHOOSES TO READ DURING FREE TIME.

- ☐ A lot
- ☐ Somewhat
- ☐ Not at all

B) ENJOYS TALKING ABOUT A STORY HE/SHE HAS READ OR HEARD.

C) ENJOYS BEING READ TO.

D) DISLIKES READING.

E) AVOIDS BOOKS.

F) LIKES TO READ TO YOU (OR YOUR SPOUSE/PARTNER).

E.02 HOW OFTEN DOES ... GO TO A LIBRARY OR BRING A BOOK HOME FROM SCHOOL?

- ☐ Once a week or more
- ☐ Every 2 or 3 weeks
- ☐ Once a month
- ☐ Less than once a month
- ☐ Don't know

E.03 ABOUT HOW MANY BOOKS DOES ... HAVE?

- ☐ None
- ☐ 1 or 2
- ☐ 3 to 9
- ☐ 10 or more

E.04 ABOUT HOW OFTEN DOES ... READ FOR ENJOYMENT?

- ☐ Every day
- ☐ Several times a week
- ☐ Several times a month
- ☐ Several times a year
- ☐ Never

E.05 HOW IMPORTANT IS IT TO ... TO EXCEL IN SPORTS OR ORGANIZED ACTIVITIES?

- ☐ Very important
- ☐ Important
- ☐ Somewhat important
- ☐ Not important at all

E.06 DOES ... HAVE SPECIAL SKILLS OR TALENTS IN ANY OF THE FOLLOWING AREAS?

A) SPORTS

- ☐ Yes
- ☐ No
- ☐ Don't know

B) ACADEMIC WORK

C) ARTS OR MUSIC

D) OTHER SKILLS

E.07 OUTSIDE OF REGULAR PHYSICAL EDUCATION CLASSES, DID HE/SHE TAKE PART IN ANY SPORTS DURING THE PAST YEAR WHICH INVOLVED COACHING OR INSTRUCTION?

- ☐ Yes --> HOW MANY SUCH SPORTS DID HE/SHE TAKE PART IN?
|_|_| Number
- ☐ No

E.08 OUTSIDE OF REGULAR CLASSES IN SCHOOL, DID HE/SHE TAKE ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

E.09 DURING THE PAST YEAR, DID HE/SHE BELONG TO ANY CLUBS OR GROUPS WITH LEADERSHIP SUCH AS CUBS, SCOUTS, GUIDES, A CHURCH GROUP OR COMMUNITY PROGRAMS?

- ☐ Yes --> HOW MANY SUCH CLUBS OR GROUPS DID HE/SHE BELONG TO?
|_|_| Number
- ☐ No

SECTION F - PARENTING

F.01 THE NEXT STATEMENTS FOCUS ON THE WAY YOU RELATE TO ...
FOR EACH, PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE,
DISAGREE, OR STRONGLY DISAGREE.

- a) TAKING A FEW MINUTES TO JUST BE WITH ... HELPS ME RELAX.
- ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
- b) IT IS VERY INTERESTING TO SPEND TIME WATCHING ...
- c) WHEN I HAVE FREE TIME, I'D RATHER BE WITH ... THAN READ A BOOK.
- d) I REALLY ENJOY TALKING ABOUT ...
- e) I DON'T TOLERATE TEMPER TANTRUMS FROM ...
- f) ... OFTEN UPSETS ME.
- g) I LOOK FORWARD TO THE TIME WHEN ... REQUIRES LESS CARE AND ATTENTION FROM ME.
- h) I FIND MYSELF WONDERING IF ... WILL EVER GROW UP.
- i) ... MUST TRY EVERY FOOD I SERVE.
- j) ... SHOULD BE AWARE THAT WHAT I SAY GOES.
- k) I THINK ... SHOULD COMPLY WITH ALL MY REQUESTS.
- l) ... CAN MAKE THE DECISION NOT TO EAT A FOOD HE/SHE REALLY DISLIKES.
- m) IT IS IMPORTANT FOR ... TO HAVE A FIXED BEDTIME.
- n) ... SHOULD HAVE THE RIGHT TO CHOOSE TO STAY UP LATE OCCASIONALLY.
- o) I AM USUALLY ABLE TO CONTROL ...'S BEHAVIOUR.

- p) PHYSICAL PUNISHMENT IS THE ONLY WAY TO DEAL WITH SOME OF ...'S MISBEHAVIOUR.
- q) WHEN ... MISBEHAVES HE/SHE KNOWS THAT IT'S WRONG BUT DOES IT ANYWAY.
- r) I GET AS MUCH HELP AS I NEED WITH ...
- s) ... ONLY BEHAVES WHEN HE/SHE KNOWS HE/SHE CAN GET INTO TROUBLE.
- t) IT'S MORE IMPORTANT TO GET ... TO STOP MISBEHAVING THAN TO EXPLAIN TO HIM/HER WHAT HE/SHE SHOULD BE DOING.

F.02 WHO USUALLY DISCIPLINES ...? (Mark one only)

- ☐ Self
- ☐ Spouse/partner
- ☐ Both self and spouse/partner
- ☐ Parent outside the household who shares custody
- ☐ Shared by parents who share custody
- ☐ Other - Specify: _____

SECTION G - RESPONSIBILITIES

G.01 I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ... 'S RESPONSIBILITIES AT HOME. DOES

A) MAKE HIS/HER OWN BED?

☐ Often

☐ Sometimes

☐ Seldom

☐ Never

B) CLEAN HIS/HER OWN ROOM?

C) PICK UP AFTER HIM/HERSELF?

D) HELP KEEP SHARED LIVING AREAS CLEAN AND STRAIGHT?

E) DO ROUTINE CHORES SUCH AS MOW THE LAWN, HELP WITH DINNER, WASH DISHES, ETC.?

F) HELP MANAGE HIS/HER OWN TIME (GET UP ON TIME, BE READY FOR SCHOOL ETC.)?

SECTION H - RELATIONSHIPS

THE NEXT FEW QUESTIONS ARE ABOUT YOUR CHILD'S RELATIONSHIPS WITH FRIENDS, FAMILY AND OTHERS.

H.05 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH OTHER KIDS, SUCH AS FRIENDS OR CLASSMATES (EXCLUDING BROTHERS OR SISTERS)?

- ☐ Very well, no problems
- ☐ Quite well, hardly any problems
- ☐ Pretty well, occasional problems
- ☐ Not too well, frequent problems
- ☐ Not well at all, constant problems
- ☐ N/A

H.06 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER TEACHER(S) AT SCHOOL?

H.07 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER PARENT(S)?

H.08 DURING THE PAST 6 MONTHS, HOW WELL HAS ... GOTTEN ALONG WITH HIS/HER BROTHER(S)/SISTER(S)

H.10 ABOUT HOW MANY FRIENDS DOES ... HAVE?

- ☐ None
- ☐ 1
- ☐ 2 or 3
- ☐ 4 or 5
- ☐ 6 or more

H.12 HOW MANY OF ... CLOSE FRIENDS DO YOU KNOW BY SIGHT AND BY FIRST AND LAST NAME?

- ☐ All
- ☐ Most
- ☐ About half
- ☐ Only a few
- ☐ None

H.13 WHEN IT COMES TO MEETING NEW CHILDREN AND MAKING NEW FRIENDS IS ...:

- ☐ SOMEWHAT SHY?
- ☐ ABOUT AVERAGE?
- ☐ VERY OUTGOING - MAKES FRIENDS VERY EASILY?

H.14 DOES ... HANG AROUND WITH KIDS YOU THINK ARE OFTEN IN TROUBLE?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

SECTION I - SOCIAL BEHAVIOUR

- I.01 NOW I'D LIKE TO ASK SOME QUESTIONS ABOUT CERTAIN DIFFICULT BEHAVIOURS WHICH SOME CHILDREN MAY SHOW AT THIS AGE. THESE MAY OR MAY NOT APPLY TO ...

WITH RESPECT TO ...'S TEMPER OR HIS/HER GETTING ANGRY, WOULD YOU RATE HIM/HER AS:

- ☐ HAVING A STRONG TEMPER, LOSES IT EASILY
- ☐ OCCASIONALLY SHOWING A FAIRLY STRONG TEMPER
- ☐ GETTING ANGRY ONCE IN WHILE BUT DOES NOT HAVE A PARTICULARLY STRONG TEMPER
- ☐ HARDLY EVER GETS ANGRY OR SHOWS ANY TEMPER

- I.02 HAS ... EVER RUN AWAY FROM HOME?

- ☐ Yes
- ☐ No

- I.03 IN THE PAST YEAR, HAS ... STOLEN MONEY FROM YOU?

- I.04 IN THE PAST YEAR, TO YOUR KNOWLEDGE, HAS ... BROKEN SOMETHING ON PURPOSE WHICH BELONGS TO YOU OR A RELATIVE?

- I.05 IN THE PAST YEAR, ABOUT HOW MANY TIMES HAS ... :

A) STAYED OUT LATER THAN YOU SAID HE/SHE SHOULD?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ More than twice

B) HURT SOMEONE BADLY ENOUGH TO NEED BANDAGES OR A DOCTOR?

C) LIED TO YOU (OR YOUR SPOUSE/PARTNER) ABOUT SOMETHING IMPORTANT?

D) TAKEN SOMETHING FROM A STORE WITHOUT PAYING FOR IT?

E) DAMAGED SCHOOL PROPERTY ON PURPOSE?

F) GOTTEN DRUNK?

G) HAD TO BRING YOU (OR YOUR SPOUSE/PARTNER) TO SCHOOL BECAUSE OF SOMETHING HE/SHE DID WRONG?

H) SKIPPED A DAY OF SCHOOL WITHOUT PERMISSION?

I) STAYED OUT ALL NIGHT AT LEAST ONCE WITHOUT PERMISSION?

I.06 IN THE PAST YEAR, HAS ... BEEN QUESTIONED BY THE POLICE ABOUT ANYTHING HE/SHE MIGHT HAVE DONE SUCH AS STEALING, DAMAGING PROPERTY, OR SOMETHING ELSE?

☐ Yes

☐ No

I.07 HAS ... EVER BEEN UNDER THE OBSERVATION OF A SOCIAL WORKER?

SECTION J - TIME USE

J.01 THE NEXT FEW QUESTIONS ARE ABOUT ...'S ACTIVITIES OUTSIDE OF SCHOOL.

AFTER A USUAL SCHOOL DAY, WHERE DOES ... GO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Home
- ☐ After school care/extended day care
- ☐ Playground
- ☐ Library
- ☐ Mall
- ☐ Relative's house
- ☐ Friend's house
- ☐ Work or a job
- ☐ Somewhere else - Specify: _____

J.02 ON A USUAL DAY AFTER SCHOOL, WHAT DOES ... DO BETWEEN THE TIME SCHOOL LETS OUT AND DINNER TIME?

- ☐ Spends time with friends
- ☐ Reads a book or magazine not assigned at school
- ☐ Does any chores around the house
- ☐ Works for pay
- ☐ Does homework
- ☐ Goes to a lesson or activity such as sports or a club
- ☐ Watches TV (Include video rentals)
- ☐ Plays video games
- ☐ Does things with his/her brother(s) or sister(s)
- ☐ Plays alone
- ☐ Other - Specify: _____

J.03 JUST THINKING OF AN AVERAGE WEEK, ON HOW MANY WEEKDAYS, THAT IS MONDAY TO FRIDAY, DOES ... WATCH TELEVISION AND/OR MOVIE VIDEOS?

- ☐ None
- ☐ Less than one day a week
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

J.04 ON THE WEEKDAYS THAT ... WATCHES TELEVISION AND/OR MOVIE VIDEOS,
HOW MANY HOURS ON AVERAGE DOES HE/SHE WATCH PER DAY?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 9 hours

J.05 HOW MANY HOURS DOES ... SPEND WATCHING TELEVISION AND/OR MOVIE
VIDEOS ON AN AVERAGE SATURDAY?

- ☐ Less than 1 hour
- ☐ 1-2 hours
- ☐ 3-4 hours
- ☐ 5-6 hours
- ☐ 7-8 hours
- ☐ More than 9 hours

J.06 HOW MANY HOURS DOES ... SPEND WATCHING TELEVISION AND/OR MOVIE
VIDEOS ON AN AVERAGE SUNDAY?

SECTION K - CONTACTS FOR FOLLOW-UP

K.01 Interviewer check item:

- ☐ If ... is the last or only child 0-11 years of age to be included in the interview ---> Go to K.02
- ☐ Otherwise ---> Go to next applicable questionnaire

K.02 STATISTICS CANADA IS CONDUCTING THIS SURVEY JOINTLY WITH HEALTH CANADA. THE INFORMATION COLLECTED WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR STATISTICAL PURPOSES. DO YOU AGREE TO SHARE YOUR ANSWERS WITH HEALTH CANADA?

- ☐ Yes
- ☐ No

K.03 THIS SURVEY IS GOING TO BE REPEATED IN 2 YEARS. WOULD YOU BE WILLING TO BE CONTACTED IN THE FUTURE FOR A FOLLOW-UP INTERVIEW?

- ☐ Yes
- ☐ No

K.04 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.

Name of Contact:

First name _____

Last name _____

Address of Contact:

Phone number:

|_|_| - |_|_| - |_|_|

NLSC-9

RO	DOCKET	INTERVIEWER #	FAM.ID.
_	_ _ _ _	_ _ _ _	_

National Survey
of Children

Children 10-11 years

Self-completed questionnaire

START TIME	FINISH TIME
_ : _	_ : _

Given Name _____

Age |_|_|

Pg. |_| Ln. |_|

RELATIONSHIPS

A.01 How many close friends do you have?

() # of close friends

A.02 How many close friends do you have who are boys?

A.03 How many close friends do you have who are girls?

A.04 Do you talk about personal things with your best friend?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

A.05 How much do you think your parents like your close friends?

- ☐ They like them a lot
- ☐ They like them
- ☐ It doesn't matter
- ☐ They don't like them
- ☐ They don't like them at all

A.06 Are your friends mostly the same age as you, older or younger than you?

- ☐ Mostly same age
- ☐ Older
- ☐ Younger

A.07 Do you have anyone else in particular you can talk to or confide in about yourself or your problems?

- ☐ Yes
- ☐ No ---> IF NO, THEN SKIP QUESTION A.08 AND GO TO A.09

A.08 What is their relationship to you?
(Mark all that apply)

- ☐ Parent / Guardian
- ☐ Brother / Sister
- ☐ Other family member
- ☐ Friend
- ☐ Teacher
- ☐ Other professional
- ☐ Someone else

A.09 How often do other students say nasty and unpleasant things to you?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

A.10 During the past 6 months, how well have you gotten along with other kids such as friends or classmates?

- ☐ No problem
- ☐ Occasional problems
- ☐ Fairly frequent problems
- ☐ Constant problems

A.11 During the past 6 months, how well have you gotten along with your teacher(s) at school?

A.12 During the past 6 months, how well have you gotten along with your parents?

A.13 During the past 6 months, how well have you gotten along with your brothers and sisters?

SCHOOL EXPERIENCE

B.01 Do you like school?

- ☐ Yes
- ☐ No

B.02 In the present school year, have you been absent from school without good reason?

B.03 Are you...

- ☐ One of the best students in your class
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Near the bottom of the class

B.04 Do your parents encourage you about things you do at school?

- ☐ Yes
- ☐ No

B.05 Do your parents ever punish you for things you do at school?

B.06 How important is it for you to have good grades in school?

- ☐ Not important at all
- ☐ Somewhat important
- ☐ Important
- ☐ Very important

B.07 How far do you think you will go in school?

- ☐ leave high school before graduation
- ☐ graduate from high school
- ☐ go to university
- ☐ go to college
- ☐ learn a trade
- ☐ other education or training

FEELINGS AND BEHAVIOURS

C.01 Using the answers often, sometimes, seldom, or never, how often would you say that you:

- a) Feel very restless?
 - ☐ Often
 - ☐ Sometimes
 - ☐ Seldom
 - ☐ Never
- b) Feel self-conscious or easily embarrassed?
- c) Try to help someone who has been hurt?
- d) Feel squirmy or fidgety?
- e) Do not share things?
- f) Fight with other children?
- g) Have a lot of aches and pains when you are not sick or hurt?
- h) Feel very sad?
- i) Worry about things?
- j) Try to get others to dislike someone when you are mad at him or her?
- k) Are not interested in anything and are bored, or just sit around doing nothing most of the time?
- l) Tend to do things on your own?
- m) Are irritable or quick to "fly off the handle"?
- n) Are miserable, unhappy, tearful or distressed?
- o) Use physical force (or threaten to use force) in order to dominate other children.
- p) Are disobedient?
- q) Have poor concentration or short attention span.
- r) Tend to be fearful or afraid of new things or new situations.
- s) Become friends with someone as revenge when you are mad at someone else.
- t) Talk about death or dying?
- u) Think that other children are to blame in a fight and feel that they started the whole trouble.
- v) Tell lies.
- w) Offer to help other children (friend, brother or sister) who are having difficulty with a task.

- x) Threaten or bully other children.
- y) Have trouble sleeping, that is, trouble falling asleep or staying asleep or wake up too early?
- z) Overreact with anger and fighting when someone else accidentally hurts you.
- aa) Say bad things behind someone else's back when you are mad at him/her.
- bb) Have tried to kill yourself.
- cc) Comfort someone who is crying or upset?
- dd) Get angry and strike back when someone teases or threatens you.
- ee) Cry easily.
- ff) Ask if you are doing okay.
- gg) Give up easily.
- hh) Blame others.
- ii) Cannot settle to anything for more than a few moments.
- jj) Are inconsiderate of others.
- k) Stare into space.
- ll) Say, when mad at someone, "let's not be with him/her."
- mm) Cling to your mother or father or grab on to them to try and stop them from leaving the house.
- nn) Kick, bite, or hit other children.
- oo) Follow your mother or father around the house from room to room because you are afraid to be alone.
- pp) Do not pay attention.
- qq) Get other kids to gang up on someone that you do not like.
- rr) Feel that nothing is fun, even things you used to like?
- ss) Tell someone else's secrets when you are mad at them.
- tt) Help others who are feeling sick.
- uu) Praise the work of less able children.

C.02 In the last year, about how many times have you...

- stayed out later than your parent(s) said you should
- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ More than twice
- Hurt someone badly enough to need bandages or a doctor
- Lied to your parents about something important
- Taken something from a store without paying for it
- Damaged school property on purpose
- Been drunk
- Had to bring your parent(s) to school because of something you did wrong
- Skipped a day of school without permission
- Stayed out at least one night without permission

C.03 During the past year, how many times were you in a physical fight?

- ☐ None
- ☐ Once
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more

C.04 In the past year, have you purposely broken or destroyed something that did not belong to you?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

C.05 In the past year were you part of a gang of kids that did bad things?

- ☐ Yes
- ☐ No

- C.06 How many of your close friends have been arrested or questioned by the police about things they might have done?
- ☐ None
 - ☐ One
 - ☐ Only a few
 - ☐ Many
 - ☐ Most
 - ☐ All of them
- C.07 Have you ever run away from home for more than 24 hours?
- ☐ Yes
 - ☐ No
- C.08 In the past year, did you steal things from school?
- C.09 In the past year, have you stolen money from your parents?
- C.10 In the last 12 months, did you break something on purpose which belongs to your parents or a relative?
- C.11 Have you ever tried cigarette smoking, even just a few puffs?
- ☐ Yes
 - ☐ No ---> IF NO THEN SKIP C.12 & C.13 AND GO TO C.14
- C.12 How old were you the first time you smoked regularly for a month or longer?
- () Age in years
- ☐ I never smoked regularly
- C.13 How many cigarettes did you smoke yesterday?
- () Number of cigarettes
- C.14 How many of your close friends smoke?
- ☐ None
 - ☐ One
 - ☐ Only a few
 - ☐ Many
 - ☐ Most
 - ☐ All of them

C.15 Have you ever drunk alcohol, other than just a sip or two?

- ☐ Yes
- ☐ No ---> IF NO THEN SKIP C.16 & C.17 AND GO TO C.18

C.16 Have you drunk alcohol in the past 3 months?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

C.17 How old were you when you first drank alcohol?

() Age in years

C.18 Have you ever taken any illegal drugs, such as marijuana?

- ☐ Yes
- ☐ No ---> IF NO THEN SKIP C.19 & C.20 AND GO TO C.21

C.19 Do you now use drugs?

- ☐ Yes
- ☐ No

C.20 How old were you when you first used drugs of any kind?

() Age in years

C.21 Have you ever tried sniffing?
(Ex. Glue, gasoline, etc.)

- ☐ Yes
- ☐ No

C.22 How many of your close friends have tried drugs or sniffing?

- ☐ None
- ☐ One
- ☐ Only a few
- ☐ Many
- ☐ Most
- ☐ All of them

WHAT I AM LIKE

Now, we are interested in what you think you are like, and how you feel about yourself. This is not a test. There are no right or wrong answers. Remember all kids think and feel differently about things.

Here's an example to show you how the questions will be asked.
In the example we want you to choose which kid is most like you.

Example

(a)

<p>Some kids would rather play outdoors in their spare time.</p> <p><input type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>	<p>BUT</p>	<p>Other kids would rather watch tv.</p> <p><input type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>
--	-------------------	--

What you do is this: First, decide which kids are more like you -- the kids on the left, or the kids on the right. Pick the side that is most like you and mark if it is really true for you or only sort of true for you.

Remember mark only the side that is most like you.

Example

(a)

<p>Some kids would rather play outdoors in their spare time.</p> <p><input checked="" type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>	<p>BUT</p>	<p>Other kids would rather watch tv.</p> <p><input type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>
---	-------------------	--

If you would rather watch TV than play outside in you spare time you would have chosen the box on the right. If you felt that this was really true for you then you would mark the top circle. If it was only sort of true for you then you would mark the bottom circle.

D.01

<p>Some kids feel that they are very good at their school work.</p> <p><input type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>	<p>BUT</p>	<p>Other kids worry about whether they can do the school work assigned to them.</p> <p><input type="radio"/> Really True for me.</p> <p><input type="radio"/> Sort of True for me.</p>
--	------------	--

D.02

<p>Some kids are often unhappy with themselves.</p>	<p>BUT</p>	<p>Other kids are pretty pleased with themselves.</p>
---	------------	---

D.03

<p>Some kids feel they are just as smart as other kids their age.</p>	<p>BUT</p>	<p>Other kids aren't so sure and wonder if they are as smart.</p>
---	------------	---

D.04

<p>Some kids don't like the way they are leading their life.</p>	<p>BUT</p>	<p>Other kids do like the way they are leading their life.</p>
--	------------	--

D.05

<p>Some kids are pretty slow in finishing their school work.</p>	<p>BUT</p>	<p>Other kids can do their school work quickly.</p>
--	------------	---

D.06

<p>Some kids are happy with themselves as a person.</p>	<p>BUT</p>	<p>Other kids are often not happy with themselves.</p>
---	------------	--

D.07

Some kids often forget what they learn.	BUT	Other kids remember things easily.
--	------------	---

D.08

Some kids like the kind of person they are.	BUT	Other kids often wish they were someone else.
--	------------	--

D.09

Some kids do very well at their classwork.	BUT	Other kids don't do well in their classwork.
---	------------	---

D.10

Some kids are very happy being the way they are.	BUT	Other kids wish they were different.
---	------------	---

D.11

Some kids have trouble figuring out the answers in school.	BUT	Other kids can almost always figure out the answers.
---	------------	---

D.12

Some kids are not very happy with the way they do a lot of things.	BUT	Other kids think the way they do things is fine.
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