

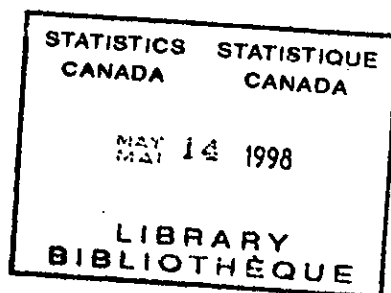


Government
of Canada

Gouvernement
du Canada

National Longitudinal Survey of Children

Survey Instruments for July 1994 Field Test



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

National Longitudinal Survey of Children
BACKGROUND COMPONENTS

HOUSEHOLD RECORD VARIABLES

(TO BE COLLECTED AT INITIAL CONTACT FROM KNOWLEDGEABLE PERSON)

DEMO_INT The first few questions will provide important basic information on the people in your household.

DEMO_Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere?

(FIRST AND LAST NAMES)

DEMO_Q2 Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?

___ YES (GO TO DEMO-Q1)

___ NO

DEMO_Q3 Does anyone else live at this dwelling such as relatives, roomers, boarders or employees?

___ YES (GO TO DEMO-Q1)

___ NO

DEMO_Q4 What is ... 's date of birth?

DEMO_Q5 Enter or ask ... 's sex.

___ MALE

___ FEMALE

DEMO_Q6 What is ... current marital status?

___ NOW MARRIED

___ COMMON-LAW

___ LIVING WITH A PARTNER

___ SINGLE (NEVER MARRIED)

___ WIDOWED

___ SEPARATED

___ DIVORCED

DEMO_Q7 ENTER ... 'S FAMILY ID CODE.

(A to Z)

DEMO_Q8 Relationships of everyone to everyone else;

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

HHLD_Q1 Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

☐ YES
☐ NO

HHLD-C1 IF YES IN HHLD-Q1, GO TO HHLD-Q2B

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

☐ YES
☐ NO

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

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

HHLD_Q3 How many bedrooms are there in this dwelling?
(IF NO SEPARATE ENCLOSED BEDROOM ENTER "00".)

NUMBER OF BEDROOMS (2 DIGITS)

HHLD_Q6 RECORD TYPE OF DWELLING (BY INTERVIEWER OBSERVATION)

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

HHLD_Q7 INFORMATION SOURCE INDICATOR I.E. WHO IS PROVIDING THE INFORMATION**HHLD_Q8 RECORD LANGUAGE OF INTERVIEW**

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

GENERAL QUESTIONNAIRE

(TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS)

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

H05-P1 Who is providing the information for this person's form?

RESTRICTION OF ACTIVITIES

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

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

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

- a) at home?
 — YES
 — NO
- b) at school?
 — YES
 — NO
 — NOT APPLICABLE
- c) at work?
 — YES.
 — NO
 — NOT APPLICABLE
- d) in other activities such as transportation to or from work or leisure time activities?
 — YES
 — NO
- e) in caring for children?
 — YES
 — NO
 — NOT APPLICABLE

CHRONIC CONDITIONS

CHRON-CINT IF AGE < 12 OR NOT PARENT, GO TO NEXT SECTION.

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

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

(READ LIST. MARK ALL THAT APPLY.)

- (a) Food allergies?
 - (b) Other allergies?
 - (c) Asthma? (IF YES ASK CHRON-Q1CC1)
 - (d) Arthritis or rheumatism?
 - (e) Back problems excluding arthritis?
 - (f) High blood pressure?
 - (g) Migraine headaches?
 - (h) Chronic bronchitis or emphysema?
 - (i) Sinusitis?
 - (j) Diabetes?
 - (k) Epilepsy?
 - (l) Heart disease?
 - (m) Cancer? (IF YES ASK CHRON-Q1MM)
 - (n) Stomach or intestinal ulcers?
 - (o) Effects of stroke?
 - (p) Urinary incontinence?
 - (q) Acne requiring prescription medication? (ASK IF AGE < 30)
- FOR PERSONS AGED < 18 YEARS GO TO (U).
- (r) Alzheimer's disease or other dementia?
 - (s) Cataracts?
 - (t) Glaucoma?
 - (u) Any other long term condition? (Specify _____)
 - (v) None

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

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

— YES
— NO

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

— YES
— NO

SOCIO-DEMOGRAPHIC CHARACTERISTICS

SOCIO-INT Now I'd like to ask some general questions about the characteristics of people in your household.

COUNTRY OF BIRTH/YEAR OF IMMIGRATION

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

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

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

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

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

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

SOCIO-Q3 In what year did ... first immigrate to Canada?

YEAR (4 DIGITS)
(ENTER <1999> IF CANADIAN CITIZEN BY BIRTH.)

ETHNICITY

SOCIO-Q4 To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French, British, Chinese, etc.)

(DO NOT READ LIST. MARK ALL THAT APPLY.)

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

LANGUAGE

SOCIO-Q5 In which languages can ... conduct a conversation?

(DO NOT READ LIST. MARK ALL THAT APPLY.)

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

SOCIO-Q6 What is the language that ... first learned at home in childhood and can still understand? (If ... (r/) can no longer understand the first language learned, choose the second language learned.)

(DO NOT READ LIST. MARK ALL THAT APPLY.)

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

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

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

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

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

EDUCATION

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

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

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> NO SCHOOLING (GO TO NEXT SECTION) | |
| <input type="checkbox"/> ONE TO FIVE YEARS | |
| <input type="checkbox"/> SIX | <input type="checkbox"/> TEN |
| <input type="checkbox"/> SEVEN | <input type="checkbox"/> ELEVEN |
| <input type="checkbox"/> EIGHT | <input type="checkbox"/> TWELVE |
| <input type="checkbox"/> NINE | <input type="checkbox"/> THIRTEEN |

(IF AGE < 15 THEN GO TO NEXT SECTION)

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

- ☐ YES
- ☐ NO

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

- ☐ YES
- ☐ NO (GO TO EDUC-C5)

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

(DO NOT READ LIST. MARK ONE ONLY.)

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

EDUC-C5 IF AGE \geq 65, GO TO NEXT SECTION.

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

- ☐ YES
- ☐ NO (GO TO NEXT SECTION)

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

- ☐ FULL-TIME
- ☐ PART-TIME

LABOUR FORCE

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

LFS-Q1 What do/does consider to be your/his/her current main activity? (For example, working for pay, caring for family.)
(DO NOT READ LIST. MARK ONE ONLY.)

- ☐ CARING FOR FAMILY
- ☐ WORKING FOR PAY OR PROFIT
- ☐ CARING FOR FAMILY AND WORKING FOR PAY OR PROFIT
- ☐ GOING TO SCHOOL
- ☐ RECOVERING FROM ILLNESS/ON DISABILITY
- ☐ LOOKING FOR WORK
- ☐ RETIRED
- ☐ OTHER (SPECIFY)

LFS-C2 The next section contains questions about jobs or employment which ... have/has had during the past 12 months. Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.

LFS-C2A IF LFS-Q1 = 2 OR 3 ---> GO TO LFS-Q3.1

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

- ☐ Yes (GO TO Q3.1)
- ☐ No

LFS-C2AB IF LFS-Q1=7 (RETIRED) ---> GO TO LFS-C18
OTHERWISE ---> GO TO LFS-Q17B

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

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

_____ (50 CHARS)

LFS-Q4 Did you/he/she have that job 1 year ago, without a break in employment since then?

- ☐ YES (GO TO LFS-Q6.n)
- ☐ NO

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

MM/DD/YY

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

- ☐ YES (GO TO LFS-Q8.N)
- ☐ NO

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

MM/DD/YY

LFS-Q8 About how many hours per week do/does/did you/he/she usually work at this job?

|_|_| HOURS

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

- ☐ Regular daytime schedule or shift
- ☐ Regular evening shift
- ☐ Regular night
- ☐ Rotating shift (change from days to evenings to nights)
- ☐ Split shift
- ☐ On call
- ☐ Irregular schedule
- ☐ Other (Specify _____)

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

- ☐ YES
- ☐ NO

LFS-Q11 Did you/he/she do any other work for pay or profit in the past 12 months?

- ☐ YES
- ☐ NO

LFS-Q12 Which was the main job?

(ANSWER WILL BE CHOSEN FROM ROSTER OF JOBS.)

(DEFINITION OF MAIN JOB SUPPLIED IN THE INTERVIEWERS MANUAL.)

LFS-Q13 Thinking about this/the main job, what kind of business, service or industry is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)

_____ (50 CHARS)

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

_____ (50 CHARS)

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

_____ (50 CHARS)

LFS-Q16 Did you/he/she work mainly for others for wages, salary or commission or in your/his/her own business, farm or professional practice?

(DO NOT READ LIST. MARK ONE ONLY.)

- ☐ FOR OTHERS FOR WAGES, SALARY OR COMMISSION
- ☐ IN OWN BUSINESS, FARM OR PROFESSIONAL PRACTICE
- ☐ UNPAID FAMILY WORKER

LFS-C17 Other than paid vacation, have you/has ... been away from work for a week or more in the past year?

- ☐ YES
- ☐ NO --> GO TO NEXT SECTION

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

LFS-Q17A What was the reason that ... were/was not working for pay or profit during the most recent period away from work in the past year?

(DO NOT READ LIST. MARK ONE ONLY.)

- ☐ OWN ILLNESS OR DISABILITY
- ☐ PREGNANCY
- ☐ CARING FOR OWN CHILDREN
- ☐ CARING FOR ELDER RELATIVE(S)
- ☐ OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- ☐ SCHOOL OR EDUCATIONAL LEAVE
- ☐ LABOUR DISPUTE
- ☐ TEMPORARY LAYOFF DUE TO SEASONAL CONDITIONS
- ☐ TEMPORARY LAYOFF - NON-SEASONAL
- ☐ PERMANENT LAYOFF
- ☐ UNPAID OR PARTIALLY PAID VACATION
- ☐ OTHER (SPECIFY _____)
- ☐ NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

GO TO NEXT SECTION

LFS-Q17B What is the reason that ... are/is currently not working for pay or profit?

(DO NOT READ LIST. MARK ONE ONLY.)

- ☐ OWN ILLNESS OR DISABILITY
- ☐ PREGNANCY
- ☐ CARING FOR OWN CHILDREN
- ☐ CARING FOR ELDER RELATIVE(S)
- ☐ OTHER PERSONAL OR FAMILY RESPONSIBILITIES
- ☐ SCHOOL OR EDUCATIONAL LEAVE
- ☐ LABOUR DISPUTE
- ☐ TEMPORARY LAYOFF DUE TO SEASONAL CONDITIONS
- ☐ TEMPORARY LAYOFF - NON-SEASONAL
- ☐ PERMANENT LAYOFF
- ☐ UNPAID OR PARTIALLY PAID VACATION
- ☐ OTHER (SPECIFY _____)
- ☐ NO PERIOD NOT WORKING FOR PAY OR PROFIT IN THE PAST YEAR

INCOME

(ASK FROM KNOWLEDGEABLE PERSON ONLY)

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

- ☐ Wages and salaries
- ☐ Income from self-employment
- ☐ Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- ☐ Unemployment insurance
- ☐ Worker's compensation
- ☐ Benefits from Canada or Quebec Pension Plan
- ☐ Retirement pensions, superannuation and annuities
- ☐ Old Age Security and Guaranteed Income Supplement
- ☐ Child Tax Benefit
- ☐ Provincial or municipal social assistance or welfare
- ☐ Child Support
- ☐ Alimony
- ☐ Other Income (eg. rental income, scholarships, other government income, etc.)
- ☐ None (Go to next section)

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

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

- ☐ WAGES AND SALARIES
- ☐ INCOME FROM SELF-EMPLOYMENT
- ☐ DIVIDENDS AND INTEREST ON BONDS, DEPOSITS AND SAVINGS, STOCKS, MUTUAL FUNDS, ETC.
- ☐ UNEMPLOYMENT INSURANCE
- ☐ WORKER'S COMPENSATION
- ☐ BENEFITS FROM CANADA OR QUEBEC PENSION PLAN
- ☐ RETIREMENT PENSIONS, SUPERANNUATION AND ANNUITIES
- ☐ OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT
- ☐ CHILD TAX BENEFIT
- ☐ PROVINCIAL OR MUNICIPAL SOCIAL ASSISTANCE OR WELFARE
- ☐ CHILD SUPPORT
- ☐ ALIMONY
- ☐ OTHER INCOME (EG. RENTAL INCOME, SCHOLARSHIPS, OTHER GOVERNMENT INCOME, ETC.)

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

- ☐ Less than \$20,000?
 - ☐ Less than \$10,000?
 - ☐ Less than \$5,000? (go to INCOM-C4)
 - ☐ \$5,000 and more? (go to INCOM-C4)
 - ☐ \$10,000 and more?
 - ☐ Less than \$15,000? (go to INCOM-C4)
 - ☐ \$15,000 and more? (go to INCOM-C4)
- ☐ \$20,000 and more?
 - ☐ Less than \$40,000?
 - ☐ Less than \$30,000? (go to INCOM-C4)
 - ☐ \$30,000 and more? (go to INCOM-C4)
 - ☐ \$40,000 and more?
 - ☐ Less than \$50,000 (go to INCOM-C4)
 - ☐ \$50,000 to less than \$60,000? (go to INCOM-C4)
 - ☐ \$60,000 to less than \$80,000? (go to INCOM-C4)
 - ☐ \$80,000 and more? (go to INCOM-C4)
- ☐ No income

INCOM-C4 IF AGE OF SELECTED PERSON IS ≥ 12 , GO TO NEXT SECTION.

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

- ☐ Less than \$20,000?
 - ☐ Less than \$10,000?
 - ☐ Less than \$5,000? (go to next section)
 - ☐ \$5,000 and more? (go to next section)
 - ☐ \$10,000 and more?
 - ☐ Less than \$15,000? (go to next section)
 - ☐ \$15,000 and more? (go to next section)
- ☐ \$20,000 and more?
 - ☐ Less than \$40,000?
 - ☐ Less than \$30,000? (go to next section)
 - ☐ \$30,000 and more? (go to next section)
 - ☐ \$40,000 and more?
 - ☐ Less than \$50,000 (go to next section)
 - ☐ \$50,000 to less than \$60,000? (go to next section)
 - ☐ \$60,000 to less than \$80,000? (go to next section)
 - ☐ \$80,000 and more? (go to next section)
- ☐ No income

ADMINISTRATION

H05-P1 **WAS THIS INTERVIEW CONDUCTED ON THE TELEPHONE OR IN PERSON?**

___ **ON TELEPHONE**
___ **IN PERSON**
___ **BOTH (SPECIFY IN COMMENTS)**

H05-P2 **RECORD LANGUAGE OF INTERVIEW**

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

NLSC 01

National Longitudinal Survey of Children

PARENT QUESTIONNAIRE

ADULT HEALTH

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

PERSON MOST KNOWLEDGEABLE - FEMALE BIOLOGICAL PARENT WITH CHILD(REN) < 2 YEARS: CHLT-Q1 TO CHLT-Q12L

PERSON MOST KNOWLEDGEABLE - OTHER, CHLT-Q1 - Q7, CHLT-Q12A - 12L

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

CHLT-C1

IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD, OR SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE --> GO TO CHLT-Q1

OTHERWISE ---> GO TO NEXT QUESTIONNAIRE

CHLT-Q1

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

- ¹O Excellent?
- ²O Very good?
- ³O Good?
- ⁴O Fair?
- ⁵O Poor?
- ⁰O DON'T KNOW

CHLT-Q2

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

- ¹O DAILY
- ²O OCCASIONALLY --> GO TO CHLT-C4
- ³O NOT AT ALL --> GO TO CHLT-C4
- ⁰O DON'T KNOW --> GO TO CHLT-C4

CHLT-Q3

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

¹ |_|_| NUMBER OF CIGARETTES

CHLT-C4

Now, some questions about alcohol consumption. When we use the word drink it means: one bottle or can of beer, or a glass of draft; one glass of wine or a wine cooler; or one straight or mixed drink with one and a half ounces of hard liquor.

CHLT-Q4

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

¹O YES

²O NO --> GO TO CHLT-C8

⁰¹O DON'T KNOW --> GO TO CHLT-C8

CHLT-Q5

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

¹O EVERY DAY

²O 4-6 TIMES A WEEK

³O 2-3 TIMES A WEEK

⁴O ONCE A WEEK

⁵O 2-3 TIMES A MONTH

⁶O ONCE A MONTH

⁷O LESS THAN ONCE A MONTH

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO CHLT-C8

CHLT-Q6

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

CHLT-Q7

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

MATERNAL HISTORY**CHLT-C8**

IF THE RESPONDENT IS THE FEMALE BIOLOGICAL PARENT OF AT LEAST 1 CHILD IN THE FAMILY UNDER 2 YEARS OF AGE ---> GO TO CHLT-Q8

OTHERWISE ---> GO TO CHLT-C12

CHLT-Q8

Now I would like to ask you some questions about your past pregnancies. How many times throughout your life have you been pregnant including any miscarriages or abortions (voluntary or involuntary)?

1|_|_| TIMES

0|O DON'T KNOW ---> GO TO CHLT-C12

CHLT-Q9

How many live births have you had throughout your lifetime?

1|_|_| NUMBER

CHLT-Q10

How many stillbirths or babies who died within a month after birth have you had during your lifetime?

CHLT-Q11

At what age did you have your first live birth?

1|_|_| AGE

CHLT-C12

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

OTHERWISE (IF SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE) ---> GO TO NEXT SECTION

CHLT-I12

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

CHLT-Q12A

I did not feel like eating; my appetite was poor.

¹O RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)

²O SOME OR A LITTLE OF THE TIME (1-2 DAYS)

³O OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)

⁴O MOST OR ALL OF THE TIME (5-7 DAYS)

CHLT-Q12B

I felt that I could not shake off the blues even with help from my family or friends.

CHLT-Q12C

I had trouble keeping my mind on what I was doing.

CHLT-Q12D

I felt depressed.

CHLT-Q12E

I felt that everything I did was an effort.

CHLT-Q12F

I felt hopeful about the future.

CHLT-Q12G

My sleep was restless.

CHLT-Q12H

I was happy.

CHLT-Q12I

I felt lonely.

CHLT-Q12J

I enjoyed life.

CHLT-Q12K

I had crying spells.

CHLT-Q12L

I felt that people disliked me.

FAMILY SECTION

Family Functioning

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

FNC-C1

*IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD OR THE SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE.. --> GO TO FNC-11
OTHERWISE --> GO TO NEXT QUESTIONNAIRE*

FNC-C1A

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

FNC-Q1A

Planning family activities is difficult because we misunderstand each other.

- ¹O STRONGLY AGREE
- ²O AGREE
- ³O DISAGREE
- ⁴O STRONGLY DISAGREE
- ⁰O DON'T KNOW

FNC-Q1B

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

FNC-Q1C

We cannot talk to each other about sadness we feel.

FNC-Q1D

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

FNC-Q1E

We avoid discussing our fears or concerns.

FNC-Q1F

We express feelings to each other.

FNC-Q1G

There are lots of bad feelings in our family.

FNC-Q1H

We feel accepted for what we are.

FNC-Q1I

Making decisions is a problem for our family.

FNC-Q1J

We are able to make decisions about how to solve problems.

FNC-Q1K

We don't get along well together.

FNC-Q1L

We confide in each other.

FNC-Q1M

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

FNC-C2

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

OTHERWISE ---> GO TO NEXT SECTION

FNC-Q2

All things considered, how satisfied or dissatisfied are you with your marriage or relationship with your partner?

Which number comes the closest to how you feel?

☐ 1 COMPLETELY DISSATISFIED

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6 NEUTRAL

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11 COMPLETELY SATISFIED

☐ 01 DON'T KNOW

NEIGHBOURHOOD

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

SAF-C1

IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD, OR THE SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE --> GO TO SAF-Q1
OTHERWISE --> GO TO NEXT QUESTIONNAIRE

SAF-Q1

This section asks questions about your neighbourhood.

How long have you lived at this address?

¹|_|_| YEARS

SAF-Q2

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

¹O Excellent?

²O Good?

³O Average?

⁴O Poor?

⁵O Very poor?

SAF-Q3

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

¹O YES

²O NO --> GO TO SAF-15A

⁰¹O DON'T KNOW --> GO TO SAF-15A

SAF-Q4

Are any of the groups located in this neighbourhood?

SAF-15A

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

SAF-Q5A

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

- ¹O STRONGLY AGREE**
- ²O AGREE**
- ³O DISAGREE**
- ⁴O STRONGLY DISAGREE**

SAF-Q5B

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

SAF-Q5C

Children around here have no place to play but the street.

SAF-16A

The following statements are about people in neighbourhoods.

SAF-Q6A

Please tell me whether you strongly agree, agree, disagree, or strongly disagree about the following statement when thinking of your neighbours:

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

- ¹O STRONGLY AGREE**
- ²O AGREE**
- ³O DISAGREE**
- ⁴O STRONGLY DISAGREE**

SAF-Q6B

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

SAF-Q6C

People around here are willing to help their neighbours.

SAF-Q6D

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

SAF-Q6E

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

SAF-I7A

The following are problems that arise in neighbourhoods.

SAF-Q7A

How much of a problem is the following in this neighbourhood: Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards?

¹O A BIG PROBLEM

²O SOMEWHAT OF A PROBLEM

³O NO PROBLEM

⁰O DON'T KNOW

SAF-Q7B

Selling or using drugs?

SAF-Q7C

Alcoholics and excessive drinking in public?

SAF-Q7D

Vacant or deserted houses or storefronts?

SAF-Q7E

Gangs?

SAF-Q7F

Burglary of homes or apartments?

SAF-Q7G

Rape or mugging?

SAF-Q7H

Tensions based on racial, ethnic or religious differences?

SOCIAL SUPPORT

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

SUP-C1

*IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT THE CHILD OR THE SPOUSE/PARTNER OF THE PERSON MOST KNOWLEDGEABLE ---> GO TO SUP-11
OTHERWISE ---> GO TO NEXT QUESTIONNAIRE*

SUP-11

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

SUP-Q1A

If something went wrong, no one would help me.

¹O STRONGLY DISAGREE

²O DISAGREE

³O AGREE

⁴O STRONGLY AGREE

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO SUP-Q2A

SUP-Q1B

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

SUP-Q1C

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

SUP-Q1D

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

SUP-Q1E

I lack a feeling of intimacy with another person.

SUP-Q1F

There are people I can count on in an emergency.

SUP-Q2A

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

Community or social service professionals?

¹O YES

²O NO

⁰¹O DON'T KNOW

SUP-Q2B

Health professionals?

SUP-Q2C

Religious or spiritual leaders or communities?

SUP-Q2D

Other organizations?

SUP-Q2E

Telephone services such as hot-lines or warm-lines?

SUP-Q2F

Books or magazines?

NLSC 02

National Longitudinal Survey of Children
CHILDREN'S QUESTIONNAIRE

HEALTH

NOTE: IF AGE= 0-1

HLT-Q1 - Q4; HLT-Q137 - Q45J2; HLT-Q45P - Q51E

IF AGE= 2-3

HLT-Q1 - Q5; HLT-Q137 - Q45J2; HLT-Q45P - Q51E

IF AGE= 4-5

HLT-Q1 - Q5; HLT-Q6A, Q7A; HLT-Q8 - Q19; HLT-Q20A, Q21, Q22A; HLT-Q23 - Q45J2; HLT-Q45P - HLT-Q52B;

IF AGE= 6-11

HLT-Q1 - HLT-Q52B (ALL QUESTIONS)

HLT-Q1

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

- ¹O Excellent?
- ²O Very good?
- ³O Good?
- ⁴O Fair?
- ⁵O Poor?
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q3

HLT-Q2

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

- ¹O ALMOST ALL THE TIME
- ²O OFTEN
- ³O ABOUT HALF OF THE TIME
- ⁴O SOMETIMES
- ⁵O ALMOST NEVER
- ⁰¹O DON'T KNOW

HLT-Q3

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

|_|_|_| Height

HLT-Q4

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

|_|_|_| Weight

HLT-C5

IF AGE IN YEARS < 2 ---> GO TO HLT-C37
OTHERWISE ---> GO TO HLT-Q5

HLT-Q5

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

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

HEALTH STATUS**HLT-C6**

IF AGE IN YEARS = 0-3 ---> GO TO HLT-C37
OTHERWISE ---> GO TO HLT-16

HLT-16

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

VISION**HLT-C6A**

IF AGE IN YEARS < 6 ---> GO TO HLT-Q6A
OTHERWISE ---> GO TO HLT-Q6

HLT-Q6

Is ... usually able to see well enough to read ordinary newsprint without glasses or contact lenses?

- ¹O YES ---> GO TO HLT-Q9
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q11

HLT-Q7

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

- ¹O YES ---> GO TO HLT-Q9
- ²O NO ---> GO TO HLT-Q8
- ³O DOESN'T WEAR GLASSES OR CONTACT LENSES ---> GO TO HLT-Q8
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q8
- ⁰²O REFUSAL ---> GO TO HLT-Q11

HLT-Q6A

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

¹O YES ---> GO TO HLT-Q9

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-Q11

HLT-Q7A

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

¹O YES ---> GO TO HLT-Q9

²O NO

³O DOESN'T WEAR GLASSES OR CONTACT LENSES

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-Q11

HLT-Q8

Is he/she able to see at all?

¹O Yes

²O No ---> Go to HLT-Q11

HLT-Q9

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

¹O YES ---> GO TO HLT-Q11

²O NO

HLT-Q10

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

¹O YES

²O NO

³O DOESN'T WEAR GLASSES OR CONTACT LENSES

⁰¹O DON'T KNOW

HEARING**HLT-Q11**

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

¹O YES ---> GO TO HLT-Q16

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-Q16

HLT-Q12

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

- ¹O YES ---> GO TO HLT-Q14
- ²O NO
- ³O DOESN'T WEAR A HEARING AID
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q16

HLT-Q13

Is he/she able to hear at all?

- ¹O YES
- ²O NO ---> GO TO HLT-Q16
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q16
- ⁰²O REFUSAL ---> GO TO HLT-Q16

HLT-Q14

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

- ¹O YES ---> GO TO HLT-Q16
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q16

HLT-Q15

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

- ¹O YES
- ²O NO
- ³O DOESN'T WEAR A HEARING AID
- ⁰¹O DON'T KNOW

SPEECH**HLT-Q16**

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

- ¹O YES ---> GO TO HLT-C20
- ²O NO
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q18
- ⁰²O REFUSAL ---> GO TO HLT-C20

HLT-Q17

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

- ¹O YES
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-C20

HLT-Q18

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

- ¹O YES ---> GO TO HLT-C20
- ²O NO
- ⁰¹O DON'T KNOW ---> GO TO HLT-C20
- ⁰²O REFUSAL ---> GO TO HLT-C20

HLT-Q19

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

- ¹O YES
- ²O NO
- ⁰¹O DON'T KNOW

GETTING AROUND**HLT-C20**

IF AGE IN YEARS < 6 ---> GO TO HLT-Q20A

OTHERWISE ---> GO TO HLT-Q20

HLT-Q20

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

- ¹O YES ---> GO TO HLT-Q27
- ²O NO ---> GO TO HLT-Q21
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q21
- ⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q20A

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

- ¹O YES ---> GO TO HLT-Q27
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q21

Is he/she able to walk at all?

¹O YES

²O NO ---> GO TO HLT-Q24

⁰¹O DON'T KNOW ---> GO TO HLT-Q24

⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-C22

IF AGE IN YEARS < 6 ---> GO TO HLT-Q22A

OTHERWISE ---> GO TO HLT-Q22

HLT-Q22

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

¹O YES ---> GO TO HLT-Q23

²O NO ---> GO TO HLT-Q23

⁰¹O DON'T KNOW ---> GO TO HLT-Q23

⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q22A

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

¹O YES

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q23

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

¹O YES

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q24

Does he/she require a wheelchair to get around?

¹O YES

²O NO ---> GO TO HLT-Q27

⁰¹O DON'T KNOW ---> GO TO HLT-Q27

⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q25

How often does he/she use a wheelchair?

- ¹O ALWAYS
- ²O OFTEN
- ³O SOMETIMES
- ⁴O NEVER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q27

HLT-Q26

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

- ¹O YES
- ²O NO
- ⁰¹O DON'T KNOW

HANDS AND FINGERS**HLT-Q27**

Is ... usually able to grasp and handle small objects such as a pencil or scissors?

- ¹O YES ---> GO TO HLT-Q31
- ²O NO
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q31
- ⁰²O REFUSAL ---> GO TO HLT-Q31

HLT-Q28

Does he/she require the help of another person because of limitations in the use of hands or fingers?

- ¹O YES
- ²O NO ---> GO TO HLT-Q30
- ⁰¹O DON'T KNOW ---> GO TO HLT-Q30
- ⁰²O REFUSAL ---> GO TO HLT-Q31

HLT-Q29

Does he/she require the help of another person with:
(READ LIST. MARK ONE ONLY.)

- ¹O Some tasks?
- ²O Most tasks?
- ³O Almost all tasks?
- ⁴O All tasks?
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q31

HLT-Q30

Does he/she require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

FEELINGS**HLT-Q31**

Would you describe ... as being usually:
(READ LIST. 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?
- ☐ DON'T KNOW

MEMORY**HLT-Q32**

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

- ☐ Able to remember most things?
- ☐ Somewhat forgetful?
- ☐ Very forgetful?
- ☐ Unable to remember anything at all?
- ☐ DON'T KNOW

THINKING**HLT-Q33**

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

- ☐ 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?
- ☐ DON'T KNOW

PAIN AND DISCOMFORT**HLT-Q34**

Is ... usually free of pain or discomfort?

- ¹O YES ---> GO TO HLT-C37
- ²O NO
- ⁰¹O DON'T KNOW ---> GO TO HLT-C37
- ⁰²O REFUSAL ---> GO TO HLT-C37

HLT-Q35

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

- ¹O Mild?
- ²O Moderate?
- ³O Severe?
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-C37

HLT-Q36

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

- ¹O None
- ²O A few
- ³O Some
- ⁴O Most
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

INJURIES**HLT-C37**

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

HLT-Q37

In the past 12 months was ... injured?

- ¹O YES
- ²O NO ---> Go to HLT-Q43A
- ⁰¹O DON'T KNOW ---> Go to HLT-Q43A
- ⁰²O REFUSAL ---> Go to HLT-Q43A

HLT-Q38

How many times was he/she injured?

¹|_|_| TIMES

HLT-Q39

For the most serious injury, what type of injury did he/she have?
(MARK ALL THAT APPLY.)

- ¹O BROKEN OR FRACTURED BONES
- ²O BURN OR SCALD
- ³O DISLOCATION
- ⁴O SPRAIN OR STRAIN
- ⁵O CUT, SCRAPE OR BRUISE
- ⁶O CONCUSSION
- ⁷O POISONING BY SUBSTANCE OR LIQUID
- ⁸O INTERNAL INJURY
- ⁹O DENTAL INJURY
- ¹⁰O OTHER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q43A

HLT-C40

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

HLT-Q40

What part of his/her body was injured?
(MARK ALL THAT APPLY.)

- ¹O EYES
- ²O FACE OR SCALP (EXCLUDING EYES)
- ³O HEAD OR NECK (EXCLUDING EYES AND FACE OR SCALP)
- ⁴O ARMS OR HANDS
- ⁵O LEGS OR FEET
- ⁶O BACK OR SPINE
- ⁷O TRUNK (EXCLUDING BACK OR SPINE) (INCLUDE CHEST, INTERNAL ORGANS, ETC.)
- ⁸O SHOULDER
- ⁹O HIP
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q43A

HLT-Q41

What happened, for example, was the injury the result of a fall, motor vehicle collision, a physical assault, etc.?

(MARK ONE ONLY.)

- ¹O MOTOR VEHICLE COLLISION-PASSENGER
- ²O MOTOR VEHICLE COLLISION-PEDESTRIAN
- ³O MOTOR VEHICLE COLLISION-RIDING BICYCLE
- ⁴O OTHER BICYCLE ACCIDENT
- ⁵O FALL (EXCLUDING BICYCLE OR SPORTS)
- ⁶O SPORTS (EXCLUDING BICYCLE)
- ⁷O PHYSICAL ASSAULT
- ⁸O SCALDED BY HOT LIQUIDS OR FOOD
- ⁹O ACCIDENTAL POISONING
- ¹⁰O SELF-INFLICTED POISONING
- ¹¹O OTHER INTENTIONALLY SELF-INFLICTED INJURIES
- ¹²O NATURAL/ENVIRONMENTAL FACTORS (EX. ANIMAL BITE, STING)
- ¹³O FIRE/FLAMES OR RESULTING FUMES
- ¹⁴O NEAR DROWNING
- ¹⁵O OTHER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-Q43A

HLT-Q42

Where did the injury happen, for example at home, on the street, in a playground, at school, etc.?

(MARK ONE ONLY.)

- ¹O INSIDE RESPONDENT'S OWN HOME/APARTMENT
- ²O OUTSIDE RESPONDENT'S HOME, APARTMENT, INCLUDING YARD, DRIVEWAY, PARKING LOT OR IN SHARED AREAS RELATED TO HOME SUCH AS APARTMENT HALLWAY OR LAUNDRY ROOM
- ³O IN OR AROUND OTHER PRIVATE RESIDENCE
- ⁴O INSIDE SCHOOL/DAYCARE CENTRE OR ON SCHOOL/CENTRE GROUNDS
- ⁵O AT AN INDOOR OR OUTDOOR SPORTS FACILITY (OTHER THAN SCHOOL)
- ⁶O OTHER BUILDING USED BY GENERAL PUBLIC
- ⁷O ON SIDEWALK/STREET/HIGHWAY IN RESPONDENT'S NEIGHBOURHOOD
- ⁸O ON ANY OTHER SIDEWALK/STREET/HIGHWAY
- ⁹O IN A PLAYGROUND/PARK (OTHER THAN SCHOOL)
- ¹⁰O OTHER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

HLT-Q43A

The following questions are about asthma. Has ... ever had asthma?

- ¹O YES
- ²O NO ---> GO TO HLT-Q44
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO HLT-C45

HLT-Q43B

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

HLT-Q43C

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

HLT-Q44

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

LONG-TERM CONDITIONS**HLT-C45**

In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more. Which, if any, of the following long-term conditions or health problems does ... have?

HLT-Q45A1

Does ... have allergies?

¹O YES

²O NO ---> GO TO HLT-Q45B1

⁰O DON'T KNOW ---> GO TO HLT-Q45B1

HLT-Q45A2

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

HLT-Q45B1

Does he/she have bronchitis?

¹O YES

²O NO ---> GO TO HLT-Q45C1

⁰O DON'T KNOW ---> GO TO HLT-Q45C1

HLT-Q45B2

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

HLT-Q45C1

Does he/she have other lung conditions or disease other than asthma or bronchitis?

¹O YES

²O NO ---> GO TO HLT-Q45D1

⁰O DON'T KNOW ---> GO TO HLT-Q45D1

HLT-Q45C2

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

HLT-Q45D1

Does he/she have a heart condition or disease?

¹O YES

²O NO ---> GO TO HLT-Q45E1

⁰O DON'T KNOW ---> GO TO HLT-Q45E1

HLT-Q45D2

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

HLT-Q45E1

Does he/she have a kidney condition or disease?

¹O YES

²O NO ---> GO TO HLT-Q45F1

⁰O DON'T KNOW ---> GO TO HLT-Q45F1

HLT-Q45E2

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

HLT-Q45F1

Does he/she have epilepsy?

¹O YES

²O NO ---> GO TO HLT-Q45G1

⁰O DON'T KNOW ---> GO TO HLT-Q45G1

HLT-Q45F2

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

HLT-Q45G1

Does he/she have cerebral palsy?

¹O YES

²O NO ---> GO TO HLT-Q45H1

⁰O DON'T KNOW ---> GO TO HLT-Q45H1

HLT-Q45G2

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

HLT-Q45H1

Does he/she have paralysis of any kind?

¹O YES

²O NO --> GO TO HLT-Q45I1

⁰O DON'T KNOW --> GO TO HLT-Q45I1

HLT-Q45H2

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

HLT-Q45I1

Does he/she have a mental handicap?

HLT-Q45I2

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

HLT-Q45J1

Does he/she have missing limbs (including fingers and toes)?

¹O YES

²O NO --> GO TO HLT-C45K

⁰O DON'T KNOW --> GO TO HLT-C45K

HLT-Q45J2

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

HLT-C45K

IF AGE IN YEARS < 6 --> GO TO HLT-Q45P1

OTHERWISE --> GO TO HLT-Q45K1

HLT-Q45K1

Does he/she have arthritis or rheumatism of a serious nature?

¹O YES

²O NO --> GO TO HLT-Q45L1

⁰O DON'T KNOW --> GO TO HLT-Q45L1

HLT-Q45K2

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

HLT-Q45L1

Does he/she have diabetes?

¹O YES

²O NO --> GO TO HLT-Q45M1

⁰O DON'T KNOW --> GO TO HLT-Q45M1

HLT-Q45L2

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

HLT-Q45M1

Does he/she have emotional, psychological or nervous difficulties?

¹O YES

²O NO --> GO TO HLT-Q45N1

⁰O DON'T KNOW --> GO TO HLT-Q45N1

HLT-Q45M2

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

HLT-Q45N1

Does he/she have a learning disability?

¹O YES

²O NO --> GO TO HLT-Q45P1

⁰O DON'T KNOW --> GO TO HLT-Q45P1

HLT-Q45N2

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

HLT-Q45P1

Does he/she have any other long term condition or health problem, which is expected to last more than 6 months?

¹O YES

²O NO --> GO TO HLT-C46

⁰O DON'T KNOW --> GO TO HLT-C46

HLT-Q45P2

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

HLT-C46

IF AGE IN YEARS > 3 ---> GO TO HLT-C48

OTHERWISE ---> GO TO HLT-Q46

HLT-Q46

How often does ... have nose or throat infections?

¹O ALMOST ALL THE TIME

²O OFTEN

³O FROM TIME TO TIME

⁴O RARELY

⁵O NEVER

⁰¹O DON'T KNOW

HLT-Q47A

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

¹O YES

²O NO ---> GO TO HLT-C48

⁰¹O DON'T KNOW ---> GO TO HLT-C48

HLT-Q47B

How many times?

¹O ONCE

²O 2 TIMES

³O 3 TIMES

⁴O 4 OR MORE TIMES

⁰¹O DON'T KNOW

USE OF HEALTH CARE PROFESSIONALS**HLT-C48**

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

HLT-Q48A

A general practitioner, family physician?

(ENTER 0 IF NONE.)

¹|_|_| TIMES

HLT-Q48B

A pediatrician?

HLT-Q48C

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

HLT-Q48D

A Public Health Nurse or Nurse Practitioner?

HLT-Q48E

A dentist or orthodontist?

HLT-Q48F

A physiotherapist or occupational therapist?

HLT-Q48G

A psychiatrist or psychologist?

HLT-Q48H

Child welfare worker or children's aid worker?

HLT-Q48I

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

HLT-Q49

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

¹O YES

²O NO ----> GO TO HLT-Q51A

⁰O DON'T KNOW ----> GO TO HLT-Q51A

HLT-Q50

For what reason?

¹O RESPIRATORY ILLNESS OR DISEASE

²O GASTROINTESTINAL ILLNESS OR DISEASE

³O INJURIES

⁴O OTHER

⁰O DON'T KNOW

⁰⁰O REFUSAL

USE OF MEDICATION

HLT-Q51A

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

¹O YES

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO HLT-C52

HLT-Q51B

Ritalin?

HLT-Q51C

Tranquilizers or nerve pills?

HLT-Q51D

Anti-convulsants or anti-epileptic pills?

HLT-Q51E

Other?

HLT-C52

IF AGE IN YEARS < 4 ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO HLT-Q52A

HLT-Q52A

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

HLT-Q52B

What was this?

(DO NOT READ LIST. MARK ALL THAT APPLY.)

¹O DEATH OF PARENTS

²O DEATH IN FAMILY (OTHER THAN PARENTS)

³O DIVORCE/SEPARATION OF PARENTS

⁴O MOVE

⁵O STAY IN HOSPITAL

⁶O STAY IN FOSTER HOME

⁷O OTHER SEPARATION FROM PARENTS

⁸O ILLNESS/INJURY OF CHILD

⁹O ILLNESS/INJURY OF A FAMILY MEMBER

¹⁰O ABUSE/FEAR OF ABUSE

¹¹O CHANGE IN HOUSEHOLD MEMBERS

¹²O ALCOHOLISM OR MENTAL HEALTH DISORDER IN FAMILY

¹³O CONFLICT BETWEEN PARENTS

¹⁴O OTHER

⁰¹O DON'T KNOW

MEDICAL/BIOLOGICAL

PRENATAL QUESTIONS

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

0-11 MONTHS: MED-Q1 - MED-Q28

12-23 MONTHS: MED-Q1 - MED-Q22; MED-Q25A - MED-Q28

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

MED-C1

IF AGE IN YEARS > 3 YEARS --> GO TO TEMPERAMENT SECTION

MED-C1A

IF THE RESPONDENT IS THE BIOLOGICAL MOTHER OF THE CHILD --> GO TO MED-C1C

ELSE IF THE RESPONDENT IS THE BIOLOGICAL FATHER OF THE CHILD) --> GO TO MED-C12

OTHERWISE --> GO TO TEMPERAMENT SECTION

MED-C1C

IF AGE IN MONTHS > 23 --> GO TO MED-C12

MED-Q1A

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

¹O YES

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO MED-Q2

MED-Q1B

High blood pressure?

MED-Q1C

Other physical problems?

MED-Q1D

Mental problems?

MED-Q2

*From whom did you receive pre-natal care?
(MARK ALL THAT APPLY)*

¹O A DOCTOR

²O A NURSE

³O A MIDWIFE

⁴O OTHER

⁵O NOBODY

⁰¹O DON'T KNOW

MED-Q3

Did you smoke during your pregnancy with ...?

¹O YES

²O NO ---> GO TO MED-Q6

⁰¹O DON'T KNOW ---> GO TO MED-Q6

MED-Q4

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

MED-Q5

At what stage in your pregnancy did you smoke this amount?
(MARK ALL THAT APPLY)

¹O DURING THE FIRST THREE MONTHS

²O DURING THE SECOND THREE MONTHS

³O DURING THE THIRD THREE MONTHS

⁴O THROUGHOUT

⁰¹O DON'T KNOW

MED-Q6

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

¹O NEVER ---> GO TO MED-Q9A

²O LESS THAN ONCE A MONTH

³O 1-3 TIMES A MONTH

⁴O ONCE A WEEK

⁵O 2-3 TIMES A WEEK

⁶O 4-6 TIMES A WEEK

⁷O EVERYDAY

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO MED-Q9A

MED-Q7

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

- ¹O 1 TO 2
- ²O 3 TO 4
- ³O 5 OR MORE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO MED-Q9A

MED-Q8

At what stage in your pregnancy did you consume this quantity?
(MARK ALL THAT APPLY)

- ¹O DURING THE FIRST THREE MONTHS
- ²O DURING THE SECOND THREE MONTHS
- ³O DURING THE THIRD THREE MONTHS
- ⁴O THROUGHOUT
- ⁰¹O DON'T KNOW

MED-Q9A

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

- ¹O YES
- ²O NO --> GO TO MED-Q10A
- ⁰¹O DON'T KNOW --> GO TO MED-Q10A
- ⁰²O REFUSAL --> GO TO MED-C12

MED-Q9B

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

- ¹O DURING THE FIRST THREE MONTHS
- ²O DURING THE SECOND THREE MONTHS
- ³O DURING THE THIRD THREE MONTHS
- ⁴O THROUGHOUT
- ⁰¹O DON'T KNOW

MED-Q10A

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

- ¹O YES
- ²O NO ---> GO TO MED-Q11A
- ⁰¹O DON'T KNOW ---> GO TO MED-Q11A
- ⁰²O REFUSAL ---> GO TO MED-C12

MED-Q10B

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

- ¹O DURING THE FIRST THREE MONTHS
- ²O DURING THE SECOND THREE MONTHS
- ³O DURING THE THIRD THREE MONTHS
- ⁴O THROUGHOUT
- ⁰¹O DON'T KNOW

MED-Q11A

Did you take any illegal drugs during your pregnancy with ...?

- ¹O YES
- ²O NO ---> GO TO MED-C12
- ⁰¹O DON'T KNOW ---> GO TO MED-C12
- ⁰²O REFUSAL ---> GO TO MED-C12

MED-Q11B

At what stage in your pregnancy did you take these?

- ¹O DURING THE FIRST THREE MONTHS
- ²O DURING THE SECOND THREE MONTHS
- ³O DURING THE THIRD THREE MONTHS
- ⁴O THROUGHOUT
- ⁰¹O DON'T KNOW

MED-Q12A

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

- ¹O YES, BEFORE
- ²O YES, AFTER
- ³O NO ---> GO TO MED-Q13A
- ⁰¹O DON'T KNOW ---> GO TO MED-Q13A

MED-Q12B

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

MED-Q13A

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

MED-Q14A

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

DELIVERY**MED-Q15**

Was this a single birth or twins, or triplets?

- ¹O SINGLE BIRTH
- ²O TWINS
- ³O TRIPLETS
- ⁴O MORE THAN TRIPLETS
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO MED-Q20

MED-Q15B

Was this pregnancy planned?

- ¹O YES ---> GO TO MED-C16
- ²O NO
- ⁰¹O DON'T KNOW ---> GO TO MED-C16
- ⁰²O REFUSAL ---> GO TO MED-C16

MED-Q15C

When did you adjust to the fact of having a child?

- ¹O IMMEDIATELY
- ²O BY THE TIME OF BIRTH
- ³O STILL DEALING WITH ACCEPTANCE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

MED-C16

IF AGE IN MONTHS IS 12-23 ---> GO TO MED-Q19

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

OTHERWISE ---> GO TO MED-Q16

MED-Q16

Was the delivery vaginal or caesarian?

- ¹O VAGINAL
- ²O CAESARIAN ---> GO TO MED-Q19

MED-Q17

Was ... born head first?

MED-Q18

Were birthing aids used?

- ¹O NONE
- ²O FORCEPS
- ³O CUPPING GLASS (SUCTION CUP)
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO MED-Q20

MED-Q19

Who delivered him/her?

- ¹O A DOCTOR
- ²O A NURSE
- ³O A MIDWIFE
- ⁴O OTHER
- ⁰¹O DON'T KNOW

MED-Q20

Where was he/she born?

- ¹O HOME
- ²O CLINIC
- ³O HOSPITAL
- ⁴O OTHER
- ⁰¹O DON'T KNOW

INFANT AFTER HIS/HER BIRTH**MED-Q21A**

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

- ¹O YES
- ²O NO --> Go to MED-Q22

MED-Q21B

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

- ¹O INTENSIVE CARE
- ²O VENTILATION/OXYGEN
- ³O TRANSFER TO A SPECIALIZED HOSPITAL
- ⁴O OTHER
- ⁰¹O DON'T KNOW --> GO TO MED-Q22

MED-Q21C

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

¹|_|_| DAYS

MED-Q22

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

- ¹O Excellent?
- ²O Very good?
- ³O Good?
- ⁴O Fair?
- ⁵O Poor?
- ⁰¹O DON'T KNOW

MED-C23

IF AGE IN MONTHS IS 12-23 --> GO TO MED-Q25
OTHERWISE --> GO TO MED-Q23A

POSTNATAL/POST-DELIVERY PHYSICAL AND MENTAL HEALTH

MED-Q23A

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

- ¹O YES
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰⁰O REFUSAL --> GO TO MED-Q24A

MED-Q23B

Postpartum infection?

MED-Q23C1

Postpartum depression?

- ¹O YES
- ²O NO --> GO TO MED-Q23D
- ⁰¹O DON'T KNOW --> GO TO MED-Q23D
- ⁰⁰O REFUSAL --> GO TO MED-Q24A

MED-Q23C2

For how long?

(ENTER NUMBER OF DAYS OR WEEKS OR MONTHS)

MED-Q23D

Postpartum hypertension?

MED-Q24A

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

¹O YES

²O NO ---> GO TO MED-Q25

MED-Q24B

For how many days?

BREAST-FEEDING**MED-Q25**

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

MED-Q26

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

MED-Q27

For how long?

(DO NOT READ LIST. MARK ONE ONLY.)

¹O LESS THAN 1 WEEK

²O 1-4 WEEKS

³O 5-8 WEEKS

⁴O 9-12 WEEKS

⁵O 3-6 MONTHS

⁶O 7-9 MONTHS

⁷O 10-12 MONTHS

⁸O 13-16 MONTHS

⁹O MORE THAN 16 MONTHS

⁰O DON'T KNOW ---> GO TO NEXT SECTION

MED-Q28

What was the main reason you/her/his-mother stopped breast-feeding him/her?
(MARK ALL THAT APPLY.)

- ☐ ¹ NOT ENOUGH MILK/HUNGRY BABY
- ☐ ² INCONVENIENCED/FATIGUE
- ☐ ³ DIFFICULTY WITH BF TECHNIQUES
- ☐ ⁴ SORE NIPPLES/ENGORGED BREAST
- ☐ ⁵ MOTHER'S ILLNESS
- ☐ ⁶ PLANNED TO STOP AT THIS TIME
- ☐ ⁷ BABY WEANED HIMSELF/HERSELF
- ☐ ⁸ PHYSICIAN TOLD ME/HER TO STOP
- ☐ ⁹ RETURNED TO WORK/SCHOOL
- ☐ ¹⁰ PARTNER/FATHER WANTED ME/HER TO STOP
- ☐ ¹¹ FORMULA FEEDING PREFERABLE
- ☐ ¹² WANTED TO DRINK ALCOHOL
- ☐ ¹³ OTHER
- ☐ ⁰¹ DON'T KNOW

TEMPERAMENT

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

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

12-23 MONTHS(1 YEAR OLDS): TMP-Q1, 2A, 3A, 4, 5, 6, 7, 8A, 9, 10, 11, 12, 13A, 14, 15, 17-22, 23A, 24A, 25, 26, 27A, 28-33

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

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

TMP-C1

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

OTHERWISE --> GO TO TMP-C1A

TMP-C1A

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

TMP-Q1

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

¹O VERY EASY

²O

³O

⁴O ABOUT AVERAGE

⁵O

⁶O

⁷O DIFFICULT

⁸O DON'T KNOW

⁹O REFUSAL --> GO TO NEXT SECTION

TMP-C2

IF AGE IN YEARS < 1 --> GO TO TMP-Q2

OTHERWISE --> GO TO TMP-Q2A

TMP-Q2

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

- ¹O VERY EASY
- ²O
- ³O
- ⁴O ABOUT AVERAGE
- ⁵O
- ⁶O
- ⁷O DIFFICULT
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q3

TMP-Q2A

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

- ¹O VERY CONSISTENT; LITTLE OR NO VARIABILITY
- ²O
- ³O
- ⁴O SOME VARIABILITY
- ⁵O
- ⁶O
- ⁷O VERY INCONSISTENT; HIGHLY VARIABLE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q3A

TMP-Q3

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

- ¹O VERY EASY
- ²O
- ³O
- ⁴O ABOUT AVERAGE
- ⁵O
- ⁶O
- ⁷O DIFFICULT
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-C4

TMP-Q3A

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

¹O VERY CONSISTENT; LITTLE OR NO VARIABILITY

²O

³O

⁴O SOME VARIABILITY

⁵O

⁶O

⁷O VERY INCONSISTENT; HIGHLY VARIABLE

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

TMP-C4

IF AGE IN YEARS < 3 ---> GO TO TMP-Q4

OTHERWISE ---> GO TO TMP-Q4A

TMP-Q4

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

¹O VERY EASY

²O

³O

⁴O ABOUT AVERAGE

⁵O

⁶O

⁷O DIFFICULT

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q5

TMP-Q4A

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

¹O VERY EASY

²O

³O

⁴O ABOUT AVERAGE

⁵O

⁶O

⁷O DIFFICULT

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q5A

TMP-Q5

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

- ¹O NEVER
- ²O 1-2 TIMES PER DAY
- ³O 3-4 TIMES PER DAY
- ⁴O 5-6 TIMES PER DAY
- ⁵O 7-9 TIMES PER DAY
- ⁶O 10-14 TIMES PER DAY
- ⁷O 15 TIMES PER DAY OR MORE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q6

TMP-Q5A

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

GO TO TMP-Q6A

TMP-Q6

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

- ¹O VERY LITTLE; MUCH LESS THAN THE AVERAGE BABY/CHILD
- ²O
- ³O
- ⁴O AVERAGE AMOUNT; ABOUT AS MUCH AS THE AVERAGE BABY/CHILD
- ⁵O
- ⁶O
- ⁷O A LOT; MUCH MORE THAN THE AVERAGE BABY/CHILD
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q7

TMP-Q6A

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

TMP-Q7

How easily does he/she get upset?

- ¹O VERY HARD TO UPSET -- EVEN BY THINGS THAT UPSET MOST BABIES/CHILDREN
- ²O
- ³O
- ⁴O ABOUT AVERAGE
- ⁵O
- ⁶O
- ⁷O VERY EASILY UPSET BY THINGS THAT WOULDN'T BOTHER MOST BABIES/CHILDREN
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

TMP-C8

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

TMP-Q8

When he/she gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss?

¹O VERY MILD INTENSITY OR LOUDNESS

²O

³O

⁴O MODERATE INTENSITY OR LOUDNESS

⁵O

⁶O

⁷O VERY LOUD OR INTENSE, REALLY CUTS LOOSE

⁰¹O DON'T KNOW

GO TO TMP-Q9

TMP-Q8A

When he/she gets upset, how vigorously or loudly does he/she cry and fuss?

GO TO TMP-Q9

TMP-Q8B

When he/she gets upset, how vigorously or loudly does he/she cry and whine?

GO TO TMP-Q9A

TMP-Q9

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

¹O VERY WELL -- LIKES IT

²O

³O

⁴O ABOUT AVERAGE -- DOESN'T MIND IT

⁵O

⁶O

⁷O DOESN'T LIKE IT AT ALL

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q10

TMP-Q9A

How does he/she react during hairwashing?

TMP-Q10

How active is ... in general?

¹O VERY CALM AND QUIET

²O

³O

⁴O AVERAGE

⁵O

⁶O

⁷O VERY ACTIVE AND VIGOROUS

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-C11

IF AGE IN YEARS < 3 --> GO TO TMP-Q11

OTHERWISE --> GO TO TMP-Q11A

TMP-Q11

How much does he/she smile and make happy sounds?

¹O A GREAT DEAL, MUCH MORE THAN MOST INFANTS/CHILDREN

²O

³O

⁴O AN AVERAGE AMOUNT

⁵O

⁶O

⁷O VERY LITTLE, MUCH LESS THAN MOST INFANTS/CHILDREN

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-Q12

TMP-Q11A

How much does he/she smile and laugh?

TMP-Q12

What kind of mood is he/she generally in?

¹O VERY HAPPY AND CHEERFUL

²O

³O

⁴O NEITHER SERIOUS NOR CHEERFUL

⁵O

⁶O

⁷O SERIOUS

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

TMP-C13

IF AGE IN MONTHS < 6 ---> GO TO TMP-Q14

IF AGE IN MONTHS 6 - 11 ---> GO TO TMP-Q13

OTHERWISE ---> GO TO TMP-Q13A

TMP-Q13

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

¹O A GREAT DEAL -- REALLY LOVES IT

²O

³O

⁴O ABOUT AVERAGE

⁵O

⁶O

⁷O VERY LITTLE -- DOESN'T LIKE IT VERY MUCH

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q14

TMP-Q13A

How much does he/she enjoy playing with you?

TMP-C14

IF AGE IN YEARS < 3 YEARS ---> GO TO TMP-Q14

OTHERWISE ---> GO TO TMP-Q14A

TMP-Q14

How much does he/she want to be held?

- ¹O WANTS TO BE FREE MOST OF THE TIME
- ²O
- ³O
- ⁴O SOMETIMES WANTS TO BE HELD; SOMETIMES NOT
- ⁵O
- ⁶O
- ⁷O A GREAT DEAL -- WANTS TO BE HELD ALMOST ALL THE TIME
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-Q15

o

TMP-Q14A

How much does he/she want to be cuddled?

TMP-Q15

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

- ¹O VERY FAVOURABLY, DOESN'T GET UPSET
- ²O
- ³O
- ⁴O ABOUT AVERAGE
- ⁵O
- ⁶O
- ⁷O VERY UNFAVOURABLY, GETS QUITE UPSET
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-C16

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

OTHERWISE --> GO TO TMP-Q17

TMP-Q16

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

- ¹O VERY EASY
- ³O
- ³O
- ⁴O ABOUT AVERAGE
- ⁵O
- ⁶O
- ⁷O VERY DIFFICULT
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-Q17

How changeable is ...'s mood?

- ¹0 CHANGES SELDOM AND CHANGES SLOWLY WHEN HE/SHE DOES CHANGE
- ²0
- ³0
- ⁴0 ABOUT AVERAGE
- ⁵0
- ⁶0
- ⁷0 CHANGES OFTEN AND RAPIDLY
- ⁸0 DON'T KNOW
- ⁹0 REFUSAL ---> GO TO NEXT SECTION

TMP-Q18

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

- ¹0 VERY EXCITED
- ²0
- ³0
- ⁴0 ABOUT AVERAGE
- ⁵0
- ⁶0
- ⁷0 NOT AT ALL
- ⁸0 DON'T KNOW
- ⁹0 REFUSAL ---> GO TO NEXT SECTION

TMP-C19

IF AGE IN YEARS= 3 ---> GO TO TMP-Q19A

OTHERWISE ---> GO TO TMP-Q19

TMP-Q19

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

- ¹0 VERY LITTLE -- MUCH LESS THAN THE AVERAGE BABY/CHILD
- ²0
- ³0
- ⁴0 AVERAGE AMOUNT
- ⁵0
- ⁶0
- ⁷0 A LOT -- MUCH MORE THAN THE AVERAGE BABY/CHILD
- ⁸0 DON'T KNOW
- ⁹0 REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q20

TMP-Q19A

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

TMP-Q20

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

¹O ALMOST ALWAYS

²O

³O

⁴O ABOUT HALF THE TIME

⁵O

⁶O

⁷O ALMOST NEVER -- WON'T PLAY BY SELF

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-C21

IF AGE IN MONTHS IS 3 - 11 --> GO TO TMP-Q23

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

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

ELSE --> GO TO TMP-Q21B

TMP-Q21

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

¹O VERY WELL -- LIKES IT

²O

³O

⁴O MINDS A LITTLE OR PROTESTS ONCE IN A WHILE

⁵O

⁶O

⁷O DOESN'T LIKE IT AT ALL

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-Q22

TMP-Q21A

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

GO TO TMP-Q22

TMP-Q21B

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

GO TO TMP-Q22A

TMP-Q22

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

¹O A GREAT DEAL -- ALMOST EVERY TIME

²O

³O

⁴O AVERAGE, SOMETIMES DOES AND SOMETIMES DOESN'T

⁵O

⁶O

⁷O VERY LITTLE -- SELDOM CUDDLES

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-C23

TMP-Q22A

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

TMP-C23

IF AGE IN YEARS = 1-3 ---> GO TO TMP-Q23A

TMP-Q23

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

¹O VERY WELL -- BABY LOVED IT

²O

³O

⁴O NEITHER LIKED NOR DISLIKED IT

⁵O

⁶O

⁷O TERRIBLY -- DIDN'T LIKE IT

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

TMP-C23A

IF AGE IN MONTHS IS 3- 5 ---> GO TO TMP-Q33

ELSE ---> GO TO TMP-Q24

TMP-Q23A

How does he/she typically respond to new playthings?

¹O ALWAYS RESPONDS FAVOURABLY

²O

³O

⁴O RESPONDS FAVOURABLY ABOUT HALF THE TIME OR IS ALWAYS NEUTRAL

⁵O

⁶O

⁷O ALWAYS RESPONDS NEGATIVELY OR FEARFULLY

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO TMP-Q24A**TMP-Q24**

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

¹O VERY FAVOURABLY -- LIKED IT IMMEDIATELY

²O

³O

⁴O NEITHER LIKED NOR DISLIKED IT

⁵O

⁶O

⁷O VERY NEGATIVELY -- DID NOT LIKE IT AT ALL

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-Q25**TMP-Q24A**

How does he/she typically respond to new foods?

¹O ALWAYS RESPONDS FAVOURABLY

²O

³O

⁴O RESPONDS FAVOURABLY ABOUT HALF THE TIME OR IS ALWAYS NEUTRAL

⁵O

⁶O

⁷O ALWAYS RESPONDS NEGATIVELY OR FEARFULLY

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

TMP-Q25

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

¹O ALMOST ALWAYS RESPONDS FAVOURABLY

²O

³O

⁴O RESPONDS FAVOURABLY ABOUT HALF THE TIME

⁵O

⁶O

⁷O ALMOST ALWAYS RESPONDS NEGATIVELY AT FIRST

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-Q26

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

TMP-C27

IF AGE IN YEARS < 1 --> GO TO TMP-Q27

OTHERWISE --> GO TO TMP Q27A

TMP-Q27

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

¹O VERY WELL -- ALWAYS LIKES IT EVENTUALLY

²O

³O

⁴O ENDS UP LIKING IT ABOUT HALF THE TIME

⁵O

⁶O

⁷O ALMOST ALWAYS DISLIKES IT IN THE END

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-C28

TMP-Q27A

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

TMP-C28

IF AGE IN YEARS < 1 --> GO TO TMP-Q33

OTHERWISE ---> GO TO TMP-Q28

TMP-Q28

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

¹O EASY; FUN TO TAKE BABY/CHILD WITH ME

²O

³O

⁴O OKAY; BABY/CHILD MAY FUSS BUT NO REAL TROUBLE

⁵O

⁶O

⁷O DIFFICULT; BABY/CHILD IS USUALLY DISRUPTIVE

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-Q29

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

¹O RARELY OR NEVER PERSISTS

²O

³O

⁴O SOMETIMES DOES AND SOMETIMES DOES NOT

⁵O

⁶O

⁷O ALMOST ALWAYS PERSISTS

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-C30

IF AGE IN YEARS < 3 --> GO TO TMP-Q30

OTHERWISE --> GO TO TMP-Q30A

TMP-Q30

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

¹O RARELY OR NEVER

²O

³O

⁴O SOMETIMES DOES AND SOMETIMES DOES NOT

⁵O

⁶O

⁷O ALMOST ALWAYS

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

GO TO TMP-Q31

TMP-Q30A

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

TMP-Q31

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

¹O NEVER

²O

³O

⁴O SOMETIMES DOES AND SOMETIMES DOES NOT

⁵O

⁶O

⁷O ALWAYS GETS VERY UPSET

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

TMP-Q32

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

- ☐ DOESN'T PERSIST AT ALL
- ☐
- ☐
- ☐ WILL TRY, BUT WILL ONLY MILDLY PROTEST
- ☐
- ☐
- ☐ VERY PERSISTENT -- WILL DO ANYTHING TO GET ATTENTION
- ☐ DON'T KNOW
- ☐ REFUSAL --> GO TO NEXT SECTION

TMP-Q33

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

- ☐ VERY EASY
- ☐
- ☐
- ☐ ORDINARY, SOME PROBLEMS
- ☐
- ☐
- ☐ HIGHLY DIFFICULT TO DEAL WITH
- ☐ DON'T KNOW
- ☐ REFUSAL --> GO TO NEXT SECTION

EDUCATION

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

NOT IN SCHOOL: EDU-Q1

UNGRADED:

EDU-Q1, Q8-21, EXCEPT ONLY 4-5 YEAR-OLDS ASKED Q12B AND 4-7 YEAR-OLDS NOT ASKED Q18A

JUNIOR

KINDERGARTEN

EDU-Q1, Q8-13, Q16-Q18B, Q20-Q21, EXCEPT ONLY 4-5 YEAR-OLDS ASKED Q12B AND 4-7 YEAR-OLDS NOT ASKED Q18A

KINDERGARTEN

EDU-Q1, Q2, Q8-13, Q16-Q18B, Q20-Q21, EXCEPT ONLY 4-5 YEAR-OLDS ASKED Q12B AND 4-7 YEAR-OLDS NOT ASKED Q18A

OTHER GRADES

EDU-Q1-21, EXCEPT ONLY 4-5 YEAR-OLDS ASKED Q12B AND 4-7 YEAR-OLDS NOT ASKED 18A

EDU-C1

IF AGE IN YEARS < 4 --> GO TO NEXT SECTION

OTHERWISE --> GO TO EDU-11

EDUCATION HISTORY

EDU-11

The next section is about ...'s experiences at school.

EDU-C1A

IF PROVINCE IS NEWFOUNDLAND --> GO TO EDU-Q1A

IF PROVINCE IS QUEBEC --> GO TO EDU-Q1B

OTHERWISE --> GO TO EDU-Q1

EDU-Q1

What school grade is ... In?

- ¹O NOT IN SCHOOL ---> GO TO NEXT SECTION
- ²O UNGRADED ---> GO TO EDU-Q8
- ³O JUNIOR KINDERGARTEN ---> GO TO EDU-Q8
- ⁴O KINDERGARTEN
- ⁵O GRADE 1
- ⁶O GRADE 2
- ⁷O GRADE 3
- ⁸O GRADE 4
- ⁹O GRADE 5
- ¹⁰O GRADE 6
- ¹¹O GRADE 7
- ¹²O GRADE 8
- ¹³O GRADE 9
- ¹⁴O GRADE 10
- ¹⁵O GRADE 11
- ¹⁶O GRADE 12
- ¹⁷O OAC GRADE 13
- ⁰¹O DON'T KNOW ---> GO TO EDU-Q8
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

EDU-Q1A

What school grade is ... In?

- ¹O NOT IN SCHOOL ---> GO TO NEXT SECTION
- ²O UNGRADED ---> GO TO EDU-Q8
- ³O JUNIOR KINDERGARTEN ---> GO TO EDU-Q8
- ⁴O KINDERGARTEN
- ⁵O GRADE 1 ELEMENTARY
- ⁶O GRADE 2 ELEMENTARY
- ⁷O GRADE 3 ELEMENTARY
- ⁸O GRADE 4 ELEMENTARY
- ⁹O GRADE 5 ELEMENTARY
- ¹⁰O GRADE 6 ELEMENTARY
- ¹¹O GRADE 7 ELEMENTARY
- ¹²O GRADE 8 ELEMENTARY
- ¹³O GRADE 9 ELEMENTARY
- ¹⁴O LEVEL 1 SECONDARY
- ¹⁵O LEVEL 2 SECONDARY
- ¹⁶O LEVEL 3 SECONDARY
- ⁰¹O DON'T KNOW ---> GO TO EDU-Q8
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

EDU-Q1B

What school grade is ... In?

- ¹O NOT IN SCHOOL --> GO TO NEXT SECTION
- ²O UNGRADED --> GO TO EDU-Q8
- ³O JUNIOR KINDERGARTEN --> GO TO EDU-Q8
- ⁴O KINDERGARTEN
- ⁵O GRADE 1 ELEMENTARY
- ⁶O GRADE 2 ELEMENTARY
- ⁷O GRADE 3 ELEMENTARY
- ⁸O GRADE 4 ELEMENTARY
- ⁹O GRADE 5 ELEMENTARY
- ¹⁰O GRADE 6 ELEMENTARY
- ¹¹O SECONDARY I
- ¹²O SECONDARY II
- ¹³O SECONDARY III
- ¹⁴O SECONDARY IV
- ¹⁵O SECONDARY V
- ⁰¹O DON'T KNOW --> GO TO EDU-Q8
- ⁰²O REFUSAL --> GO TO NEXT SECTION

EDU-Q2

Did he/she attend junior kindergarten?

- ¹O YES
- ²O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

EDU-C3

*IF EDU-Q1 OR EDU-Q1A OR EDU-Q1B IS 4
(KINDERGARTEN) --> GO TO EDU-Q8*

OTHERWISE --> GO TO EDU-Q3

EDU-Q3

Did he/she attend kindergarten?

EDU-Q4

Has ... ever skipped a grade at school? (INCLUDE KINDERGARTEN)

- ¹O YES
- ²O NO --> GO TO EDU-Q6
- ⁰¹O DON'T KNOW --> GO TO EDU-Q6

EDU-C5

IF PROVINCE IS NFLD --> GO TO EDU-Q5A
IF PROVINCE IS QUE --> GO TO EDU-Q5B
OTHERWISE --> GO TO EDU-Q5

EDU-Q5

What grade(s) has he/she skipped?
(MARK ALL THAT APPLY.)

- ☐ KINDERGARTEN
- ☐ GRADE 1
- ☐ GRADE 2
- ☐ GRADE 3
- ☐ GRADE 4
- ☐ GRADE 5
- ☐ GRADE 6
- ☐ GRADE 7
- ☐ GRADE 8
- ☐ GRADE 9
- ☐ GRADE 10
- ☐ GRADE 11
- ☐ GRADE 12
- ☐ OAC GRADE 13
- ☐ DON'T KNOW

GO TO EDU-Q6**EDU-Q5A**

What grade(s) has he/she skipped?
(MARK ALL THAT APPLY.)

- ☐ KINDERGARTEN
- ☐ GRADE 1 ELEMENTARY
- ☐ GRADE 2 ELEMENTARY
- ☐ GRADE 3 ELEMENTARY
- ☐ GRADE 4 ELEMENTARY
- ☐ GRADE 5 ELEMENTARY
- ☐ GRADE 6 ELEMENTARY
- ☐ GRADE 7 ELEMENTARY
- ☐ GRADE 8 ELEMENTARY
- ☐ GRADE 9 ELEMENTARY
- ☐ LEVEL 1 SECONDARY
- ☐ LEVEL 2 SECONDARY
- ☐ LEVEL 3 SECONDARY
- ☐ DON'T KNOW

GO TO EDU-Q6

EDU-Q5B

What grade(s) has he/she skipped?
(MARK ALL THAT APPLY.)

- ☐ KINDERGARTEN
- ☐ GRADE 1 ELEMENTARY
- ☐ GRADE 2 ELEMENTARY
- ☐ GRADE 3 ELEMENTARY
- ☐ GRADE 4 ELEMENTARY
- ☐ GRADE 5 ELEMENTARY
- ☐ GRADE 6 ELEMENTARY
- ☐ SECONDARY I
- ☐ SECONDARY II
- ☐ SECONDARY III
- ☐ SECONDARY IV
- ☐ SECONDARY V
- ☐ DON'T KNOW

EDU-Q6

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

- ☐ YES
- ☐ NO --> GO TO EDU-Q8
- ☐ DON'T KNOW --> GO TO EDU-Q8

EDU-C7

IF PROVINCE IS NFLD --> GO TO EDU-Q7A
IF PROVINCE IS QUE --> GO TO EDU-Q7B
OTHERWISE --> GO TO EDU-Q7

EDU-Q7

What grade(s) has he/she repeated?
(MARK ALL THAT APPLY.)

- ☐ JUNIOR KINDERGARTEN
- ☐ KINDERGARTEN
- ☐ GRADE 1
- ☐ GRADE 2
- ☐ GRADE 3
- ☐ GRADE 4
- ☐ GRADE 5
- ☐ GRADE 6
- ☐ GRADE 7
- ☐ GRADE 8
- ☐ GRADE 9
- ☐ GRADE 10
- ☐ GRADE 11
- ☐ GRADE 12
- ☐ OAC GRADE 13
- ☐ DON'T KNOW

EDU-Q7A

What grade(s) has he/she skipped?
(MARK ALL THAT APPLY.)

- ☐ JUNIOR KINDERGARTEN
- ☐ KINDERGARTEN
- ☐ GRADE 1 ELEMENTARY
- ☐ GRADE 2 ELEMENTARY
- ☐ GRADE 3 ELEMENTARY
- ☐ GRADE 4 ELEMENTARY
- ☐ GRADE 5 ELEMENTARY
- ☐ GRADE 6 ELEMENTARY
- ☐ GRADE 7 ELEMENTARY
- ☐ GRADE 8 ELEMENTARY
- ☐ GRADE 9 ELEMENTARY
- ☐ LEVEL 1 SECONDARY
- ☐ LEVEL 2 SECONDARY
- ☐ LEVEL 3 SECONDARY
- ☐ DON'T KNOW

GO TO EDU-Q6

EDU-Q7B

What grade(s) has he/she repeated?
(MARK ALL THAT APPLY.)

- ☐ JUNIOR KINDERGARTEN
- ☐ KINDERGARTEN
- ☐ GRADE 1 ELEMENTARY
- ☐ GRADE 2 ELEMENTARY
- ☐ GRADE 3 ELEMENTARY
- ☐ GRADE 4 ELEMENTARY
- ☐ GRADE 5 ELEMENTARY
- ☐ GRADE 6 ELEMENTARY
- ☐ SECONDARY I
- ☐ SECONDARY II
- ☐ SECONDARY III
- ☐ SECONDARY IV
- ☐ SECONDARY V
- ☐ DON'T KNOW

EDU-Q8

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

- ☐ Public school?
- ☐ Catholic school, publicly funded?
- ☐ Private school?
- ☐ Other
- ☐ DON'T KNOW

EDU-Q9A

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

- ☐ YES
- ☐ NO --> GO TO EDU-Q11
- ☐ N/A --> GO TO EDU-Q11
- ☐ DON'T KNOW --> GO TO EDU-Q11
- ☐ REFUSAL --> GO TO EDU-Q11

EDU-Q9B

How many times has he/she changed schools?

EDU-Q10

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

- ☐ 1 FAMILY OR CHILD MOVED
- ☐ 2 CHILD NOT PROGRESSING WELL ACADEMICALLY
- ☐ 3 CHILD NOT PROGRESSING WELL IN LANGUAGE OF INSTRUCTION
- ☐ 4 CHILD NOT GETTING ALONG WELL WITH OTHERS AT SCHOOL
- ☐ 5 CONCERNS ABOUT SCHOOL'S ACADEMIC STANDARDS OR QUALITY
- ☐ 6 CONCERNS ABOUT SCHOOL SAFETY OR DISCIPLINE
- ☐ 7 CONCERNS ABOUT SCHOOL FACILITIES OR RESOURCES
- ☐ 8 OTHER
- ☐ 9 DON'T KNOW

EDU-Q11

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

CURRENT EDUCATION**EDU-Q12A**

In what language is he/she mainly taught?

- ☐ 1 ENGLISH
- ☐ 2 FRENCH
- ☐ 3 BOTH
- ☐ 4 OTHER
- ☐ 5 DON'T KNOW

EDU-C12B

IF AGE IN YEARS > 5 ---> GO TO EDU-Q13

EDU-Q12B

What language does he/she speak most often at home?

EDU-Q13

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

GRADE ONE AND OVER**EDU-Q14A**

*IF EDU-Q1 OR EDU-Q1A OR EDU-Q1B IS 3 (Junior kindergarten) OR 4 (Kindergarten) OR DON'T KNOW OR REFUSAL --> GO TO EDU-Q16
OTHERWISE --> GO TO EDU-Q14A*

EDU-Q14A

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

- ☐ 1O VERY WELL
- ☐ 2O WELL
- ☐ 3O AVERAGE
- ☐ 4O POORLY
- ☐ 5O VERY POORLY
- ☐ 6O NOT APPLICABLE
- ☐ 01O DON'T KNOW

EDU-Q14B

BASED ON YOUR KNOWLEDGE OF HIS/HER SCHOOL WORK, INCLUDING HIS/HER REPORT CARDS, HOW IS ... DOING IN:
Mathematics?

EDU-Q14C

Written work such as composition?

EDU-Q14D

How is he/she doing overall?

EDU-Q15A

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

- ☐ 1O YES
- ☐ 2O NO --> GO TO EDU-Q16
- ☐ 01O DON'T KNOW --> GO TO EDU-Q16
- ☐ 02O REFUSAL --> GO TO EDU-Q16

EDU-Q15B

How often?

- ☐ 1O ONCE A WEEK OR LESS OFTEN
- ☐ 2O TWICE A WEEK
- ☐ 3O MORE THAN TWICE A WEEK
- ☐ 01O DON'T KNOW
- ☐ 02O REFUSAL

EDU-Q16

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

- ¹O NONE/ONCE
- ²O TWICE/THREE TIMES
- ³O FOUR OR MORE TIMES
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

EDU-Q17

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

- ¹O ALMOST NEVER
- ²O RARELY
- ³O SOMETIMES
- ⁴O OFTEN
- ⁵O ALMOST ALWAYS
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

EDU-C18

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

EDU-Q18A

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

- ¹O VERY IMPORTANT
- ²O IMPORTANT
- ³O SOMEWHAT IMPORTANT
- ⁴O NOT IMPORTANT AT ALL
- ⁰¹O DON'T KNOW

EDU-Q18B

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

- ¹O PRIMARY SCHOOL
- ²O SECONDARY OR HIGH SCHOOL
- ³O GO TO COMMUNITY COLLEGE, TECHNICAL COLLEGE OR CEGEP
- ⁴O GO TO UNIVERSITY
- ⁵O LEARN A TRADE
- ⁶O OTHER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

EDU-C19A

IF EDU-Q1 OR EDU-Q1A OR EDU-Q1B IS 3 (Junior kindergarten) OR 4 (Kindergarten) OR DON'T KNOW --> GO TO EDU-Q20

EDU-I19A

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

EDU-Q19A

Academic progress is very important at this school.

EDU-Q19B

Most children in this school enjoy being there.

EDU-Q19C

Parents are made to feel welcome in this school.

EDU-Q19D

School spirit is very high.

EDU-Q20

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

¹O YES

²O NO

⁰¹O DON'T KNOW

⁰²O REFUSAL

LITERACY

NOTE: IF AGE IN MONTHS= 0-23 LIT-11 TO LIT-Q3

IF AGE IN YEARS= 2-4

LIT-11, LIT-Q4 TO LIT-Q7, LIT-Q8, LIT-Q15

IF AGE IN YEARS= 5

LIT-11, LIT-Q6A, LIT-Q6B, LIT-Q7A TO LIT-Q8, LIT-Q12, LIT-Q13 TO LIT-Q15

IF AGE IN YEARS= 6

LIT-11, LIT-Q7A, LIT-Q9 TO LIT-Q12, LIT-Q13 TO LIT-Q15

IF AGE IN YEARS= 7

LIT-11, LIT-Q7A, LIT-Q9 TO LIT-Q11, LIT-Q12A TO LIT-Q15

IF AGE IN YEARS= 8-11

LIT-11, LIT-Q7B, LIT-Q9 TO LIT-Q11, LIT-Q12A TO LIT-Q15

LIT-C1

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

LIT-C1A

IF AGE IN MONTHS > 23 ---> GO TO LIT-C4

OTHERWISE ---> GO TO LIT-Q1

LIT-Q1

Do you ever read to ..., or show him/her pictures or wordless baby books?

¹O YES

²O NO ---> GO TO NEXT SECTION

⁰¹O DON'T KNOW ---> GO TO NEXT SECTION

⁰²O REFUSAL ---> GO TO NEXT SECTION

LIT-Q2

How often do you do this?

¹O RARELY

²O LESS THAN ONCE A MONTH

³O ONCE A MONTH

⁴O A FEW TIMES A MONTH

⁵O ONCE A WEEK

⁶O A FEW TIMES A WEEK

⁷O DAILY

⁸O MANY TIMES EACH DAY

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

LIT-Q3

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

LIT-C4

IF AGE IN YEARS= 2 - 4 --> GO TO LIT-Q4

IF AGE IN YEARS= 5 --> GO TO LIT-Q6A

IF AGE IN YEARS= 6-7 --> GO TO LIT-Q7A

OTHERWISE (AGE IS 8-11) --> GO TO LIT-Q7B

LIT-Q4

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

LIT-Q5

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

LIT-Q6A

Have you ever read aloud to ... on a regular basis?

¹O YES

²O NO --> GO TO LIT-Q8

⁰O DON'T KNOW --> GO TO LIT-C9

⁰O REFUSAL --> GO TO NEXT SECTION

LIT-Q6B1

How old was he/she when you started (to the nearest month of age)?
(ENTER YEARS BELOW. ENTER MONTHS IN LIT-Q6B2.)

LIT-Q6B2

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

LIT-C7A

IF AGE IN YEARS < 5 --> GO TO LIT-Q7

OTHERWISE --> GO TO LIT-Q7A

LIT-Q7

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

- ¹O NEVER OR RARELY
- ²O LESS THAN ONCE A MONTH
- ³O ONCE A MONTH
- ⁴O A FEW TIMES A MONTH
- ⁵O ONCE A WEEK
- ⁶O A FEW TIMES A WEEK
- ⁷O DAILY
- ⁸O MANY TIMES EACH DAY
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

GO TO LIT-C8

LIT-Q7A

Currently, how often do you read aloud to him/her or listen to him/her read or attempt to read aloud?

GO TO LIT-C8

LIT-Q7B

Currently, how often do you read aloud to him/her or listen to him/her read?

LIT-C8

IF AGE IN YEARS > 5 ---> GO TO LIT-Q9
OTHERWISE GO TO LIT-Q8

LIT-Q8

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

LIT-C9

IF AGE IN YEARS = 2 - 4 ---> GO TO LIT-Q15
OTHERWISE (AGE IS 5) ---> GO TO LIT-Q12

LIT-Q9

How often is ... assigned homework?

- ¹O NEVER ---> GO TO LIT-C12A
- ²O LESS THAN ONCE A MONTH
- ³O ONCE A MONTH
- ⁴O A FEW TIMES A MONTH
- ⁵O ONCE A WEEK
- ⁶O A FEW TIMES A WEEK
- ⁷O DAILY
- ⁰¹O DON'T KNOW ---> GO TO LIT-C12A
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

LIT-Q10A

On days when he/she is assigned homework, how much time does he/she usually spend doing homework?

LIT-Q11

How often do you check his/her homework or provide help with homework?

- ¹O NEVER OR RARELY
- ²O LESS THAN ONCE A MONTH
- ³O ONCE A MONTH
- ⁴O A FEW TIMES A MONTH
- ⁵O ONCE A WEEK
- ⁶O A FEW TIMES A WEEK
- ⁷O DAILY
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

LIT-C12A

IF AGE IN YEARS= 6 ---> GO TO LIT-Q12

OTHERWISE ---> GO TO LIT-Q12A

LIT-Q12

How often does ... look at books or try to read on his/her own?

NOTE: *IF REFUSAL ---> GO TO NEXT SECTION*
 OTHERWISE ---> GO TO LIT-Q13

LIT-Q12A

How often does ... read for pleasure?

LIT-Q13

How often does he/she talk about a book with family or friends?

LIT-Q14

How often does he/she go to the library, including the school library?

LIT-Q15

How many books does ... own?

ACTIVITIES

NOTE:

IF AGE= 0-3 ACT-Q1-Q2B

IF AGE= 4-5 ACT-Q1-Q5A2, Q7A-Q9

IF AGE= 6-7 ACT-Q3A-Q4B, Q5B1-Q5B2, Q7A-Q9, Q11A-Q12B

IF AGE= 8-9 ACT-Q3A-Q4B, Q5B1-Q5B2, Q6A-Q9, Q11A-Q12B

IF AGE= 10-11 ACT-Q3A-Q4B, Q5C1-Q5C2, Q6A-Q9, Q10A-Q12B

ACT-C1

The next few questions are about ...'s interests and activities.

ACT-C1A

IF AGE IN YEARS > 5 --> GO TO ACT-Q3A

OTHERWISE --> GO TO ACT-Q1

ACT-Q1

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

¹O YES

²O NO --> GO TO ACT-C3

⁰¹O DON'T KNOW --> GO TO ACT-C3

ACT-Q2A

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

¹O NURSERY SCHOOL, PRESCHOOL OR KINDERGARTEN

²O PLAY GROUP

³O DROP-IN CENTRE

⁴O TOY LIBRARY

⁵O INFANT STIMULATION PROGRAM

⁶O MOM AND TOT PROGRAM

⁷O OTHER

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

ACT-Q2B

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

ACT-C3

*IF AGE IN YEARS < 4 GO TO NEXT SECTION
OTHERWISE --> GO TO ACT-Q3A*

ACT-Q3A

Outside of regular physical education classes (if applicable), in the past 12 months did ... take part in any sports which involved coaching or instruction (including school sports)?

¹O YES

²O NO --> GO TO ACT-Q4A

⁰¹O DON'T KNOW --> GO TO ACT-Q4A

⁰²O REFUSAL --> GO TO NEXT SECTION

ACT-Q3B

How many such sports did he/she take part in?

ACT-Q4A

Outside of regular classes in school (if applicable), in the past 12 months did he/she take any lessons or instruction in music, dance, art or other non-sport activities?

¹O YES

²O NO --> GO TO ACT-C5A

⁰¹O DON'T KNOW --> GO TO ACT-C5A

⁰²O REFUSAL --> GO TO NEXT SECTION

ACT-Q4B

In how many such activities did he/she receive instruction?

ACT-C5A

IF AGE IN YEARS = 4-5 --> GO TO ACT-Q5A1

IF AGE IN YEARS = 6-9 --> GO TO ACT-Q5B1

OTHERWISE (AGE IS 10-11) --> GO TO ACT-Q5C1

ACT-Q5A1

Other than any preschool programs or groups already mentioned, in the past 12 months did he/she belong to any clubs, groups or community programs with leadership such as Beavers, Sparks or church groups?

¹O YES

²O NO --> GO TO ACT-Q7A

⁰¹O DON'T KNOW --> GO TO ACT-Q7A

⁰²O REFUSAL --> GO TO NEXT SECTION

ACT-Q5A2

How many such clubs or groups did he/she belong to?

¹ | NUMBER --> GO TO ACT-Q7A

⁰¹O DON'T KNOW --> GO TO ACT-Q7A

⁰²O REFUSAL --> GO TO NEXT SECTION

ACT-Q5B1

In the past 12 months, did he/she belong to any clubs, groups or community programs with leadership such as Brownies, Cubs or church groups?

¹O YES

²O NO ---> GO TO ACT-C6

⁰¹O DON'T KNOW ---> GO TO ACT-C6

⁰²O REFUSAL ---> GO TO NEXT SECTION

ACT-Q5B2

How many such clubs or groups did he/she belong to?

¹|_| NUMBER ---> GO TO ACT-C6

⁰¹O DON'T KNOW ---> GO TO ACT-C6

⁰²O REFUSAL ---> GO TO NEXT SECTION

ACT-Q5C1

In the past 12 months, did he/she belong to any clubs, groups or community programs with leadership such as Boys and Girls Clubs, Scouts, Guides or church groups?

¹O YES

²O NO ---> GO TO ACT-Q6A

⁰¹O DON'T KNOW ---> GO TO ACT-Q6A

⁰²O REFUSAL ---> GO TO NEXT SECTION

ACT-Q5C2

How many such clubs or groups did he/she belong to?

¹|_| NUMBER ---> GO TO ACT-Q6A

⁰¹O DON'T KNOW ---> GO TO ACT-Q6A

⁰²O REFUSAL ---> GO TO NEXT SECTION

ACT-C6

*IF AGE IN YEARS < 8 ---> GO TO ACT-Q7A
OTHERWISE ---> GO TO ACT-Q6A*

ACT-Q6A

Does ... have special skills or talents in any of the following areas:
Sports?

ACT-Q6B

Academic work?

ACT-Q6C

Arts or music?

ACT-Q6D

Technical skills?

ACT-Q6E

Interpersonal skills?

ACT-Q7A

About how many days a week on average does ... watch T.V. or videos at home?

¹|_| DAYS

⁰¹ DON'T KNOW --> GO TO ACT-Q8A

ACT-Q7B

On those days, how many hours on average does he/she spend watching T.V. or videos?
(IF RESPONDENT ANSWERS IN MINUTES, ENTER .5 HOURS.)

¹|_|.|_| HOURS

ACT-Q8A

About how many days a week on average does he/she play computer games or video games?

¹|_| DAYS

²O NONE --> GO TO ACT-Q9

⁰¹O DON'T KNOW --> GO TO ACT-Q9

ACT-Q8B

On those days, how many hours on average does he/she play computer games or video games?
(IF RESPONDENT ANSWERS IN MINUTES, ENTER 0.5 HOURS.)

¹|_|.|_| HOURS

ACT-Q9

How often does he/she play alone (e.g., riding a bike, doing a craft or hobby, playing ball)?

¹O OFTEN

²O SOMETIMES

³O SELDOM

⁴O NEVER

⁰¹O DON'T KNOW

ACT-C10

IF AGE IN YEARS < 6 --> GO TO NEXT SECTION

IF AGE IN YEARS 6-9 --> GO TO ACT-Q11A

OTHERWISE --> GO TO ACT-Q10A

ACT-Q10A

I would like to ask you some questions about his/her responsibilities at home.
How often does he/she make his/her own bed?

¹O OFTEN

²O SOMETIMES

³O SELDOM

⁴O NEVER

⁰¹O DON'T KNOW

ACT-Q10B

Clean his/her own room?

ACT-Q10C

Pick up after him/herself?

ACT-Q10D

Help keep shared living areas clean and straight?

ACT-Q10E

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

ACT-Q10F

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

ACT-Q11A

Did ... attend a residential (overnight) camp last summer?

ACT-Q11B

For how many days?

ACT-Q12A

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

¹O YES

²O NO --> GO TO NEXT SECTION

⁰O DON'T KNOW --> GO TO NEXT SECTION

⁰O REFUSAL --> GO TO NEXT SECTION

ACT-Q12B

For how many days?

BEHAVIOUR

NOTE: *CHILDREN 0-11 MONTHS:*
BEH-Q1-Q4; BEH-Q5A

CHILDREN 1 YEAR:
BEH-Q1 - BEH-Q5

CHILDREN 2-3 YEARS:
BEH-Q1 - BEH-Q5; BEH-C8A - BEH-Q8UU

CHILDREN 4-9 YEARS:
BEH-C6A - BEH-Q6UU

CHILDREN 10-11 YEARS:
BEH-C6A - Q7F

BEH-C1

IF AGE IN YEARS > 3 --> GO TO BEH-C6A
OTHERWISE --> GO TO BEH-Q1

AGE 0 - 3 YEARS

BEH-Q1

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

- ¹O Almost every time
- ²O Often
- ³O About half of the time
- ⁴O Sometimes
- ⁵O Almost never
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO BEH-C5

BEH-Q2

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

BEH-Q3

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

BEH-Q4

Does he/she have a restless sleep?

BEH-C5

IF AGE IN YEARS < 1 --> GO TO BEH-Q5A
OTHERWISE --> GO TO BEH-Q5

BEH-Q5

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

- ¹O He/she swallows everything without complaining
- ²O The first time he/she made faces or spit out the food, but after a few tries, he/she got used to it
- ³O The same reaction after several attempts, he/she continued to refuse most of the new foods
- ⁰¹O DON'T KNOW

GO TO BEH-C8

BEH-Q5A

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

- ¹O ALMOST EVERY TIME
- ²O OFTEN
- ³O ABOUT HALF OF THE TIME
- ⁴O SOMETIMES
- ⁵O ALMOST NEVER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

GO TO NEXT SECTION

AGE 4 - 11 YEARS

BEH-C6A

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

BEH-Q6A

Using the answers never or not true, sometimes or somewhat true, often or very true, would you say that ...: shows sympathy to someone who has made a mistake?

- ¹O NEVER OR NOT TRUE
- ²O SOMETIMES OR SOMEWHAT TRUE
- ³O OFTEN OR VERY TRUE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO BEH-C7

BEH-Q6B

Can't sit still, is restless or hyperactive?

BEH-Q6C

Destroys his/her own things?

BEH-Q6D

Will try to help someone who has been hurt?

BEH-Q6E

Steals at home?

BEH-Q6F

Seems to be unhappy, sad or depressed?

BEH-Q6G

Gets into many fights?

BEH-Q6H

Volunteers to help clear up a mess someone else has made?

BEH-Q6I

Is distractible, has trouble sticking to any activity?

BEH-Q6J

When mad at someone, tries to get others to dislike that person?

BEH-Q6K

Is not as happy as other children?

BEH-Q6L

Destroys things belonging to his/her family, or other children?

BEH-Q6M

If there is a quarrel or dispute, will try to stop it?

BEH-Q6N

Fidgets?

BEH-Q6O

Is disobedient at school?

BEH-Q6P

Can't concentrate, can't pay attention for long?

BEH-Q6Q

Is too fearful or anxious?

BEH-Q6R

When mad at someone, becomes friends with another as revenge?

BEH-Q6S

Is impulsive, acts without thinking?

BEH-Q6T

Tells lies or cheats?

BEH-Q6U

Offers to help other children (friend, brother or sister) who are having difficulty with a task?

BEH-Q6V

Is worried?

BEH-Q6W

Has difficulty awaiting turn in games or groups?

BEH-Q6X

When another child accidentally hurts him/her (such as by bumping into him/her), assumes that the other child meant to do it, and then reacts with anger and fighting?

BEH-Q6Y

Tends to do things on his/her own - is rather solitary?

BEH-Q6Z

When mad at someone, says bad things behind the other's back?

BEH-Q6AA

Physically attacks people?

BEH-Q6BB

Comforts a child (friend, brother, or sister) who is crying or upset?

BEH-Q6CC

Cries a lot?

BEH-Q6DD

Vandalizes?

BEH-Q6EE

Gives up easily?

BEH-Q6FF

Threatens people?

BEH-Q6GG

Spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books, etc.)?

BEH-Q6HH

Cannot settle to anything for more than a few moments?

BEH-Q6II

Appears miserable, unhappy, tearful, or distressed?

BEH-Q6JJ

Is cruel, bullies or is mean to others?

BEH-Q6KK

Stares into space?

BEH-Q6LL

When mad at someone, says to others: let's not be with him/her?

BEH-Q6MM

Is nervous, highstrung or tense?

BEH-Q6NN

Kicks, bites, hits other children?

BEH-Q6OO

Will invite bystanders to join in a game?

BEH-Q6PP

Steals outside the home?

BEH-Q6QQ

Is inattentive?

BEH-Q6RR

Has trouble enjoying him/herself?

BEH-Q6SS

Helps other children (friends, brother or sister) who are feeling sick?

BEH-Q6TT

When mad at someone, tells the other one's secrets to a third person?

BEH-Q6UU

Takes the opportunity to praise the work of less able children?

BEH-C7

*IF AGE IN YEARS < 10 --> GO TO NEXT SECTION
OTHERWISE --> GO TO BEH-C7A*

BEH-C7A

Now I'd like to ask you some questions about certain difficult behaviours which some children may show at this age. These may or may not apply to

BEH-Q7A

In the past year, about how many times has ... stayed out later than you said he/she should?

¹O NEVER

²O ONCE

³O TWICE

⁴O MORE THAN TWICE

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

BEH-Q7B

Stayed out all night without permission?

BEH-Q7C

Skipped a day of school without permission?

BEH-Q7D

Gotten drunk?

BEH-Q7E

Been questioned by the police about anything he/she might have done such as stealing, damaging property, or something else?

BEH-Q7F

Has he/she ever run away from home?

GO TO NEXT SECTION

AGE 2 - 3 YEARS**BEH-C8A**

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

BEH-Q8B

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

¹O NEVER OR NOT TRUE

²O SOMETIMES OR SOMEWHAT TRUE

³O OFTEN OR VERY TRUE

⁰¹O DON'T KNOW

⁰²O REFUSAL --> GO TO NEXT SECTION

BEH-Q8D

Will try to help someone who has been hurt?

BEH-Q8E1

Is defiant?

BEH-Q8F

Seems to be unhappy, sad or depressed?

BEH-Q8G

Gets into many fights?

BEH-Q8I

Is distractible, has trouble sticking to any activity?

BEH-Q8J1

Doesn't seem to feel guilty after misbehaving?

BEH-Q8K

Is not as happy as other children?

BEH-Q8N

Fidgets?

BEH-Q8P

Can't concentrate, can't pay attention for long?

BEH-Q8Q

Is too fearful or anxious?

BEH-Q8R1

Punishment doesn't change his/her behaviour?

BEH-Q8S

Is impulsive, acts without thinking?

BEH-Q8T1

Has temper tantrums or hot temper?

BEH-Q8U

Offers to help other children (friend, brother or sister) who are having difficulty with a task?

BEH-Q8V

Is worried?

BEH-Q8W

Has difficulty awaiting turn in games or groups?

BEH-Q8X

When another child accidentally hurts him/her (such as by bumping into him/her), assumes that the other child meant to do it, and then reacts with anger and fighting?

BEH-Q8Z1

Has angry moods?

BEH-Q8BB

Comforts a child (friend, brother, or sister) who is crying or upset?

BEH-Q8CC

Cries a lot?

BEH-Q8DD1

Clings to adults or is too dependent?

BEH-Q8EE

Gives up easily?

BEH-Q8HH

Cannot settle to anything for more than a few moments?

BEH-Q8KK

Stares into space?

BEH-Q8LL1

Constantly seeks help?

BEH-Q8MM

Is nervous, highstrung or tense?

BEH-Q8NN

Kicks, bites, hits other children?

BEH-Q8PP1

Doesn't want to sleep alone?

BEH-Q8QQ

Is inattentive?

BEH-Q8RR

Has trouble enjoying him/herself?

BEH-Q8SS

Helps other children (friends, brother or sister) who are feeling sick?

BEH-Q8TT1

Gets too upset when separated from parents?

BEH-Q8UU

Takes the opportunity to praise the work of less able children?

RELATIONSHIPS

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

IF AGE = 4-5 REL-Q2, Q-6 TO REL-Q11

IF AGE = 6-7 REL-Q1, Q2, Q6 TO REL-Q11

IF AGE = 8-11 REL-Q1 TO REL-Q11

REL-C1

IF AGE IN YEARS < 4 ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO REL-11

REL-C1A

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

REL-Q1

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

¹O NEVER

²O 1 DAY A WEEK

³O 2-3 DAYS A WEEK

⁴O 4-5 DAYS A WEEK

⁵O 6-7 DAYS A WEEK

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

REL-C2

IF AGE IN YEARS < 6 ---> GO TO REL-Q6

OTHERWISE ---> GO TO REL-Q2

REL-Q2

About how many close friends does he/she have?

¹O NONE ---> GO TO REL-C4

²O 1

³O 2 OR 3

⁴O 4 OR 5

⁵O 6 OR MORE

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT SECTION

REL-C3

IF AGE IN YEARS < 8 ---> GO TO REL-Q6

OTHERWISE ---> GO TO REL-Q3

REL-Q3

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

- ¹O ALL
- ²O MOST
- ³O ABOUT HALF
- ⁴O ONLY A FEW
- ²O NONE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

REL-C4

IF AGE IN YEARS < 8 --> GO TO REL-Q6

OTHERWISE --> GO TO REL-Q4

REL-Q4

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

- ¹O Somewhat shy?
- ²O About average?
- ³O Very outgoing - makes friends easily?
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

REL-Q5

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

- ¹O OFTEN
- ²O SOMETIMES
- ³O SELDOM
- ⁴O NEVER
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

REL-Q6

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

- ¹O VERY WELL, NO PROBLEMS
- ²O QUITE WELL, HARDLY ANY PROBLEMS
- ³O PRETTY WELL, OCCASIONAL PROBLEMS
- ⁴O NOT TOO WELL, FREQUENT PROBLEMS
- ⁵O NOT WELL AT ALL, CONSTANT PROBLEMS
- ⁶O NOT APPLICABLE
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL --> GO TO NEXT SECTION

REL-Q7

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

REL-Q8

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

REL-Q9

IF NO BROTHERS OR SISTERS LIVING IN THE HOUSEHOLD) ---> GO TO REL-Q10
OTHERWISE ---> GO TO REL-Q9

REL-Q9

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

REL-Q10

Besides yourself, does ... have anyone in particular he/she can talk to or confide in about him/herself or his/her problems?

¹O YES

²O NO ---> GO TO NEXT SECTION

⁰¹O DON'T KNOW ---> GO TO NEXT SECTION

⁰²O REFUSAL ---> GO TO NEXT SECTION

REL-Q11

Who is this/are they?

(MARK ALL THAT APPLY)

¹O THE CHILD'S OTHER PARENT

²O THE CHILD'S GRANDPARENT(S)

³O THE CHILD'S AUNT(S) AND UNCLE(S)

⁴O A FRIEND OF THE FAMILY

⁵O THE CHILD'S CHILDCARE PROVIDER

⁶O PARENT'S BOYFRIEND/GIRLFRIEND

⁷O TEACHER

⁸O COACH OR LEADER (E.G., SCOUT OR CHURCH GROUP LEADER)

⁰⁹ OTHER

⁰¹⁰ DON'T KNOW

CHILD CARE

NOTE: IF AGE IN MONTHS= 0-11
CAR-Q1A TO CAR-Q1G1; CAR-Q1J TO CAR-Q7.

IF AGE IN MONTHS= 12-23
CAR-Q1A TO CAR-Q1G1; CAR-Q1J TO CAR-Q7.

IF AGE= 2-3
CAR-Q1A TO CAR-Q1G1; CAR-Q1J TO CAR-Q7.

IF AGE= 4-5
CAR-Q1A TO CAR-Q1H1; CAR-Q1J TO CAR-Q7.

IF AGE= 6-11
CAR-Q1A TO CAR-Q1H1; CAR-Q1J TO CAR-Q2; CAR-Q4 TO CAR-Q8.

CAR-C1

Now I'd like to ask you some questions regarding your child care arrangements for ...

CAR-Q1A

Do you currently use child care such as daycare or babysitting while you and your spouse (partner) are at work or studying?

¹O YES

²O NO ---> GO TO CAR-C6

⁰O DON'T KNOW ---> GO TO NEXT SECTION

CAR-Q1B

Which of the following methods of child care do you currently use?
Care in a daycare centre (including at workplace)?

¹O YES

²O NO ---> GO TO CAR-Q1C

⁰O DON'T KNOW ---> GO TO CAR-Q1C

CAR-Q1B1

For about how many hours per week is that?

CAR-Q1B2

Is the child care program or daycare centre operated on a profit or non-profit basis (include government sponsored care)?

¹O PROFIT

²O NON-PROFIT

⁰O DON'T KNOW

CAR-Q1C

Do you currently use care provided in someone else's home by a non-relative?

¹O YES

²O NO ---> GO TO CAR-Q1D

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-Q2

⁰O DON'T KNOW ---> GO TO CAR-Q1D

CAR-Q1C1

For about how many hours per week is that?

CAR-Q1C2

Is the person providing this care licensed by the government or approved by a family daycare agency?

¹O YES

²O NO

⁰O DON'T KNOW

CAR-Q1D

Care in someone else's home by a relative?

¹O YES

²O NO ---> GO TO CAR-Q1E

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-C2

⁰O DON'T KNOW ---> GO TO CAR-Q1E

CAR-Q1D1

For about how many hours per week is that?

CAR-Q1D2

Is the person providing this care licensed by the government or approved by a family daycare agency?

CAR-Q1E

Care in own home by a non-relative?

¹O YES

²O NO ---> GO TO CAR-Q1F

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-C2

⁰O DON'T KNOW ---> GO TO CAR-Q1F

CAR-Q1E1

For about how many hours per week is that?

CAR-Q1F

Care in own home by brother or sister of the child?

¹O YES

²O NO ---> GO TO CAR-Q1G

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-C2

⁴O NOT APPLICABLE ---> GO TO CAR-Q1G

⁰O DON'T KNOW ---> GO TO CAR-Q1G

CAR-Q1F1

For about how many hours per week is that?

CAR-Q1G

Care in own home by a relative other than a sister or brother of the child?

¹O YES

²O NO ---> GO TO CAR-C1H

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-C2

⁰O DON'T KNOW ---> GO TO CAR-C1H

CAR-Q1G1

For about how many hours per week is that?

CAR-C1H

IF AGE IN YEARS < 4 ---> GO TO CAR-Q1J

OTHERWISE (4-11 YEARS OF AGE) ---> GO TO CAR-Q1H

CAR-Q1H

Care in a before or after school program?

¹O YES

²O NO ---> GO TO CAR-C1I

³O NO, AND NO OTHER ARRANGEMENT ---> GO TO CAR-C2

⁰O DON'T KNOW ---> GO TO CAR-C1I

CAR-Q1H1

For about how many hours per week is that?

CAR-C1I

IF AGE = 4-5 ---> GO TO CAR-Q1J

OTHERWISE (6-11 YEARS) ---> GO TO CAR-Q1I

CAR-Q1I

Is ... in his/her own care (e.g. before/after school)?

¹O YES

²O NO --> GO TO CAR-Q1J

³O NO, AND NO OTHER ARRANGEMENT --> GO TO CAR-C2

⁰O DON'T KNOW --> GO TO CAR-Q1J

CAR-Q1I1

For about how many hours per week is that?

CAR-Q1J

Do you currently use other child care arrangements?

¹O YES

²O NO ---> GO TO CAR-C2

⁰O DON'T KNOW ---> GO TO CAR-C2

CAR-Q1J1

For about how many hours per week is that?

CAR-C2

In the following questions we will be asking about your main child care arrangement, that is, the one used for the most hours.

CAR-Q2

When did you start using this child care arrangement?

MM/YY

¹|_|_|_|_|

CAR-C3

IF AGE IN YEARS > 5 --> GO TO CAR-Q4

OTHERWISE ---> GO TO CAR-Q3

CAR-Q3

During the past 6 months, how well has he/she gotten along with his/her main child care provider?

- ¹O VERY WELL, NO PROBLEMS
- ²O QUITE WELL, HARDLY ANY PROBLEMS
- ³O PRETTY WELL, OCCASIONAL PROBLEMS
- ⁴O NOT TOO WELL, FREQUENT PROBLEMS
- ⁵O NOT WELL AT ALL, CONSTANT PROBLEMS
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

CAR-Q4

In the past 12 months, how many times have you changed your main child care arrangement and/or caregiver?

- ¹O NONE
- ²O 1
- ³O 2
- ⁴O 3 OR 4
- ⁵O 5 OR MORE
- ⁰¹O DON'T KNOW

CAR-C5

IF 'NONE' IN CAR-Q4 AND AGE IN YEARS < 1 --> GO TO NEXT SECTION
IF 'NONE' IN CAR-Q4 AND AGE IN YEARS > 0 --> GO TO CAR-Q7
OTHERWISE --> GO TO CAR-Q5

CAR-Q5

What were the reasons for changing?
 (DO NOT READ. MARK ALL THAT APPLY.)

- ¹O DISSATISFACTION WITH CAREGIVER/PROGRAM
- ²O CAREGIVER/PROGRAM NO LONGER AVAILABLE
- ³O FAMILY OR CHILD MOVED, PARENTAL WORK STATUS, OR CUSTODY ARRANGEMENT CHANGED
- ⁴O CHANGES IN CHILD OR CHILD'S NEEDS (E.G. SPECIAL CARE, CHILD'S AGE)
- ⁵O A PREFERRED ARRANGEMENT BECAME AVAILABLE (E.G. SUBSIDIZED SPACE)
- ⁶O COST
- ⁷O OTHER
- ⁰¹O DON'T KNOW

CAR-C6

IF AGE IN YEARS < 1 --> GO TO NEXT SECTION
OTHERWISE --> GO TO CAR-Q6

CAR-Q6

Have you ever used child care for ... while at work or studying?

¹O YES

²O NO ---> GO TO NEXT SECTION

⁰O DON'T KNOW ---> GO TO NEXT SECTION

⁰O REFUSAL ---> GO TO NEXT SECTION

CAR-Q7

Overall, how many changes in child care arrangements has ... experienced since you began using child care, excluding periods of care by yourself (or spouse/partner)?

¹|_|_|NUMBER

CAR-C8

IF AGE IN YEARS < 6 ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO CAR-Q8

CAR-Q8

Last summer while ... was not in school, what type of child care arrangement did you use while you (and your spouse/partner) were at work/studying?

(MARK ALL THAT APPLY.)

¹O DAY CARE CENTRE

²O CARE IN SOMEONE ELSE'S HOME BY A NON-RELATIVE

³O CARE IN SOMEONE ELSE'S HOME BY A RELATIVE

⁴O CARE IN OWN HOME BY A NON-RELATIVE

⁵O CARE IN OWN HOME BY BROTHER/SISTER

⁶O CARE IN OWN HOME BY OTHER RELATIVE

⁷O CHILD IN OWN CARE

⁸O STRUCTURED SUMMER PROGRAM

⁹O OTHER

¹⁰O NOT APPLICABLE

⁰O DON'T KNOW

FAMILY AND CUSTODY HISTORY

CUS-C1

IF RESPONDENT IS FOSTER PARENT --> GO TO NEXT-SECTION

ELSE IF RESPONDENT IS THE PARENT OR SPOUSE/PARTNER --> GO TO CUS-C1

OTHERWISE --> GO TO NEXT-SECTION

CUS-C1

I would now like to ask you some questions about the family history of

WHO CHILD LIVED WITH AT BIRTH

CUS-Q1A

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

¹O YES --> GO TO CUS-Q1F

²O NO

⁰O DON'T KNOW --> GO TO NEXT SECTION

CUS-Q1B

At what age did ... start living with you?

¹|_|_| AGE IN YEARS

CUS-Q1C

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

¹O YOU HAVE ADOPTED HER/HIM

²O SHE/HE IS A STEPCHILD

³O SHE/HE WAS PUT IN YOUR CARE BY A CHILD WELFARE AGENCY (FOSTER CARE)

⁴O SHE/HE WAS PUT IN YOUR CARE BY ANOTHER TYPE OF AGENCY

⁵O SHE/HE WAS SICK AND HAD TO REMAIN IN A HOSPITAL OR OTHER INSTITUTION

⁶O YOU HAD TO LEAVE HIM/HER IN THE CARE OF SOMEONE ELSE FOR A WHILE,
BEFORE YOU COULD TAKE CHARGE OF HIM/HER

⁷O CHILD WAS IN CARE OF A CHILD WELFARE AGENCY (FOSTER CARE) FOR A TIME

⁸O OTHER

⁰O DON'T KNOW

INFORMATION ON OTHER CHILDREN OF THIS CHILD'S PARENTS**CUS-Q1F**

How many children did ...'s biological/adoptive parents have or adopt together, including him/her?

¹|_|_| NUMBER⁰0 DON'T KNOW ---> GO TO CUS-I2**CUS-C1G***IF CUS-Q1F IS 1 (ONE CHILD ONLY) ---> GO TO CUS-I2**OTHERWISE ---> GO TO CUS-Q1H***CUS-Q1H**

How many of these children do not regularly live in this household?

00 NONE ---> GO TO CUS-I2¹|_|_| NUMBER⁰0 DON'T KNOW ---> GO TO CUS-I2**CUS-Q1I**

What is the age of the-youngest-one/him/her? (INTERVIEWER: ENTER AGE IN YEARS)

CUS-C1J*IF CUS-Q1H IS 1 (ONE CHILD ONLY) ---> GO TO CUS-I2**OTHERWISE ---> GO TO CUS-Q1K***CUS-Q1K**

What is the age of the oldest one?

CUS-I2**INTERVIEWER: IF ADOPTED, USE SUITABLE WORDING IN QUESTION CUS-Q2 AND CUS-Q3A, THEN CONSIDER ADOPTIVE PARENTS AS MOTHER AND FATHER FOR THE REST OF THIS SECTION.****IN QUESTIONS REFERRING TO THE TIME OF BIRTH, SUBSTITUTE TIME OF ADOPTION.**

WHETHER PARENTS WERE TOGETHER AT CHILD'S BIRTH**CUS-Q2**

When ... was born/adopted, were his/her parents (biological/adoptive) living together?

¹O YES

²O NO ---> GO TO CUS-Q4

⁰O DON'T KNOW ---> GO TO NEXT SECTION

PARENTS WERE TOGETHER - INFORMATION ON THEIR UNION**CUS-Q3A**

When ... was born/adopted, were his/her parents married, were they living together in a common-law relationship, or were they living together and eventually got married?

¹O MARRIED

²O COMMON LAW ---> GO TO CUS-Q3D

³O COMMON-LAW, BUT MARRIED LATER ---> GO TO CUS-Q3C

⁰O DON'T KNOW ---> GO TO CUS-Q6A

CUS-Q3B

Had they been living together before getting married?

¹O YES

²O NO

CUS-Q3C

What date were they married?

MONTH YEAR

'|_|_| |_|_|

CUS-Q3D

IF "MARRIED" IN CUS-Q3A AND "NO" IN CUS-Q3B (DID NOT LIVE TOGETHER BEFORE MARRIAGE)---> GO TO CUS-Q6A

CUS-Q3D

Approximately since when had they been living together?

MONTH YEAR

'|_|_| |_|_| ---> GO TO CUS-Q6A

PARENTS NOT TOGETHER AT CHILD'S BIRTH**CUS-Q4**

Did ... live with his/her:

- ¹O Mother alone?
- ²O Father alone?
- ³O Mother and other?
- ⁴O Father and other?
- ⁵O Other?
- ⁰O DON'T KNOW

INFORMATION ON PARENTS' RELATIONSHIP**CUS-Q5A**

Have ...'s parents ever lived together as a couple?

- ¹O YES
- ²O NO ---> GO TO CUS-Q5F
- ⁰O DON'T KNOW ---> GO TO CUS-Q5F

CUS-Q5B

Was that before or after his/her birth?

- ¹O BEFORE
- ²O AFTER
- ³O BOTH BEFORE AND AFTER
- ⁰O DON'T KNOW

CUS-Q5C

Were ...'s parents ever married?

- ¹O YES
- ²O NO ---> GO TO CUS-C5E
- ⁰O DON'T KNOW ---> GO TO CUS-C5E

CUS-Q5D

When did they marry?

MONTH	YEAR
¹ _ _	_ _

CUS-C5E

IF "AFTER" IN CUS-Q5B (PARENTS LIVED TOGETHER AFTER ...'S BIRTH) ---> GO TO CUS-Q5F

CUS-Q5E

At the time ... was born, since when had his/her parents stopped living together?

MONTH YEAR

'|_|_| |_|_|

CUS-Q5F

Without living together, did ...'s parents have a steady relationship at the time of his/her birth?

¹O YES²O NO⁰¹O DON'T KNOW

GO TO CUS-Q6C

**BOTH CASES (PARENTS TOGETHER AT CHILD'S BIRTH AND NOT):
INFORMATION ON PREVIOUS UNIONS OF CHILD'S MOTHER**

CUS-Q6A

Had ...'s mother been in any common-law relationships or been married before the union with ...'s father?

(MARK ALL THAT APPLY)

¹O YES, COMMON-LAW²O YES, MARRIAGE³O YES, COMMON LAW WHICH RESULTED IN MARRIAGE⁴O NO ---> GO TO CUS-Q6E⁰¹O DON'T KNOW ---> GO TO CUS-Q6E⁰²O REFUSAL ---> GO TO NEXT SECTION

CUS-Q6B

How many times?

¹|_|_| NUMBER ---> GO TO CUS-Q6E

CUS-Q6C

Before ...'s birth, had his/her mother been in any common-law relationships or been married to a person other than ...'s father?

(MARK ALL THAT APPLY)

¹O YES, COMMON-LAW²O YES, MARRIAGE³O YES, COMMON LAW WHICH RESULTED IN MARRIAGE⁴O NO ---> GO TO CUS-Q6H⁰¹O DON'T KNOW ---> GO TO CUS-Q6H

CUS-Q6D

How many times?

¹|_|_| NUMBER ---> GO TO CUS-Q6H

INFORMATION ON PREVIOUS CHILDREN OF MOTHER
CUS-Q6E

Did ...'s mother have any children before entering into union with ...'s father?

¹O YES²O NO --> GO TO CUS-Q7A**CUS-Q6F**

How many?

¹|_|_| NUMBER

3

CUS-Q6GDid that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)¹O YES, ALL OF THEM, FULL-TIME²O YES, ALL OF THEM, PART-TIME³O YES, SOME OF THEM, FULL-TIME⁴O YES, SOME OF THEM, PART-TIME⁵O NO, NONE OF THEM⁰¹O DON'T KNOW**GO TO CUS-Q7A****CUS-Q6H**

How many children did ...'s mother have before ...?

CUS-C6I*IF CUS-Q6H IS 0 AND)CUS-Q5A IS YES (... IS MOTHER'S FIRST CHILD, AND PARENTS HAD LIVED TOGETHER) --> GO TO CUS-Q7C**IF CUS-Q6H IS 0 AND CUS-Q5A IS NO OR DON'T KNOW (... IS MOTHER'S FIRST CHILD, AND PARENTS HAD NOT LIVED TOGETHER, OR DON'T KNOW IF THEY LIVED TOGETHER) --> GO TO CUS-Q8A**OTHERWISE --> GO TO CUS-Q6I*

CUS-Q6I

Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)

- ¹O YES, ALL OF THEM, FULL-TIME
- ²O YES, ALL OF THEM, PART-TIME
- ³O YES, SOME OF THEM, FULL-TIME
- ⁴O YES, SOME OF THEM, PART-TIME
- ⁵O NO, NONE OF THEM
- ⁰¹O DON'T KNOW

CUS-C7A

IF CUS-Q5A IS YES (PARENTS HAD LIVED TOGETHER) --> GO TO CUS-Q7C

OTHERWISE --> GO TO CUS-Q8A

INFORMATION ON PREVIOUS UNIONS OF CHILD'S FATHER

CUS-Q7A

Had ...'s father been in any common-law relationships or been married before the union with ...'s mother?

(MARK ALL THAT APPLY)

- ¹O YES, COMMON-LAW
- ²O YES, MARRIAGE
- ³O YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- ⁴O NO --> GO TO CUS-Q7E
- ⁰¹O DON'T KNOW --> GO TO CUS-Q7E

CUS-Q7B

How many times?

¹|_|_| NUMBER --> GO TO CUS-Q7E

CUS-Q7C

Before ...'s birth, had his/her father been in any common-law relationships or been married to a person other than ...'s mother?

(MARK ALL THAT APPLY)

- ¹O YES, COMMON-LAW
- ²O YES, MARRIAGE
- ³O YES, COMMON LAW WHICH RESULTED IN MARRIAGE
- ⁴O NO --> GO TO CUS-Q7H
- ⁰¹O DON'T KNOW --> GO TO CUS-Q7H

CUS-Q7D

How many times?

¹|_|_| NUMBER --> GO TO CUS-Q7H

INFORMATION ON PREVIOUS CHILDREN OF FATHER**CUS-Q7E**

Did ...'s father have any children before entering into union with ...'s mother?

¹O YES²O NO ---> GO TO CUS-Q9A**CUS-Q7F**

How many?

CUS-Q7GDid that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)¹O YES, ALL OF THEM, FULL-TIME²O YES, ALL OF THEM, PART-TIME³O YES, SOME OF THEM, FULL-TIME⁴O YES, SOME OF THEM, PART-TIME⁵O NO, NONE OF THEM⁰¹O DON'T KNOW⁰²O REFUSAL ---> GO TO NEXT SECTION**GO TO CUS-Q9A****CUS-Q7H**

How many children did ...'s father have before ...?

CUS-C7I*IF CUS-Q7H IS 0 ---> GO TO CUS-Q8A**OTHERWISE ---> GO TO CUS-Q7I***CUS-Q7I**Did that child/any of those children live at least part time in the household when ... was born?
(MARK ALL THAT APPLY)¹O YES, ALL OF THEM, FULL-TIME²O YES, ALL OF THEM, PART-TIME³O YES, SOME OF THEM, FULL-TIME⁴O YES, SOME OF THEM, PART-TIME⁵O NO, NONE OF THEM⁰¹O DON'T KNOW

PARENTS NOT TOGETHER AT CHILD'S BIRTH - INFORMATION ON CHILD'S CONTACTS WITH OTHER PARENT**CUS-Q8A**

Was ... 's father declared on his/her birth certificate?

CUS-Q8B

What kind of contact did ... first have with his/her other parent?

- ☐ 1 SHARING LIVING ARRANGEMENTS ON AN EQUAL TIME BASIS
- ☐ 2 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH MOTHER
- ☐ 3 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH FATHER
- ☐ 4 REGULAR VISITING WITHOUT SLEEPING OVER
- ☐ 5 IRREGULAR VISITING WITHOUT SLEEPING OVER
- ☐ 6 TELEPHONE OR LETTER INQUIRIES BY THE PARENT NOT LIVING WITH THE CHILD
- ☐ 7 TELEPHONE OR LETTER INFORMATION GIVEN BY THE PARENT LIVING WITH THE CHILD
- ☐ 8 NO CONTACT AT ALL
- ☐ 9 OTHER
- ☐ 0 DON'T KNOW --> GO TO CUS-Q8E

CUS-Q8C

How many times would you say this situation has changed over time?

- ☐ 1 NONE --> GO TO CUS-Q9B
- ☐ 2 ONCE
- ☐ 3 TWICE
- ☐ 4 THREE TIMES
- ☐ 5 FOUR OR MORE TIMES
- ☐ 0 DON'T KNOW

CUS-Q8DHow old was ... when the last change happened?
(ENTER AGE IN YEARS.)**CUS-Q8E**

What type of contact does ... now have with his/her other parent?

- ☐ 1 SHARING LIVING ARRANGEMENTS ON AN EQUAL TIME BASIS
- ☐ 2 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH MOTHER
- ☐ 3 SHARING LIVING ARRANGEMENTS WITH MOST TIME WITH FATHER
- ☐ 4 REGULAR VISITING WITHOUT SLEEPING OVER
- ☐ 5 IRREGULAR VISITING WITHOUT SLEEPING OVER
- ☐ 6 TELEPHONE OR LETTER INQUIRIES BY THE PARENT NOT LIVING WITH THE CHILD
- ☐ 7 TELEPHONE OR LETTER INFORMATION GIVEN BY THE PARENT LIVING WITH THE CHILD
- ☐ 8 BOTH PARENTS NOW LIVING WITH THE CHILD
- ☐ 9 NO CONTACT AT ALL
- ☐ 10 OTHER
- ☐ 0 DON'T KNOW

GO TO CUS-Q9B

BOTH CASES (PARENTS TOGETHER AT CHILD'S BIRTH AND THOSE NOT) INFORMATION ON POSSIBLE DEATH OF PARENT

CUS-Q9A

Between ...'s birth and now, has one of his/her parents died?

- ¹O YES, MOTHER ---> GO TO CUS-Q9C
- ²O YES, FATHER ---> GO TO CUS-Q9C
- ³O YES, BOTH ---> GO TO CUS-Q9C
- ⁴O NO ---> GO TO CUS-Q10B
- ⁵O DON'T KNOW (ABOUT FATHER) ---> GO TO CUS-Q10B
- ⁶O DON'T KNOW (ABOUT MOTHER) ---> GO TO CUS-Q10B
- ⁰¹O DON'T KNOW ---> GO TO CUS-Q10B

CUS-Q9B

Has one of ...'s parents died?

- ¹O YES, MOTHER
- ²O YES, FATHER
- ³O YES, BOTH
- ⁴O NO ---> GO TO CUS-C10
- ⁵O DON'T KNOW (ABOUT FATHER) ---> GO TO CUS-C10
- ⁶O DON'T KNOW (ABOUT MOTHER) ---> GO TO CUS-C10
- ⁰¹O DON'T KNOW ---> GO TO CUS-C10

CUS-Q9C

When did it happen? (DATE OF FIRST DEATH, IF BOTH)

MONTH	YEAR
¹ __ __	__ __

CUS-Q9D

With whom did ... go on living at the time it happened?

- ¹O MOTHER
- ²O FATHER
- ³O OTHER
- ⁰¹O DON'T KNOW

CUS-C10

IF CUS-Q9A OR CUS-Q9B IS 3 (BOTH PARENTS DIED) ---> GO TO NEXT SECTION

IF CUS-Q5A IS NO OR DON'T KNOW (PARENTS EITHER DID NOT LIVE TOGETHER, OR DON'T KNOW IF THEY LIVED TOGETHER) ---> GO TO CUS-C20B

IF (CUS-Q9A IS 1 OR 2) OR ((CUS-Q9B IS 1 OR 2) AND CUS-Q5A IS YES (ONE PARENT DIED, AND THEY HAD LIVED TOGETHER)) ---> GO TO CUS-Q10A

OTHERWISE ---> GO TO CUS-Q10B

WHETHER PARENTS BROKE UP**CUS-Q10A**

Prior to the death of ...'s parent, did his/her parents break up and stop living together?

¹O YES --> GO TO CUS-Q11A²O NO --> GO TO CUS-C20B**CUS-Q10B**

Since ...'s birth, did his/her parents break up and stop living together?

¹O YES²O NO --> GO TO CUS-C25A**PARENTS BROKE UP - INFORMATION ON SEPARATION****CUS-Q11A**

When did the separation happen?

MONTH YEAR

¹|_|_| |_|_|**CUS-C11B**

IF ('MARRIED' OR 'COMMON-LAW, BUT MARRIED LATER' IN CUS-Q3A) OR (CUS-Q5C IS YES (PARENTS HAD BEEN MARRIED)) --> GO TO CUS-Q11B

OTHERWISE --> GO TO CUS-Q11D

CUS-Q11B

Did ...'s parents eventually divorce?

¹O YES²O NO --> GO TO CUS-Q11D**CUS-Q11C**

When was the divorce pronounced?

MONTH YEAR

¹|_|_| |_|_|

CUS-Q11D

Was there a court order concerning ...'s custody when his/her parents separated or divorced?

- ¹O YES
- ²O NO ---> GO TO CUS-Q11F
- ⁰¹O DON'T KNOW ---> GO TO CUS-Q11F
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

CUS-Q11E

Did the court order him/her to be put into:

- ¹O Exclusive custody of mother?
- ²O Exclusive custody of father?
- ³O Shared custody of both parents?
- ⁴O Other?
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

CUS-Q11F

Was there a court order outlining support/maintenance payments to be made when ...'s parents separated or divorced?

- ¹O YES
- ²O NO ---> GO TO CUS-C12

CUS-Q11G

Was this:

- ¹O For child support only?
- ²O For spousal support only?
- ³O For both?
- ⁰¹O DON'T KNOW

CUS-Q11H

How regular have the maintenance support payments been?

- ¹O REGULAR AND ON TIME.
- ²O REGULAR BUT LATE SOMETIMES.
- ³O IRREGULAR (E.G. MISS SOME MONTHS THEN START AGAIN).
- ⁴O NO PAYMENTS FOR THE LAST MONTH.
- ⁵O NO PAYMENTS FOR THE LAST 3 MONTHS.
- ⁶O NO PAYMENTS FOR THE LAST 6 MONTHS.
- ⁷O NO PAYMENTS FOR THE LAST YEAR.
- ⁸O PAYMENTS NEVER BEEN RECEIVED
- ⁹O PAYMENTS STOPPED DUE TO A CHANGE IN CIRCUMSTANCES, E.G. COURT ORDER, DEATH OF PAYOR, ETC.
- ⁰¹O DON'T KNOW

INFORMATION ON LIVING ARRANGEMENTS AFTER SEPARATION

CUS-C12

IF CUS-Q11E IS 1 OR 2 (CHILD IN EXCLUSIVE CARE OF ONE PARENT) ---> GO TO CUS-Q13

CUS-Q12

With whom did ... go on living at the time of the separation?

- ¹O MOTHER ONLY
- ²O FATHER ONLY
- ³O SHARED TIME BASIS, MOSTLY MOTHER ---> GO TO CUS-Q16
- ⁴O SHARED TIME BASIS, MOSTLY FATHER ---> GO TO CUS-Q16
- ⁵O EQUALLY SHARED TIME, MOTHER AND FATHER ---> GO TO CUS-Q16
- ⁶O OTHER ---> GO TO CUS-Q17
- ⁰¹O DON'T KNOW ---> GO TO CUS-C18A
- ⁰²O REFUSAL ---> GO TO NEXT SECTION

EXCLUSIVE CUSTODY OF ONE PARENT

CUS-Q13

At that time, what type of contact did ... have with his/her other parent?

- ¹O REGULAR VISITING, EVERY WEEK
- ²O REGULAR VISITING, EVERY TWO WEEKS
- ³O REGULAR VISITING, MONTHLY
- ⁴O IRREGULAR VISITING, ON HOLIDAYS ONLY
- ⁵O IRREGULAR VISITING, WITHOUT SET PATTERN
- ⁶O TELEPHONE OR LETTER INQUIRIES BY THE PARENT NOT LIVING WITH THE CHILD
- ⁷O TELEPHONE OR LETTER INFORMATION GIVEN BY THE PARENT LIVING WITH THE CHILD
- ⁸O NO CONTACT AT ALL
- ⁹O OTHER
- ⁰¹O DON'T KNOW ---> GO TO CUS-Q15A

INFORMATION ON CHANGES IN LIVING ARRANGEMENTS AND TYPE OF CONTACT

CUS-Q14

How many times would you say this situation changed over time?

- ¹O NONE ---> GO TO CUS-Q19A
- ²O ONCE
- ³O TWICE
- ⁴O THREE TIMES
- ⁵O FOUR OR MORE TIMES
- ⁰¹O DON'T KNOW

INFORMATION ON CURRENT SITUATION

CUS-C15A

*IF (CUS-Q9A IS 1, 2, 5, 6 OR DON'T KNOW) OR (CUS-Q9B IS 1, 2, 5, 6 OR DON'T KNOW) ---
> GO TO CUS-Q19A*

OTHERWISE ---> GO TO CUS-Q15A

CUS-Q15A

What type of contact does ... now have with his/her other parent?

- ¹O REGULAR VISITING, EVERY WEEK ---> GO TO CUS-Q19A
- ²O REGULAR VISITING, EVERY TWO WEEKS ---> GO TO CUS-Q19A
- ³O REGULAR VISITING, MONTHLY ---> GO TO CUS-Q19A
- ⁴O IRREGULAR VISITING, ON HOLIDAYS ONLY ---> GO TO CUS-Q19A
- ⁵O IRREGULAR VISITING, WITHOUT SET PATTERN ---> GO TO CUS-Q19A
- ⁶O TELEPHONE OR LETTER INQUIRIES BY THE PARENT NOT LIVING WITH THE CHILD -
---> GO TO CUS-Q19A
- ⁷O TELEPHONE OR LETTER INFORMATION GIVEN BY THE PARENT LIVING WITH THE
CHILD ---> GO TO CUS-Q19A
- ⁸O LOST CONTACT COMPLETELY ---> GO TO CUS-Q19A
- ⁹O CHILD NOW SHARES LIVING ARRANGEMENTS WITH OTHER PARENT
- ¹⁰O PARENTS NOW LIVING TOGETHER AGAIN ---> GO TO CUS-Q19C
- ¹¹O CHILD NOW LIVES WITH OTHER PARENT
- ¹²O OTHER
- ⁰¹O DON'T KNOW

CUS-Q15B

**How much time does ... live at his/her other parent's home?
(MARK ALL THAT APPLY)**

- ¹O ON WEEKDAYS, NOT WEEKENDS ---> GO TO CUS-Q19A
- ²O EVERY OTHER NIGHT ---> GO TO CUS-Q19A
- ³O ONE WEEK OUT OF TWO ---> GO TO CUS-Q19A
- ⁴O TWO WEEKS ALTERNATELY ---> GO TO CUS-Q19A
- ⁵O EVERY WEEK END ---> GO TO CUS-Q19A
- ⁶O ONE WEEKEND OUT OF TWO ---> GO TO CUS-Q19A
- ⁷O LESS THAN TWO DAYS EVERY MONTH ---> GO TO CUS-Q19A
- ⁸O SOME HOLIDAYS ---> GO TO CUS-Q19A
- ⁹O NEVER ---> GO TO CUS-Q19A
- ¹⁰O ALL THE TIME ---> GO TO CUS-Q19A
- ¹¹O OTHER ---> GO TO CUS-Q19A
- ⁰¹O DON'T KNOW ---> GO TO CUS-Q19A

SHARED CUSTODY**CUS-Q16**

At that time, how much time did ... live at his/her other parent's home?
(MARK ALL THAT APPLY)

- ☐ 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
- ☐ OTHER
- ☐ DON'T KNOW --> GO TO CUS-C18A
- ☐ REFUSAL ---> GO TO NEXT SECTION

INFORMATION ON CHANGES**CUS-Q17**

How many times would you say these living arrangements have changed over time?

- ☐ NONE --> GO TO CUS-Q19A
- ☐ ONCE
- ☐ TWICE
- ☐ THREE TIMES
- ☐ FOUR OR MORE TIMES
- ☐ DON'T KNOW

INFORMATION ON CURRENT SITUATION**CUS-C18A**

IF (CUS-Q9A IS 1, 2, 5, 6 OR DON'T KNOW) OR (CUS-Q9B IS 1, 2, 5 6 OR DON'T KNOW) (ONE PARENT DIED OR DON'T KNOW) --> GO TO CUS-Q19A

OTHERWISE --> GO TO CUS-Q18A

CUS-Q18A

Currently, how much time does ... live at his/her other parent's home?
(MARK ALL THAT APPLY.)

- ¹O ON WEEKDAYS, NOT WEEKENDS --> GO TO CUS-Q19A
- ²O EVERY OTHER NIGHT --> GO TO CUS-Q19A
- ³O ONE WEEK OUT OF TWO --> GO TO CUS-Q19A
- ⁴O TWO WEEKS ALTERNATELY --> GO TO CUS-Q19A
- ⁵O EVERY WEEK END --> GO TO CUS-Q19A
- ⁶O ONE WEEKEND OUT OF TWO --> GO TO CUS-Q19A
- ⁷O LESS THAN TWO DAYS EVERY MONTH --> GO TO CUS-Q19A
- ⁸O SOME HOLIDAYS --> GO TO CUS-Q19A
- ⁹O VISITS OR LETTER OR TELEPHONE CALLS ONLY
- ¹⁰O NO CONTACT --> GO TO CUS-Q19A
- ¹¹O ALL THE TIME --> GO TO CUS-Q19A
- ¹²O PARENTS NOW LIVING TOGETHER AGAIN --> GO TO CUS-Q19C
- ¹³O OTHER --> GO TO CUS-Q19A
- ⁰¹O DON'T KNOW --> GO TO CUS-Q19A

CUS-Q18B

Which type of contact does ... now have with his/her other parent?

- ¹O REGULAR VISITING, EVERY WEEK
- ²O REGULAR VISITING, EVERY TWO WEEKS
- ³O REGULAR VISITING, MONTHLY
- ⁴O IRREGULAR VISITING, ON HOLIDAYS ONLY
- ⁵O IRREGULAR VISITING, WITHOUT SET PATTERN
- ⁶O TELEPHONE OR LETTER INQUIRIES BY THE PARENT NOT LIVING WITH THE CHILD
- ⁷O TELEPHONE OR LETTER INFORMATION GIVEN BY THE PARENT LIVING WITH THE CHILD
- ⁸O OTHER
- ⁰¹O DON'T KNOW

BOTH CASES (EXCLUSIVE AND SHARED CUSTODY) - INFORMATION ON CURRENT STATUS**CUS-Q19A**

Has a court order modified the custody of ... since his/her parents separated (or divorced)?

- ¹O YES
- ²O NO --> GO TO CUS-Q19C
- ⁰¹O DON'T KNOW --> GO TO CUS-Q19C

CUS-Q19B

Is he/she now in:

- ¹O Exclusive custody of mother?
- ²O Exclusive custody of father?
- ³O Shared custody of his/her parents?
- ⁴O Other?
- ⁰¹O DON'T KNOW

CUS-Q19C

Between ...'s parents, has the question of living arrangements or visiting rights been:

- ¹O A great source of tension?
- ²O Some source of tension?
- ³O Very little source of tension?
- ⁴O No source of tension at all?
- ⁰¹O DON'T KNOW

CUS-C20B

IF (CUS-Q9A IS 1, 6 OR DON'T KNOW) OR (CUS-Q9B IS 1, 6 OR DON'T KNOW) (MOTHER DIED OR DON'T KNOW) --> GO TO CUS-Q21A

ELSE IF CUS-Q2 IS 1 AND CUS-Q9A IS 4 AND CUS-Q10B IS 2 (PARENTS LIVED TOGETHER AT BIRTH OF ..., AND NEITHER PARENT DIED, AND PARENTS HAVE NOT BROKEN UP) --> GO TO CUS-C25A

OTHERWISE --> GO TO CUS-Q20A

INFORMATION ON SUBSEQUENT UNIONS OF CHILD'S MOTHER

CUS-Q20A

Has ...'s mother entered into another marriage, common-law relationship or common-law relationship that resulted in marriage?

(MARK ALL THAT APPLY)

- ¹O YES, A MARRIAGE
- ²O YES, A COMMON-LAW RELATIONSHIP
- ³O YES, A COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE
- ⁴O NO
- ⁰¹O DON'T KNOW
- ⁰²O REFUSAL

CUS-C20B1

IF CUS-Q20A IS 2 OR 3 --> GO TO CUS-Q20B

ELSE IF CUS-Q20A IS 1 --> GO TO CUS-Q20C

ELSE IF CUS-Q20A IS 4 OR DON'T KNOW --> GO TO CUS-C21

OTHERWISE (REFUSAL) --> GO TO NEXT SECTION

CUS-Q20B

When did ...'s mother start living with her new partner?

MONTH YEAR
'_ _ _ '_ _ _

CUS-Q20C

*IF CUS-Q20A IS 2 (YES, A COMMON-LAW RELATIONSHIP) ---> GO TO CUS-Q20D**OTHERWISE ---> GO TO CUS-Q20C*

CUS-Q20C

When did the marriage take place?

MONTH YEAR

|_|_| |_|_|

CUS-Q20D

When they started living together, did ... live in the household with his/her mother's new partner?

☐ YES, FULL-TIME☐ YES, PART-TIME☐ NO☐ DON'T KNOW**INFORMATION ON PREVIOUS CHILDREN OF PARTNER**

CUS-Q20E

Did the mother's new partner have any children of his own?

☐ YES☐ NO ---> GO TO CUS-Q20H

CUS-Q20F

How many?

CUS-Q20G

Did he/she/they live in the household with their father?

(MARK ALL THAT APPLY)

☐ 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, NONE OF THEM☐ DON'T KNOW

INFORMATION ON CHILDREN OF UNION

CUS-Q20H

Did ...'s mother have any children with this new spouse/partner?

¹O YES

²O NO ---> GO TO CUS-C21

CUS-Q20I

How many?

CUS-C21

IF 'YES, FATHER' IN CUS-Q9A OR CUS-Q9B AND 'YES' IN CUS-Q20A (FATHER DIED, AND MOTHER ENTERED A NEW RELATIONSHIP) ---> GO TO CUS-Q22A

IF 'YES, FATHER' IN CUS-Q9A OR CUS-Q9B AND 'NO' IN CUS-Q20A (FATHER DIED AND MOTHER DID NOT ENTER A NEW RELATIONSHIP) ---> GO TO CUS-Q25A

IF 'DON'T KNOW (FATHER)' OR DON'T KNOW IN CUS-Q9A OR CUS-Q9B AND 'YES' IN CUS-Q20A (DON'T KNOW IF FATHER DIED, AND MOTHER ENTERED A NEW RELATIONSHIP) ---> GO TO CUS-Q22A

IF 'DON'T KNOW (FATHER)' OR DON'T KNOW IN CUS-Q9A OR CUS-Q9B AND 'NO' IN CUS-Q20A (DON'T KNOW IF FATHER DIED AND MOTHER DID NOT ENTER A NEW RELATIONSHIP) ---> GO TO CUS-Q25A

OTHERWISE ---> GO TO CUS-Q21A

INFORMATION ON SUBSEQUENT UNIONS OF CHILD'S FATHER

CUS-Q21A

Has ...'s father entered into another marriage, common-law relationship or common-law relationship that resulted in marriage?

¹O YES, A MARRIAGE ---> GO TO CUS-Q21C.

²O YES, A COMMON-LAW RELATIONSHIP

³O YES, A COMMON-LAW RELATIONSHIP THAT RESULTED IN MARRIAGE

⁴O NO ---> GO TO CUS-C22

⁰¹O DON'T KNOW ---> GO TO CUS-C22

CUS-Q21B

When did ...'s father start living with his new partner?

MONTH YEAR

¹|_|_| |_|_|

CUS-C21C

*IF CUS-Q21A IS 2 (YES, A COMMON-LAW RELATIONSHIP) --> GO TO CUS-Q21D**OTHERWISE --> GO TO CUS-Q21C*

CUS-Q21C

When did the marriage take place?

MONTH YEAR

'|_|_| |_|_|

CUS-Q21D

When they started living together, did ... live in the household with his/her father's new partner?

¹O YES, FULL-TIME²O YES, PART-TIME³O NO**INFORMATION ON PREVIOUS CHILDREN OF PARTNER**

CUS-Q21E

Did the father's new partner have any children of her own?

¹O YES²O NO --> GO TO CUS-Q21H

CUS-Q21F

How many?

CUS-Q21G

Did he/she/they live in the household with their mother?
(MARK ALL THAT APPLY)¹O YES, ALL OF THEM, FULL-TIME²O YES, ALL OF THEM, PART-TIME³O YES, SOME OF THEM, FULL-TIME⁴O YES, SOME OF THEM, PART-TIME⁵O NO, NONE OF THEM⁰¹O DON'T KNOW⁰²O REFUSAL --> GO TO NEXT SECTION

INFORMATION ON CHILDREN OF UNION
CUS-Q21H

Did ...'s father have any children with this new spouse/partner?

¹O YES

²O NO --> GO TO CUS-C22

CUS-Q21I

How many?

CUS-C22

*IF 'YES' IN CUS-Q20A OR CUS-Q21A (MOTHER OR FATHER ENTERED A NEW RELATIONSHIP) -
--> GO TO CUS-Q22A*

OTHERWISE --> GO TO CUS-C25A

INFORMATION OF POSSIBLE BREAK-UP OF NEW UNION**CUS-Q22A**

Has this other union of ...'s mother or father broken up?

¹O YES, MOTHER'S UNION

²O YES, FATHER'S UNION

³O YES, BOTH UNIONS

⁴O NO --> GO TO CUS-C25A

CUS-Q22B

When did that happen? (IF BOTH UNIONS HAVE BROKEN UP, USE DATE OF FIRST EVENT)

MONTH YEAR

¹|_|_| |_|_|

CUS-Q22C

With whom did ... go on living after it happened?

¹O MOTHER, FULL-TIME

²O FATHER, FULL-TIME

³O PART-TIME, MOTHER AND FATHER

⁰¹O DON'T KNOW

INFORMATION ON SUBSEQUENT UNIONS**CUS-Q23**

Did ... live through any other family reconstitution between then and now?

¹O YES

²O NO

CUS-C25A

*IF DEMO-Q6 IS 1 FOR THE PERSON WE ARE TALKING TO (CURRENTLY MARRIED)
AND CUS-Q9A OR CUS-Q9B IS NO (BOTH PARENTS ARE ALIVE)
AND CUS-Q10B IS NO (PARENTS DID NOT BREAK UP) ---> GO TO NEXT SECTION*

*ELSE IF DEMO-Q6 IS 1 FOR THE PERSON WE ARE TALKING TO (CURRENTLY MARRIED)
AND CUS-Q9A OR CUS-Q9B IS YES (ONE OR BOTH PARENTS DIED)
OR CUS-Q10B IS YES (PARENTS BROKE UP) ---> GO TO CUS-Q25B*

OTHERWISE ---> GO TO CUS-Q25A

CUS-Q25A

What is your current legal marital status?

¹O MARRIED AND NOT SEPARATED

²O MARRIED BUT SEPARATED ---> GO TO CUS-Q25C

³O DIVORCED ---> GO TO CUS-Q25D

⁴O WIDOWED ---> GO TO CUS-Q25E

⁵O NEVER BEEN MARRIED ---> GO TO CUS-C25F

⁰O DON'T KNOW ---> GO TO NEXT SECTION

CUS-Q25B

What date were you married?

MONTH YEAR

¹__ __ __ __

GO TO NEXT SECTION

CUS-Q25C

When did the separation happen?

MONTH YEAR

¹__ __ __ __

GO TO CUS-C25F

CUS-Q25D

When was the divorce pronounced?

MONTH	YEAR
' _ _	_ _

GO TO CUS-C25F

CUS-Q25E

When were you widowed?

MONTH	YEAR
' _ _	_ _

CUS-C25F

IF CUS-Q25A IS 2 TO 5 (THE PERSON WE ARE TALKING TO IS SEPARATED, DIVORCED, WIDOWED OR SINGLE) AND CARECOUNT > 0 (CAREGIVR IS 1 TO 3 FOR ANYONE ELSE ON THE PICKLIST, THUS LIVING WITH PARTNER) ---> GO TO CUS-Q25F

IF CUS-Q25A IS 2 TO 4 (THE PERSON WE ARE TALKING TO IS SEPARATED, DIVORCED OR WIDOWED) AND CARECOUNT IS 0 (CAREGIVR IS 0 FOR EVERYONE ELSE ON THE PICKLIST, THUS NOT LIVING WITH A PARTNER) ---> GO TO CUS-Q25G

IF CUS-Q25A IS 5 (THE PERSON WE ARE TALKING TO IS SINGLE) AND CARECOUNT IS 0 (CAREGIVR IS 0 FOR EVERYONE ELSE ON THE PICKLIST, THUS NOT LIVING WITH A PARTNER) ---> GO TO NEXT SECTION

OTHERWISE ---> GO TO NEXT SECTION

CUS-Q25F

Since when have you been living common-law with your partner?

MONTH	YEAR
' _ _	_ _

CUS-Q25G

Since when have you been living without a spouse/partner?

MONTH	YEAR
' _ _	_ _

PARENTING

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

CHILDREN 0-23 MONTHS:
PAR-11 TO PAR-Q7

CHILDREN 2-11 YEARS:
PAR-11 TO PAR-Q28

PAR-C1

IF RESPONDENT IS THE FOSTER PARENT OF ... --> END OF SECTION
ELSE IF THE RESPONDENT IS THE PERSON MOST KNOWLEDGEABLE ABOUT ..., OR THAT
PERSON'S SPOUSE/PARTNER --> GO TO PAR-11
OTHERWISE --> GO TO END OF SECTION

PAR-C1A

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

PAR-Q1

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

- ¹O NEVER
- ²O ABOUT ONCE A WEEK OR LESS
- ³O MORE THAN ONCE A WEEK BUT LESS THAN ONCE A DAY
- ⁴O ONE OR TWO TIMES A DAY
- ⁵O MANY TIMES EACH DAY
- ⁰O DON'T KNOW
- ⁰O REFUSAL --> GO TO NEXT QUESTIONNAIRE

PAR-Q2

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

PAR-Q3

How often do you and he/she laugh together?

PAR-Q4

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

PAR-Q5

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

PAR-Q6

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

PAR-C7

IF AGE IN YEARS < 3 ---> GO TO PAR-Q7A

OTHERWISE ---> GO TO PAR-Q7

PAR-Q7

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

GO TO PAR-C8

PAR-Q7A

How often do you play games with him/her?

PAR-C8

IF AGE IN YEARS < 2 ---> GO TO NEXT QUESTIONNAIRE

OTHERWISE ---> GO TO PAR-18

PAR-C8A

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

PAR-Q8

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

¹O NEVER

²O LESS THAN HALF THE TIME

³O ABOUT HALF THE TIME

⁴O MORE THAN HALF THE TIME

⁵O ALL THE TIME

⁰¹O DON'T KNOW

⁰²O REFUSAL ---> GO TO NEXT QUESTIONNAIRE

PAR-Q9

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

PAR-Q10

When you give him/her a command or order to do something, what proportion of the time do you make sure that he/she does it?

PAR-Q11

If you tell him/her he/she will get punished if he/she doesn't stop doing something, and he/she keeps doing it, how often will you punish him/her?

PAR-Q12

How often does he/she get away with things that you feel should have been punished?

PAR-Q13

How often do you get angry when you punish ...?

PAR-Q14

How often do you think that the kind of punishment you give him/her depends on your mood?

PAR-Q15

How often do you feel you are having problems managing him/her in general?

PAR-Q16

How often is he/she able to get out of a punishment when he/she really sets his/her mind to it?

PAR-Q17

How often when you discipline him/her, does he/she ignore the punishment?

PAR-Q18

How often do you have to discipline him/her repeatedly for the same thing?

PAR-I19A

Just about all children break the rules or do things that they are not supposed to. Also, parents react in different ways. Please tell me how often you do each of the following when ... breaks the rules or does things that he/she is not supposed to.

PAR-Q19

How often do you:
Tell him/her to stop?

- ☐ ALWAYS
- ☐ OFTEN
- ☐ SOMETIMES
- ☐ RARELY
- ☐ NEVER
- ☐ DON'T KNOW

PAR-Q20

Ignore it, do nothing?

PAR-Q21

Raise your voice, scold or yell at him/her?

PAR-Q22

Calmly discuss the problem?

PAR-Q23

Use physical punishment?

PAR-Q24

Describe alternative ways of behaving that are acceptable?

PAR-Q25

Take away privileges or put in room?

PAR-I26A

Sometimes different situations or circumstances arise which may affect family life. The next few questions are about some of these possible situations.

PAR-Q26A

Has he/she ever experienced being hungry because the family has run out of food or money to buy food?

¹O YES

²O NO —> GO TO PAR-Q27

⁰¹O DON'T KNOW —> GO TO PAR-Q27

PAR-Q26B

How often?

¹O REGULARLY, END OF THE MONTH

²O MORE OFTEN THAN END OF EACH MONTH

³O EVERY FEW MONTHS

⁴O OCCASIONALLY, NOT A REGULAR OCCURRENCE

⁰¹O DON'T KNOW

PAR-Q26C

How do you cope with feeding ... when this happens?
(MARK ALL THAT APPLY.)

¹O PARENT/GUARDIAN SKIPS MEALS OR EATS LESS

²O CHILDREN SKIP MEALS OR EAT LESS

³O CUT DOWN ON VARIETY OF FOOD FAMILY USUALLY EATS

⁴O SEEK HELP FROM RELATIVES

⁵O SEEK HELP FROM FRIENDS

⁶O SEEK HELP FROM SOCIAL WORKER/GOVERNMENT OFFICE

⁷O SEEK HELP FROM FOOD BANK (EMERGENCY FOOD PROGRAM)

⁸O USE SCHOOL MEAL PROGRAM

⁹O OTHER

⁰¹O DON'T KNOW

PAR-Q27

How often does he/she see television shows or movies that have a lot of violence in them?

¹O OFTEN

²O SOMETIMES

³O SELDOM

⁴O NEVER

⁰¹O DON'T KNOW

PAR-Q28

How often does he/she see adults or teenagers in your house physically fighting, hitting or otherwise trying to hurt others?

**National Survey
of Children**

Children 10-11 years

SELF-COMPLETED QUESTIONNAIRE

Child Self-Complete Form, for ages 10 and 11 years

Purpose

This is a survey with questions about your family, friends, how you feel and what you like to do. Your answers will help the government to plan programs and services for young people like yourself.

Only a few children in Canada will be asked to answer this questionnaire. You can choose whether or not to fill out this questionnaire.

This is not a test and there are no right or wrong answers. Take your time and please be sure to answer each question based on what you really think. If you need help with any questions, you may ask the Interviewer. Remember this is not a test and there are no right or wrong answers.

The answers that you give will be kept **PRIVATE** by Statistics Canada. No one from your home, your school, or anywhere else will see what you write.

How to fill out this Form

Put an 'X' in the circle beside the answer which you have chosen.
For example:

How old are you?	under 8	8 - 9	10 - 11	12 - 13
	₁ O	₂ O	₃ <input checked="" type="radio"/>	₄ O

How old are you?

- ☐ under 8
- ☐ 8 - 9
- ☒ 10 - 11
- ☐ 12 - 13
- ☐ over 13

When you finish this survey

Please put this questionnaire in the envelope and return it to the Interviewer when you have finished. If the Interviewer is not in your home, please seal the envelope. The Interviewer will pick it up from you on another day.

FRIENDS AND FAMILY

A.01 I have a lot of friends.

- ☐ 1 False
- ☐ 2 Mostly false
- ☐ 3 Sometimes false/Sometimes true
- ☐ 4 Mostly true
- ☐ 5 True

A.02 I get along with kids easily.

- ☐ 1 False
- ☐ 2 Mostly false
- ☐ 3 Sometimes false/Sometimes true
- ☐ 4 Mostly true
- ☐ 5 True

A.03 Other kids want me to be their friend.

- ☐ 1 False
- ☐ 2 Mostly false
- ☐ 3 Sometimes false/Sometimes true
- ☐ 4 Mostly true
- ☐ 5 True

A.04 Most other kids like me.

- ☐ 1 False
- ☐ 2 Mostly false
- ☐ 3 Sometimes false/Sometimes true
- ☐ 4 Mostly true
- ☐ 5 True

A.05 About how many days a week do you do things with friends outside of school hours?

- ☐ 1 Never
- ☐ 2 Less than once a week
- ☐ 3 1 day a week
- ☐ 4 2-3 days a week
- ☐ 5 4-5 days a week
- ☐ 6 6-7 days a week

A.06 How many close friends do you have?

()

A.07 Other than your friends, do you have anyone else in particular you can talk to 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 everyone you feel you can talk to)

☐ Mother

☐ Father

☐ Stepmother

☐ Stepfather

☐ Brother

☐ Sister

☐ Grandparents

☐ Other relatives

☐ A friend of the family

☐ Sitter or babysitter

☐ Parent's boyfriend/girlfriend

☐ Teacher

☐ Coach or leader (e.g. scout or church leader)

☐ Other

A.09 During the past 6 months, how well have you gotten along with other children such as friends or classmates?

☐ Very well, no problems

☐ Quite well, hardly any problems

☐ Pretty well, occasional problems

☐ Not too well, frequent problems

☐ Not well at all, constant problems

A.10 During the past 6 months, how well have you gotten along with your mother?

☐ Very well, no problems

☐ Quite well, hardly any problems

☐ Pretty well, occasional problems

☐ Not too well, frequent problems

☐ Not well at all, constant problems

☐ Doesn't apply to me

A.11 During the past 6 months, how well have you gotten along with your father?

- ☐ 1 Very well, no problems
- ☐ 2 Quite well, hardly any problems
- ☐ 3 Pretty well, occasional problems
- ☐ 4 Not too well, frequent problems
- ☐ 5 Not well at all, constant problems
- ☐ 6 Doesn't apply to me

A.12 During the past 6 months, how well have you gotten along with your brothers and sisters?

- ☐ 1 Very well, no problems
- ☐ 2 Quite well, hardly any problems
- ☐ 3 Pretty well, occasional problems
- ☐ 4 Not too well, frequent problems
- ☐ 5 Not well at all, constant problems
- ☐ 6 Doesn't apply to me

SCHOOL

ABOUT YOU AND YOUR SCHOOL

B.01 How do you feel about school?

- ☐ 1 I like school very much
- ☐ 2 I like school quite a bit
- ☐ 3 I like school a bit
- ☐ 4 I don't like school very much
- ☐ 5 I hate school

B.02 How well do you think you are doing in your school work?

- ☐ 1 Very well
- ☐ 2 Well
- ☐ 3 Average
- ☐ 4 Poorly
- ☐ 5 Very poorly

B.03 How important is it to you to have good grades in school?

- ☐ 1 Very important
- ☐ 2 Important
- ☐ 3 Somewhat important
- ☐ 4 Not very important
- ☐ 5 Not important at all

Read the following statements and choose the answer that best describes you and your feelings.

B.04 I feel safe at school.

- ☐ All the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Rarely
- ☐ Never

B.05 I feel safe on my way to and from school.

- ☐ All the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Rarely
- ☐ Never

B.06 Children say nasty and unpleasant things to me at school.

- ☐ All the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Rarely
- ☐ Never

B.07 I am bullied in school.

- ☐ All the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Rarely
- ☐ Never

B.08 I am bullied on my way to and from school.

- ☐ ₁ All the time
- ☐ ₂ Most of the time
- ☐ ₃ Some of the time
- ☐ ₄ Rarely
- ☐ ₅ Never

B.09 I feel like an outsider at my school.

- ☐ ₁ All the time
- ☐ ₂ Most of the time
- ☐ ₃ Some of the time
- ☐ ₄ Rarely
- ☐ ₅ Never

ABOUT YOUR TEACHER AND YOU

B.10 When I need extra help, my teacher gives it to me.

- ☐ ₁ All the time
- ☐ ₂ Most of the time
- ☐ ₃ Some of the time
- ☐ ₄ Rarely
- ☐ ₅ Never

B.11 My teacher treats me fairly.

- ☐ ₁ All the time
- ☐ ₂ Most of the time
- ☐ ₃ Some of the time
- ☐ ₄ Rarely
- ☐ ₅ Never

ABOUT YOUR PARENTS AND SCHOOL

B.12 If I have problems at school, my parents are ready to help.

- ☐ ₁ All the time
- ☐ ₂ Most of the time
- ☐ ₃ Some of the time
- ☐ ₄ Rarely
- ☐ ₅ Never

B.13 **My parents encourage me to do well at school.**

- ☐₁ All the time
- ☐₂ Most of the time
- ☐₃ Some of the time
- ☐₄ Rarely
- ☐₅ Never

B.14 **My parents expect too much of me at school.**

- ☐₁ All the time
- ☐₂ Most of the time
- ☐₃ Some of the time
- ☐₄ Rarely
- ☐₅ Never

ABOUT YOUR HOMEWORK

B.15 **I have a place at home to do homework or study.**

- ☐₁ All the time
- ☐₂ Most of the time
- ☐₃ Some of the time
- ☐₄ Rarely
- ☐₅ Never

B.16 **When my teacher gives me homework, I do it.**

- ☐₁ All the time
- ☐₂ Most of the time
- ☐₃ Some of the time
- ☐₄ Rarely
- ☐₅ Never

FEELINGS AND BEHAVIOURS

C.01 How often would you say that you...

		Never or not true	Sometimes or somewhat true	Often or very true
a.	show sympathy to (feel sorry for) someone who has made a mistake	₁ O	₂ O	₃ O
b.	can't sit still, are restless or hyperactive	₁ O	₂ O	₃ O
c.	destroy your own things	₁ O	₂ O	₃ O
d.	will try to help someone who has been hurt	₁ O	₂ O	₃ O
e.	steal at home	₁ O	₂ O	₃ O
f.	are unhappy, sad or depressed	₁ O	₂ O	₃ O
g.	get into many fights	₁ O	₂ O	₃ O
h.	volunteer to help clear up a mess someone else has made	₁ O	₂ O	₃ O
i.	are distractible, have trouble sticking to any activity	₁ O	₂ O	₃ O
j.	try when mad at someone, to get others to dislike him/her	₁ O	₂ O	₃ O
k.	are not as happy as other children	₁ O	₂ O	₃ O
l.	destroy things belonging to your family or other children	₁ O	₂ O	₃ O
m.	will try, if there is an argument, to stop it	₁ O	₂ O	₃ O
n.	fidget	₁ O	₂ O	₃ O

		Never or not true	Sometimes or somewhat true	Often or very true
o.	are disobedient at school	₁ O	₂ O	₃ O
p.	can't concentrate, can't pay attention	₁ O	₂ O	₃ O
q.	are too fearful or anxious	₁ O	₂ O	₃ O
r.	when made at someone, become friends with another as revenge	₁ O	₂ O	₃ O
s.	are impulsive, act without thinking	₁ O	₂ O	₃ O
t.	tell lies or cheat	₁ O	₂ O	₃ O
u.	offer to help other children (friend, brother or sister) who are having difficulty with a task	₁ O	₂ O	₃ O
v.	are worried	₁ O	₂ O	₃ O
w.	have difficulty awaiting your turn in games or groups	₁ O	₂ O	₃ O
x.	assume, when another child accidentally hurts you (such as bumping into you), that the other child meant to do it, and then react with anger and fighting	₁ O	₂ O	₃ O
y.	tend to do things on your own - are rather solitary	₁ O	₂ O	₃ O
z.	when mad at someone, say bad things behind the other's back	₁ O	₂ O	₃ O
aa.	physically attack people	₁ O	₂ O	₃ O

		Never or not true	Sometimes or somewhat true	Often or very true
bb.	comfort a child (friend, brother or sister) who is crying or upset	₁ O	₂ O	₃ O
cc.	cry a lot	₁ O	₂ O	₃ O
dd.	vandalize	₁ O	₂ O	₃ O
ee.	give up easily	₁ O	₂ O	₃ O
ff.	threaten people	₁ O	₂ O	₃ O
gg.	help to pick up objects which another child has dropped. (e.g. pencils, books.)	₁ O	₂ O	₃ O
hh.	cannot settle to anything for more than a few moments	₁ O	₂ O	₃ O
ii.	feel miserable, unhappy, tearful, or distressed	₁ O	₂ O	₃ O
jj.	are cruel, bully or are mean to others	₁ O	₂ O	₃ O
kk.	stare into space	₁ O	₂ O	₃ O
ll.	when mad at someone, say to others: let's not be with him/her	₁ O	₂ O	₃ O
mm.	are nervous, highstrung or tense	₁ O	₂ O	₃ O
nn.	kick, bite, hit other children	₁ O	₂ O	₃ O
oo.	will invite bystanders to join in a game	₁ O	₂ O	₃ O
pp.	steal outside the home	₁ O	₂ O	₃ O
qq.	are inattentive, have difficulty paying attention to someone	₁ O	₂ O	₃ O
rr.	have trouble enjoying yourself	₁ O	₂ O	₃ O

		Never or not true	Sometimes or somewhat true	Often or very true
ss.	help other children (friends, brother or sister) who are feeling sick	₁ O	₂ O	₃ O
tt.	when mad at someone, tell the other one's secrets to a third person	₁ O	₂ O	₃ O
uu.	take the opportunity to show support for the work of less able children	₁ O	₂ O	₃ O

C.02 In the past year, about how many times...

		Never	Once	Twice	More than twice	I don't know
a.	did you stay out later than your parents said you should?	₁ O	₂ O	₃ O	₄ O	₅ O
b.	did you stay out all night without permission?	₁ O	₂ O	₃ O	₄ O	₅ O
c.	did you skip a day of school without permission?	₁ O	₂ O	₃ O	₄ O	₅ O
d.	did you get drunk?	₁ O	₂ O	₃ O	₄ O	₅ O
e.	were you questioned by the police about anything you might have done such as stealing, damaging property or anything else?	₁ O	₂ O	₃ O	₄ O	₅ O
f.	did you run away from home?	₁ O	₂ O	₃ O	₄ O	₅ O

C.03 In the past year were you part of a group that did bad things?

- ☐ Yes
☐ No

PARENTS

D.01 Please read the following statements and choose the answer that best describes the way your parents (or step-parents or foster parents) in general acted towards you during the last 6 months.

My parents (or step parents or foster parents)...

		Never	Sometimes	Often	Very often
a.	smile at me	₁ O	₂ O	₃ O	₄ O
b.	want to know exactly where I am and what I am doing	₁ O	₂ O	₃ O	₄ O
c.	soon forget a rule they have made	₁ O	₂ O	₃ O	₄ O
d.	praise me	₁ O	₂ O	₃ O	₄ O
e.	let me go out any evening I want	₁ O	₂ O	₃ O	₄ O
f.	do tell me what time to be home when I go out	₁ O	₂ O	₃ O	₄ O
g.	nag me about little things	₁ O	₂ O	₃ O	₄ O
h.	tell me what I can watch on TV	₁ O	₂ O	₃ O	₄ O
i.	make sure I do my homework	₁ O	₂ O	₃ O	₄ O
j.	only keep rules when it suits them	₁ O	₂ O	₃ O	₄ O

		Never	Sometimes	Often	Very often
k.	make sure I know I am appreciated	₁ O	₂ O	₃ O	₄ O
l.	threaten punish- ment more often than they use it	₁ O	₂ O	₃ O	₄ O
m.	speak of the good things I do	₁ O	₂ O	₃ O	₄ O
n.	find out about my misbehaviour	₁ O	₂ O	₃ O	₄ O
o.	enforce a rule or do not enforce a rule depending upon their mood	₁ O	₂ O	₃ O	₄ O
p.	hit me or threaten to do so	₁ O	₂ O	₃ O	₄ O
q.	seem proud of the things I do	₁ O	₂ O	₃ O	₄ O

PUBERTY

To answer each question, please put an "X" in the circle beside the answer that best describes what is happening to you. Please choose only ONE answer for each question.

E.01 Would you say that your body hair ("body hair" means underarm and pubic hair):

- ☐ has not yet started growing
- ☐ has barely started
- ☐ is definitely underway
- ☐ seems completed

FOR GIRLS ONLY

E.02 Have your breasts begun to grow?

- ☐ Not yet started growing
- ☐ Have barely started changing
- ☐ Breast growth is definitely underway
- ☐ Breast growth seems completed

E.03 Have you begun to menstruate (your monthly periods)?

- ☐ No
- ☐ Yes

FOR BOYS ONLY

E.04 Have you noticed a deepening of your voice?

- ☐ Not yet started changing
- ☐ Has barely started changing
- ☐ Voice change is definitely changing
- ☐ Voice change seems completed

E.05 Have you begun to grow hair on your face?

- ☐ Not yet started growing
- ☐ Has barely started growing
- ☐ Facial hair growth is definitely underway
- ☐ Facial hair growth seems completed

SMOKING, DRINKING AND DRUGS

Though not many young people your age smoke, drink, or use drugs, we are interested in the experiences of those who have.

F.01 Have you ever tried cigarette smoking, even just a few puffs?

- ☐ Yes
- ☐ No ---> If No, which of the following reasons describe why you have never tried smoking? (Mark all that apply)
 - ☐ Most of my friends do not smoke
 - ☐ My parents do not smoke
 - ☐ I think it might be bad for my health
 - ☐ I think I might not be able to stop
 - ☐ It is illegal for me to smoke
 - ☐ I would get into trouble with my parents or teachers
 - ☐ I would get into trouble with the police
 - ☐ I cannot get cigarettes or afford them
 - ☐ I have other things I enjoy doing
 - ☐ Some other reason

F.02 If you do smoke, how often do you smoke cigarettes?

- ☐ I do not smoke
- ☐ Less than once a month
- ☐ Less than once a week
- ☐ At least once a week but not every day
- ☐ Every day

F.03 If you have smoked one or more cigarettes every day for at least seven days in a row, how old were you when you first did so? (Mark one only)

- ☐ I have never done this

OR

() Age in years

OR

- ☐ I don't remember

F.04 If you smoke, about how many cigarettes do you smoke in a day?

☐ I do not smoke

OR

() Number of cigarettes

F.05 How many of your close friends smoke?

() Number of close friends (If none write 0)

F.06 If you have ever drunk more alcohol than the amount allowed by your parents, how old were you when you first did this? (Mark one only)

☐ I have never drunk alcohol

☐ I have only drunk the amount allowed by my parents

OR

() Age in years

OR

☐ I don't remember

F.07 If you drink anything alcoholic such as wine, liquor or beer, how often do you do so?

☐ I do not drink alcohol

☐ Less than once a month

☐ Less than once a week

☐ At least once a week but not every day

☐ Every day

F.08 How many of your close friends drink alcohol?

() Number of close friends (If none write 0)

F.09 If you use the following substances, how often do you ...

a. use marijuana ("pot", "grass" or "hash")

- ☐ I do not use marijuana
- ☐ Less than once a month
- ☐ Less than once a week
- ☐ At least once a week but not every day
- ☐ Every day

b. sniff glue or solvents

- ☐ I do not sniff glue or solvents
- ☐ Less than once a month
- ☐ Less than once a week
- ☐ At least once a week but not every day
- ☐ Every day

c. use other drugs like cocaine, crack, speed, LSD/acid

- ☐ I do not use other drugs
- ☐ Less than once a month
- ☐ Less than once a week
- ☐ At least once a week but not every day
- ☐ Every day

F.10 If you have used drugs of any kind when you were not sick, how old were you when you first did so?

- ☐ I have never used drugs

OR

() Age in years

OR

- ☐ I don't remember

F.11 How many of your close friends have tried drugs or sniffing?

() Number of close friends (If none write 0)

ACTIVITIES

G.01 Outside of school hours, do you:
(Put an "X" in the appropriate circle.)

		Never	Less than once a week	1 to 3 times a week	4 or more times a week
a.	Play sports or take sport lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Take part in Art, Dance or Music Groups or Lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Take part in Clubs or groups such as Girl Guides or Boy Scouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Have a job (a paper route, baby sitting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Play computer or video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Watch TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G.02 On average, about how many hours a day do you watch TV?

|_|_|

G.03 How often do you read for fun (not just for school)

- ☐ Every day
- ☐ A few times a week
- ☐ Once a week
- ☐ A few times a month
- ☐ Less than once a month
- ☐ Almost never

SELF-ESTEEM

H.01 Put an "X" in the appropriate circle.

		False	Mostly false	Sometimes false/ Sometimes true	Mostly true	True
a.	In general, I like the way I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Overall I have a lot to be proud of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	A lot of things about me are good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	When I dosomething, I do it well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	I am good looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	I have a pleasant looking face.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Other kids think I am good looking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	I have a good looking body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking part in this survey!!

National Survey of Children

INTERVIEWER QUESTIONNAIRE

Dwelling _____

OBS-Q1

How would you rate the volume of traffic on the street or road?

- ☐ 1O VERY LIGHT
- ☐ 2O LIGHT
- ☐ 3O MODERATE
- ☐ 4O HEAVY
- ☐ 5O VERY HEAVY

OBS-Q2

Is there garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards?

- ☐ 1O ALMOST NONE
- ☐ 2O YES, BUT NOT A LOT
- ☐ 3O YES, QUITE A BIT
- ☐ 4O YES, ALMOST EVERYWHERE

OBS-Q3

Are there any needles, syringes, condoms, or drug-related paraphernalia on the sidewalk, in gutters or on the street or road?

- ☐ 1O YES
- ☐ 2O NO

OBS-Q4

Are people loitering, congregating or hanging out?

- ☐ 1O YES
- ☐ 2O NO

OBS-Q5

Are any persons arguing, shouting, fighting or otherwise behaving in hostile or threatening ways?

- ☐ 1O NO PERSONS OBSERVED
- ☐ 2O NO, NONE BEHAVING IN HOSTILE OR THREATENING WAYS
- ☐ 3O YES SOME OBSERVED

OBS-Q6

Are drunken or otherwise intoxicated persons visible?

- ☐ 1O YES
- ☐ 2O NO

OBS-Q7

Based on street level frontage, how would you characterize land use on this block/road?

- ☐ 1O PRIMARILY RESIDENTIAL
- ☐ 2O PRIMARILY COMMERCIAL
- ☐ 3O MIXED RESIDENTIAL AND COMMERCIAL USE
- ☐ 4O PRIMARILY INDUSTRIAL, WAREHOUSE, MANUFACTURING
- ☐ 5O PRIMARILY VACANT HOUSES
- ☐ 6O PRIMARILY VACANT LOTS OR OPEN SPACE
- ☐ 7O PRIMARILY SERVICES OR INSTITUTIONAL, E.G., SCHOOLS, CHURCHES, HOSPITALS
- ☐ 8O PRIMARILY PARK, PLAYGROUND
- ☐ 9O PRIMARILY RURAL, RESIDENTIAL
- ☐ 10O PRIMARILY RURAL, FARM
- ☐ 11O OTHER

OBS-Q8

How would you rate the general condition of most of the buildings, on the block/or within 100 yards of the respondents house?

- ☐ 1O BADLY DETERIORATED
- ☐ 2O POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR
- ☐ 3O FAIR CONDITION
- ☐ 4O WELL KEPT WITH GOOD REPAIR AND EXTERIOR SURFACE

OBS-Q9

Did you first contact this dwelling by phone or in person?

- ☐ 1O BY PHONE
- ☐ 2O IN PERSON

APPENDIX A
INFORMED CONSENT FORM

Informed Consent Form

I understand that this consent form is part of the National Longitudinal Survey of Children. Statistics Canada is carrying out this national study on behalf of Human Resources Development Canada.

I understand that this survey is voluntary and that any information that Statistics Canada collects from me, my child and my child's teacher will remain strictly confidential under the Statistics Act.

The following was explained to me:

What is The National Longitudinal Survey of Children?

The National Longitudinal Survey of Children has been developed jointly by Statistics Canada and Human Resources Development Canada. The purpose of this survey is to collect information that will

help us to understand the factors affecting the development of children in Canada. These findings will be used to help build programs that will improve the prospects and conditions for all children.

Why does my child's teacher need to be contacted?

Children spend much of their time at school. Your child's teacher will provide

us with valuable information regarding your child's school experiences.

What will my child's teacher be asked?

Your child's teacher will receive a questionnaire that will ask questions about your child's school achievement and behaviour, and about his/her

classroom. As well, your child's teacher will be asked to give a short test of your child's skills in reading, writing, and math.

What does my consent mean?

Your consent means that you agree that your child's teacher be contacted and

asked to complete a questionnaire regarding your child.

What happens to the survey information I have provided if I do not consent?

The information you have provided in the interview is very valuable on its own. It will still permit important

research to be conducted and influence future policies and programs.

National Longitudinal Survey of Children

Informed Consent

Informed Consent

What Does It Mean
If I Sign This Form?

☐ **Yes**, I agree that my child's teacher may be contacted and asked to complete a questionnaire regarding my child.

☐ **Yes**, I agree that my child's teacher may give my child a brief test of reading, writing, and math skills.

I understand that this is a voluntary survey and that the information my child's teacher provides will be kept strictly confidential under the Statistics Act. That means that my name and my child's name will not be associated in any way with the results of the survey.

Sample ID | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _

Consent

Signature of Parent

Date

Full Name of Parent

*Telephone Number
(include area code)*

Child's Full Name

Name of School

Child's Age

School Address (include postal code)

Name of Teacher

Name of School Board

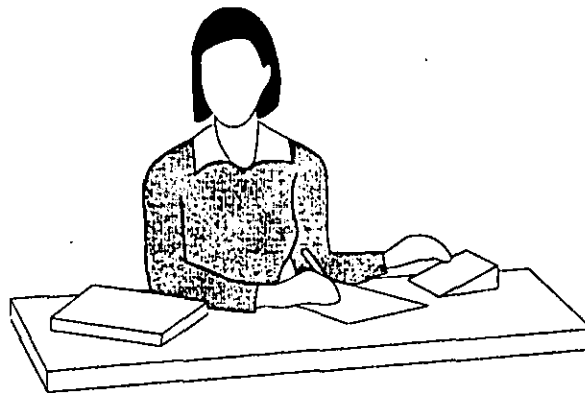
Name of Principal

APPENDIX B
TEACHER'S QUESTIONNAIRE



NATIONAL LONGITUDINAL SURVEY OF CHILDREN

TEACHER'S QUESTIONNAIRE



The purpose of this survey is to gather information on various school factors which may influence the development and education of children. The items in this questionnaire relate to a particular student in your class, various school practices, and to yourself. Completion of the questionnaire is completely voluntary. Under the *Statistics Act* the information collected in this questionnaire will be kept confidential. However, this student's parents may be granted access to your responses about their child's academic achievement and behaviour (most of sections one and two only) by making a formal request to the Chief Statistician of Canada. We would be most happy to answer any questions you might have. Please feel free to write or call. The telephone number is (613) 951-3184.

Thank you for your help.

Please return this questionnaire to:

NLSC Teacher's Survey
Education Sub-Division
Statistics Canada
Ottawa, Ont.
K1A 0T6



Statistics
Canada

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Canada

Canada

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The following sections relate to the educational development of a specific student in your class.

Please answer all questions by *marking the appropriate circle* corresponding with your answer in each section.

SECTION 1 THIS STUDENT'S EDUCATION

These first few questions ask about this student's grade and educational history.

1. Is this student presently in kindergarten or junior kindergarten?
(Mark one circle only)

☐ Yes

☐ No

GO TO QUESTION 13

2. Is this student assigned to a grade?
(Mark one circle only)

☐ Yes

☐ No, this student is not assigned to a grade

In what grade is this student?

grade ____

3. Is this student in a split or multiple grade class?
(Mark one circle only)

☐ Yes

☐ No, the class contains a single grade

☐ No, the class is ungraded

What grades are contained in this class?

grade ____ to grade ____

4. Has this student ever skipped a grade?
(Mark one circle only)

☐ Yes

☐ No

☐ Don't know

5. **Has this student ever repeated a grade(s), been retained, or not promoted to a new grade for any reason?** *(Mark the circle corresponding to your answer)*

- ☐ Yes
☐ No
☐ Don't know

Is this student currently repeating his or her grade?

- ☐ Yes
☐ No

These next questions deal with this student's academic performance.

6. **How would you rate this student's current academic achievement in *reading*?**
(Mark one circle only)

- ☐ Near the top of the class
☐ Above the middle of the class, but not at the top
☐ In the middle of the class
☐ Below the middle of the class, but above the bottom
☐ Near the bottom of the class
☐ I do not teach reading
☐ Not applicable

7. **How would you rate this student's current academic achievement in *mathematics*?** *(Mark one circle only)*

- ☐ Near the top of the class
☐ Above the middle of the class, but not at the top
☐ In the middle of the class
☐ Below the middle of the class, but above the bottom
☐ Near the bottom of the class
☐ I do not teach mathematics
☐ Not applicable

8. How would you rate this student's current academic achievement in *written work* (e.g., spelling and composition)? (*Mark one circle only*)

- ☐ Near the top of the class
- ☐ Above the middle of the class, but not at the top
- ☐ In the middle of the class
- ☐ Below the middle of the class, but above the bottom
- ☐ Near the bottom of the class
- ☐ I do not teach spelling or composition
- ☐ Not applicable

9. How would you rate this student's current academic achievement across all areas of instruction? (*Mark one circle only*)

- ☐ Near the top of the class
- ☐ Above the middle of the class, but not at the top
- ☐ In the middle of the class
- ☐ Below the middle of the class, but above the bottom
- ☐ Near the bottom of the class
- ☐ Not applicable

10. Looking ahead, how far do you expect this student will go in school? Will he/she ... (*Mark one circle only*)

- ☐ Complete primary school?
 - ☐ Complete secondary or high school?
 - ☐ Go to community college, technical college, or CEGEP?
 - ☐ Go to university?
 - ☐ Learn a trade?
 - ☐ Don't know
 - ☐ Other (*Specify*) _____
-

The following questions ask about the instruction this child receives.

11. For the most recent full week of school (5 days), please estimate how much class time this student spent on(Specify the number of minutes per week)

- a) Reading and other language arts
(e.g., spelling, grammar, composition)..... _____ minutes/week
- b) Second language education _____ minutes/week
- c) Mathematics _____ minutes/week
- d) Science _____ minutes/week
- e) Social Studies _____ minutes/week
- f) Music _____ minutes/week
- g) Visual arts _____ minutes/week
- h) Physical education _____ minutes/week
- i) Using computers _____ minutes/week

12. Thinking about the whole school week (5 days), what is the main language of instruction in this student's class?

(Mark the circle corresponding to the predominant language of instruction in this student's regular class)

- ☐ French
- ☐ English
- ☐ An equal combination of French and English
- ☐ Other (Specify) _____

These next questions deal with this student's social and personal skills.

13. Listed below are a number of different social and personal skills which may be demonstrated in your class. Please indicate how often this student demonstrates each of the following. (Mark the circle corresponding to your answer)

- | | Never | Rarely | Sometimes | Usually | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Works cooperatively with other students .. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Plays cooperatively with other students | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Follows rules | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Follows instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Respects the property of others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Demonstrates self-control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Shows self-confidence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

	Never	Rarely	Sometimes	Usually	Always
h) Demonstrates respect for adults.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Demonstrates respect for other children....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Accepts responsibility for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 14. These statements describe the work habits of students. Please indicate how often this student demonstrates each of these work habits.**
(Mark the circle corresponding to your answer)

	Never	Rarely	Sometimes	Usually	Always
a) Listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Completes work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Works independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Takes care of materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Works neatly and carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about this student's academic and educational strengths and weaknesses.

- 15. Does this student have special skills or talents in any of the following areas?**
(Mark the circle corresponding to your answer)

	Yes	No	Don't know
a) Sports.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Academic Work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Arts or Music.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Technical Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Interpersonal Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other Skills (<i>Specify</i>) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Does this student receive enhanced or extra instruction at school because of his/her exceptional intellectual or artistic abilities?

☐ Yes

☐ No

Does this student *need* enhanced or extra instruction because he/she is intellectually or artistically gifted?

☐ Yes

☐ No

GO TO QUESTION 18

17. Where does this student receive this enhanced or extra instruction?
(Mark one circle only)

- ☐ Exclusively within a regular classroom
 - ☐ Primarily within a regular classroom but with some time spent in a special education class or resource room
 - ☐ Primarily within a special education class or resource room but with some integration into 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*)
-

18. Does this student receive special education because a physical, emotional, behavioural, or some other problem limits the kind or amount of school work he/she can do? (Mark one circle only)

☐ Yes

☐ No

GO TO SECTION 2

19. What type of problem limits this student's ability to do school work in a regular classroom? (Mark as many circles as applicable)

- ☐ A physical disability
 - ☐ A visual impairment
 - ☐ A hearing impairment
 - ☐ A speech impairment
 - ☐ A learning disability
 - ☐ An emotional or behavioural problem
 - ☐ A mental disability or limitation
 - ☐ Home environment/problems at home
 - ☐ He/she does not understand the language spoken at school
 - ☐ Some other type of problem (*Specify*)
-

20. Where does this student receive this special education? (Mark one circle only)

- ☐ Exclusively within a regular classroom
 - ☐ Primarily within a regular classroom but with some time spent in a special education class or resource room
 - ☐ Primarily within a special education class or resource room but with some integration into 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*)
-

SECTION 2 THIS STUDENT'S BEHAVIOUR AND ABSENTEEISM

The first two questions in this section ask about absenteeism.

21. Since the beginning of school in the fall about how many regular school days has this student been absent? (*Specify the number of days absent*)

_____ days

22. Since the beginning of school in the fall about how many times has this student skipped a day of school without permission? (*Mark one circle only*)

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ More than twice
- ☐ Don't know

This next question asks how prepared this student is for school.

23. Since the start of school in the fall, how often has this student arrived
(*Mark the circle corresponding to your answer*)

	Never	Rarely	Sometimes	Usually	Always
a) Without the materials (e.g., note-books, paper) needed to do his/her schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Inadequately clothed to participate in school related activities (e.g., gym, sports, field trips, recess) .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inadequately dressed for the weather conditions (e.g., lightweight coat in winter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Too tired to do school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Without eating breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Without a lunch or lunch money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Without his/her homework completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Late for school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This next question asks about this student's behaviour at school.

- 24. Using the answers never or not true, sometimes or somewhat true and often or very true, how often would you say that this student:**
(Mark the circle corresponding to your answer)

	Never or not true	Sometimes or somewhat true	Often or very true
a) Shows sympathy to someone who has made a mistake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Can't sit still, is restless or hyperactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Will try to help someone who has been hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Steals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Seems to be unhappy, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Gets into many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Volunteers to help clear up a mess someone else has made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Is distractible, has trouble sticking to any activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) When mad at someone tries to get others to dislike her/him	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Is not as happy as other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Destroys things belonging to his/her family, or other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) If there is a quarrel or dispute will try to stop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Is disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Can't concentrate, can't pay attention for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Is too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) When mad at someone, becomes friends with another as revenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Is impulsive, acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) Tells lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u) Offers to help other children (friend, brother or sister) who are having difficulty with a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never or not true	Sometimes or somewhat true	Often or very true
v) Is worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w) Has difficulty awaiting turn in games or groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x) When another child accidentally hurts her/him (such as by bumping into her or him), assumes that the other child meant to do it, and then reacts with anger and fighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y) Tends to do things on his/her own - is rather solitary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z) When mad at someone, says bad things behind the other's back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa) Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb) Comforts a child (friend, brother, or sister) who is crying or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc) Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd) Vandalizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee) Gives up easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff) Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg) Spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hh) Cannot settle to anything for more than a few moments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii) Appears miserable, unhappy, tearful or distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jj) Is cruel, bullies or is mean to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kk) Stares into space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ll) When mad at someone, says to others: let's not be with her/him	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mm) Is nervous, high-strung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn) Kicks, bites, hits other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
oo) Will invite bystanders to join in a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp) Steals outside of home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq) Is inattentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr) Has trouble enjoying self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ss) Helps other children (friends, brother or sister) who are feeling sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | Never or
not true | Sometimes or
somewhat true | Often or
very true |
|---|-----------------------|-------------------------------|-----------------------|
| tt) When mad at someone, tells the other
one's secrets to a third person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| uu) Takes the opportunity to praise the
work of less able children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION 3 PARENTAL INVOLVEMENT IN THIS STUDENT'S EDUCATION

These next questions concern your impressions of how involved this student's parents are with his/her education. This information will enable us to determine the situations where parental involvement may have positive or negative impacts on academic achievement and child development.

- 25. Since the beginning of school last fall did a parent/guardian of this student ...**
(Mark the circle corresponding to your answer)

- | | Yes | No | Not
Applicable |
|--|-----------------------|-----------------------|-----------------------|
| a) Participate in regularly scheduled parent-
teacher conferences (either in person or on
the telephone) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Contact you to discuss this student's
academic performance or behaviour | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Return your call to talk about this
student's academic performance or
behaviour..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 26. In your opinion, how involved is the parent(s)/guardian(s) in this student's education? (Mark one circle only)**

- ☐ Very Involved
- ☐ Somewhat involved
- ☐ Not involved
- ☐ Don't know the parent(s)/guardian(s) well enough

- 27. In your opinion, how important is school considered to be in this student's household? (Mark one circle only)**

- ☐ School is considered to be *very* important
- ☐ School is considered to be somewhat important
- ☐ School is considered to be of *little* importance
- ☐ Don't know the parent(s)/guardian(s) well enough

28. In your opinion, how strongly do the parent(s)/guardian(s) of this student support your teaching efforts? (Mark one circle only)

- ☐ Strongly support my teaching efforts
- ☐ Somewhat support my teaching efforts
- ☐ Do not support my teaching efforts
- ☐ Don't know the parent(s)/guardian(s) well enough

SECTION 4 YOUR CLASS AND TEACHING PRACTICES

These first few questions gather information about the students in your class. This information will help us understand how the classroom may affect students' academic and social functioning.

29. Currently, how many students are *enrolled* in your homeroom class?
(Specify the number of students)

_____ students

30. Including those who have not been officially identified as having the following long-term problems, how many students in your class have:
(Some children may belong to more than one category)

- a) A speech, hearing, vision, mobility or other health impairment that affects their learning? _____ students
- b) An emotional, or behavioural problem? _____ students
- c) A learning problem? _____ students

31. How many students in your class:
(Some children may belong to more than one category)

- a) Have a first language other than English or French?... _____ students
- b) Are new Canadians _____ students

Now we would like to ask you some questions about the achievement of your class and your teaching practices.

32. Compared with other teachers in your school who are teaching the same grade(s), do you feel that your class has (Mark one circle only)

- ☐ Lower overall academic ability than their classes
- ☐ Similar overall academic ability to their classes
- ☐ Higher overall academic ability than their classes
- ☐ A greater diversity of academic abilities than their classes
- ☐ There are no other classes at the same grade(s)

33. Do you teach reading to the class?
(Mark one circle only)

☐ Yes

☐ No

GO TO QUESTION 35

34. How often do you use the following strategies to teach reading to the class?
(Mark the circle corresponding to your answer)

	Never	Rarely	Sometimes	Usually	Always
a) Teach reading to the class as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Divide the class into groups having similar reading abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Divide the class into groups having a mixture of reading abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Allow students to form their own reading groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use individualized instruction plans to teach reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Do you teach mathematics?
(Mark one circle only)

☐ Yes

☐ No

GO TO QUESTION 37

36. How often do you use the following strategies to teach mathematics to the class?
(Mark the circle corresponding to your answer)

	Never	Rarely	Sometimes	Usually	Always
a) Teach mathematics to the class as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Divide the class into groups having similar mathematical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Divide the class into groups having a mixture of mathematical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Allow students to form their own mathematics groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use individualized instruction plans to teach mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. For the most recent full week of school (5 days), please indicate the number of minutes you spent on the following non-instructional activities:
(Specify the number of minutes per week)

a) Maintaining order and discipline minutes/week

b) Performing routine tasks
 (e.g., taking attendance, filling out forms) minutes/week

c) Professional discussions with colleagues minutes/week

d) Supervising children at noon/recess minutes/week

e) Assisting/directing extra-curricular activities minutes/week

38. How often do you assign your class homework?
(Do not include students' uncompleted classroom work)

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

→ **GO TO QUESTION 41**

39. Approximately how much homework do you assign each week?
(Specify the number of minutes per week)

_____ minutes/week

40. How often do you monitor homework in the following ways?
(Mark the circle corresponding to your answer)

	Never	Rarely	Sometimes	Usually	Always
a) By keeping a record of who turned in assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) By returning assignments with corrections or grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) By discussing homework in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) By having parents sign a homework book/note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. The following statements describe various attributes about yourself and the students in your classroom. Please indicate the extent to which you agree or disagree with each statement. (Mark the circle corresponding to your answer)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Many of the students I teach are not capable of mastering the curriculum at their grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The emphasis in my classroom is on the development of academic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I have a strong affect on the academic achievement of the students I teach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel competent in dealing with students' behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel students' success at school is determined mainly by their home environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I have high expectations for the academic success of my students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I push students to achieve their full academic potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question deals with the behaviour of your class.

42. Overall, with the exception of a few individual students, the class as a whole ...
(Mark the circle corresponding to your answer)

	Never	Rarely	Sometimes	Usually	Always
a) Moves smoothly from one classroom activity to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Is easily distracted by the disruptive behaviour of a few	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Works well together on group activities ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Misbehave when I am called to the door or must attend to other interruptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This next question asks about the resources present in or available to your class. This information will help us better understand the types of resources that are available to teachers and students across Canada.

43. Please rate the extent to which each of the following meets the needs of your class.
(Mark the circle corresponding to your answer)

	Completely meets my needs	Adequately meets my needs	Partially meets my needs	Does not meet my needs	Not applicable
a) Instructional resources (e.g., curriculum documents, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) School supplies (e.g., paper, pencils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Space within your classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Computers for course instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Computer software for course instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Audio-visual resources (e.g., VCR's, film projectors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Science equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Equipment for mathematics instruction ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Special equipment for handicapped students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Library or teacher-librarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Other (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 5 PERCEPTIONS OF YOUR SCHOOL

44. Below are a number of statements which describe the social climate of your school. Please indicate how strongly you agree or disagree that each statement is descriptive of your school. (Mark the circle corresponding to your answer)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) The administrative, support, and teaching staff work together as a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) All staff are involved in decision-making at this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) School staff know what is expected of them in terms of their role and responsibilities ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Staff clearly understand school policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Teachers in this school have considerable influence on school policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Teachers have a strong influence on how resources (e.g., money, staff, instructional materials) are allocated at this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Students clearly understand school rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) The principal provides support to teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Teachers receive positive feed-back from the principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) The principal gets around the school to talk to staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) The principal spends time getting to know students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) The school provides a positive working enviroment for teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) The school provides a positive working environment for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 45. Please indicate the extent to which you agree with each of these statements regarding the disciplinary policies of your school.**
(Mark the circle corresponding to your answer)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) Teachers in this school have reached a consensus about ways to discipline children who break rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) All children who break rules in this school face the same consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Teachers in this school rarely overlook physical aggression among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Teachers in this school rarely overlook verbal aggression among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Teachers feel there is insufficient support within the school for managing disciplinary problems ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 6 PERSONAL INFORMATION

Finally, we would like to ask a few questions about yourself and your experiences. Your answers to these questions when combined with the answers of other Canadian teachers will provide a better understanding of Canadian schools.

- 46. Are you ...** *(Mark one circle only)*

- ☐ Female
☐ Male

- 47. To which age category do you belong?**
(Mark one circle only)

- ☐ 20 to 29 years
☐ 30 to 39 years
☐ 40 to 49 years
☐ 50 to 59 years
☐ 60 years or older

48. How much experience do you have as...

(Specify the number of years and months of experience; e.g., 1 year and 5 months)

- a) a teacher ____ years and ____ months
- b) a teacher at this grade..... ____ years and ____ months
- c) a teacher at this school ____ years and ____ months

49. Please specify the levels of education you have attained?

(Mark all that apply)

- ☐ Some coursework towards a Bachelor's degree
- ☐ A teaching certificate, diploma or licence
- ☐ A Bachelor's degree
- ☐ A Bachelor of Education degree
- ☐ Some post-baccalaureate coursework
- ☐ A post-baccalaureate diploma or certificate
- ☐ Some coursework towards a Master's degree
- ☐ A Master's degree
- ☐ Some coursework towards a Doctorate
- ☐ A Doctorate
- ☐ Other (*Specify*) _____

50. Have you obtained any of the following advanced qualifications in *special education*? (*Mark all that apply*)

- ☐ One class in, or part of a special education programme
- ☐ A special education certificate
- ☐ A graduate degree in special education
- ☐ None of the above
- ☐ Other (*Specify*) _____

51. Have you obtained any of the following advanced qualifications in *second language education*? (Mark all that apply)

- ☐ One class in, or part of a second language programme
- ☐ A certificate in second language education
- ☐ A graduate degree in second language education
- ☐ None of the above
- ☐ Other (*Specify*) _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Do you have any comments about this survey? If so, please use the space below.

8

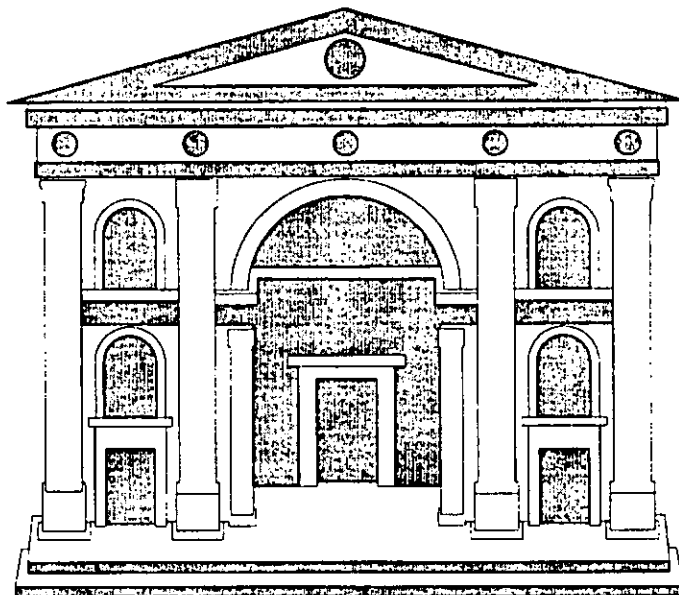
YOUR CONTRIBUTION TO THIS EFFORT IS GREATLY APPRECIATED

APPENDIX C
PRINCIPAL'S QUESTIONNAIRE



NATIONAL LONGITUDINAL SURVEY OF CHILDREN

PRINCIPAL'S QUESTIONNAIRE



The purpose of this survey is to gather information on various school factors which may influence the development and education of children. The items in this questionnaire relate to various school practices, the availability of resources, and the overall social climate of the school. Under the *Statistics Act* the information collected in this questionnaire will be kept confidential. We would be most happy to answer any questions you might have. Please feel free to write or call. The number is (613) 951-3184.

Thank you for your help.

Please return this questionnaire to:

NLSC Principal's Survey
Education Sub-Division
Statistics Canada
Ottawa, Ont.
K1A 0T6



Statistics
Canada

Statistique
Canada

Canada

The following questions relate to various aspects of your school, its policies, and the students attending your school.

Please answer all questions by *marking the appropriate circle* corresponding with your answer in each section.

SECTION 1 THE STUDENTS IN YOUR SCHOOL

This section of the questionnaire gathers information about students and how they are assigned to classrooms.

1. In general, how often do you use the following methods to assign students to classrooms for the early elementary grades (kindergarten to grade 3):
(Mark the circle corresponding to your answer for each of the following)

	Never	Rarely	Sometimes	Usually	Always
a) Group students more or less at random	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Group students according to similar ability levels.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Group students so that classes contain a mixture of ability levels.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Assign students according to the special expertise of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Assign students to classes composed of students of similar ages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Base groupings on social considerations (e.g., friendships, siblings, rivalries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Consider parental requests for grouping students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In general, how often do you use the following methods to assign students to classrooms for the later elementary grades (grades 4 and higher):

(Mark the circle corresponding to your answer for each of the following)

	Never	Rarely	Sometimes	Usually	Always
a) Group students more or less at random	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Group students according to similar ability levels.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Group students so that classes contain a mixture of ability levels.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Assign students according to the special expertise of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Assign students to classes composed of students of similar ages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Base groupings on social considerations (e.g., friendships, siblings, rivalries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Consider parental requests for grouping students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other (Specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How would you describe the family background of the students attending your school? (Specify the percentage of families in each category)

- a) High income %
 b) Middle income %
 c) Low income %

4. As of January 1, 1994, what was the total enrollment of your school? (Specify the number of students)

_____ students

5. Including those who have not been officially identified as having the following problems, how many students attending your school have:

(Some students may belong to more than one category)

- a) A speech, hearing, vision, mobility or other health impairment that affects their learning? ____ students
- b) An emotional, or behavioural problem? ____ students
- c) A learning problem? ____ students

6. How many students attending your school:

(Some students may belong to more than one category)

- a) Have a first language other than English or French?.. ____ students
- b) Are new Canadians ____ students
- c) Are from a rural or farm setting ____ students

7. Excluding children registering for the first time for kindergarten or grade one, how many students have registered as new students during the course of the school year? *(Specify the number of students)*

____ students

8. Excluding students who must leave your school to attend a higher grade, how many students have left this school during the course of the school year? *(Specify the number of students)*

____ students

9. What is the average absenteeism rate for your school during this year? *(Mark one circle only)*

- ☐ Less than 1 %
- ☐ 1 to 5 %
- ☐ 6 to 10 %
- ☐ 11 to 15 %
- ☐ 16 to 20 %
- ☐ More than 20 %

10. Approximately, what percentage of students are chronically late for school?
(Specify the percentage of students)

- ☐ Less than 1 %
- ☐ 1 to 5 %
- ☐ 6 to 10 %
- ☐ 11 to 15 %
- ☐ 16 to 20 %
- ☐ More than 20 %

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11. Listed below are a number of different disciplinary problems that may occur in a school. How often do you have to discipline students because of ...
(Mark the circle corresponding to your answer for each of the following)

	Never	Rarely	Sometimes	Usually	Always
a) Verbal conflicts among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Physical conflicts among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Vandalism of school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Theft of student belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Theft of staff belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Smoking on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Verbal abuse of a staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Physical assault of a staff member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Harassment of certain students by groups of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Conflicts among students of differing racial or ethnic backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Students possessing weapons (e.g., pocket knife, gun, fighting stick)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 2 PARENTAL INVOLVEMENT IN YOUR SCHOOL

These next questions ask about parents' involvement in your school.

- 12. What proportion of parents/guardians volunteer to help with ...**
(Specify the number of parents/guardians for each category)

	1 to 19 %	20 to 39 %	40 to 59 %	60 to 79 %	80 to 100 %
a) School events (e.g., concerts, plays) ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Fund raising activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Field trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Classroom activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Supervising children (i.e., at recess or lunch time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The parent-school association/home-school liaison committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 13. In your opinion, how strongly do parents/guardians support the efforts of the school's staff? (Mark one circle only)**

- ☐ Parents/guardians strongly support the efforts of the school's staff
- ☐ Parents/guardians somewhat support the efforts of the school's staff
- ☐ Parents/guardians do not support the efforts of the school's staff
- ☐ Don't know the parents/guardians well enough

- 14. How active is the parent-school association/home-school liaison committee in your school? (Mark one circle only)**

- ☐ Very active
- ☐ Active
- ☐ Somewhat active
- ☐ Not very active
- ☐ Not active
- ☐ There is no parent-school association/home-school liaison committee

15. How much influence does the parent-school association/home-school liaison committee have on school policies or practices? (Mark one circle only)

- ☐ A strong influence
- ☐ A considerable influence
- ☐ Some influence
- ☐ A little influence
- ☐ No influence
- ☐ There is no parent-school association/home-school liaison committee

SECTION 3 CHARACTERISTICS OF YOUR SCHOOL

Questions in this section relate to the size and the grades within your school and the available resources.

16. What is the range of grades taught in your school (e.g., Junior kindergarten to grade 8)? (Specify the grades)

grade _____ to grade _____

17. How many of the following positions are staffed in your school? (Specify in full-time equivalent units: e.g., 1.5 full-time units)

- a) Principal _____ full time units
- b) Vice-principals/assistant principals _____ full time units
- c) Classroom teachers (include all types of teachers, e.g., special education)..... _____ full time units
- d) Teaching assistants _____ full time units
- e) Librarians _____ full time units
- f) Secretaries, custodians, and other non-certified, non-teaching staff..... _____ full time units

18. Including special education, physical education, and itinerant/part-time teachers, how many teachers did you have in your school on March 31, 1994? (Specify the total number of teachers)

_____ teachers

19. How many teachers in your school are *not* assigned a specific homeroom class (e.g., librarians, music teachers, physical education teachers, etc.)?
(Specify the number of teachers)

_____ teachers

20. Other than teachers, how many other paid staff (e.g., teacher's aides) are working directly with students?
(Specify the number of full-time equivalent positions, e.g., 1.5 full-time equivalent positions)

_____ full-time equivalent positions

21. How many volunteers (e.g., co-op students, parents/guardians) are working directly with students on a regular basis? (Specify the number of volunteers)

_____ volunteers

22. How many of the teachers and teaching assistants at your school have:
(Some teachers may belong to more than one category)

a) A first language other than English or French? _____ teachers

b) A speech, hearing, visual, mobility or other
health impairment? _____ teachers

23. Listed below are several types of support services available to some schools. Please indicate whether the service is available to your school, and if it is, how often has the service been used in your school *during the last month*.
(Mark the circle corresponding to your answer)

	Available	Times used in last month
a) Special education teachers	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
b) Physical educator for special needs students ..	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
c) Guidance counselor	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
d) School psychologist	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
e) Psychiatrist	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
f) Speech and language therapist	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
g) Occupational therapist	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
h) Physical therapist	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
i) Social worker	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
j) Community health nurse	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
k) First nations education worker	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
l) Multicultural worker	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
m) Police officer	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times
n) Other (Specify)	<input type="radio"/> No	<input type="radio"/> Yes --> _____ times

24. Below are a number of different resources which may be available to your school. Please rate the extent to which each attribute *currently* meets the needs of your school.

	Completely meets my needs	Adequately meets my needs	Partially meets my needs	Does not meet my needs	Not applicable
a) Instructional resources (e.g., curriculum documents, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b) School supplies (e.g., paper, pencils)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Instructional space (e.g., classroom size)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Computers for course instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Computer software for course instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Library materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Audio-visual resources (e.g., VCR's, film projectors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) School buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) School grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Heating and lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Science equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Equipment for mathematics instruction (e.g., counting blocks, calculators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Budget for consumables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Special equipment for handicapped students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Gymnasium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Gym equipment (e.g., mats, balls)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Outdoor play equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Other (<i>Specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4**PERCEPTIONS OF YOUR SCHOOL**

These questions ask how you feel about your school as a place to work and study.

- 25. Below are a number of statements which describe different aspects of schooling. Please indicate how strongly you agree or disagree with each of the following statements.**
(Mark the circle corresponding to your answer)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) I find my professional role satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) If I had to do it again, I would remain a teacher rather than become a principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel good about continuing my career in my district	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel competent to deal with students' behavioural problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I have a considerable influence on my school's policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I have little influence on how money is allocated for school resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) The emphasis in my school is on the development of academic skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I have high expectations for the academic success of students attending this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) I try to ensure that students are pushed to achieve their full potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I feel students' success at school is determined mainly by their home environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 5**PERSONAL INFORMATION**

Finally, we would like to ask a few questions about yourself and your experiences. Your answers to these questions when combined with the answers of other Canadian principals will provide a better understanding of Canadian schools.

- 26. Are you ... (Mark one circle)**

☐ Female

☐ Male

- 27. To which age category do you belong? (Mark one circle)**

☐ 20 to 29 years

☐ 30 to 39 years

☐ 40 to 49 years

☐ 50 to 59 years

☐ 60 years or older

28. How much experience do you have as...

(Specify the number of years and months of experience: e.g., 1 year and 5 months)

- a) a principal ____ years and ____ months
- b) a principal at this school ____ years and ____ months
- c) a vice-principal ____ years and ____ months
- d) a vice-principal at this school ____ years and ____ months
- e) a teacher ____ years and ____ months
- f) a teacher at this school ____ years and ____ months

29. Please specify the levels of education you have attained?

(Mark all that apply)

- ☐ Some coursework towards a Bachelor's degree
- ☐ A teaching certificate or diploma
- ☐ A Bachelor's degree
- ☐ A Bachelor of Education degree
- ☐ Some post-baccalaureate coursework
- ☐ A post-baccalaureate diploma or certificate
- ☐ Some coursework towards a Master's degree
- ☐ A Master's degree
- ☐ Some coursework towards a Doctorate
- ☐ A Doctorate
- ☐ Other (Specify) _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Do you have any comments about this survey? If so, please use the space below.

YOUR CONTRIBUTION TO THIS EFFORT IS GREATLY APPRECIATED

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