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HOW TO READ THIS DOCUMENT

The survey instruments document is a summary of the questionnaire administered to respondents. This document contains the actual question text, standard instructions provided to interviewers, flow patterns and identifies who is eligible to receive each module of the questionnaire. Bold text is read, as worded, by the interviewer. Instructions for interviewers are preceded by the word « INTERVIEWER » and are not read out loud to the respondent. To facilitate interpretation of this document the following points should be noted:

Question Numbers: The question numbers used throughout the survey instruments refer to the actual numbers used in the software and which appear on an interviewer's computer screen.

Standardized codes: Standardized codes are used to identify the function of each question. The first few letters indicate the module, for example **LIT_Q5** identifies this as a question from the Literacy (LIT) module. The letter immediately following the underscore indicates the action to be undertaken by the application. Refer to the chart below for frequently used codes.

Code	Action	Example
E	Application Edit	DVS2_**E**1 I need to confirm your relationship to ^INFO.FNAME.
Q	Question	PBE_**Q**1H How often does your child show self-control?
R	Instruction / information to be read to respondent	COM_**R**1 The following questions ask how your child communicates

Pre-fill items: These items are preceded by **^** and are specific to the respondent's interview. The software adds the relevant information into the question, making it simply a matter of the interviewer reading the text displayed on the screen. The majority of these fills are used to change verb tenses such as is/was. An example of less typical pre-fill item:

^INFO.FNAME – This is the first name of the respondent to whom the question refers. This is not necessarily the person who is talking to the interviewer.

Ranges: Hard and soft ranges are specified for some of the questions. The hard range gives the highest and lowest acceptable response values. For example, in **ACT2_Q4B** (How many hours a day the child watches T.V. or videos) a hard range of 0.0 – 16.0 exists. If the interviewer tries to enter a number greater than 16.0, the system will not accept this.

Dates: All dates are in DD/MM/YYYY format unless otherwise specified.

INFO CRITICAL TO FLOWS

THIS SECTION IS A VERIFICATION OF INFORMATION ESSENTIAL TO CONTINUE WITH THIS INTERVIEW.

DVS2_RI   **I need to confirm some information since it is important in determining which questions we need to ask you.**

DVS2_Q1   **What is your relationship to ^INFO.FNAME?**

    01   Birth parent .... (Go to DVS2_E1A)
    02   Step parent (include common-law parent) .... (Go to DVS2_E1A)
    03   Adoptive parent .... (Go to DVS2_E1A)
    04   Foster parent .... (Go to DVS2_E1A)
    05   Sister/brother .... (Go to DVS2_E1A)
    06   Grandparent .... (Go to DVS2_E1A)
    07   In-law .... (Go to DVS2_E1A)
    08   Other related.. (Go to DVS2_E1A)
    09   Unrelated .... (Go to DVS2_E1A)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO DVS2_E1

DVS2_E1   **I need to confirm your relationship to ^INFO.FNAME.**

DVS2_Q2   **What is the full name of the school that ^INFO.FNAME attends?**
(Do not share any pre-filled answer information. We must protect the confidentiality of the respondent who provided this data. Compare the answer given by the respondent with the following pre-filled school name and indicate if it is the same school or a different one)

^INFO.SchoolName.

    1   Same school..(Go to DVS2_E3)
    2   Different school
    DK...(Go to DVS2_E2)
    RF ....(Go to DVS2_E3)

FLOW INFORMATION   IF DON'T KNOW GO TO DVS_E2
                          IF REFUSAL GO TO DVS_E3

DVS2_S2   indicate name of the school

DVS2_Q3   **Does ^INFO.FNAME's school belong to ^PhraseE:** ^strDVS21? ^strDVS22? ^strDVS23? ^strDVS24? ^strDVS25? ^strDVS26?
(Check school lists in the Interviewer's manual to see if the school is part of the sample. If it is not, select "no" and the interview will end here.)

    01   Yes
    02   No

DVS2_R5   (This is the end of this component. Explain to the respondent that the household is not part of the population surveyed. Open the other components generated.. Each of them will automatically bring you to the end. The case will be coded as completed.)

CHILD HEALTH

HLT2_R1   **The following questions ask about ^INFO.FNAME'S health.**

HLT2_Q1   **In general, would you say ^INFO.FNAME's health is:**

      01   Excellent?
      02   Very good?
      03   Good?
      04   Fair?
      05   Poor?

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_Q3

HLT2_Q2   **Over the past few months, how often has ^INFO.FNAME been in good health?**

      01   Almost all the time
      02   Often
      03   About half of the time
      04   Sometimes
      05   Almost never

HLT2_Q3   **What is ^YOUR1 height in feet and inches or in metres/centimetres (without shoes on)?**

      1   Feet and inches
      2   Metres/centimetres .... (Go to HLT2_Q3B)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_Q4

HLT2_Q3A   (Enter feet on this screen and inches on the next.)
           [Min: 2 Max: 5]

HLT2_Q3A1   (Enter inches.)
           [Min: 0 Max: 11]

Default Next Question: **HLT2_Q4**

HLT2_Q3B   (Enter height in metres and centimetres (including a decimal place if required)).
           [Min: 1 Max: 2]

HLT2_Q4   **What is ^YOUR1 weight in kilograms (and grams) or in pounds (and ounces)?**

      1   Kilograms/grams
      2   Pounds/ounces... (Go to HLT2_Q4B)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_Q4D1

HLT2_Q4A   (Enter weight in kilograms (and grams). (Enter a decimal place if required.))
         [Min: 11 Max: 43]

Default Next Question: **HLT2_Q4D1**

HLT2_Q4B   (Enter weight in pounds on this screen and ounces on the next.)
         [Min: 24 Max: 95]

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_Q4D1

HLT2_Q4B1   (Enter ounces.) [Min: 0 Max: 15]

HLT2_Q4D1   **The following are questions concerning ^INFO.FNAME's birth. Was ^YOU1 born before, after or on the due date?**

         1   Before
         2   After
         3   On due date...(Go to HLT2_Q4C)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_Q4C

HLT2_Q4D2   **How many weeks before or after the due date was ^YOU1 born?**
         (Enter number of weeks)
         [Min: 1 Max: 15]

HLT2_Q4C   **What was ^YOUR1 birth weight in kilograms and grams or pounds and ounces?**

         1   Kilograms/grams
         2   Pounds/ounces...(Go to HLT2_Q4C2)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO HLT2_R5

HLT2_Q4C1   (Enter birth weight in kilograms and grams.)
         [Min: 1 Max: 8]

Default Next Question: **HLT2_R5**

HLT2_Q4C2   (Enter pounds in this screen and ounces in the next.)
         [Min: 2 Max: 15]

HLT2_Q4C3   (Enter ounces.)
         [Min: 0 Max: 15]

HLT2_R5   **The next few questions deal with any health limitations which affect ^YOUR2 daily activities.**

HLT2_Q5A   **Does ^INFO.FNAME have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**
(Include only health conditions or problems that have lasted or are expected to last 6 months or more.)

1   Yes, sometimes
2   Yes, often
3   No

FLOW INFORMATION   IF REFUSAL GO TO HLT2_Q45A

HLT2_Q5B   **Does a physical condition or mental condition or health problem reduce the amount or the kind of activity ^INFO.FNAME can do:**
At home?
(Include only health conditions or problems that have lasted or are expected to last 6 months or more.)

 FLOW INFORMATION   IF REFUSAL GO TO HLT2_Q45A

HLT2_Q5C   …**At work or at school?**
(Include only health conditions or problems that have lasted or are expected to last 6 months or more.)

1   Yes, sometimes
2   Yes, often
3   No
4   Not applicable

FLOW INFORMATION   IF REFUSAL GO TO HLT2_Q45A

HLT2_Q5D   …**in other activities, for example, transportation or leisure?**
(Leisure activities include play, sports and games. Include only health conditions or problems that have lasted or are expected to last 6 months or more.)

1   Yes, sometimes
2   Yes, often
3   No

FLOW INFORMATION   IF REFUSAL GO TO HLT2_Q45A

HLT2_Q45A   **In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Does ^INFO.FNAME have any of the following long-term conditions:**
(Read list. Mark all that apply.)

    01   Food or digestive allergies?
    02   Respiratory allergies such as hay fever?
    03   Any other allergies?
    04   Bronchitis?
    05   Heart condition or disease?
    06   Epilepsy?
    07   Cerebral Palsy?
    08   Kidney condition or disease?
    09   Mental handicap?
    10   Learning disability?
    11   Attention deficit disorder?
    12   Emotional, psychological or nervous difficulties?
    13   Any other long term condition?
    14   None

HLT2_Q48A   **In the past year, how many times have you seen or talked on the telephone with any of the following about ^INFO.FNAME's physical, emotional or mental health? With:**
A general practitioner, family physician? [Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48B   …**A pediatrician?** [Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48C   …**Another medical doctor (such as an orthopedist, or eye specialist)?**
[Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48D   …**A public health nurse or nurse practitioner?** [Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48E   …**A dentist or orthodontist?** [Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48G   …**A psychiatrist or psychologist?** [Min: 0 Max: 10]
(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48H   …**Child welfare worker or children's aid worker?** [Min: 0 Max: 10]

(Enter 0 if none.)

FLOW INFORMATION   IF REFUSAL GO TO HLT2_STOP

HLT2_Q48I   …**Any other person trained to provide treatment or counsel, for example a speech therapist, a social worker?** [Min: 0 Max: 10]
(Enter 0 if none.)

LITERACY

LIT_R1   **The following are some questions about reading and other activities you may do with ^INFO.FNAME.**

LIT_Q4B   **How often do you (or your spouse):**
...read aloud to ^HIMHER or listen to ^HIMHER read or try to read?

  01 Rarely or never
  02 A few times a month
  03 Once a week
  04 A few times a week
  05 Daily

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4C   **...tell stories to ^HIMHER?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4D   **...sing songs (including action songs) with ^HIMHER?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4F   **...teach ^HIMHER to name printed letters and/or numbers?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4H   **...teach ^HIMHER to read words?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4I   **...take ^HIMHER outside for a walk or to play in the yard, park, or playground?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q4P   **...encourage ^HIMHER to use numbers in day to day activities, (for example, counting the cookies on a plate)?**

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q5   Does another adult do any of these activities with ^INFO.FNAME?

        1   Yes
        2   No

LIT_Q6A   How old was ^INFO.FNAME (to the nearest month of age) when you or your spouse started to read to ^HIMHER on a regular basis? [Min: 0 Max: 40]
        (If Not Applicable (No one has ever done this with ^INFO.FNAME) enter «95».)

LIT_Q7A   At home, how often does ^INFO.FNAME do these activities:
        ...look at books, magazines, comics, etc. ^PHRASEE on ^YOU1 own?

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q7C   ...do puzzles?

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q7E   ...play with pencils or markers doing real or pretend writing?

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q13   How often does ^YOU1 talk about a book with family or friends?

FLOW INFORMATION   IF REFUSAL GO TO LIT_STOP

LIT_Q14   How often does ^YOU1 go to the library or bookmobile, including the school library?

COMMUNICATION SCALE

COM_R1   **The next set of questions are about how ^INFO.FNAME communicates. For each of the following questions, please tell me if ^INFO.FNAME is never, sometimes, or often able to communicate as follows.**

COM_Q1A   **When ^YOU1 is paying attention, how often is ^INFO.FNAME able to carry out a simple instruction after hearing it only once?**

        01 Never
        02 Sometimes
        03 Often

FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

COM_Q1B   **If ^YOU1 does not understand what someone has said, how often will ^INFO.FNAME ask for it to be repeated or explained?**

FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

COM_Q1C   **How often does ^INFO.FNAME follow what is being talked about in a conversation, and stay on the same topic?**

FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

COM_Q1E   **How often can ^INFO.FNAME be relied on to pass simple messages from one person to another without getting the message mixed up?**

 FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

COM_Q1H   **How often does ^INFO.FNAME clearly explain about things ^YOU1 has seen or done so that you get a very good idea what happened?**

FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

COM_Q1I   **How often is ^INFO.FNAME's speech easily understood, even by people who haven't met ^HIMHER before?**

FLOW INFORMATION   IF REFUSAL GO TO COM_STOP

DIRECT MEASURES

DMS_R1   **At a later date, we may do some activities with ^INFO.FNAME. These activities look at children's vocabulary, early literacy skills and their understanding of the system of whole numbers. I need to ask a few questions about ^INFO.FNAME before doing the activities.**

DMS_Q1   **Does ^INFO.FNAME understand English or French well enough to follow instructions and do the activities with me ?**

    1   Yes
    2   No

DMS_Q2   **Can ^INFO.FNAME see colors well enough to distinguish red from white ?**

    1   Yes
    2   No

DMS_Q3   **Which hand does ^INFO.FNAME use when drawing figures ?**

    1   Right hand
    2   Left hand
    3   Both hands

DMS_Q4   **In which language would you like ^INFO.FNAME to do the activities ?**

    1   English
    2   French

DMS_R4   **Since ^INFO.FNAME does not understand English or French well enough to follow my instructions, I will not be doing the activities with ^HIMHER.**
(The direct measures must be administered the same way to all children. If the child does not understand the instructions in English or French, we cannot translate them into another language.)

ACTIVITIES

ACT2_R1   **The next few questions are about ^INFO.FNAME's interests and activities.**

ACT2_Q3A   **In the last 12 months, outside of school hours, how often has ^INFO.FNAME:**
Taken part in sports with a coach or instructor (except dance or gymnastics)?

    01   Most days
    02   A few times a week
    03   About once a week
    04   About once a month
    05   Almost never

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q3AA   …**Taken lessons or instruction in other organized physical activities with a coach or instructor such as dance, gymnastics or martial arts?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q3B   …**Taken part in unorganized sports or physical activities without a coach or instructor?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q3C   …**Taken lessons or instruction in music, art or other non-sport activities?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q3D1   …**Taken part in any clubs, groups or community programs with leadership, such as Beavers, Sparks or church groups?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

Default Next Question: **ACT2_Q4B**

ACT2_Q3D2   …**Taken part in any clubs, groups or community programs with leadership, such as Brownies, Cubs or church groups?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q4A   **Outside of school hours, how often does ^YOU1 spend time on a computer?**

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q4B   **On average, how many hours a day does ^YOU1 watch T.V. or videos?**
[Min: 0 Max: 16]
(If respondent answers in minutes, round to nearest half-hour.)

FLOW INFORMATION   IF DON'T KNOW GO TO ACT2_Q4C
                          IF REFUSAL GO TO ACT2_STOP

FOR INFORMATION ONLY

ACT2_Q4C   **How often does ^INFO.FNAME read for pleasure?**

1   Most days
2   A few times a week
3   About once a week
4   About once a month
5   Almost never

FLOW INFORMATION   IF REFUSAL GO TO ACT2_STOP

ACT2_Q5   **How often does ^YOU1 play alone (e.g., riding a bike, doing a craft or hobby, playing ball)?**

1   Often
2   Sometimes
3   Seldom
4   Never

CHILD COMMUNITY

CC2_R1   **The next few questions are about ^INFO.FNAME's neighbourhood.**

CC2_Q1A   **How long has ^INFO.FNAME lived in this neighbourhood?**
(Choose answer according to respondent answer and enter number in the next question.)

    1   In months only ....(Go to CC2_Q1C)
    2   In years only .... (Go to CC2_Q1B)
    3   In years and months.. (Go to CC2_Q1B)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CC2_Q2

CC2_Q1B   (Enter number of years (and months on next screen if applicable).
[Min: 1 Max: 8]

CC2_Q1C   (Enter number of months).
[Min: 1 Max: 11]

CC2_Q2   **How many times in ^YOUR1 life has ^INFO.FNAME moved, that is changed ^YOUR1 usual place of residence?**
[Min: 0 Max: 10]

CC2_Q3   **How many children does ^INFO.FNAME know that live within walking distance to your house?**
[Min: 0 Max: 94]

CC2_Q4   **How frequently does ^INFO.FNAME visit with other children in your neighbourhood?**
(Read categories to respondent.)

    01   Every day
    02   At least once a week
    03   At least once a month
    04   A few times a year
    05   Never

CC2_Q5   **Do you worry about ^INFO.FNAME's safety because of the rate of crime in your neighbourhood?**

    1   Yes
    2   No

CC2_Q6   **How often does ^INFO.FNAME experience problems with older children, for example bullying, when playing in the neighbourhood?**
(Read categories to respondent.)

    1   Frequently
    2   Occasionally
    3   Not at all

CC2_R7   **I am now going to ask you some questions about your use of resources within the community. My first set of questions is about the use of educational resources.**

CC2_Q7A   **In the last 12 months, how often did ^INFO.FNAME attend book clubs or reading programs?**

    1   At least once a week
    2   At least once a month
    3   A few times a year
    4   Never

CC2_Q7B   **In the last 12 months, how often did ^INFO.FNAME attend educational or science centres?**

CC2_Q7C   **In the last 12 months, how often did you and ^INFO.FNAME use family resource centres or drop-in programs?**

CC2_Q8   **Are most of these resources located within walking distance or within a short drive or bus ride?**

    1   Yes
    2   No

CC2_R10   **Now, I am going to ask you about ^INFO.FNAME's use of entertainment and cultural resources.**

CC2_Q10A   **How frequently does ^INFO.FNAME attend the following: movies?**

    1   At least once a week
    2   At least once a month
    3   A few times a year
    4   Never

CC2_Q10B   **…plays or musical performances?**

CC2_Q10C   **…museums, art galleries or exhibits?**

CC2_Q10D   **…sports events in which ^INFO.FNAME is not a player, (e.g., hockey, baseball)?**

CC2_Q10E   **…zoos, aquariums?**

CC2_Q11   **Are most of these resources located within walking distance or within a short drive or bus ride?**

    1   Yes
    2   No

CC2_R12   **Now, I am going to ask you about ^INFO.FNAME's use of recreational resources.**

CC2_Q12A   **How frequently does ^INFO.FNAME use the following: parks, playspaces and recreational trails?**

    1   At least once a week
    2   At least once a month
    3   A few times a year
    4   Never

CC2_Q12B   …**recreational or community centres (e.g., bowling alley's, YMCA's)?**

CC2_Q12C   …**beaches, indoor, outdoor or wading pools?**

CC2_Q12D   …**skating/hockey rinks, skiing facilities?**

CC2_Q12E   …**provincial/national parks and camping areas?**

CC2_Q13   **Are most of these resources located within walking distance or within a short drive or bus ride?**

    1   Yes
    2   No

CC2_Q14   **There are many different reasons why children do not participate in community programs or services. Are there any reasons that prevented ^INFO.FNAME from participating in some programs within your community (besides lack of interest) ?**
(Read categories to respondent. Mark all that apply.)

    01   Programs were only available to older children
    02   Programs were not available in preferred language
    03   The programs of interest were not available in your community
    04   Programs were too costly
    05   Getting to the program or service would have been difficult (e.g., no parking, no bus, no car)
    06   There was not enough time
    07   You were unaware that the resource existed
    08   Quality of the program provided
    09   Safety concerns
    10   Programs not available at convenient times
    11   Cultural/religious reasons
    12   Health reasons
    13   No space available in program (e.g., program full)
    14   None of the above

BEHAVIOUR

BEH_R20 **Now, I'd like to ask you questions about how ^INFO.FNAME seems to feel or act.**

BEH_Q21 **Using the answers never or not true, sometimes or somewhat true, or often or very true, how often would you say that ^INFO.FNAME:**
Can't sit still or is restless?

    01   Never or not true
    02   Sometimes
    03   Somewhat true
    04   Often
    05   Very True

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q26 …**Seems to be unhappy or sad?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q27 …**Gets into many fights?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q29 …**Is easily distracted, has trouble sticking to any activity?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q30 …**When mad at someone, tries to get others to dislike that person?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

Default Next Question: **BEH_Q32**

BEH_Q32 …**Is not as happy as other children?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q37 …**Can't concentrate, can't pay attention for long?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q38 …**Is too fearful or nervous?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q39 …**When mad at someone, becomes friends with another as revenge?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

Default Next Question: **BEH_Q41**

BEH_Q41 …**Is impulsive, acts without thinking?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q45 …**Is worried?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q46 …**Has difficulty waiting for ^YOUR1 turn in games or groups?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q47 …**When somebody accidentally hurts ^HIMHER, ^YOU1 reacts with anger and fighting?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q49 …**When mad at someone, says bad things behind the other's back?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q51 …**Physically attacks people?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q53 …**Cries a lot?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q57 …**Threatens people?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q61 …**Bullies or is mean to others?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q62 …**When mad at someone, says to others: let's not be with him/her?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

Default Next Question: **BEH_Q64**

BEH_Q64 …**Is nervous, high-strung or tense?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q65 …**Kicks ^PHRASEE or hits other children?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q69 …**Is inattentive?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q69B …**Can not settle on anything for more than a few moments?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q70 …**Has trouble enjoying ^YOURSELF?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

BEH_Q72 …**When mad at someone, tells that person's secrets to a third person?**

FLOW INFORMATION   IF REFUSAL GO TO BEH_STOP

POSITIVE BEHAVIOUR SCALE

PBE_R1   **For the next set of questions, please think about ^INFO.FNAME's behaviour over the past month or two. Some behaviours may apply more to older children, but please answer as accurately as you can and tell me if ^INFO.FNAME never, sometimes or often does the behaviour described.**

PBE_Q1A   **How often does ^INFO.FNAME:**
play cooperatively with other children?

    01   Never
    02   Sometimes
    03   Often

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1B   …**try to help someone who has been hurt?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1C   …**comfort another child who is crying or upset?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1D   …**ask questions or take things apart to find out how they work?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1E   …**get excited about new books, toys or experiences?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1F   …**keep ^YOUR1 temper?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1G   …**listen well and pay attention?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1H   …**show self-control?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1I   …**finish things ^YOU1 starts?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1N   …**persist with solving a problem, even when things go wrong for a while?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1O …**make an effort to do something, even if ^YOU1 doesn't feel confident about it?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1P …**clearly convey ^YOUR1 needs?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1Q …**show independence while dressing?**

FLOW INFORMATION   IF REFUSAL GO TO PBE_STOP

PBE_Q1R …**show independence with washing and toileting?**

BEHAVIOR - SLEEP

SLP_Q7   **How many hours a day does ^INFO.FNAME sleep on average?**
(Include both daytime naps and sleep at night.)
[Min: 0 Max: 23]

PARENTING

THIS SECTION IS USED ONLY IF THE RESPONDENT IS A BIOLOGICAL PARENT BY MARRIAGE OR ADOPTION OF THE SELECTED CHILD.

PAR_R1   **The following questions have to do with things that ^INFO.FNAME does and ways that you, as a parent, react to ^HIMHER.**

PAR_Q1   **How often do you praise ^INFO.FNAME, by saying something like "Good for you!" or "What a nice thing you did!" or "That's good going!"?**

    01   Never
    02   About once a week or less
    03   A few times a week
    04   One or two times a day
    05   Many times each day

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q2   **How often do you and ^INFO.FNAME talk or play with each other, focusing attention on each other for five minutes or more, just for fun?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q3   **How often do you and ^INFO.FNAME laugh together?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q4   **How often do you get annoyed with ^INFO.FNAME for saying or doing something ^YOU1 is not supposed to?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q5   **How often do you tell ^INFO.FNAME that ^YOU1 is bad or not as good as others?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q6   **How often do you do something special with ^INFO.FNAME that ^YOU1 enjoys?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q7   **How often do you play sports, hobbies or games with ^INFO.FNAME?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

Default Next Question: PAR_C8

PAR_R8   **For the following questions, I would like you, as ^INFO.FNAME's parent, to tell me how things go when you spend time with ^HIMHER.**

PAR_Q8   **Of all the times that you talk to ^INFO.FNAME about ^YOUR1 behaviour, what proportion is praise?**

        01   Never
        02   Less than half the time
        03   About half the time
        04   More than half the time
        05   All the time

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q9   **Of all the times that you talk to ^INFO.FNAME about ^YOUR1 behaviour, what proportion is disapproval?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q10   **When you give ^INFO.FNAME a command or order to do something, what proportion of the time do you make sure that ^YOU1 does it?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q11   **If you tell ^INFO.FNAME ^YOU1 will get punished if ^YOU1 doesn't stop doing something, and ^YOU1 keeps doing it, how often will you punish ^HIMHER?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q12   **How often does ^INFO.FNAME get away with things that you feel should have been punished?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q13   **How often do you get angry when you punish ^INFO.FNAME?**
(We mean parent becomes angry and then punishes the child.)

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q14   **How often do you think that the kind of punishment you give ^INFO.FNAME depends on your mood?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q15   **How often do you feel you are having problems managing ^INFO.FNAME in general?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q16   **How often is ^INFO.FNAME able to get out of a punishment when ^YOU1 really sets ^YOUR1 mind to it?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q17   **How often when you discipline ^INFO.FNAME, does ^YOU1 ignore the punishment?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q18   **How often do you have to discipline ^INFO.FNAME repeatedly for the same thing?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q18A   **If there is a parenting decision to be made (e.g. rules to be set, child misbehaving, school decisions), how often do you and your spouse/partner agree on what to do?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent and where there is a spouse present.

PAR_Q19   **Please tell me how often you, as ^YOUR1 parent, do each of the following when ^INFO.FNAME breaks the rules or does things that ^YOU1 is not supposed to:**
tell ^INFO.FNAME to stop?

        01   Never
        02   Rarely
        03   Sometimes
        04   Often
        05   Always

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q20   …**ignore it, do nothing?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q21   …**raise your voice, scold or yell at ^HIMHER?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q22   …**calmly discuss the problem?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q23   …**use physical punishment?**

Univers: Children living with a birth, step or adoptive parent

PAR_Q24   …**describe alternative ways of behaving that are acceptable?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q25   …**take away privileges or put ^HIMHER in ^YOUR1 room?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_R30   **People often disagree with each other. The following sentences describe situations. Tell me how often you and ^INFO.NAME do the following things.**

PAR_R31   **Sometimes different situations or circumstances arise that may affect family life. The next few questions are about some of these possible situations.**

PAR_Q31A   **Has ^INFO.FNAME ever experienced being hungry because the family has run out of food or money to buy food?**

    1   Yes
    2   No ....(Go to PAR_Q32)

FLOW INFORMATION   IF DON'T KNOW GO TO PAR_Q32
                                  IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q31B   **How often?**

    1   Regularly, end of the month
    2   More often than end of each month
    3   Every few months
    4   Occasionally, not a regular occurrence

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent who answered 1 (Yes) to PAR_Q31A

PAR_Q31C   **How do you cope with feeding ^INFO.FNAME when this happens?**
           (Do not read list. Mark all that apply.)

    01   Parent/guardian skips meals or eats less
    02   Children skip meals or eat less
    03   Cut down on variety of food family usually eats
    04   Seek help from relatives
    05   Seek help from friends
    06   Seek help from social worker/government office
    07   Seek help from food bank (emergency food program)
    08   Use school meal program
    09   Other

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent who answered 1 (Yes) to PAR_Q31A

PAR_Q32   **How often does ^INFO.FNAME see television shows or movies that have a lot of violence in them?**

    1   Often
    2   Sometimes
    3   Seldom
    4   Never

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

PAR_Q33 **How often does ^INFO.FNAME see adults or teenagers in your house physically fighting, hitting or trying to hurt others?**

FLOW INFORMATION   IF REFUSAL GO TO PAR_STOP

Univers: Children living with a birth, step or adoptive parent

FAMILY HISTORY

CUS3_R1   **I would like to ask you some questions about the family history of ^INFO.FNAME.**

CUS3_Q1   **When ^INFO.FNAME was born, did ^YOU1 live with both parents?**

    1   Yes
    2   No .... (Go to CUS3_STOP)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CUS3_STOP

CUS3_Q2   **Have ^YOUR1 parents separated?**

    1   Yes
    2   No .... (Go to CUS3_STOP)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CUS3_STOP

CUS3_Q3   **How old was ^YOU1 when this happened?** [Min: 0 Max: 15]
                         (Enter age in years. If less than one year enter 0.)

CHILD CARE

CAR2_R1   **Now, I'd like to ask you some questions regarding your child care arrangements for ^INFO.FNAME.**

CAR2_Q1A1   **While you (and your spouse/partner) are at work or studying, do you currently use child care such as daycare, babysitting, care by a relative or other caregiver, or a before and after school program?**

       1   Yes...(Go to CAR2_Q1B)
       2   No .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_STOP

CAR2_Q1B   **While you (and your spouse/partner) are at work or studying, which of the following methods of child care do you currently use?**
Care provided in someone else's home by a non-relative?

       1   Yes
       2   No .... (Go to CAR2_Q1C)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1C

CAR2_Q1B1   **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1B2   **Is the person providing this care licensed by the government or approved by a family daycare agency?**

       1   Yes
       2   No

CAR2_Q1C   …**Care in someone else's home by a relative?**

       1   Yes
       2   No ....(Go to CAR2_Q1E)
       3   No, and no other arrangement .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1E

CAR2_Q1C1   **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1C2 **Is the person providing this care licensed by the government or approved by a family daycare agency?**

    1   Yes
    2   No

CAR2_Q1E …**Care in own home by a relative other than a sister or brother of the child?**

    1   Yes
    2   No ....(Go to CAR2_Q1F)
    3   No, and no other arrangement .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1F

CAR2_Q1E1 **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1E2 **Is the person providing this care licensed by the government or approved by a family daycare agency?**

    1   Yes
    2   No

CAR2_Q1F …**Care in own home by a non-relative?**

    1   Yes
    2   No ....(Go to CAR2_Q1G)
    3   No, and no other arrangement .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1G

CAR2_Q1F1 **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1F2 **Is the person providing this care licensed by the government or approved by a family daycare agency?**

    1   Yes
    2   No

CAR2_Q1G …**Care in a daycare centre (including at workplace)?**

    1   Yes
    2   No ....(Go to CAR2_Q1H)
    3   No and no other arrangement .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1H

CAR2_Q1G1   **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1G2   **Is the child care program or daycare centre operated on a profit or non-profit basis (include government sponsored care)?**

      1   Profit
      2   Non-profit

CAR2_Q1H   …**Care in a before or after school program?**

      1   Yes
      2   No ....(Go to CAR2_Q1J_1A)
      3   No, and no other arrangement .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1J_1A

CAR2_Q1H1   **For about how many hours per week is that?** [Min: 1 Max: 168]

Default Next Question: CAR2_Q1J_1A

CAR2_Q1J_1A …**Other child care arrangements, excluding care by a brother or sister?**

      1   Yes
      2   No .... (Go to CAR2_Q1D)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_Q1D

CAR2_Q1J1   **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_Q1D   **While you (and your spouse/partner) are working or studying, is ^INFO.FNAME cared for at home by ^YOUR1 brother or sister on a regular basis?**

      1   Yes
      2   No .... (Go to CAR2_R2)
      3   Not applicable.. (Go to CAR2_R2)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CAR2_R2

CAR2_Q1D1   **For about how many hours per week is that?** [Min: 1 Max: 168]

CAR2_R2   **In the following questions we will be asking about your main child care arrangement, that is, the one used for the most hours.**

CAR2_Q2   **Using this definition, what type of arrangement do you consider your main one?**
(Do not read list. Mark one only)

01   Care in someone else's home by a non-relative
02   Care in someone else's home by a relative
03   Care in child's home by a non-relative
04   Care in child's home by a relative other than child's brother or sister
05   Care in child's home by child's brother or sister
06   Daycare centre
07   Before and after school program
08   Nursery school/Preschool
09   Child in own care
10   Other

CAR2_Q2A   **When did you start using this main child care arrangement?**

01   January
02   February
03   March
04   April
05   May
06   June
07   July
08   August
09   September
10   October
11   November
12   December

CAR2_Q2AB   **When did you start using this main child care arrangement?**
[Min: 1801 Max: 2099]

CAR2_Q2ABB   **Overall, how satisfied are you with your child care?**

1   Very satisfied
2   Somewhat satisfied
3   Somewhat dissatisfied
4   Very dissatisfied

CAR2_Q2AC   **What other child care options did you consider when choosing your main child care arrangements?**
(Mark all that apply.)

01   Day care centre
02   Care in a non-relative's home
03   Care in a relative's home
04   Care in your own home by a relative
05   Care in your own home by a non-relative
06   Care in a before or after school program
07   Care in an enrichment program
08   Other
09   None

CAR2_Q2A1 **How many other children, if any, are cared for regularly by this relative, whether part-time or full-time (including her/his own children), for the following age groups?**
Age 0-2 years? [Min: 0 Max: 10]

CAR2_Q2A2 …**Age 3-5 years?** [Min: 0 Max: 10]

CAR2_Q2A3 …**Age 6 years and over?** [Min: 0 Max: 10]

CAR2_Q2A4 **To your knowledge, does this relative have any training in early childhood education, or child care, at the college or university level?**

1   Yes
2   No

CAR2_Q2A5 **How often would you say your caregiver:**

Praises and encourages ^INFO.FNAME, and responds promptly when ^ YOU1 needs help or comforting?
(Read list. Mark one only.)

1   Often
2   Sometimes
3   Rarely
4   Never

CAR2_Q2A6 …**Plan activities and use toys and other materials to help ^INFO.FNAME learn new things?**
(Read list. Mark one only.)

1   Often
2   Sometimes
3   Rarely
4   Never

CAR2_Q2A7 …**Encourage ^INFO.FNAME's language development by talking to ^HIM/HER and asking questions, as well as using songs and stories for this purpose?**
(Read list. Mark one only.)

1   Often
2   Sometimes
3   Rarely
4   Never

CAR2_Q2A8 **In this arrangement, does your child have a clean, safe area to play in - both indoors and outdoors?**
(Read list. Mark one only.)

1   Yes, all the time
2   Yes, sometimes
3   Not very often
4   No, not at all

CAR2_Q2A9   **Is this arrangement a temporary one, or do you think you will continue to have ^INFO.FNAME cared for by this relative for at least another 6 months?**
(Do not read list. Mark one only)

   1   Will continue for at least 6 months
   2   Temporary

Default Next Question: **CAR2_Q3**

CAR2_Q2B1   **How many other children, if any, are cared for regularly by this caregiver, whether part-time or full-time (including her/his own children), for the following age groups?**

   Age 0-2 years? [Min: 0 Max: 10]

CAR2_Q2B2   …**Age 3-5 years?** [Min: 0 Max: 10]

CAR2_Q2B3   …**Age 6 years and over?** [Min: 0 Max: 10]

CAR2_Q2B4   **To your knowledge, does this caregiver have any training in early childhood education, or child care, at the college or university level?**

   1   Yes
   2   No

CAR2_Q2B5   **How often would you say your caregiver:**

   Praises and encourages ^INFO.FNAME, and responds promptly when ^YOU1 needs help or comforting?
(Read list. Mark one only.)

   1   Often
   2   Sometimes
   3   Rarely
   4   Never

CAR2_Q2B6   …**Plan activities and use toys and other materials to help ^INFO.FNAME learn new things?**
(Read list. Mark one only.)

   1   Often
   2   Sometimes
   3   Rarely
   4   Never

CAR2_Q2B7   …**Encourage ^INFO.FNAME's language development by talking to ^HIMHER and asking questions, as well as using songs and stories for this purpose?**
(Read list. Mark one only.)

    1   Often
    2   Sometimes
    3   Rarely
    4   Never

CAR2_Q2B8   **In this arrangement, does your child have a clean, safe area to play in - both indoors and outdoors?**
(Read list. Mark one only.)

    1   Yes, all the time
    2   Yes, sometimes
    3   Not very often
    4   No, not at all

CAR2_Q2B9   **Is this arrangement a temporary one, or do you think you will continue to have ^INFO.FNAME cared for by this caregiver for at least another 6 months?**
(Do not read list. Mark one only.)

    1   Will continue for at least 6 months
    2   Temporary

Default Next Question: **CAR2_Q3**

CAR2_Q2C1   **Approximately how many other children are in ^INFO.FNAME's daycare, nursery school or before and after school program group?**
[Min: 1 Max: 200]

CAR2_Q2C2   **How many caregivers are responsible for this group or class?**
[Min: 1 Max: 100]

CAR2_Q2C5   **How often would you say ^INFO.FNAME's teachers/Caregivers:**

    Praise and encourage ^HIMHER, and respond promptly when ^YOU1 needs help or comforting?
(Read list. Mark one only.)

    1   Often
    2   Sometimes
    3   Rarely
    4   Never

CAR2_Q2C6 …**Plan activities and use toys and other materials to help ^INFO.FNAME learn new things?**
(Read list. Mark one only.)

- 1   Often
- 2   Sometimes
- 3   Rarely
- 4   Never

CAR2_Q2C7 …**Encourage ^INFO.FNAME's language development by talking to ^HIMHER and asking questions, as well as using songs and stories for this purpose?**
(Read list. Mark one only.)

- 1   Often
- 2   Sometimes
- 3   Rarely
- 4   Never

CAR2_Q2C8 **In this arrangement, does your child have a clean, safe area to play in - both indoors and outdoors?**
(Read list. Mark one only.)

- 1   Yes, all the time
- 2   Yes, sometimes
- 3   Not very often
- 4   No, not at all

CAR2_Q2C9 **Is this arrangement a temporary one, or do you think you will continue to have ^INFO.FNAME cared for in this program for at least another 6 months?**
(Do not read list. Mark one only.)

- 1   Will continue for at least 6 months
- 2   Temporary

CAR2_Q3 **During the past 6 months, how well has ^INFO.FNAME gotten along with ^YOUR1 main child care provider?**

- 01   Very well, no problems
- 02   Quite well, hardly any problems
- 03   Pretty well, occasional problems
- 04   Not too well, frequent problems
- 05   Not well at all, constant problems

CAR2_Q4 **In the past 12 months, how many times have you changed your main child care arrangement and/or caregiver, excluding periods of care by yourself (or spouse/partner)?**

- 01   None
- 02   1
- 03   2
- 04   3 or 4
- 05   5 or more

CAR2_Q5A **What type of care did you use (other than yourself or your spouse/partner) before you began using your current main method of care?**

01 Care in someone else's home by a non-relative
02 Care in someone else's home by a relative
03 Care in child's home by a non-relative
04 Care in child's home by a relative other than the child's brother or sister
05 Care in child's home by child's brother or sister
06 Daycare centre
07 Before and after school program
08 Nursery school/Preschool
09 Child in own care
10 Other

CAR2_Q5 **What were the reasons for changing?**
(Do not read. Mark all that apply.)

01 Dissatisfaction with caregiver/program
02 Caregiver/program no longer available
03 Family or child moved, parental work status, or custody arrangement changed
04 Changes in child or child's needs (e.g. special care, child's age)
05 A preferred arrangement became available (e.g. subsidized space)
06 Cost
07 Other

Default Next Question: **CAR2_Q6B**

CAR2_Q6 **Have you ever used child care for ^INFO.FNAME while you (and your spouse/partner) were at work or studying?**

1 Yes
2 No ....(Go to CAR2_STOP)

FLOW INFORMATION IF DON'T KNOW OR REFUSAL GO TO CAR2_STOP

CAR2_Q6B **What age was ^INFO.FNAME when ^YOU1 was first placed in any child care arrangement?** [Min: 0 Max: 11]
(Enter age in years. If less than one year, enter 0.)

CAR2_Q7 **Overall, how many changes in child care arrangements has ^INFO.FNAME experienced since you began using child care, excluding periods of care by yourself (or spouse/partner)?** [Min: 0 Max: 50]

CAR2_Q8 **Last summer while ^INFO.FNAME was not in school, what type of child care arrangement did you use while you (and your spouse/partner) were at work and/or studying?**
(Do not read the list. Mark all that apply.)

01   Daycare centre
02   Care in someone else's home by a non-relative
03   Care in someone else's home by a relative
04   Care in own home by a non-relative
05   Care in own home by brother/sister
06   Care in own home by other relative
07   Child in own care
08   Structured summer program
09   Child in parents care while working
10   Child in parents care not working during summer ....(Go to CAR2_Q9)
11   Other

Default Next Question: **CAR2_Q10A**

CAR2_Q9 **Did this parent take unpaid leave, quit a job or arrange his/her work schedule differently to look after ^INFO.FNAME during the summer months?**
(Do not read list. Mark one only.)

1   Yes, took unpaid leave during the summer
2   Yes, quit a job
3   Yes, arranged work schedule differently
4   No

CAR2_Q10A **Using the answers very important, somewhat important, or not important, how important was it in choosing your child care arrangements:**

That care could be provided in your home?

1   Very Important
2   Somewhat important
3   Not important

CAR2_Q10B …**That the caregiver could accomodate more than one child in your family?**

CAR2_Q10C …**To have flexible hours? (i.e. if you had to work late)**

CAR2_Q10D   …**Location?**

CAR2_Q10E   …**Cost?**

CAR2_Q10F   …**The qualifications of the provider?**

CAR2_Q10G   …**The caregiver to child ratio?**

CAR2_Q10H   …**The type of activities and programs provided?**

CAR2_Q10I   …**The availability of safe clean play spaces?**

CAR2_Q10J   …**That your child would be taken on outings?**

CAR2_Q11   **Approximately how much do you pay for ^INFO.FNAME's child care each week?** [Min: 0 Max: 9000]

SOCIO-DEMOGRAPHIC

SOCB_R1 **Now, I would like to ask you some general background questions about ^INFO.FNAME.**

SOCB_Q1 **In what country ^WERE ^YOU2 born?**

    01   Canada ....(Go to SOCB_Q3A)
    02   China
    03   France
    04   Germany
    05   Greece
    06   Guyana
    07   Hong Kong
    08   Hungary
    09   India
    10   Italy
    11   Jamaica
    12   Netherlands (Holland)
    13   Philippines
    14   Poland
    15   Portugal
    16   United Kingdom (England, Scotland, Northern Ireland, Wales)
    17   United States
    18   Vietnam
    19   Other (specify) ....(Go to SOCB_S1)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO SOCB_Q3A

Default Next Question: **SOCB_Q2A**

SOCB_S1   Specify country of birth.

Univers: if SOCB_Q1="other"

SOCB_Q2A   **Of what country ^ARE ^YOU1 a citizen?**
               (Mark all that apply.)

    1   Canada, citizen by birth...(Go to SOCB_Q3A)
    2   Canada, by naturalization
    3   Same country as birth
    4   Other country

Univers: Children born outside Canada

SOCB_Q2B   **^ARE_C ^YOU1 now, or ^HAVE ^YOU1 ever been a landed immigrant?**

    1   Yes
    2   No

Univers: Children born outside Canada and not Canadian citizen by birth

SOCB_Q3   **In what year did ^YOU1 first immigrate to Canada?** [Min: 1901 Max: 2030]

Univers: Children born outside Canada and not Canadian citizen by birth

SOCB_Q3A   **Is ^INFO.FNAME an Aboriginal person, that is, North American Indian, Métis or Inuit?**

    1   Yes...(Go to SOCB_Q3B)
    2   No

Default Next Question: **SOCB_Q4**

SOCB_Q3B   **Is ^INFO.FNAME a North American Indian, Métis or Inuit?**
                 (Mark all that apply. If respondent has already specified the Aboriginal group(s),
                 select the group(s) from the list below; if not, ask:)

    1   North American Indian
    2   Métis
    3   Inuit (Eskimo)

Univers: if, "Yes" to SOCB_Q3A

SOCB_Q4   **To which ethnic or cultural group(s) did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese)**
                 (Mark all that apply.)

    01   Canadian
    02   French
    03   English
    04   German
    05   Scottish
    06   Irish
    07   Italian
    08   Ukrainian
    09   Dutch (Netherlands)
    10   Chinese
    11   Jewish
    12   Polish
    13   Portuguese
    14   South Asian
    15   Black
    16   North American Indian
    17   Métis
    18   Inuit/Eskimo
    19   Other (specify) ....(Go to SOCB_S4)

Default Next Question: **SOCB_Q4A**

SOCB_S4   Specify ethnic or cultural group of ancestors.

Univers: if SOCB_Q4="other"

SOCB_Q4A   **How would you best describe ^YOUR2 race or colour?**
(Mark all that apply.)

01   White
02   Chinese
03   South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan)
04   Black (e.g. African, Haitian, Jamaican, Somali)
05   Native/Aboriginal people (e.g. North American Indian, Métis or Inuit/Eskimo)
06   Arab/West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan)
07   Filipino
08   South East Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese)
09   Latin-American
10   Japanese
11   Korean
12   Other (specify) .... (Go to SOCB_S4A)

Default Next Question: **SOCB_Q5**

SOCB_S4A   Specify race or colour.

Univers: if SOCB_Q4A="other"

SOCB_Q5   **In which language(s) can ^INFO.^NAME conduct a conversation?**
(For children who can not yet speak, ask in what language the adult(s) speak(s) to the child. Mark all that apply.)

01   English
02   French
03   Arabic
04   Chinese
05   Cree
06   German
07   Greek
08   Hungarian
09   Italian
10   Korean
11   Persian (Farsi)
12   Polish
13   Portuguese
14   Punjabi
15   Spanish
16   Tagalog (Filipino)
17   Ukrainian
18   Vietnamese
19   Other (specify) ....(Go to SOCB_S5)

Default Next Question: **SOCB_Q6**

SOCB_S5   Specify Language of conversation.

Univers: if SOCB_Q5="other"

SOCB_Q6   **What is the language that ^YOU1 first learned at home in childhood and can still understand?**
(If the respondent can no longer understand the first language learned, choose the second language learned. (For children who can not yet speak, ask in what language the adult(s) speak(s) to the child). Mark all that apply.)

01	English
02	French
03	Arabic
04	Chinese
05	Cree
06	German
07	Greek
08	Hungarian
09	Italian
10	Korean
11	Persian (Farsi)
12	Polish
13	Portuguese
14	Punjabi
15	Spanish
16	Tagalog (Filipino)
17	Ukrainian
18	Vietnamese
19	Other (specify) ....(Go to SOCB_S6)

Default Next Question: **SOCB_Q6A**

SOCB_S6   Specify language first learned and still understood.

Univers: if SOCB_Q6="other"

SOCB_Q6A   **What language(s) ^DOVERB ^YOU1 speak most often at home?**
(Mark all that apply.)

1   English
2   French
3   Other

SOCB_Q6B   **What language(s) are spoken to ^INFO.FNAME most often at home by you (and your spouse)?**
(Mark all that apply.)

1   English
2   French
3   Other

SOCB_Q8   **What, if any, is ^INFO.FNAME's religion?**

    01   No religion
    02   Roman Catholic
    03   United church
    04   Anglican
    05   Presbyterian
    06   Lutheran
    07   Baptist
    08   Eastern Orthodox
    09   Jewish
    10   Islam (Muslim)
    11   Buddhist
    12   Hindu
    13   Sikh
    14   Jehovah's Witnesses
    15   Other (specify) ....(Go to SOCB_S8)

Default Next Question: **SOCB_Q9**

SOCB_S8   Specify Religion.

Univers: if SOCB_Q8="other"

SOCB_Q9   **Other than on special occasions (such as weddings or funerals), how often did ^INFO.FNAME attend religious services or meetings in the past 12 months?**
    (Read categories to repondent.)

    01   At least once a week
    02   At least once a month
    03   At least 3 or 4 times
    04   At least once
    05   Never

CONTACT INFORMATION

CONB_R1   **In case you or ^INFO.FNAME move or change telephone numbers, it would be helpful if you could provide the name, telephone number and address of someone, such as a relative or a friend, who could help us to contact you about ^INFO.FNAME.**

CONB_Q1FIRST I want to emphasize that Statistics Canada will contact this person only if you or ^INFO.FNAME move, and then only to obtain your new address or telephone number.
    (Enter first name of contact. If this is the 2nd or 3rd child and the contact is the same as the 1st child, enter 'SAME'.)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CONB_STOP

CONB_Q1LAST (Enter last name of contact.)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL GO TO CONB_STOP

CONB_Q2CODE (Enter area code.)

CONB_Q2TEL (Enter the telephone number.)

CONB_Q3NUM   (Enter the civic number.)

CONB_Q3STREET (Enter the street name.)

CONB_Q3APPT (Enter the apartment number (if applicable).)

CONB_Q3CITY   (Enter the city, town, village or municipality.)

CONB_Q3PC   (Enter only a Canadian postal code.)

CONB_Q3CONFPROV So the [province/territory]is [province or territory based on postal code]?

      1   Yes.. go to CONB_Q4
      2   No

CONB_Q3PROV What is the province or territory?

        10   Newfoundland and Labrador
        11   Prince Edward Island
        12   Nova Scotia
        13   New Brunswick
        24   Quebec
        35   Ontario
        46   Manitoba
        47   Saskatchewan
        48   Alberta
        59   British Columbia
        60   Yukon
        61   Northwest Territories
        62   Nunavut
        76   U.S.A
        77   Outside of Canada and U.S.A

CONB_Q4REL What is the relationship of this person to ^INFO.FNAME?

CONB_Q5   **In case we can't reach that person, could you give us the name, telephone number and address of another person that we could contact?**

        1   Yes
        2   No .... (Go to CONB_R9)

FLOW INFORMATION   IF DON'T KNOW OR REFUSAL G TO CONB_R9

CONB_Q6FIRST (Enter first name of contact.)

FLOW INFORMATION   IF REFUSAL GO TO CONB_R9

CONB_Q6LAST (Enter last name of contact.)

FLOW INFORMATION   IF REFUSAL GO TO CONB_R9

CONB_Q7CODE (Enter the area code.)

CONB_Q7TEL (Enter the telephone number.)

CONB_Q8NUM (Enter the civic number.)

CONB_Q8STREET (Enter the street name.)

CONB_Q8APPT (Enter the apartment number (if applicable).)

CONB_Q8CITY (Enter the city, town, village or municipality.)

CONB_Q8PC (Enter only a Canadian postal code.)

CONB_Q8CONFPROV So the [province/territory]is [province or territory based on postal code]?

    1   Yes... (Go to CONB_Q9REL)
    2   No

CONB_Q8PROV What is the province or territory?

    10   Newfoundland and Labrador
    11   Prince Edward Island
    12   Nova Scotia
    13   New Brunswick
    24   Quebec
    35   Ontario
    46   Manitoba
    47   Saskatchewan
    48   Alberta
    59   British Columbia
    60   Yukon
    61   Northwest Territories
    62   Nunavut
    76   U.S.A
    77   Outside of Canada and U.S.A

CONB_Q9REL What is the relationship of this person to ^INFO.FNAME ?

CONB_R9 (Please remind respondent to inform contact person(s) that their name and telephone number have been given to Statistics Canada for tracing purposes in case child/household moves.)

PERMISSION

PRM_Q1   (The child's participation includes the completion of 3 assessments (PPVT, Who Am I? and the Number Knowledge).)

Did you receive a permission slip from Statistics Canada that asked for your consent to have ^FNAME participate in an interview at ^YOUR1 school?

1   Yes..(Go to PRM_Q2)
2   No

Default Next Question: **PRM_Q4**

PRM_Q2   **Did you sign and return the permission slip?**

1   Yes..(Go to PRM_Q3)
2   No

Default Next Question: **PRM_Q4**

PRM_Q3   **Did you give permission for your child to be interviewed?**

1   Yes..(Go to PRM_Q5)
2   No

Default Next Question: **PRM_Q4**

PRM_Q4   **Now that you know a little more about this survey, will you give permission for ^FNAME to participate in the interview at ^YOUR1 school?**

1   Yes, I agree
2   No, I do not agree

PRM_Q5   **As you may be aware, a questionnaire was developed at McMaster University to assess the school readiness skills of young children. Your child's school was one of the sites where kindergarten teachers were asked to complete questionnaires for this purpose. We would like to ask your permission to link the results of this questionnaire to the results from the McMaster questionnaire. In addition to the added information provided by such a link, it would also allow us to better evaluate the results of our own tests. Do you give permission to link our survey to the results from the McMaster University Early Development Instrument Questionnaire?**

1   Yes
2   No