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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 **LFS_Q3A** identifies this as a question from the Adult Labour Force (LFS) 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
C	Internal check item	DMS_C1 If DMS_Q1=2 (No) OR RF (Refused) GO TO DMS_R4
E	Application Edit	ACT2_E4B Please confirm that ^INFO.FNAME watches T.V. or videos for ^ACT2_Q4B hours a day.
Q	Question	PBE_Q1H How often does your child show self-control?
R	Instruction/ information to be read to respondent	COM_R1 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.

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Note: Throughout the questionnaire, we will be using the abbreviation DK for “Don’t Know” and RF for “Refused”. In this text, the use of the masculine is generic and applies to both men and women. Please note that during the actual interview, the questions were personalized to be appropriate to the gender of the respondent.

INFO CRITICAL TO FLOWS

THIS SECTION IS FOR THE VERIFICATION OF INFO CRITICAL TO FLOWS.

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

FLOW INFORMATION IF REFUSAL AND DON'T KNOW GO TO DVS_Q2)

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_Q3)
- 2 Different school

FLOW INFORMATION IF DON'T KNOW GO TO DVS2_Q3
IF REFUSAL GO TO DVS2_STOP

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 REFUSAL AND DON'T KNOW 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 REFUSAL AND DON'T KNOW 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: (Go to HLT2_Q4)

HLT2_Q3B Enter height in metres and centimetres (including a decimal place if required).
[Min: .75 Max: 1.50]

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)

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FLOW INFORMATIONIF REFUSAL AND DON'T KNOW GO TO HLT2_Q4D1)

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

Default: (Go to HLT2_Q4D1)

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

FLOW INFORMATION IF REFUSAL AND DON'T KNOW 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)

FL OW INFORMATION IF REFUSAL AND DON'T KNOW 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 REFUSAL AND DON'T KNOW GO TO HLT2_R5

HLT2_Q4C1 Enter birth weight in kilograms and grams.
[Min: 1.000 Max: 7.999]

Default: (Go to 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.

Communities 2004, Child Questionnaire

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?

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.)

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

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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?

(Enter 0 if none.)

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48B **A pediatrician?**

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48C **Another medical doctor (such as an orthopedist, or eye specialist)?**

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48D **A public health nurse or nurse practitioner?**

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48E **A dentist or orthodontist?**

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48G **A psychiatrist or psychologist?**

[Min: 0 Max: 10]

FLOW INFORMATION IF REFUSAL GO TO HLT2_STOP

HLT2_Q48H **Child welfare worker or children's aid worker?**

[Min: 0 Max: 10]

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]

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?**

- 1 Rarely or never
- 2 A few times a month
- 3 Once a week
- 4 A few times a week
- 5 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?
If Not Applicable (No one has ever done this with ^INFO.FNAME) enter «95».
[Min: 0 Max: 40]**

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LIT_Q7A At home, how often does ^INFO.FNAME do these activities:
...look at books, magazines, comics, etc. ^PHRASEE on ^YOUR1 own?

FLOW INFORMATION IF REFUSAL GO TO LIT_STOP

LIT_Q7C At home, how often does ^INFO.FNAME do these activities:
...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?

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COMMUNICATION

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?

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

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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_C1** If DMS_Q1=2 (No) OR RF(GO TO DMS_R4)
- 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.)

For information only

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: (Go to ACT2_Q4B)

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

FLOW INFORMATION IF DON'T KNOW GO TO ACT2_Q5
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

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 DO NOT 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**

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- 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?

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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

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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?

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: (Go to 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: (Go to BEH_Q41)

BEH_Q41 Is impulsive, acts without thinking?

FLOW INFORMATION IF REFUSAL GO TO BEH_STOP

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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?

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

FLOW INFORMATION IF REFUSAL GO TO BEH_STOP

Default: (Go to BEH_Q51)

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: (Go to 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

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POSITIVE BEHAVIOUR

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?

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?

FLOW INFORMATION IF REFUSAL GO TO PBE_STOP

For information only

BEHAVIOR - SLEEP

SLP_R1 **The next few questions are about ^INFO.FNAME's sleeping habits.**

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]

For information only

PARENTING

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

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

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

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

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

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

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

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

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

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

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

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

CONDITION (PAR_C18A)

- 1 If ^Info.SpousePresent = 1 (SPOUSE or PARTNER)..(Go to PAR_Q18A)
- 2 Else.....(Go to PAR_Q19)

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

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

PAR_Q20 ignore it, do nothing?

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

PAR_Q22 calmly discuss the problem?

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

PAR_Q23 use physical punishment?

PAR_Q24 describe alternative ways of behaving that are acceptable?

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

FLOW INFORMATION IF REFUSAL GO TO PAR_STOP

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

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

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

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

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

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?
(Enter age in years. If less than one year enter 0.)
[Min: 0 Max: 15]

For information only

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?

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

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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?

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?

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: (Go to CAR2_Q1J_1A)

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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_C2)
- 3 Not applicable..... (Go to CAR2_C2)

FLOW INFORMATION IF DON'T KNOW OR REFUSAL GO TO CAR2_C2

CAR2_Q1D1 For about how many hours per week is that?

[Min: 1 Max: 168]

CONDITION (CAR2_C2)

- 1 If CAR2_Q1B = 1 or CAR2_Q1C = 1 or CAR2_Q1D = 1 or CAR2_Q1E = 1 or CAR2_Q1F = 1 or CAR2_Q1G = 1 or CAR2_Q1H = 1..... (Go to CAR2_R2)
- 2 Otherwise (Go to CAR2_Q6)

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?

INTERVIEWER: 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**

CONDITION (CAR2_C2B)

- 1 If CAR2_Q2 = 02 or 04 (Care by a relative, in someone else's home or in child's home)(Go to CAR2_Q2A1)
- 2 Else if CAR2_Q2 = 01 or 03 (Care by a non-relative, in someone else's home or in child's home)(Go to CAR2_Q2B1)
- 3 Else if CAR2_Q2 = 06,07, or 08 (DayCare centre, before and after school program or nursery school)..... (Go to CAR2_Q2C1)
- 4 Otherwise(Go to CAR2_Q4)

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- 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)
- CAR2_Q2A7** 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.)
- 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 : (Go to CAR2_Q3)

Communities 2004, Child Questionnaire

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.)

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.)

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: (Go to CAR2_Q3)

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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.)

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.)

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

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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

CONDITION (CAR2_C5)

- 1 Else if CAR2_Q4 = 01, 97, or 98 (NONE, DON'T KNOW, or REFUSAL)..... (Go to CAR2_Q6B)
- 2 Otherwise (Go to CAR2_Q5A)

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: (Go to 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 CAR_STOP

Communities 2004, Child Questionnaire

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

For information only

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)

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

Default: (Go to SOCB_Q2A)

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

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

- 1 Yes
- 2 No

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

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: (Go to 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)

SOCB_Q4 To which ethnic or cultural group(s) did ^INFO.FNAME 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)

Default: (Go to SOCB_Q4A)

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)

Default: (Go to SOCB_Q5)

Communities 2004, Child Questionnaire

SOCB_Q5 In which language(s) can ^INFO.FNAME 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)

Default: (Go to SOCB_Q6)

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)

Default: (Go to SOCB_Q6A)

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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)

Default: (Go to SOCB_Q9)

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

Communities 2004, Child Questionnaire

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 GO 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.)

For information only

PERMISSION

PRM_BEG

This module will be placed immediately before the Exit of the Entry/Household/Exit component. The new module will consist of the verbal consent questions (questions 1 to 4) and the permission to link question (question 5). The verbal consent questions will be asked before the permission to link (ED1) question. The completion of the assessments will take approximately 30 minutes. They will take place in the school between March 29th and May 7th.

CONDITION (PRM_C1)

- | | | |
|---|--------------------------------------|--------------|
| 1 | If DMS_Q1=2 or RF | Go to PRM_Q5 |
| 2 | Else if WrittenCons=1 (yes) or 2(no) | Go to PRM_Q5 |
| 3 | Otherwise | Go to PRM_Q1 |

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: (Go to PRM_Q4)

PRM_Q2

Did you sign and return the permission slip?

- | | | |
|---|----------|----------------|
| 1 | Yes..... | (Go to PRM_Q3) |
| 2 | No | |

Default: (Go to PRM_Q4)

PRM_Q3

Did you give permission for your child to be interviewed?

- | | | |
|---|----------|----------------|
| 1 | Yes..... | (Go to PRM_Q5) |
| 2 | No | |

Default: (Go to 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 |
| 7 | DK |
| 8 | RF |

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

For information only