



**2014 Ontario
Child Health
Study**

**Étude sur
la santé des jeunes
Ontariens 2014**

PMK Questionnaire

PART 1- CAPI: ABOUT CHILD

This study is being done with researchers at McMaster University in Hamilton. The survey will collect information on the health and well-being of children with a focus on mental health, use of mental health services and the relationship between health, family, neighbourhood and school. Now, I'd like to ask some general background questions about _____.

BACKGROUND

1. In what country was ___ born?

2. In which province or territory was ___ born?

_____ → Question 4

3. In what year did ___ first come to Canada to live?

_____ year

4. What is the language that ___ **first learned** at home in **childhood** and **still understands**?

Interview mark up to three responses_

5. What was ___'s birthweight in kilograms and grams or pounds and ounces?

_____kilograms _____grams

_____pounds _____ounces

6. Was ___ born before, after or on his due date?

01 before

02 after, or

03 on the due date?

7. At how many weeks gestation was ___ born?

_____weeks

8. Immediately after birth, was ___ admitted to an intensive care or special care unit?

01 Yes

02 No

9. During your pregnancy, did you have any of the following medical conditions or health problems that required you to take prescription medication for more than 2 weeks or to receive special care (e.g., early admission to hospital, added physician visits, bed rest)? Did you have...

	Yes	No
Pregnancy or gestational diabetes	01	02
High blood pressure (hypertension)	01	02
Thyroid problems	01	02
Depression or Anxiety	01	02
Urinary tract infection	01	02
Influenza (flu)	01	02
Vaginal bleeding	01	02

The next questions are about current height and weight

10. How tall is ___ without shoes on?

_____feet _____inches

_____centimetres

11. How much does ___ weigh?
 _____kilograms _____grams
 _____pounds _____ounces

12. Has a doctor or other health professional ever told you that ___ has any of the following conditions...

	Yes	No
a developmental delay or lag?	01	02
an intellectual disability?	01	02
Autism Spectrum Disorder, sometimes called Autism, Asperger’s Syndrome or pervasive developmental disorder?	01	02
Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?	01	02
a learning disability?	01	02

13. Has a health professional diagnosed any of the following long-term conditions for _____:

	Yes	No
Food or digestive allergies?	01	02
Respiratory allergies such as hay fever?	01	02
Any other allergies?	01	02
Bronchitis?	01	02
Heart condition or disease?	01	02
Epilepsy?	01	02
Cerebral Palsy?	01	02
Kidney condition or disease?	01	02
Asthma?	01	02
Diabetes?	01	02
Any other long-term condition? Specify_____	01	02

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

a) Is he/she usually able to see clearly, and without distortion, the words in a story book without glasses or contact lenses?
 01 Yes→ Hearing 02 No

b) Is he/she usually able to see clearly, and without distortion, the words in a story book with glasses or contact lenses?
 01 Yes 02 No 03 Doesn't wear glasses or contact lenses

c) Is he/she able to see at all?
 01 Yes 02 No

d) Is he/she able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?
 01 Yes 02 No

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

01 Yes 02 No 03 Doesn't wear glasses or contact lenses

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

01 Yes → Speech 02 No

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

01 Yes 02 No 03 Doesn't wear a hearing aid

h) Is he/she able to hear at all?

01 Yes 02 No

i) Is he/she usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid? 01 Yes 02 No

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

01 Yes 02 No 03 Doesn't wear a hearing aid

k) Is this child usually able to be understood completely when speaking with strangers in his/her own language?

01 Yes → Ambulation 02 No

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

01 Yes 02 No

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

01 Yes 02 No

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

01 Yes 02 No

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

01 Yes → Dexterity 02 No

p) Is he/she able to walk at all?

01 Yes 02 No

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

01 Yes 02 No

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

01 Yes 02 No

s) Does he/she require a wheelchair to get around?

01 Yes 02 No

t) How often does he/she use a wheelchair?

- 01 Always
- 02 Often
- 03 Sometimes
- 04 Never

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

- 01 Yes 02 No

v) Is this child usually able to grasp and handle small objects such as a pencil or scissors?

- 01 Yes→ Emotion 02 No

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

- 01 Yes 02 No

x) Does he/she require the help of another person with:

- 01 Some tasks
- 02 Most tasks
- 03 Almost all tasks
- 04 All tasks

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

- 01 Yes 02 No

z) Would you describe this child as being usually:

- 01 Happy and interested in life
- 02 Somewhat happy
- 03 Somewhat unhappy
- 04 Unhappy with little interest in life
- 05 So unhappy that life is not worthwhile

aa) How would you describe his/her usual ability to remember things: Is he/she?

- 01 Able to remember most things
- 02 Somewhat forgetful
- 03 Very forgetful
- 04 Unable to remember anything at all

bb) How would you describe his/her usual ability to think and solve day-to-day problems: Is he/she?

- 01 Able to think clearly and solve problems
- 02 Having a little difficulty
- 03 Having some difficulty
- 04 Having a great deal of difficulty
- 05 Unable to think or solve problems

cc) Is this child usually free of pain or discomfort?

- 01 Yes→ Service Use 02 No

dd) How would you describe the usual intensity of his/her pain or discomfort?

- 01 Mild
- 02 Moderate
- 03 Severe

ee) How many activities does his/her pain or discomfort prevent him/her from doing?
to respondent.

- 01 None
- 02 A few
- 03 Some
- 04 Most

FRIENDS & FAMILY

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

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

- 1 Never
- 2 1 day a week
- 3 2 or 3 days a week
- 4 4 or 5 days a week
- 5 6 or 7 days a week

DK, RF

2. About how many close friends does he/she have?

- 1 None
- 2 1
- 3 2 or 3
- 4 4 or 5
- 5 6 or more

DK, RF

3. During the past 6 months, how well has he/she gotten along with other kids such as friends or classmates?

- 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

4. During the past 6 months, how well has he/she gotten along with the family?

- 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

5. During the past 6 months – that is since (month) – do you think that ____ has had any emotional or behavioural problems?

- 01 Yes
- 02 No →Skip to next section

6. During that time, did (he/she) tend to have more emotional or behavioural problems than other (boys/girls) of (his/her) age?

- 01 Yes
- 02 No

7. Do you think that ____ needs or needed any professional help with these problems?

- 01 Yes
- 02 No

RARE EXPERIENCES

1. A lot of young people have had stressful or traumatic experiences in their life-time. Has (target child) ever had any of the following experiences?

	Yes	No
Head injury with loss of consciousness?	01	02
Head injury with symptoms of concussion such as headache, feeling dizzy, faint or disoriented?	01	02
Burn or poisoning requiring admission to hospital?	01	02
Serious accident requiring admission to hospital?	01	02
Death of a parent or sibling?	01	02
Separation or divorce of a parent?	01	02
Being placed in care overnight at a foster home or group home by the Children's Aid Society?	01	02
* Being in trouble with the law?	01	02
* Been arrested by the police?	01	02
* Gone to Juvenile Court for something s/he might have done?	01	02
* Been in a detention centre/prison or jail for something s/he might have done?	01	02
* Been an overnight patient in a hospital or other setting for problems with emotions, attention or behaviours or use of drugs or alcohol	01	02

***12-17 year olds only**

PART 2- SELF COMPLETE PAPER: ABOUT CHILD**Checklist Instructions**

Below is a list of statements that describe some of the feelings and behaviours of children.

For each statement, please select the response that best describes your child now or within the **past 6 months**. You may only select one response.

	Never or Not True	Sometimes or Somewhat True	Often or Very True		Never or Not True	Sometimes or Somewhat True	Often or Very True
Can't concentrate, can't pay attention for long	0	1	2	Gets no pleasure from usual activities	0	1	2
Can't sit still, restless or hyperactive	0	1	2	Loses temper	0	1	2
Cries a lot	0	1	2	Fails to finish things he/she starts	0	1	2
Cruelty, bullying or meanness to others	0	1	2	Complains of feeling sick before separating from loved ones	0	1	2
Cruelty to animals	0	1	2	Uses weapons when fighting	0	1	2
Deliberately harms self or attempts suicide	0	1	2	When anxious, his/her mind goes blank	0	1	2
Destroys his/her own things	0	1	2	Gets anxious about meeting new people	0	1	2
Destroys things belonging to his/her family or other children	0	1	2	Has difficulty making decisions	0	1	2
Disobedient at school	0	1	2	Blames others for own mistakes	0	1	2

Gets in many fights	0	1	2	Overly upset when leaving loved ones	0	1	2
Impulsive or acts without thinking	0	1	2	Feels he/she has to be perfect	0	1	2
Lying or cheating	0	1	2	Repeats certain actions over and over; compulsions	0	1	2
Nervous, high-strung or tense	0	1	2	Worries that something bad will cause separation from loved ones	0	1	2
Too fearful or anxious	0	1	2	Changes in appetite	0	1	2
Physically attacks people	0	1	2	Afraid of doing things in front of others	0	1	2
Runs away from home	0	1	2	Defiant, talks back to adults	0	1	2
Sets fires				Too concerned with neatness or cleanliness			
Steals at home				Can't get his/her mind off certain thoughts, obsessions			
Steals outside the home				Argues a lot with adults			
Talks about killing self	0	1	2	Avoids school because of fear of separation from loved ones	0	1	2
Threatens people	0	1	2	Trouble sleeping	0	1	2
Truancy, skips school	0	1	2	Worries about doing better at things	0	1	2
Unhappy, sad or depressed	0	1	2	Worries that bad things will happen to loved ones	0	1	2
Vandalism	0	1	2	Easily annoyed by others	0	1	2
Worrying	0	1	2	Has mugged people	0	1	2
Not as happy as other children	0	1	2	Is nervous with people he/she doesn't know	0	1	2
Distractible, has trouble sticking to any activity	0	1	2	Scared to go to sleep without parents being near	0	1	2
Has trouble enjoying self	0	1	2	Avoids social situations	0	1	2
Has difficulty awaiting turn in games or groups	0	1	2	Has broken into someone else's house, building or car	0	1	2
Fidgets	0	1	2	When anxious, he/she has disturbed sleep	0	1	2
Afraid of being alone	0	1	2	Gets back at people	0	1	2
Has been physically cruel to others	0	1	2	Shy or timid	0	1	2
Angry and resentful	0	1	2	Afraid of making mistakes	0	1	2
Anxious or on edge	0	1	2	Has nightmares about being separated from loved ones	0	1	2

Can't stay seated when required to do so	0	1	2	Stays out at night despite being told not to	0	1	2
Feels worthless or inferior	0	1	2	Makes careless mistakes	0	1	2
Moody or irritable	0	1	2	Finds it hard to stop worrying	0	1	2
Doesn't like to be with people he/she doesn't know	0	1	2	Overtired or lacks energy	0	1	2

(Q.1 is skipped if respondent answers 'Never or not true' to everything in the checklist)

1. The next questions are about the problems you marked above. **Now or in the past 6 months**, how much have these problems interfered with.

	Not at all	A little	Some-what	A lot	A great deal
how well ___ gets along with you and the rest of the family?	0	1	2	3	4
making and keeping friends?	0	1	2	3	4
learning or class work?	0	1	2	3	4
playing, hobbies, sports or other leisure activities?	0	1	2	3	4

2. Again, think about the problems you marked above. In the past 6 months, to what extent have these problems

	Not at all	A little	Some-what	A lot	A great deal
caused you personal upset, distress or worry?	0	1	2	3	4
interfered with your work, recreational activities or socializing with relatives or friends?	0	1	2	3	4
led to bad feelings or relationships with neighbours?	0	1	2	3	4
put a burden on you or the family as a whole?	0	1	2	3	4
been a source of tension, disagreement or conflict with your spouse or partner?	0	1	2	3	4
led to major arguments or disputes with your spouse or partner about how to deal with these problems?	0	1	2	3	4

3. Please read each statement below and fill in the circle that most closely describes the way you have acted towards <<child name>> during the **past 6 months**.

	Never	Rarely	Sometimes	Often	Always
I enjoy doing things with <<child name>>.	01	02	03	04	05
I cheer <<child name>> up when he/she is sad.	01	02	03	04	05
I give <<child name>> a lot of care and attention.	01	02	03	04	05
I listen to <<child name>>'s ideas and opinions.	01	02	03	04	05
I speak of the good things <<child name>> does.	01	02	03	04	05
I nag <<child name>> about little things.	01	02	03	04	05
I keep rules only when it suits me.	01	02	03	04	05
I get angry and yell at <<child name>>.	01	02	03	04	05
I threaten punishment more often than I use it.	01	02	03	04	05

	Never	Rarely	Sometimes	Often	Always
Whether I enforce or do not enforce a rule depends on my mood.	01	02	03	04	05
I say mean things to make <<child name>> feel bad (e.g. sad, mad, guilty).	01	02	03	04	05

Parents have disagreements with their children from time to time because of challenging behaviour. Examples of challenging behaviour in younger children may include tantrums, defiance or disobedience; examples of challenging behaviour in teenagers may include talking back or being moody and argumentative.

4. During the **past 4 weeks**, how often did you and ____ have major disagreements, big arguments or blow-ups because of his/her challenging behaviour?

01 not at all in the past 4 weeks

02 1 or 2 times in the past 4 weeks

03 3 or 5 times in the past 4 weeks

04 6 or 10 times in the past 4 weeks

05 More than 10 times in the past 4 weeks

5. During the **past 4 weeks**, how often did you and ____ have minor disagreements or quarrels because of his/her challenging behaviour?

01 not at all in the past 4 weeks

02 1 or 2 times in the past 4 weeks

03 3 or 5 times in the past 4 weeks

04 6 or 10 times in the past 4 weeks

05 More than 10 times in the past 4 weeks

Part 3- PAPER MINI-KID FOR TARGET CHILD

Modules administered by interviewer:

- 1) Depression
- 2) Dysthymia
- 3) Separation Anxiety Disorder
- 4) Social Phobia (Generalised & Non-Generalised)
- 5) Specific Phobia
- 6) Attention Deficit Hyperactivity Disorder (Inattentive, Hyperactive/Impulsive & Combined)
- 7) Oppositional Defiant Disorder
- 8) Conduct Disorder
- 9) Generalised Anxiety Disorder

PART 4-CAPI: ABOUT CHILD

SERVICE USE (For Target Child)

The next set of questions asks about professional care or help for ^FNAME. Some of the questions ask about child mental health concerns. These concerns refer to problems children might have with their emotions, attention or behaviour. For adolescents these problems might also include use of alcohol or drugs.

(Professionals include doctors, nurses, nurse practitioners, psychologists, psychiatrists, social workers or teachers. It does not include family members, neighbours or friends. If the parent mentioned religious leaders, naturopaths or someone similar, please tell the parent "These are important individuals in a family's lives and someone they might turn to for help. Later in the interview we ask specifically about non-professionals who you might have turned to for help").

In your family, when you have concerns about your child's health, who besides yourself, takes ^FNAME to appointments, or talks to professionals about him?

- 01 Child's Mother
- 02 Child's Father
- 03 Child's Grandmother
- 04 Child's Grandfather
- 05 Other Specify
- 06 No one

FAMILY DOCTORS & PEDIATRICIANS

1. Does ^FNAME have a family doctor?

- 01 Yes,
- 02 No-> 6

In the following questions, when I say 'you', please think of everyone who is involved in ^FNAME's care.

2. In the past 6 months, that is, _____, how many times in total did you or (target child) see or talk to your family doctor about any concerns about his health?

_____times

3. At (this/any of these) visit(s), did you discuss any concerns about ____'s mental health?

- 01 Yes
- 02 No → *Question 6*

4. In response to these concerns, which of the following did this family doctor do? Mark all that apply.

- 1 Prescribed a medication
- 2 Suggested strategies on how to deal with the problem
- 3 Provided reassurance and support but no specific strategies
- 4 Made a referral
- 5 Nothing
- 6 Other, specify_____

5. To what extent did you find this family doctor's response helpful? Would you say...

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

6. Does ^FNAME have a pediatrician?

- 01 Yes,
- 02 No -> next section

For the next questions, please remember that when I say 'you', you should include everyone who is involved in ^FNAME's care.

7. In the past 6 months, that is, _____, how many times in total did you or (target child) see or talk to this pediatrician about any concerns about his health?

_____times

8. At (this/any of these) visit(s), did you discuss any concerns about ____'s mental health?

- 01 Yes
- 02 No → *Next section*

9. In response to these concerns, which of the following did this pediatrician do? Mark all that apply.

- 1 Prescribed a medication
- 2 Suggested strategies on how to deal with the problem
- 3 Provided reassurance and support but no specific strategies
- 4 Made a referral
- 5 Nothing
- 6 Other, specify _____

10. To what extent did you find this pediatrician's response helpful? Would you say...

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

OTHER PERSON OR PLACE FOR REGULAR HEALTH CARE

11. Other than a family physician or pediatrician is there another health care provider from which ^FNAME receives ongoing or regular health care?

- 01 Yes
- 02 No → *Next section*

12. From which type of health-care provider does ^FNAME receive this care? Is it:

- 01 a general practitioner
- 02 another type of physician _____
- 03 a nurse
- 04 another health professional _____

In the following questions, when I say 'you', please think of everyone who is involved in ^FNAME's care.

13. In the past 6 months, that is _____, how many times in total did you or (target child) see or talk to this health-care professional about any concerns about his health?

- 01 Yes
- 02 No

14. At (this/any of these) visit(s), did you discuss any concerns about ____'s mental health?

- 01 Yes
- 02 No → *Next section*

15. To what extent did you find this health professional's response to these concerns helpful? Would you say...

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

WALK-IN CLINIC

In the following questions, when I say 'you', please think of everyone who is involved in ^FNAME's care.

16. In the past 6 months, that is _____, how many times in total did you or ^FNAME go to a walk-in clinic for any concerns about his health?

_____times

17. Did any of these visits involve concerns about ____'s mental health?

01 Yes

02 No → *Next section*

18. To what extent did you find this health professional's response to these concerns helpful? Would you say...

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not at all helpful

URGENT CARE AND EMERGENCY ROOM

19. In the past 6 months, that is _____, how many times in total did ____ go to an urgent care facility or hospital emergency room for any concerns about his health??

_____times

20. Did any of these visits involve concerns about ____'s mental health?

01 Yes

02 No → *next Section*

21. To what extent did you find this health professional's response to these concerns helpful? Would you say...

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not at all helpful

SPECIALIZED MENTAL HEALTH AND ADDICTIONS SERVICES:

Next I have a list of agencies that provide mental health or addiction services for children and adolescents.

1. In the past 6 months that is since (month) did you, another family member, or ____ see or talk to anyone from these agencies because of concerns about his/her mental health. To remind you, these concerns refer to problems children might have with their emotions, attention or behaviour. For adolescents these problems might include use of alcohol or drugs.

	Name of City and Agencies	Yes/ No
	SAMPLE LIST	
	Aurora	
A	Blue Hills Child and Family Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Youthdale Treatment Centres Ltd	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Mental Health Services Of York Region	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Family Life Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Kinark Child And Family Services (Newmarket)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F	York Region Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Bradford Community Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. In the past 6 months, that is since (month), did you, another family member, or ____ see or talk to anyone from any other mental health or addictions agency because of concerns about his/her mental health?

01 Yes Please specify _____

02 No

[all No to Question 1 & Question 2 → Next section]

3. In the past 6 months, that is _____, how many times in total did you, another family member or ____ see or talk to anyone from (this agency/these agencies) about your concerns?

00 times → Question 5

____times

4. To what extent do you feel that the response of (this agency/these agencies) to these concerns was helpful?

Would you say

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not at all helpful

5. Are you currently on a waitlist for any services?

01 Yes

02 No

6. Have you ever stopped your contact with (this agency/these agencies) because.

	Yes	No
a. the waitlist was too long	01	02
b. the service was not helping	01	02
c. transportation problems	01	02
d. scheduling problems	01	02
e. my child refused to go	01	02
f. some other reason	01	02

HELP FROM INDIVIDUAL MENTAL HEALTH PROVIDERS

1. In the past 6 months, that is _____, have you or (target child) seen any of the following types of health-care providers because of concerns about (target child's) mental health?

	Yes	No
a. A psychiatrist?	01	02
b. A psychologist?	01	02
c. A social worker?	01	02
d. Some other type of counsellor? Specify: _____	01	02

2. To what extent do you feel that the response to your concerns about ^FNAME by (this psychiatrist/this psychologist/this social worker/this other type of counsellor) was helpful?

01 Extremely helpful

02 Very helpful

03 Somewhat helpful

04 A little bit helpful

05 Not at all helpful

3. In the past 6 months, did you ever have to use your health benefits or pay out-of-pocket to (name health professional) or any other mental health provider to get help for (target child's) mental health?

- 01 Yes
- 02 No

When children are having difficulties, it is common for many different types of people to get involved. The next few questions ask about other people you or your family may have been involved with.

1. Have you ever seen or talked to anyone from the Children's Aid's Society (CAS) about ____?

- 01 Yes
- 02 No → *go to next section*

2. In the past 6 months, have you seen or talked to anyone from the Children's Aid's Society (CAS) about ____?

- 01 Yes
- 02 No

The next few questions ask about contact with the police and justice system.

1. In the past 6 months, have you or ____ talked with the police or been involved with the justice system about ____ because of something s/he might have done?

- 01 Yes → *go to Q3*
- 02 No

2. Did you or (target child) **ever** talk with the police about him because of something s/he might have done?

- 01 Yes
- 02 No → *go to next section*

3. Did you or (target child) ever go to Juvenile Court because of something he might have done?

- 01 Yes
- 02 No

The next questions ask about sources of help and information parents may turn to, other than seeking professional help.

1. In the past 6 months, that is _____, have you ever obtained help or advice from the following sources due to concerns regarding ____'s mental health?

	Yes	No
Family member or relative	01	02
Friend or partner	01	02
Teacher or other adult at school	01	02
Phone helpline or crisis hotline	01	02
Internet	01	02
A minister, priest, rabbi, Imam, or other spiritual leader	01	02
Naturopath, herbalist or alternative practitioner	01	02
Some other person or place	01	02

PERCEIVED BARRIERS

1. In the past 6 months was there ever a time when you felt ____ might need professional help for any mental health problems but you did **not** seek help?

- 01 Yes
- 02 No → *next section*

2. Why did you not seek help?

- 01 I thought we could manage it ourselves
- 02 I didn't know where to get help
- 03 I never got around to it (e.g., too busy)
- 04 It would have been too hard to schedule
- 05 I tried but the wait was too long
- 06 I didn't think professional help would do any good
- 07 It was going to cost too much
- 08 Getting there was a problem
- 09 I was afraid of what others would think of me or my child
- 10 My child refused to go
- 11 Other - Specify

3. What was the main reason you did not seek help?

- 01 I thought we could manage it ourselves
- 02 I didn't know where to get help
- 03 I never got around to it (e.g., too busy)
- 04 It would have been too hard to schedule
- 05 I tried but the wait was too long
- 06 I didn't think professional help would do any good
- 07 It was going to cost too much
- 08 Getting there was a problem
- 09 I was afraid of what others would think of me or my child
- 10 My child refused to go
- 11 Other - Specify

PRESCRIBED MEDICATIONS: PMK needs to be informed *before* the interview that if a child takes a prescribed medication it would be helpful for the medications to be on hand at the time of the interview.

Now, I'd like to ask a few questions about ^FNAME's use of prescription medication over the past 4 weeks.

1. Has ____ taken any prescribed medication in the past 4 weeks?

- 01 Yes → *Write down name of all medication*
- 02 No → *Q2*

Medication 1	
Medication 2	
Medication 3	
Medication 4	
Medication 5	

2. In the past 4 weeks, has (target child) taken...

a. Fish oil or omega 3 or DHA fatty acid supplement?

- 01 Yes
- 02 No

b. Melatonin

- 01 Yes
- 02 No

SERVICE USE (For Siblings)

Mental health concerns refer to problems children might have with their emotions, attention or behaviour. For adolescents these problems might also include use of alcohol or drugs.

1. In the past 6 months, did you or (target child) see or talk to anyone from the following places about any concerns you may have had about ____'s mental health? What about in...

	Yes	No
a. a family doctor or pediatrician's office	01	02
b. a walk-in clinic	01	02
c. an urgent care clinic or emergency room	01	02
d. a regular or general hospital	01	02

2. To what extent do you feel that the response(s) of the people at this place/these places to your mental health concerns was/were helpful?

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

SPECIALIZED MENTAL HEALTH AND ADDICTON SERVICES

3. Please look at your list of agencies that provide mental health or addiction services for children and adolescents. In the last 6 months, did you, another family member or ____ see or talk to anyone from one of these agencies because of concerns about his/her mental health?

- 01 Yes
- 02 No

4. In the last 6 months, did you, another family member, or ____ see or talk to anyone from any other mental health or addictions agency because of concerns about his/her mental health?

- 01 Yes
- 02 No

5. To what extent do you feel that the response of (this agency/these agencies) to these concerns was helpful?

Would you say

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

6. In the past 6 months, did you or (target child) see or talk to anyone from the Children's Aid Society (CAS) about him/her?

- 01 Yes
- 02 No

7. In the past 6 months, have you or ____ talked with the police about ____ or gone to Juvenile Court because of something s/he might have done?

- 01 Yes
- 02 No

INDIVIDUAL MENTAL HEALTH PROVIDERS

8. In the past 6 months, have you or (target child) seen any of the following types of mental health providers because of concerns about his/her mental health? Please include any providers you would have seen at the places mentioned above. What about...

	Yes	No
a. A psychiatrist?	01	02
b. A psychologist?	01	02
c. A social worker?	01	02
d. Some other type of counsellor?	01	02

9. To what extent do you feel that the response(s) of this person/these people to your mental health concerns was/were helpful?

- 01 Extremely helpful
- 02 Very helpful
- 03 Somewhat helpful
- 04 A little bit helpful
- 05 Not at all helpful

The next question asks about sources of help and information children and adolescents may turn to, other than seeking professional help.

10. In the past 6 months, have you or ^FNAME ever obtained help or advice from the following people or places due to concerns regarding his/her mental health?

	Yes	No
a. Family member or relative	01	02
b. Friend or partner	01	02
c. Teacher or other adult at school	01	02
d. Phone helpline or crisis hotline	01	02
e. Internet	01	02
f. A minister, priest, rabbi, Imam, or other spiritual leader	01	02
g. Naturopath or herbalist or alternative practitioner	01	02
h. Some other person or place	01	02

11. In the past 6 months was there ever a time when you or ^FNAME felt you might need professional help for his/her mental health concerns (i.e., problems with emotions, attention, behaviours, or use of drugs or alcohol) but you did **not** seek help?

- 01 Yes
- 02 No → *next section*

12. What are the reasons you did not seek help?

- 01 I thought we could manage it ourselves
 - 02 I didn't know where to get help
 - 03 I never got around to it (e.g., too busy)
 - 04 It would have been too hard to schedule
 - 05 I tried but the wait was too long
 - 06 I didn't think professional help would do any good
 - 07 It was going to cost too much
 - 08 Getting there was a problem
 - 09 was afraid of what others would think of me
 - 10 My child refused to go
 - 11 Other
- <<if more than 1 reason, ask>>

13. What was the main reason you did not seek help?

ACTIVITIES (4-11 year olds only)

Now I would like to ask you some questions about _____'s diet, sleep and activities.

1. Next are some questions about _____'s diet. When answering these questions, please think about how many **times** rather than how many portions. During the **past 24 hours**, how many times did _____...

	0	1	2	3	4	5 or more
Eat fast food (such as Taco Bell, McDonalds, KFC, Tim Hortons)?	00	01	02	03	04	05
Drink milk or eat yoghurt in any form, including in cereal?	00	01	02	03	04	05
Drink a glass or can of sweetened soda (like Coke or Pepsi), a sports drink, or other sweetened soft drink (like Snapple)?	00	01	02	03	04	05
Drink 100% fruit juices, such as orange, apple or grape? (Do not count punch, Kool-Aid, sports drinks (such as Gatorade), and fruit flavored drinks.)	00	01	02	03	04	05
Eat french fries, potato chips, or other fried potatoes?	00	01	02	03	04	05
Eat raw or whole fruit? (Do not count fruit juice.)	00	01	02	03	04	05
Eat vegetables? (like green salads, green beans, carrots, or potatoes that are not fried)	00	01	02	03	04	05

2. The next few questions are about _____'s interests and activities outside of school. In the past 12 months, outside of school, how often has _____

	Most days	A few times a week	About once a week	About once a month	Almost never
a. ...taken part in organized sports or physical activities with a coach or instructor?	01	02	03	04	05
b. ...taken part in unorganized sports or physical activities without a coach or instructor?	01	02	03	04	05
c. ...taken lessons or instruction in music, art or other non-sport activities?	01	02	03	04	05
d. ...taken part in any clubs, groups or community programs with leadership, such as Beavers, Sparks or church groups?	01	02	03	04	05

For these next two questions, add up all the time he spends in physical activity each day. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. It can be done in sports, school activities, playing with friends, walking to school or playing active video games such as Wii Sports, Wii Fit. Please include both school and non-school activities.

3. Over the **past 7 days**, on how many days was ___ physically active for a total of at least **60 minutes** per day?
 ___ Number of days

4. Over a **typical or usual week**, on how many days is ___ physically active for a total of at least **60 minutes** per day?
 ___ Number of days

5. Over the **past 7 days**, on average how many **hours per day** did ___ sit and watch TV, movies or videos, including on Youtube?

- 01 Less than 1 hour
- 02 1 hour
- 03 2 hours
- 04 3 hours
- 05 4 hours
- 06 5 hours or more
- 07 I do not watch TV or videos

6. Over the **past 7 days**, on average how many **hours per day** did ___ spend **outside of school** on a computer, laptop, tablet or smart-phone (working, playing games, e-mailing, chatting, surfing the Internet, etc.)? Include Playstation, Nintendo DS or other portable video games. Would you say...

- 01 Less than 1 hour
- 02 1 hour
- 03 2 hours
- 04 3 hours
- 05 4 hours
- 06 5 hours or more
- 07 I do not use these devices outside of school

SLEEP

The next few questions are about your child's usual or typical sleep in the **past 6 months**.

1. On weekdays, when ^FNAME goes to school, what time does he/she usually go to bed? _____ p.m. or _____ a.m.

2. What time does ___ usually wake on school days? _____ a.m. or _____ p.m.

3. How much sleep does ^FNAME usually get during the night on school days? naps _____Hours _____Minutes

4. On school days does s/he nap during the day?

5. If yes, how long does ^FNAME usually nap for? _____Hours _____Minutes

6. On WEEKENDS (or Vacations) when ^FNAME doesn't go to school, what time does she/he you usually go to bed? _____ a.m./p.m.

7. What time does she/he usually wake on weekends? _____ a.m./p.m.

8. How much sleep does she/he usually get during the night on weekends (or vacations)? _____Hours _____Minutes

9. On the weekends, does she/he nap during the day? Yes No

10. If yes, how long does he/she usually nap for? _____Hours _____Minutes

The next few questions have to do with your child's usual sleep on most days - including both weekdays and weekends.

11. How long does it usually take ^FNAME to fall asleep, once you have turned off the lights?

- 01 I fall asleep very quickly; less than 5 minutes
- 02 A few minutes; 5-10 minutes
- 03 A little while; 10-30 minutes
- 04 A long time; more than 30 minutes
- DK

12. After ^FNAME has gone to sleep at night, how often does he/she usually wake up during the night?

- 01 Almost every night; 5-7 times/week
- 02 Several times a week; 1-4 times/week
- 03 Every now and then; 2-3 times/month
- 04 I almost never wake up during the night
- DK

13. How long does it usually take ^FNAME to go back to sleep after he/she wakes up during the night?

- 01 I fall asleep very quickly; less than 5 minutes
- 02 A few minutes; 5-10 minutes
- 03 A little while; 10-30 minutes
- 04 A long time; more than 30 minutes
- DK

14. Do you consider your child's sleep a problem?

- No problem
- Mild problem
- Moderate problem
- Severe problem

SCHOOL

Now here are a few questions about school.

1. Does ____ go to school?

- 01 Yes → 4
- 02 No

2. Why doesn't _____ go to school?

- 01 Too young >6
- 02 Schooled at home
- 03 Health reason
- 04 Other-specify

3. What school grade is ^FNAME in?

- 01 Grade 1 (Elementary)
 - 02 Grade 2 (Elementary)
 - 03 Grade 3 (Elementary)
 - 04 Grade 4 (Elementary)
 - 05 Grade 5 (Elementary)
 - 06 Grade 6 (Elementary)
 - 07 Grade 7
 - 08 Grade 8
 - 09 Grade 9
 - 10 Grade 10
 - 11 Grade 11
 - 12 Grade 12
 - 13 Post-secondary (for example college or university)
 - 14 Junior Kindergarten (generally 2 years before grade 1)
 - 15 Senior Kindergarten (generally 1 year before grade 1)
 - 16 Ungraded
- DK, RF
→ Skip to next section

4. What is the highest grade in school which ^FNAME has completed successfully?

- 01 Grade 1 (Elementary)
 - 02 Grade 2 (Elementary)
 - 03 Grade 3 (Elementary)
 - 04 Grade 4 (Elementary)
 - 05 Grade 5 (Elementary)
 - 06 Grade 6 (Elementary)
 - 07 Grade 7
 - 08 Grade 8
 - 09 Grade 9
 - 10 Grade 10
 - 11 Grade 11
 - 12 Grade 12
 - 13 Post-secondary (for example college or university)
 - 14 Junior Kindergarten (generally 2 years before grade 1)
 - 15 Senior Kindergarten (generally 1 year before grade 1)
 - 16 Ungraded
- DK, RF

5. Does ____ receive enhanced instruction at school because of exceptionally advanced intellectual, athletic or artistic abilities?

- 01 Yes
- 02 No

6. Does ____ receive special education and/or resource help because of a learning disability or a physical, emotional, behavioural or other problem?

- 01 Yes
- 02 No

7. Has he ever been placed in a special school or special class because of a learning disability or a physical, emotional, behavioural or other problem?

- 01 Yes
- 02 No

8. During the past 6 months, that is since _____, which of the statements below best describes how well ____ has been doing in school?

- 01 Very well, excellent student
- 02 Quite well, good student
- 03 Pretty well, average student
- 04 Not too well, below average student
- 05 Not well at all, poor student

9. Based on your knowledge of his/her school work and most recent report card, how well is ____ doing in the following subjects and overall?

	A 80-100%	B 70-79%	C 60-69%	D <60%	
a. Language (including reading, writing and oral communication)?	01	02	03	04	NA
b. Mathematics?	01	02	03	04	NA
c. On average across their subjects?	01	02	03	04	

10. How far in school do you think he/she will get?

- 01 Complete primary/elementary school (e.g. grade 8)
- 02 Go to high school, but not graduate
- 03 Graduate from high school
- 04 Get a diploma or certificate from trade, technical or vocational school or business college
- 05 Graduate from a community college, CEGEP or nursing school or other non-university certificate
- 06 Graduate from university
- 07 Graduate from law, medical or graduate school

11. During the past 6 months, that is since _____, how well has he/she gotten along with his/her teacher(s) at school?

- 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
- 06 Not in school

(Q12. 4-11 year olds, only)

12. To what extent do the following descriptions apply to _____

	Not at all	A little	A lot
_____ is picked on by other children.	01	02	03
_____ is called names by peers.	01	02	03
_____ has peers who say negative things about him or her to other children.	01	02	03
_____ is hit or kicked by other children.	01	02	03
_____ is teased or made fun of by peers.	01	02	03

13. Since the beginning of this school year, how many times has _____ been suspended from school?

- 01 Never
- 02 1 or 2 times
- 03 3 or 4 times
- 04 5 or more times

14. Since the beginning of the school year, have you or ^FNAME ever spoken to a teacher, guidance counsellor, principal or other school professional because of concerns about ^FNAME's mental health? To remind you, these concerns refer to problems children might have with their emotions, attention or behaviour. For adolescents these problems might include use of alcohol or drugs.

01 Yes

02 No → Q16

15. Since the beginning of the school year, did ^FNAME receive any individual or group counselling, or any other help at school for these concerns?

01 Yes

02 No

09 DK

(Qs 16, 17, 18. 4-11 year olds, only)

The next three questions are about extra-curricular activities that ^FNAME may have participated in, which were school-based.

16. During this school year, how often has ____ participated in individual or team sports with a coach or instructor before school, at lunch or after school?

01 Most days

02 A few times a week

03 About once a week

04 About once a month

05 Almost never

17. During this school year, how often has ____ participated in individual or team sports without a coach or instructor before school, at lunch or after school?

01 Most days

02 A few times a week

03 About once a week

04 About once a month

05 Almost never

18. During this school year, how often has ____ participated in any clubs or activities at his school such as environmental club, a library club, a computer club or a games club?

01 Most days

02 A few times a week

03 About once a week

04 About once a month

05 Almost never

PART 5-CAPI: ABOUT SELF & SPOUSE

Now, I'd like to ask some general background questions about you and your spouse/partner.

HEALTH

The next question is about your health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

1. In general, would you say your health is

01 Excellent

02 Very good

03 Good

04 Fair

05 Poor

2. Please answer the following questions about how you have been feeling **during the past 4 weeks**. Tell me which response best represents how often you have experienced or felt the following:

During the past 4 weeks , how often did you feel...	Never	Once or twice	About once a week	2 or 3 times a week	Almost every day	Every day
1. happy	00	01	02	03	04	05
2. interested in life	00	01	02	03	04	05
3. satisfied with life	00	01	02	03	04	05
4. that you had something important to contribute to society	00	01	02	03	04	05
5. that you belonged to a community (like a social group, your school, or your neighbourhood)	00	01	02	03	04	05
6. that our society is a good place, or is becoming a better place, for all people	00	01	02	03	04	05
7. that people are basically good	00	01	02	03	04	05
8. that the way our society works makes sense to you	00	01	02	03	04	05
9. that you liked most parts of your personality	00	01	02	03	04	05
10. good at managing the responsibilities of your daily life	00	01	02	03	04	05
11. that you had warm and trusting relationships with others	00	01	02	03	04	05
12. that you had experiences that challenged you to grow and become a better person	00	01	02	03	04	05
13. confident to think or express your own ideas and opinions	00	01	02	03	04	05
14. that your life has a sense of direction or meaning to it	00	01	02	03	04	05

3. Now, I'd like to ask about any long-term conditions you may have. "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. Do you have any of the following long-term conditions:

	Yes	No
a. food or digestive allergies	01	02
b. respiratory allergies such as hay fever	01	02
c. any other allergies	01	02
d. asthma	01	02
e. arthritis or rheumatism	01	02
f. back problems, excluding arthritis	01	02
g. high blood pressure	01	02
h. migraine headaches	01	02
i. chronic bronchitis or emphysema	01	02
j. sinusitis	01	02
k. diabetes	01	02
l. epilepsy	01	02
m. heart disease	01	02
n. liver disease	01	02

o. cancer	01	02
p. stomach or intestinal ulcers	01	02
q. effects of stroke	01	02
r. any other long-term conditions	01	02

The next few questions deal with any health limitations that affect your daily activities. In these questions, a difficulty, condition or health problem is one that has lasted or is expected to last 6 months or more.

4. Do you have any difficulty seeing, even if wearing glasses:

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

5. Do you have any difficulty hearing, even if using a hearing aid?

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

6. Do you have any difficulty walking or climbing steps?

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

7. Do you have any difficulty remembering or concentrating?

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

8. Do you have any difficulty (with self-care such as) washing all over or dressing?

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

9. Using your usual (customary) language, do you have any difficulty communicating, (for example understanding or being understood by others)?

- 1 No, no difficulty
- 2 Yes, some difficulty
- 3 Yes, a lot of difficulty
- 4 Cannot do it at all

10. Does a physical condition or mental condition or health problem reduce the amount of activity you can do:

At home?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No

11. At work or school?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No
- 4 Not Applicable, not working or not in school

12. In caring for children?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No

13. In other activities, for example, transportation or leisure?

- 1 Yes, sometimes
- 2 Yes, often
- 3 No

14. It is important to know when analyzing health data whether or not the person is pregnant. Are you pregnant?

- 1 Yes
- 2 No

The next questions are about height and weight.

15. What is your current weight without shoes on?

16. What is your current height without shoes?

The next few questions are about your use of prescription and over the counter medications.

17. In the past 4 weeks, did you take

	Yes	No
tranquilizers such as Valium or Ativan?	01	02
diet pills such as Dexatrim, Ponderal or Fastin?	01	02
anti-depressants such as Prozac, Paxil or Effexor?	01	02
codeine, Demerol or morphine?	01	02
asthma medications such as inhalers or nebulizers?	01	02
sleeping pills such as Imovane, Nytol or Starnoc?	01	02

PART 6-SELF COMPLETE LAPTOP: ABOUT SELF

Next are some questions about smoking, drinking and use of drugs. Please remember that your name will not be linked to your answers. They will be kept confidential.

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

- 01 Not at all
- 02 Occasionally
- 03 Daily

2. During the **past 6 months**, how often did you drink alcoholic beverages?

When we use the word "drink" it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler (one whole bottle of wine counts as 5 drinks)
- one drink or cocktail with 1 and a 1/2 ounces of liquor

- 01 Never → Question 4
 02 Less than once a month
 03 Once a month
 04 2 or 3 times a month
 05 Once a week
 06 2 to 3 times a week
 07 4 to 6 times a week
 08 Everyday

3. How many times in the **past 4 weeks** have you had 5 drinks or more on one occasion?

- 00 Never
 01 Once
 02 2 times
 03 3times
 04 4 times
 05 5 or more times

4. How many times, if any, have you used marijuana, cannabis or hash without prescription in the **past 6 months**?

- 01 Not at all
 02 1 or 2 times
 03 3 to 6 times
 04 monthly
 05 weekly
 06 daily or almost daily

5. Have you ever used any other illicit drugs (apart from marijuana) in the **past 6 months**?

- 01 Yes
 02 No

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

7. During that past 30 days, how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...nervous?	01	02	03	04	05
...hopeless?	01	02	03	04	05
...restless or fidgety?	01	02	03	04	05
...so depressed that nothing could cheer you up?	01	02	03	04	05
...that everything was an effort?	01	02	03	04	05
...worthless?	01	02	03	04	05

8. Next are some questions about your contacts with health professionals as well as other people about problems with your emotions, mental health or use of alcohol or drugs. **In your lifetime...**

	Yes	No
Did you <u>ever</u> have problems with your <u>emotions</u> , such as intense feelings of sadness, worry, fear, agitation, or anger?	01	02
Did you <u>ever</u> have problems with the <u>use of alcohol or drugs</u> ?	01	02
Did you <u>ever</u> break the law repeatedly or <u>do other things that could get you into trouble with the police</u> ?	01	02
Did you <u>ever</u> talk to a doctor or counselor about problems with your <u>emotions, mental health or use of alcohol or drugs</u> ? If not, go to f	01	02

Did a doctor or counselor <u>ever</u> tell you that you had a specific type of mental health problem, such as depression, anxiety or substance use?	01	02
Have you <u>ever</u> in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your <u>emotions, mental health or your use of alcohol or drugs</u> ?	01	02

The next few questions are about things that may have happened to you before you were 16 in your school, in your neighbourhood, or in your family. These questions may be sensitive to some people. We would appreciate you answering them as well as you can.

9. Sometimes kids get hassled or picked on by other kids who say hurtful or mean things to them. **Before age 16**, how many times did this happen to you?

01 Never

02 1 or 2 times

03 3 to 5 times

04 6 to 10 times

05 more than 10 times

10. Sometimes kids get pushed around, hit or beaten up by other kids or a group of kids. **Before age 16**, how many times did this happen to you?

01 Never

02 1 or 2 times

03 3 to 5 times

04 6 to 10 times

05 more than 10 times

11. Think about your parents and other caregivers. **Before age 16**, how many times ...

	Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
did they spank you with their hand on your bottom (bum), or slap you on your hand?	01	02	03	04	05
did they say things that really hurt your feelings or made you feel like you were not wanted or loved?	01	02	03	04	05
did they not take care of your basic needs, such as keeping you clean or providing food or clothing	01	02	03	04	05
did you see or hear any of them say hurtful or mean things to each other or to another adult in your home?	01	02	03	04	05
did you see or hear any one of them hit each other or another adult in your home?	01	02	03	04	05

12. Now think about adults in general. **Before age 16**, how many times did an adult...

	Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
slap you on the face, head or ears or hit or spank you with something hard to hurt you?	01	02	03	04	05
push, grab, shove or throw something at you to hurt you?	01	02	03	04	05
kick, bite, punch, choke, burn you, or physically attack you in some way?	01	02	03	04	05
force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?	01	02	03	04	05
touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.	01	02	03	04	05

13. **Before age 16**, did you ever see or talk to anyone from a child protection organization about difficulties at home?

- 01 Yes
- 02 No

(These four questions are only asked if there is a current common law partner or spouse according to the household roster.)

14. All couples have conflicts from time to time and there are many ways that partners can try to handle disagreements when they arise. Please tell me about your disagreements during the past 12 months. How often did you and your partner have minor disagreements (e.g. "spats", getting on each other's nerves) during the **past 12 months**? Please put a check mark in the box that corresponds to what is true for you.

- 01 Not in the past 12 months but it did happen
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 times or more
- 05 Never happened

15. How often did you and your partner have major disagreements (e.g. "big fights", "blow-ups") during the **past 12 months**?

- 01 Not in the past 12 months but it did happen
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 times or more
- 05 Never happened

16. In the **past 12 months**, did any disagreements ever result in pushing, shoving or slapping one another?

- 01 Yes
- 02 No

17. In the **past 12 months**, did any disagreements ever result in punching, kicking or beating up one another?

- 01 Yes
- 02 No

18. The next items are statements about families and family relationships. For each one, mark the circle to indicate if you strongly agree, agree, disagree or strongly disagree that the statement describes your family.

	Strongly agree	Agree	Disagree	Strongly Disagree
a. Planning family activities is difficult because we misunderstand each other.	01	02	03	04
b. In times of crisis we can turn to each other for support.	01	02	03	04
c. We cannot talk to each other about sadness we feel.	01	02	03	04
d. Individuals (in the family) are accepted for what they are.	01	02	03	04
e. We avoid discussing our fears or concerns.	01	02	03	04
f. We express feelings to each other.	01	02	03	04
g. There are lots of bad feelings in our family.	01	02	03	04
h. We feel accepted for what we are.	01	02	03	04
i. Making decisions is a problem for our family.	01	02	03	04
j. We are able to make decisions about how to solve problems.	01	02	03	04
k. We don't get along well together.	01	02	03	04
l. We confide in each other.	01	02	03	04

We would now like to ask you a question about any contact you have had with the police.

19. Have you **ever** been arrested or charged for an offence other than for a traffic violation?

01 Yes

02 No

20. Have you or any member of your family experienced being hungry because the family has run out of food or money to buy food?

01 Yes

02 No

21. In the past year, have you or any member of your family ever used a Food Bank or Emergency Food Program to help provide for your family?

01 Yes

02 No

We will now ask you some questions about your neighbourhood. A neighbourhood refers to the area surrounding your home. Some of these questions may not apply to your neighbourhood, for example if you live in a rural setting. Please select 'Not Applicable' if the question does not apply to your neighbourhood.

Help text: It is up to the respondent to define what they perceive to be their neighbourhood.

For each of the following statements, please indicate whether it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in your neighbourhood would act in the following manner:

22. If a group of neighbourhood children were skipping school and hanging out on a street corner, how likely is it that your neighbours would do something about it?

1 Very likely

2 Likely

3 Neither likely nor unlikely

4 Unlikely

5 Very unlikely

DK, NA

23. If some children were spray-painting graffiti on a local building, how likely is it that your neighbours would do something about it?

- 1 Very likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Very unlikely
- DK, NA

24. If a child was showing disrespect to an adult, how likely is it that people in your neighbourhood would scold that child?

- 1 Very likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Very unlikely
- DK, NA

25. If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbours would break it up?

- 1 Very likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Very unlikely
- DK, NA

26. Suppose that because of budget cuts the fire station closest to your home was going to be closed down. How likely is it that neighbourhood residents would organize to try to do something to keep the fire station open?

- 1 Very likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Very unlikely
- DK, NA

Now you will see some questions about things you might do with people in your neighbourhood.

27. About how often do you and people in your neighbourhood do favours for each other? By favours we mean such things as watching each other's children, helping with shopping, lending garden or house tools, and other small acts of kindness.

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, NA

28. When a neighbour is not at home, how often do you and other neighbours watch over their property?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, NA

29. How often do you and other people in the neighbourhood ask each other advice about personal things such as child rearing or job openings?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, NA

30. How often do you and people in this neighbourhood have parties or other get-togethers where other people in the neighbourhood are invited?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, NA

31. How often do you and other people in this neighbourhood visit in each other's home or on the street?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, NA

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

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK

34. There are safe parks, playgrounds and play spaces in this neighbourhood.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- DK

35. While you have lived in this neighbourhood, has anyone ever used violence, such as in a mugging, fight, or sexual assault, against you or any member of your household anywhere in your neighbourhood?

- 1 Yes
- 2 No
- DK, NA

36. While you have lived in this neighbourhood, has your home ever been broken into?

- 1 Yes
- 2 No
- DK, NA

37. While you have lived in this neighbourhood, have you or any member of your household had anything stolen from your yard, porch, garage, or elsewhere outside your home (but on your property)?

- 1 Yes
- 2 No
- DK, NA

38. While you have lived in this neighbourhood, has anyone ever insulted, name called, cursed or showed disrespect repeatedly against you or any member of your household anywhere in this neighbourhood? 1

- Yes
- 2 No
- DK, NA

39. Now please think about how satisfied you are with different aspects of your neighbourhood. Would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied with the following:

... parks and green space

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... amount of traffic

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... police protection

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... personal safety

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... your neighbourhood as a whole

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... quality of schools

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... child care services

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... health care services

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... recreation facilities

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

... public transportation

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- DK, NA

Thank you for completing this questionnaire. Please let the interviewer know that you have finished this part of the interview.

PART 7-CAPI: ABOUT SELF & SPOUSE

HOUSING

Now we would like to ask you some questions about your home and neighbourhood.

1. How long have you lived in your neighbourhood?
2. What was your most important reason for moving into this neighbourhood?
 - 01 Affordable
 - 02 Knew people in the neighbourhood
 - 03 Convenient - close to downtown
 - 04 Convenient - close to public transport
 - 05 Convenient - close to work
 - 06 Convenient - close to good schools
 - 07 Convenient - close to services/amenities
 - 08 Safety
 - 09 Investment property

- 10 Neighbourhood had character
- 11 Liked the residence
- 12 Ethnic/cultural draw
- 13 Other

3. How many years have you lived at this address?

4. During the past five years, in how many different dwellings have you lived?

5. Is this dwelling...?

- 1 Owned by you or a member of this household, even if it is still being paid for
- 2 Rented, even if no cash rent is paid

6. How many rooms are there in this dwelling?

7. How many of these rooms are bedrooms?

8. Is this dwelling in need of any repairs?

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

9. Is this dwelling subsidized? (Subsidized housing includes rent geared to income, social housing, public housing, government assisted housing, non-profit housing, rent supplements, and housing allowances.)

- 1 Yes
- 2 No

10. What is the total monthly rent or mortgage that your household currently pays for this dwelling? Please exclude taxes.

Thinking about your dwelling, how much of a problem are the following:

11. ... noise from outside the building?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem

12. ... safety and security of dwelling?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem

13. ...mould or dampness in your dwelling?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem

14. ...insects or pests in your dwelling?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A big problem

SES DEMOGRAPHICS

In what country were you born?

In which province or territory were you born?

- 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

In what year did you first come to Canada to live?

Are you now, or have you ever been a landed immigrant in Canada?

In what year did you first become a landed immigrant in Canada?

Of what country are you a citizen?

Is that by birth or by naturalization?

- 1 By birth
- 2 By naturalization

Did you come to Canada as a refugee?

Are you currently a refugee claimant or seeking asylum in Canada?

Were you ever a refugee claimant or seeking asylum in Canada?

Have you ever lived in a refugee camp?

Have you ever been an Internally Displaced Person (IDP)?

Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.

Are you First Nations, Métis or Inuk (Inuit)?

You may belong to one or more racial or cultural groups on the following list.

Are you... ?

- 01 White
- 02 South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- 03 Chinese
- 04 Black
- 05 Filipino
- 06 Latin American
- 07 Arab
- 08 Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
- 09 West Asian (e.g., Iranian, Afghan)
- 10 Korean

- 11 Japanese
- 12 Other - Specify

What language do you speak most often at home?

What is the language that you first learned at home in childhood and still understand?

What is your religion?

Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?

- 1 At least once a week
- 2 At least once a month
- 3 At least 3 times a year
- 4 Once or twice a year
- 5 Not at all

In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?

- 1 At least once a day
- 2 At least once a week
- 3 At least once a month
- 4 At least 3 times a year
- 5 Once or twice a year
- 6 Not at all

Are you currently attending school, college, CEGEP or university?

What type of educational institution are you attending?

- 1 Elementary, junior high school or high school
- 2 Trade school, college, CEGEP or other non-university institution
- 3 University

Are you enrolled as... ?

- 1 A full-time student
- 2 A part-time student
- 3 Both full-time and part-time student

What is the highest grade of elementary or high school you have ever completed?

- 1 Grade 8 or lower (Québec: Secondary II or lower)
- 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year secondary)
- 3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 3rd year of secondary)

Did you complete a high school diploma or its equivalent?

Have you received any other education that could be counted towards a certificate, diploma or degree from an educational institution?

What is the highest certificate, diploma or degree that you have completed?

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate
- 3 Trade certificate or diploma
- 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (e.g. B.A., B.Sc., LL.B.)

7 University certificate, diploma, degree above the bachelor's level

In what country did you complete your highest certificate, diploma or degree?

Which of the following things best describes your current situation? Please select one response.

- 1 Full-time paid employee (30 hours or more a week)
- 2 Part-time paid employee (under 30 hours a week)
- 3 Full-time self-employed
- 4 Part-time self-employed
- 5 Unemployed and seeking work
- 6 Temporarily sick/disabled
- 7 Permanently sick/disabled
- 8 Looking after home/family
- 9 Going to school full or part-time
- 10 Something else

Many of the following questions concern your activities last week. By last week, I mean the week beginning on ^REFBEGE, and ending ^REFENDE.

Last week, did you work at a job or business? (regardless of the number of hours)

Last week, did you have a job or business from which you were absent?

What was the main reason you were absent from work last week?

- 01 Own illness or disability
- 02 Caring for own children
- 03 Caring for elder relative (60 years of age or older)
- 04 Maternity or parental leave
- 05 Other personal or family responsibilities
- 06 Vacation
- 07 Labour dispute (strike or lockout) (Employees only)
- 08 Temporary layoff due to business conditions (Employees only)
- 09 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 Other - Specify

On average, how many hours do you usually work per week? Please include overtime, paid or unpaid./At the job you usually work the most hours, on average, how many hours do you usually work per week? Please include overtime, paid or unpaid.

On average, how many hours do you usually work per week at your other job(s)? Please include overtime, paid or unpaid.

Which of the following best describes the hours you usually work at this job?

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

Please refer to page 1 of the booklet.

Think of this ladder as representing where people stand in Canada.

At the top of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the least respected jobs or no job.

The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

What is the number to the right of the rung where you think you stand at this time in your life, relative to other people in Canada?

01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10

Think of this ladder as representing where people stand in their neighbourhood or community. At the top of the ladder are the people who have the highest standing. At the bottom are those who have the lowest standing.

What is the number to the right of the rung where you think you stand relative to other people in your neighbourhood or community?

01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10

Now, think of this ladder as representing where people stand in ^COUNTRYTEXT. What is the number to the right of the rung, where you think you would stand, if you were still living in ^COUNTRYTEXT?

01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10

Discrimination may happen when people are treated unfairly because they are seen as being different from others.

In the past 5 years/Since arriving in Canada/In the past 5 years], do you feel that you have experienced discrimination or been treated unfairly by others in Canada because of your ethnicity, culture, race, skin colour, language, accent, or religion?

In the past 5 years/Since arriving in Canada/In the past 5 years], how often do you feel that you have experienced such discrimination or unfair treatment in Canada? Was it or is it:

- 1 Often
- 2 Sometimes
- 3 Rarely

In the past 5 years/Since arriving in Canada/In the past 5 years], in which places or situations do you feel that you have experienced discrimination or been treated unfairly in Canada? Was it:

- 1 when getting housing?
- 2 while getting medical care?
- 3 on the street?
- 4 in a store, bank or restaurant?
- 5 at work or when applying for a job or promotion?
- 6 when dealing with the police or courts?
- 7 somewhere else?

To reduce the length of the interview and enhance the information provided in this survey, Statistics Canada plans to combine the survey information with tax data. The combined data will be used for statistical purposes only, and will be kept confidential.

SPOUSE

Now, I'd like to ask some general background questions about your spouse.

In what country was ^FNAME born?

In which province or territory was ^FNAME born?

- 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

In what year did he first come to Canada to live?

Is he now, or has he ever been a landed immigrant in Canada?

In what year did he first become a landed immigrant in Canada?

Of what country is he a citizen?

Is that by birth or by naturalization?

- 1 By birth
- 2 By naturalization

Did he come to Canada as a refugee?

Is he currently a refugee claimant or seeking asylum in Canada?

Was he ever a refugee claimant or seeking asylum in Canada?

Has he ever lived in a refugee camp?

Has he ever been an Internally Displaced Person (IDP)?

Is ^FNAME an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.

Is he First Nations, Métis or Inuk (Inuit)?

- 1 First Nations (North American Indian)
- 2 Métis
- 3 Inuk (Inuit)

^FNAME may belong to one or more racial or cultural groups on the following list.

Is he... ?

Are you... ?

- 01 White
- 02 South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- 03 Chinese
- 04 Black
- 05 Filipino
- 06 Latin American
- 07 Arab
- 08 Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
- 09 West Asian (e.g., Iranian, Afghan)
- 10 Korean
- 11 Japanese
- 12 Other - Specify

What language does he speak most often at home?

What is the language that he first learned at home in childhood and still understand?

What is ^FNAME's religion?

Not counting events such as weddings or funerals, during the past 12 months, how often did he participate in religious activities or attend religious services or meetings?

- 1 At least once a week
 - 2 At least once a month
 - 3 At least 3 times a year
 - 4 Once or twice a year
 - 5 Not at all
- DK, RF

In the past 12 months, how often did he engage in religious or spiritual activities on his own, including prayer, meditation and other forms of worship taking place at home or in any other location?

- 1 At least once a day
 - 2 At least once a week
 - 3 At least once a month
 - 4 At least 3 times a year
 - 5 Once or twice a year
 - 6 Not at all
- DK, RF

Is he currently attending school, college, CEGEP or university?

What type of educational institution is he attending?

Is he enrolled as... ?

- 1 A full-time student
 - 2 A part-time student
 - 3 Both full-time and part-time student
- DK, RF

What is the highest grade of elementary or high school ^FNAME has ever completed?

- 1 Grade 8 or lower (Québec: Secondary II or lower)
 - 2 Grade 9 - 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year secondary)
 - 3 Grade 11 - 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 3rd year of secondary)
- DK, RF

Did he complete a high school diploma or its equivalent?

Has he received any other education that could be counted towards a certificate, diploma or degree from an educational institution?

What is the highest certificate, diploma or degree that he has completed?

- 1 Less than high school diploma or its equivalent
 - 2 High school diploma or a high school equivalency certificate
 - 3 Trade certificate or diploma
 - 4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)
 - 5 University certificate or diploma below the bachelor's level
 - 6 Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
 - 7 University certificate, diploma, degree above the bachelor's level
- DK, RF

In what country did he complete his highest certificate, diploma or degree?

Which of the following things best describes his current situation? Please select one response.

- 1 Full-time paid employee (30 hours or more a week)
- 2 Part-time paid employee (under 30 hours a week)
- 3 Full-time self-employed
- 4 Part-time self-employed
- 5 Unemployed and seeking work
- 6 Temporarily sick/disabled
- 7 Permanently sick/disabled
- 8 Looking after home/family
- 9 Going to school full or part-time
- 10 Something else

Many of the following questions concern ^FNAME’s activities last week. By last week, I mean the week beginning on ^REFBEGE, and ending ^REFENDE.

Last week, did ^FNAME work at a job or business?
(regardless of the number of hours)

Last week, did ^FNAME have a job or business from which he was absent?

What was the main reason ^FNAME was absent from work last week?

- 01 Own illness or disability
- 02 Caring for own children
- 03 Caring for elder relative (60 years of age or older)
- 04 Maternity or parental leave
- 05 Other personal or family responsibilities
- 06 Vacation
- 07 Labour dispute (strike or lockout) (Employees only)
- 08 Temporary layoff due to business conditions (Employees only)
- 09 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 Other - Specify

On average, how many hours do you usually work per week? Please include overtime, paid or unpaid./At the job you usually work the most hours, on average, how many hours do you usually work per week? Please include overtime, paid or unpaid.

On average, how many hours do you usually work per week at your other job(s)? Please include overtime, paid or unpaid.

Which of the following best describes the hours you usually work at this job?

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

SIB 1	SIB 2	SIB 3
<u>Part 1-CAPI</u>	<u>Part 1-CAPI</u>	<u>Part 1-CAPI</u>
<u>Part 2-SELF COMPLETE</u>	<u>Part 2-SELF COMPLETE</u>	<u>Part 2-SELF COMPLETE</u>
<u>Part 4-CAPI</u>	<u>Part 4-CAPI</u>	<u>Part 4-CAPI</u>

Permissions

School Collection

Teachers are uniquely placed to provide important information about students’ behaviour, academic achievement and social development. Since children spend much of their time at school, your co-operation would be appreciated to allow us to send a questionnaire to ^FNAME’s teachers.

In the questionnaire, the teacher will be asked about ^FNAME’s school achievements, behaviour and about his classroom environment.

Will you allow us to gather information from ^FNAME’s teacher?

Is there a particular reason why you do not want us to contact the teacher(s)?

^FNAME ^LNAME. Is this the name ^FNAME is known by at school?

[Thank you for your cooperation. We will be mailing a questionnaire to ^FNAME's school within the next few months./Thank you. We will not be contacting ^FNAME's school.]

School Contact (SCH)

What is the name of the school that ^FNAME attends?

So, ^FNAME attends...

What is the full name of the school that ^FNAME attends?

Does this school belong to a school board or school district?

What is the full name of the school board or district?

Linkage

To enhance the data from this survey and to minimize the reporting burden for respondents, Statistics Canada would like to link your responses with ^FNAME's administrative records.

These records include information about ^FNAME's education, such as academic grades, programs and attendance from the Ontario Ministry of Education, and information about ^FNAME's past and continuing use of health services, such as visits to hospitals, clinics and doctors' offices, from the Ontario Ministry of Health and Long-Term Care.

The linked information will be kept strictly confidential and used only for statistical purposes. Do we have your permission?

Having a provincial health number will assist us in linking to this other information.

Does ^FNAME have an Ontario Health Insurance Plan (OHIP) number?

What is ^FNAME's Ontario Health Insurance Plan number?

Permission to Share

Sharing ^FNAME's personal information, such as name, address, birthdate and health number with the Ontario Ministry of Health and Long-Term Care and the Ontario Ministry of Education will allow Statistics Canada to link information from this survey to administrative records on health and education. These ministries have agreed to keep this information strictly confidential and use it only for statistical purposes.

Do you agree to share ^FNAME's information with the Ontario Ministry of Health and Long-Term Care and the Ontario Ministry of Education?