

Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS₁ Confidential document once completed.

Demographic Questionnaire

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

| Lon | gitudinal res | spondent(s) exped | ted in household after tra | cing |
|---------------------|---|--|---|--|
| P/L 83 | Given name | | Surname | Confirmed in household |
| | | | | ¹ Yes ² No |
| | | | | ¹ Yes ² No |
| | | | | ¹ Yes ² No |
| | | | | ¹ Yes ² No |
| | | | | 1 Yes 2 No |
| | | | | ¹ Yes ² No |
| | | | | ¹ Yes ² No |
| | | | | |
| Con 01. | firmation of | OCHS responden | nt | |
| | your health. In | • | t I have the correct person, cou | ted in one of our surveys about you and ald you please tell me if the first names (verify if these could be names of relatives) |
| 02. | Did you live a | | address) in 1983 (1987)? | |
| | ¹ Yes ■ | Continue | | em for their end interview. |
| 03. | childhood expand possibly health. Now follow-up suraspects of the very important from childhool long-lasting in life? Researce motivation for Your answers identified by a original particle. | periences and develoe 1987, as a part of the in 2000, Statistics Covey with the original eir lives. This informant as it will expand the od and youth into a mpacts of such factooch using this data will repetter programs, serony of the information | pment on later adult health, q his study, your parent(s) anso canada, in conjunction with I participants to collect current ation, used with the information knowledge concerning the pro- adulthood. It will address vars as childhood health, early I help to indicate the areas of vices and government initiative confidential and used only for so you provide. While participative is essential if the results ar | signed to evaluate the impact of early uality of life and functioning. In 1983 wered questions about you and your McMaster University, is conducting a information on their health and other n collected from the earlier surveys, is ocesses that help or hinder transitions arious questions such as: are there family life or neighbourhood on adult need for children, as well as increase es directed towards children. Statistical purposes - you can never be ion is voluntary, as you are one of the ee to be accurate. Would you prefer to |
| | ¹ English | ² French | ³ Either | |
| For | office use o | only | | |
| Hous | sehold ID. | SUB Assignment | number Interview date | Household Final |
| | <u> </u> | | Year Month | Day |
| Forn Requ | ns Control: | OCHS 1 OCHS 2 (| OCHS 3 OCHS 4 OCHS 5 O | CHS 6 Interview method: 1 Telephone/Personal |
| | pleted | | | ² Telephone only |
| | | | | |

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| 04. | | | | , | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|----------|----------------|----------------|-------|-------------------|--------|--------|-----------|-------------|------|-------|--------|---------------------------------|-----------------------|-----------------------------|--------------------------------|-----|-------|-------|-------------|----------------|
| | Address | | \perp | | L | | | | | | | | | | | | | | | Ш | | |
| | City | | | | | | | | | | | | | | | P | rovii | nce | | | _ | |
| | Postal code | | | | L | | | Te | elep | hon | e_ | | | | - | | | | - | | | |
| 05. | The next few ques | | | | | - | - | | | | _ | | _ | | | | | | uld y | ou (| give | me the |
| | LR P/L P/L 83 00 | | en name | | | | - Clar | | | | Da | ate o | of bir | th | | | ge | | ex | MS | SC | Resp. Final |
| a) | | Sur | name | | | | | | | | Year | | Mont | 11 | Day | | | Г | 1 | | П | Ш |
| ŕ | | Give | en name |) | | | | | | | | | | | | | | | | | | |
| b) | | Sur | name | | | | | | | | | | | | | | | | | | П | П |
| | | Give | en name |) | | | | | | | | | | | | | | | | | | |
| c) | 3 | Sur | name | | | | | | | | | | | | | | | | | | | Ш |
| | | Give | en name |) | | | | | - | | | | | | | | | | | | | |
| d) | 4 | Sur | name | | | | | | | | | | | Ш | | | | | | | | Ш |
| | | Give | en name |) | | | | | | | | | | | | | | | | | | |
| e) | 5 | Sur | name | | | | | | | | | Ш | | Щ | | | | | | | | Ш |
| | | Give | en name | • | | | | |] | | | | | | | | | | | | | |
| f) | 6 | Sur | name | | | | | | | Ц | | | | Щ | | | | | | | | Ш |
| | | Give | en name |) | | | | | | | | | | | | | | | | | | |
| g) | 7 | Sur | name | | | | | | | | | Ш | | | | | | | | | | Ш |
| | | Give | en name |) | | | | | | | | | | | | | | | | | | |
| h) | 8 | Sur | name | | | | | | | | | | | | | | | | | | | Ш |
| | | Give | en name |) | | | | |] | | | | | | | | | | | | | |
| i) | 9 | Sur | name | | | | | | | | | | | | | | | | | | | Ш |
| 06. | Has anyone been time basis? | left | off thi | s list | , suc | ch as | s chi | ildre | n in | ı joi | nt c | usto | dy v | who | live | in t | this | hou | seh | old o | on an | equal |
| | | Add hous | memb sehold | er of roste | r | 2 | | No | - | > | Co | ntinu | ie | | | | | | | | | |
| 07. | Does anyone else | | - | | - | | | , live | or | sta | y at | this | dw | ellin | g sı | ıch | as n | ewk | orn | infa | ints, | |
| | relatives, roomers Yes | | memb sehold | | - | oy e c | 55! | No | - | > | Co | ntinu | ıe | | | | | | | | | |
| Final | Status Code (Res | o. fir | nal/HH | LD fi | inal) | | | | | | | | | M | arita | l St | atus | Co | des | (MS |) | |
| 71 = 80 = 36 = 11 = 20 = | Fully completed Partially completed Refusal by participa Unable to trace Unable to contact Absent for duration Language barrier (n | of su | urvey | | | mem | ber | | | | | | | 2 : 3 : 4 : 5 : 6 : | = Wi = Se = Div | dow para vorc ngle | on-laved ated ed (nev | | | · | oartne | er |
| 60 = 64 = 63 = 90 = 91 = | Institutionalized (6 n Deceased Duplicate Unusual/special circ Threat to safety Interview prevented | nont | hs) stance | S | | s me | ntal | or ph | nysio | cal o | cond | ition | | | | | | | | | | |
| 02 - | | 346 | . 10 100 | , JOI 10 | | | ar (| J. PI | ۱۰ کی | Jar | Jona | | | | | | | | | | | |

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08. Relationship grid:

Please enter the name of the respondent under "P1" on **both** sides of the grid. Continue doing this for all household members. You will be asking for the relationship between each of the household members and indicating the proper code in the appropriate cell. See list of codes below.

To complete the grid, begin by reading the names **down** the column and asking the relationship to the person across the top of the grid. Keep in mind that we want to know what the relationship is of the person who is named first (in the left hand column) to the person who is named second (across the top).

After completing the relationship grid, mark an "X" in the box "SC" next to the selected child at question 05.

| REL | ATION | ISHIP → TO: | P1 | | P2 | | Р3 | | P4 | | P5 | | P6 | | P7 | | P8 | | P9 | ı | P10 |) | P11 | P12 | |
|----------|-------|-------------|----|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|-----|----|------------------|------------------|---|
| ↓ | , | Given name | | | | | | | | | | | | | | | | | | | | | | |] |
| OF: | P1 | | 01 | 01 | | | | | | | | | | | | | | | | | | | | | 1 |
| | P2 | | 02 | | 13 | 01 | | | | | | | | | | | | | | | | | | | 1 |
| | P3 | | 03 | | 14 | | 24 | 01 | | | | | | | | | | | | | | | | | 1 |
| | P4 | | 04 | | 15 | | 25 | | 34 | 01 | | | | | | | | | | | | | | | 1 |
| | P5 | | 05 | | 16 | | 26 | | 35 | | 43 | 01 | | | | | | | | | | | | | İ |
| | P6 | | 06 | | 17 | | 27 | | 36 | | 44 | | 51 | 01 | | | | | | | | | | | 1 |
| | P7 | | 07 | | 18 | | 28 | | 37 | | 45 | | 52 | | 58 | 01 | | | | | | | | | 1 |
| | P8 | | 08 | | 19 | | 29 | | 38 | | 46 | | 53 | | 59 | | 64 | 01 | | | | | | | 1 |
| | P9 | | 09 | | 20 | | 30 | | 39 | | 47 | | 54 | | 60 | | 65 | | 69 |)1 | | | | | 1 |
| | P10 | | 10 | | 21 | | 31 | | 40 | | 48 | | 55 | | 61 | | 66 | | 70 | | 73 | 01 | | | 1 |
| | P11 | | 11 | | 22 | | 32 | | 41 | | 49 | | 56 | | 62 | | 67 | | 71 | | 74 | | ⁷⁶ 01 | | 1 |
| | P12 | | 12 | | 23 | | 33 | | 42 | | 50 | | 57 | | 63 | | 68 | | 72 | | 75 | | 77 | ⁷⁸ 01 | |

Relationship codes:

| Self/Spouse/Partner | Father/Mother | Child | Sister/Brother | Other |
|---|---|---|---|--|
| 01= Self 02= Husband/Wife 03= Common-law partner 04= Same sex partner | 05= Birth 06= Adoptive 07= Step 08= Foster | 09= Birth 10= Adoptive 11= Step 12= Foster | 13= Full 14= Half 15= Adopted 16= Step | 17= Grandparent 18= Grandchild 19= Other related 20= Other unrelated |

09. Important to remember (for interviewer only):

- Verify which longitudinal respondents are expected in the household from tracing form. If more than one longitudinal respondent is living in this household, an interview appointment will have to be made with each respondent.
- # If there is a selected child between 3 and 71 months, inform respondent that an OCHS 5 questionnaire will be mailed.
- It is important to transcribe required demographic information from this questionnaire to OCHS 2, OCHS 4 and/or OCHS 5.
- # It is important to complete the Forms Control chart on the first page of this questionnaire.
- # If more than 12 individuals live in the household, transcribe the remaining relationship information (question 09) in the comments section below.

| Comments: | Record of Calls/Visits: |
|-----------|-------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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OCHS₂

Respondent Questionnaire

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| • | 9 |

| HOUSEH | IOLD-ID | | |] - | | | | | | P/L 8 | 33 | | | P/L 00 |) | | | |
|---|-----------|---------|-----|------------|--|-----|-----|---|----|-------|-------|-------|---|--------|----|------|-----|--|
| RESPON | IDENT'S I | FIRST N | AME | | | | | | 1 | ı | 1 | | | | | | Ī | |
| | | | | | | | | | | | | | | | | | | |
| | EW DATE | | 1 | | | | | 1 | Г | | | | | | | | | |
| 2 | 0 | 0 | | | | | | | | | | | | | | | | |
| | Yea | ar | | | | Mor | ıth | | | I | Day | | | | | | | |
| INTERVIEWER ASSIGNMENT # REGIONAL OFFICE LANGUAGE | | | | | | | | | RE | GION | IAL O | FFICE | Ξ | | LA | NGUA | AGE | |
| | | | | | | | | 1 | | | | | | | 1 | | | |
| | | | | | | | | | | | | | | | | 1 | | |

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STC/SSD-040-75182



Statistics Canada Statistique Canada



A Health

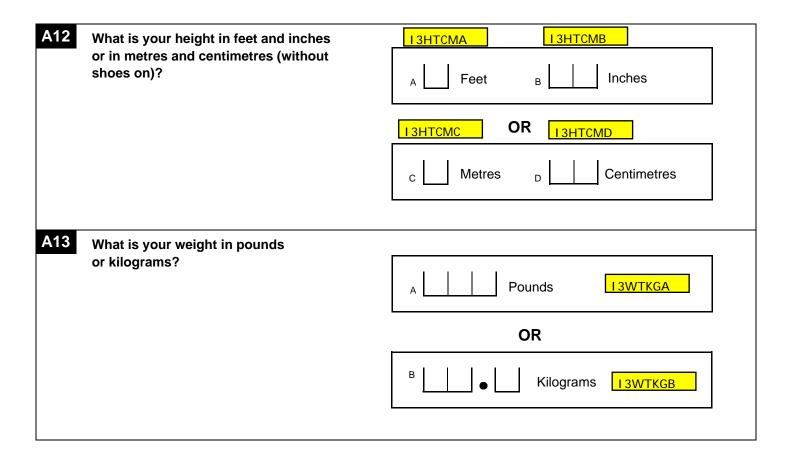
GENERAL HEALTH

| A1 | The first questions are about your health. | I3SF1 | 1 (| excellent? | |
|----|---|-------------|-----------------------|------------------------------|------------------------|
| | In general, would you say your health is | 10011 | 2 🔾 | very good? | |
| | | | 3 🔾 | good? | |
| | | | 4 🔾 | fair? | |
| | | | 5 🔵 | poor? | |
| A2 | Compared to one year ago, how would you rate your health in general now? | | 6 🔾 | much better? | |
| | - | 13SF2 | 7 🔾 | somewhat better | r ? |
| | Would you say it is | | 8 🔾 | about the same? | , |
| | | | 9 🔾 | somewhat worse | ; ? |
| | | | 10 🔵 | much worse now one year ago? | v than |
| A3 | The following questions are about activities you mig | ght do duri | ng a typic | al day. | |
| | Does your health <u>now</u> limit you in these activities? If so, how much? | , | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| | Vigorous activities, such as running, lifting hea objects, participating in strenuous sports. | 13SF3A | 1 🔵 | 2 | 3 🔘 |
| | b) Moderate activities, such as moving a table, pur vacuum cleaner, bowling, or playing golf. | shing a | 4 🔾 | 5 🔾 | 6 🔾 |
| | c) Lifting or carrying groceries. | I3SF3C | 7 🔵 | 8 🔾 | 9 🔾 |
| | d) Climbing several flights of stairs. | 13SF3D | 10 🔵 | 11 🔾 | 12 🔵 |
| | e) Climbing one flight of stairs. | 13SF3E | 13 🔵 | 14 🔾 | 15 🔵 |
| | f) Bending, kneeling or stooping. | 13SF3F | 16 🔾 | 17 🔾 | 18 🔵 |
| | g) Walking more than a kilometre/mile. | 13SF3G | 19 🔵 | 20 🔵 | 21 🔵 |
| | h) Walking several blocks. | 13SF3H | 22 🔵 | 23 | 24 |
| | i) Walking one block. | 13SF31 | 25 🔵 | 26 | 27 🔵 |
| | j) Bathing or dressing yourself. | 13SF3 J | 28 🔵 | 29 | 30 🔵 |

| During the <u>past 4 weeks</u> , have you had any of the fol daily activities <u>as a result of your physical health</u> ? | lowing proble | ems w | vith your work or other regular |
|--|---|---|---|
| | | Yes | No |
| a) Had to cut down on the amount of time you spent on work or other activities. | I3SF4A | 1 (| 2 🔵 |
| b) Accomplished less than you would like. | I3SF4B | 3 🔵 | 4 🔘 |
| c) Were limited in the kind of work or other activities that you were able to do. | I3SF4C | 5 🔵 | 6 🔘 |
| d) Had difficulty performing the work or other activities (for example, it took extra time). | 13SF4D | 7 🔾 | 8 🔘 |
| | | | - |
| | | Yes | No |
| a) Had to cut down on the amount of time you spend on work or other activities. | I3SF5A | 1 🔵 | 2 🔵 |
| b) Accomplished less than you would like. | 13SF5B | з 🔘 | 4 🔘 |
| c) Didn't do work or other activities as carefully as usual. | 13SF5C | 5 🔾 | 6 🔾 |
| During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? | 13SF6 | 1 () 2 () 3 () | not at all? slightly? moderately? |
| Would you say | | 4 O 5 O | quite a bit? extremely? |
| During the <u>past 4 weeks</u> , how much did pain interfere with your normal work (including both work outside the home and housework)? | I3SF7 | 6 () | not at all? a little bit? |
| Would you say | | 8 🔘 | moderately? |
| | | 9 🔾 | quite a bit? |
| | · | 10 🔾 | extremely? |
| How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u> ? | 12050 | 1 () | none? very mild? |
| Would you say | 13368 | 3 | mild? |
| | | 4 🔾 | moderate? |
| | | 5 🔵 | severe? |
| | | 6 (| very severe? |
| | a) Had to cut down on the amount of time you spent on work or other activities. b) Accomplished less than you would like. c) Were limited in the kind of work or other activities that you were able to do. d) Had difficulty performing the work or other activities (for example, it took extra time). During the past 4 weeks, have you had any of the fol daily activities as a result of any emotional problems a) Had to cut down on the amount of time you spend on work or other activities. b) Accomplished less than you would like. c) Didn't do work or other activities as carefully as usual. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? Would you say During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say How much bodily pain have you had during the past 4 weeks? | a) Had to cut down on the amount of time you spent on work or other activities. b) Accomplished less than you would like. c) Were limited in the kind of work or other activities that you were able to do. d) Had difficulty performing the work or other activities (for example, it took extra time). 13SF4D During the past 4 weeks, have you had any of the following proble daily activities as a result of any emotional problems (such as feel as a season of the past 4 weeks, have you had any of the following problems as a result of any emotional problems (such as feel as a person on work or other activities. b) Accomplished less than you would like. c) Didn't do work or other activities as carefully as usual. 13SF5B During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? Would you say During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say How much bodily pain have you had during the past 4 weeks? | a) Had to cut down on the amount of time you spent on work or other activities. b) Accomplished less than you would like. c) Were limited in the kind of work or other activities that you were able to do. d) Had difficulty performing the work or other activities (for example, it took extra time). During the past 4 weeks, have you had any of the following problems with daily activities as a result of any emotional problems (such as feeling of the past 4 weeks, have you had any of the following problems with activities as a result of any emotional problems (such as feeling of the past 4 weeks, have you had any of the following problems with activities as a result of any emotional problems (such as feeling of the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? Would you say During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say 13SF7 Would you say 13SF7 Would you say 5 13SF8 2 Would you say 5 13SF8 2 Would you say |

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| Hov | w much of the time during the pa | st 4 weeks | | | | | |
|---------------------|---|-----------------------------------|--------------------------------------|--|---------------------------|-----------------------------|------------------------------|
| | | All of the time A | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
| a) | did you feel full of pep? | -9A 1 (| 2 🔾 | 3 🔾 | 4 🔾 | 5 🔵 | 6 |
| b) | have you been a very nervous person? | 7 O | 8 🔾 | 9 🔾 | 10 🔵 | 11 🔵 | 12 |
| c) | have you felt so down in the dumps that nothing could chee you up? | | 14 🔾 | 15 🔾 | 16 🔾 | 17 🔾 | 18 |
| d) | have you felt calm and peacefu | | 20 🔵 | 21 🔵 | 22 🔵 | 23 🔵 | 24 |
| e) | did you have a lot of energy? | 25 🔾 | 26 🔵 | 27 🔵 | 28 🔵 | 29 🔵 | 30 |
| f) | have you felt downhearted and blue? | 31 🔾 | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 | 36 |
| g) | did you feel worn out? | 37 🔾 | 38 🔵 | 39 🔵 | 40 🔾 | 41 🔵 | 42 |
| h) | have you been a happy person | | 44 🔾 | 45 🔵 | 46 🔾 | 47 🔵 | 48 |
| i) | did you feel tired? | 49 🔾 | 50 🔵 | 51 | 52 🔵 | 53 🔵 | 54 |
| has inte frie | ring the <u>past 4 weeks</u> , how much your physical health or emotion erfered with your social activities nds, relatives, etc.)? uld you say | al problems (like visiting | ² m ² sc 4 a l | the time? ost of the ti me of the ti ittle of the one of the t | ime? time? | | |
| | w TRUE or FALSE is <u>each</u> of the ponse booklet. | following stat | ements for | you? The | response | s are on pa | ge 2 of |
| Wo | uld you say | | Definitely true A | Mostly true B | Don't know C | Mostly false D | Definit false E |
| a) | you seem to get sick a little eas other people? | ier than F11A | 1 🔵 | 2 🔵 | 3 🔵 | 4 🔾 | 5 (|
| b) | you are as healthy as anybody | SF11B | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 (|
| c) | you expect your health to get worse? | F11C | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 (|
| | | | | | | | |



A14 Have you ever had back pain which lasted for more than one day? Do not 1 Yes I 3BACK1 count the kind of pain you can get with the flu (IF WOMAN READ) or with menstrual periods or pregnancy. 2() No Go to question A18 A15 How old were you when you first had back pain lasting more than one day? I3BACK2 Years old A16 Have you ever had back pain lasting for more than one day at any time in) Yes I3BACK3 the past 12 months? 2() No Go to question A18 **A17** Did this episode of back pain cause you to cut down on your normal daily) Yes I3BACK4 activities at home, at a job or in school for a period of seven days or longer?)No

BACK PAIN

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CHRONIC CONDITIONS

Now I'd like to ask about certain chronic health conditions which you may have. We are interested in "long-term conditions" that have lasted or are expected to last six months or more and have been diagnosed by a health professional. Don't Yes No Know Do you have any of these health conditions... I 3HCRONA a) food allergies? b) any other allergies? I 3HCRONB c) asthma? 7() I 3HCRONC 12() d) arthritis or rheumatism? 10 () I 3HCROND e) back problems, excluding arthritis? 13 () I 3HCRONE f) high blood pressure? I3HCRONF g) migraine headaches? 19 (I 3HCRONG h) chronic bronchitis or emphysema? I 3HCRONH 22 () 23 () 24 (sinusitis? 25 () 26 () 27 (I 3HCRONI diabetes? I 3HCRONJ 28 () 29 () 30 (k) epilepsy? I 3HCRONK 31 () 32 () 33 (heart disease? 34 () 35 () 36 (I 3HCRONL m) cancer? 37 () 38 () 39 (I 3HCRONM n) stomach or intestinal ulcers? 40 () 41 () 42 (I 3HCRONN blindness, deafness, or severe visual or hearing 43 () 45 (44 () impairment? I 3HCRONO p) limitations in use of hands or fingers? 46 () 48 () I 3HCRONP q) inability to walk unaided? 49 () I 3HCRONQ 50 () 51 (r) any other long-term health conditions? 52 () 53 (54 (I 3HCRONR Specify: IF " NO" OR "DON'T KNOW" TO ALL OF THE ABOVE. GO TO **QUESTION A20** Are you limited in any way in carrying out normal daily Yes

A19

activities at home, at a job or in school, because of (this/these) health conditions or problems?

I3HCRON2

2() No



| A20 | Now some questions about injuries which occurred in the past 12 months, and were serious enough to limit normal activities, for example, a broken bone, a bad cut or burn, a sprain, or a poisoning. | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| | In the past 12 months, were you injured seriously enough to limit normal activities? | | | | | | | | | | | |
| | | ₃ ○ Yes | | | | | | | | | | |
| | I3INJ1 | 4 No Go to question A27 | | | | | | | | | | |
| A21 | How many times were you injured? | | | | | | | | | | | |
| | 131NJ2 | times injured | | | | | | | | | | |
| A22 | Thinking about (this injury/the most serious injury), what type of injury did you have? | | | | | | | | | | | |
| | For example, a broken bone or burn. | ¹ Multiple injuries | | | | | | | | | | |
| | DO <u>NOT</u> READ LIST. MARK <u>ONE</u> ONLY. | ² Broken or fractured bones | | | | | | | | | | |
| | ELN181 | 3 O Burn or scald | | | | | | | | | | |
| | | 4 Dislocation | | | | | | | | | | |
| | | 5 O Sprain or strain | | | | | | | | | | |
| | | 6 ◯ Cut or scrape | | | | | | | | | | |
| | | 7 O Bruise or abrasion | | | | | | | | | | |
| | | 8 Concussion | | | | | | | | | | |
| | | 9 Poisoning by substance or by liquid | | | | | | | | | | |
| | | 10 Internal injury | | | | | | | | | | |
| | | 11 Other | | | | | | | | | | |
| | | Specify: | | | | | | | | | | |
| | | | | | | | | | | | | |

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| A23 | How did this happen? For example, was the injury the result of a fall, a traffic accident, a physical assault, etc.? DO NOT READ LIST. MARK ONE ONLY. 131NJ4 | Motor vehicle accident Sports injury Accidental fall Fire, flames or resulting fumes Accidentally struck by an object/person Physical assault Suicide attempt Accidental injury caused by explosion Accidental injury caused by natural/environmental factors (e.g. weather conditions, poison ivy, animal bites, stings) Accidental suffocation Accidental suffocation Hot or corrosive liquids, foods or substances Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery) Accident caused by cutting and piercing instruments or objects (e.g. lawnmower, knife, stapler) Accidental poisoning Coccidents |
|-----|--|--|
| | | Specify: |
| A24 | Was this a work-related injury? | ¹ O Yes |
| | 13INJ5 | ² No |
| A25 | Were you treated by a doctor or any other health care professional for this injury? | 3 ○ Yes 4 ○ No |
| A26 | Did this injury cause you to cut down on your normal daily activities at home, at a job or in school for a period of seven days or longer? | ¹ ○ Yes ² ○ No |

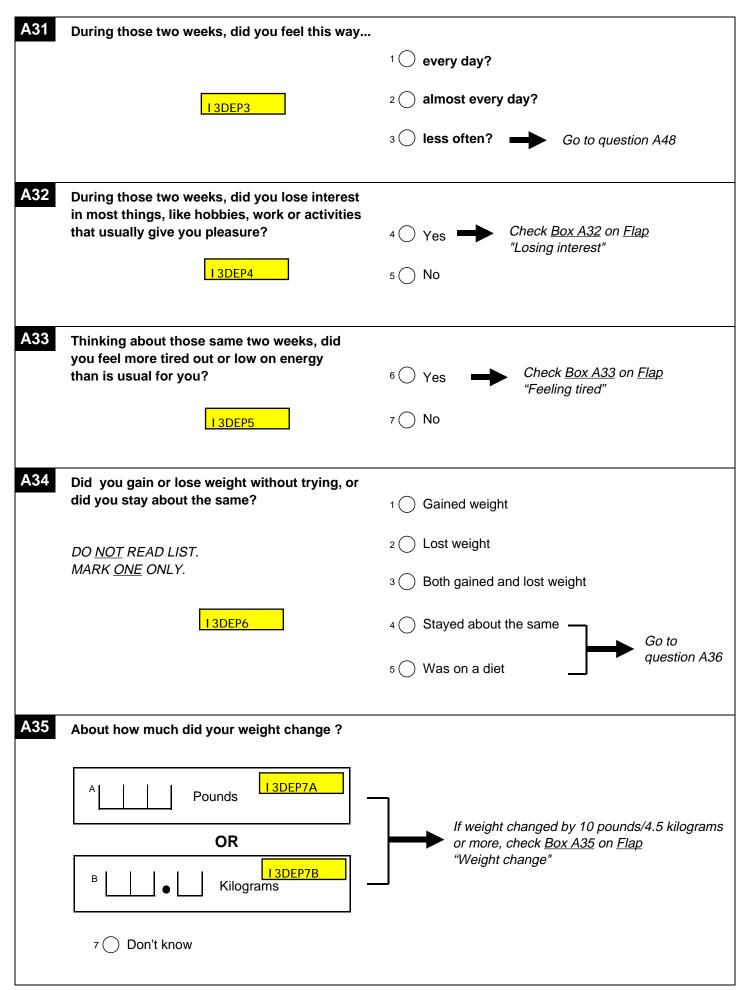
SELF-COMPLETE SECTION

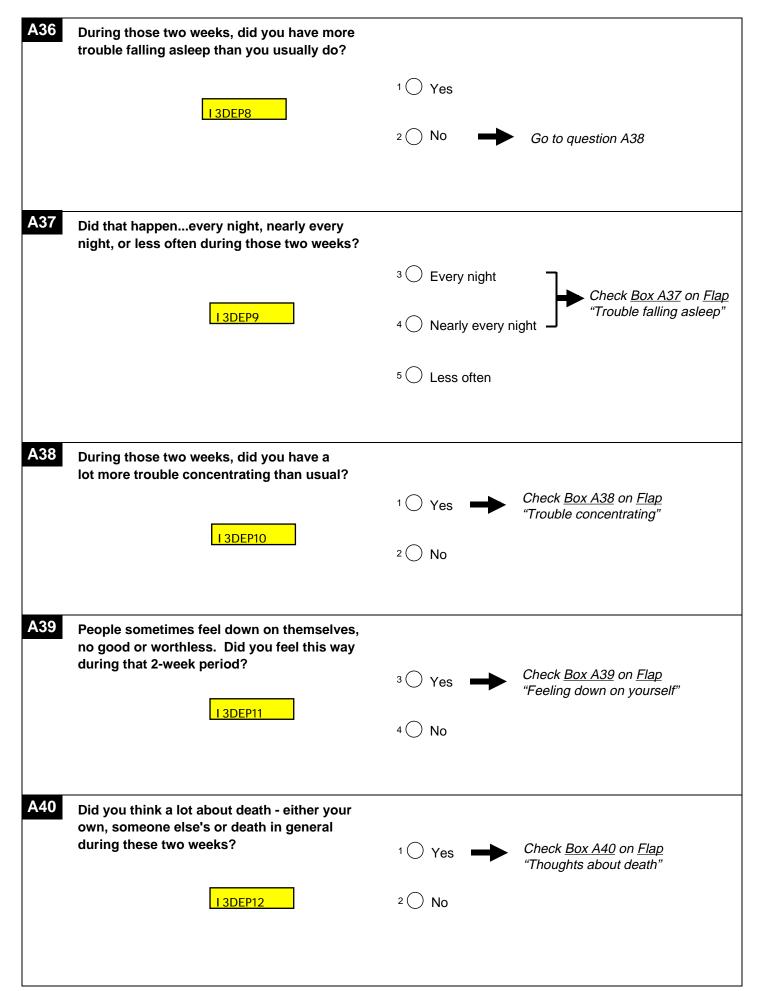
INTERVIEWER NOTE: PLEASE READ TO RESPONDENT. Please turn to page 2 of your self-complete questionnaire and complete questions 1 and 2. The statements in question 1 describe people's feelings about themselves and others, while the statements in question 2 describe your relations with other people. For each statement, please mark in the questionnaire the one you think best applies to you. Please let me know when you are finished. **A28** INTERVIEWER CHECK ITEM:) Yes I 3A28CH Has repondent completed questions 1 and 2 of the self-complete questionnaire (OCHS 3)? 5 Refusal

EMOTIONAL WELL-BEING

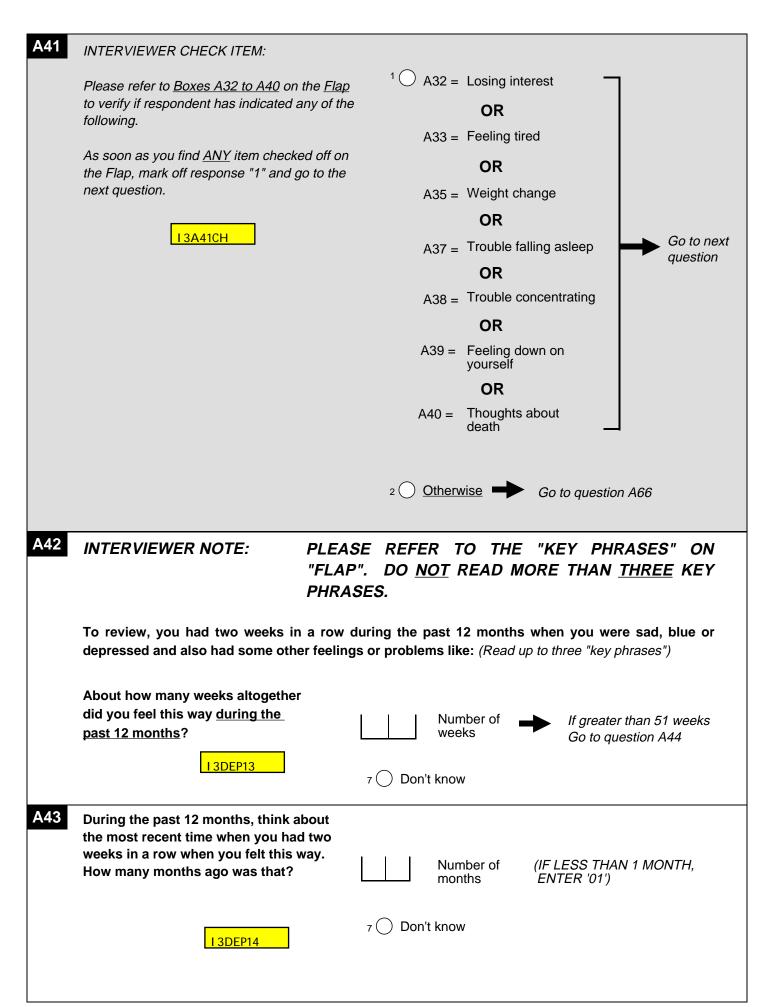
| A29 | During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row? | 1 O Yes |
|-----|---|--|
| | ONLY USE VALUE "3" IF THIS INFORMATION WAS VOLUNTEERED BY THE RESPONDENT. 13DEP1 | 2 No Go to question A48 3 On medication - anti-depressants 4 Refusal Go to question A66 |
| A30 | For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. | ⁵ ○ all day long? |
| | During that time, did the feelings of being sad, blue or depressed usually last | 6 most of the day? |
| | I 3DEP2 | 7 about half of the day? |
| | | 8 less than half of a day? Go to question A48 |

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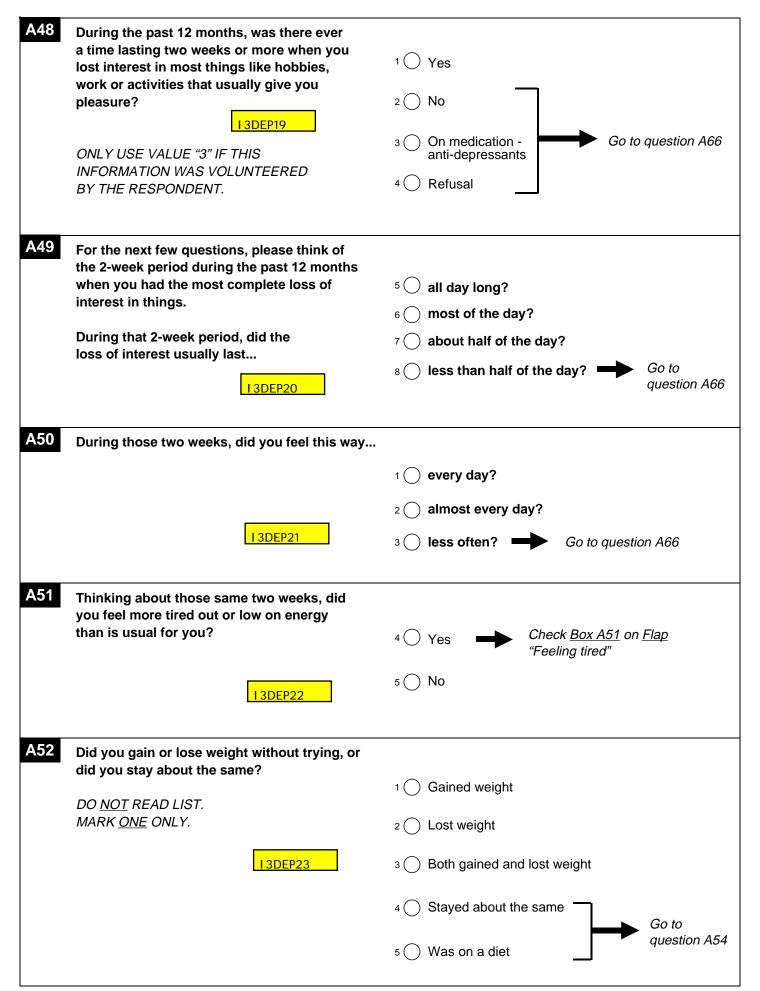
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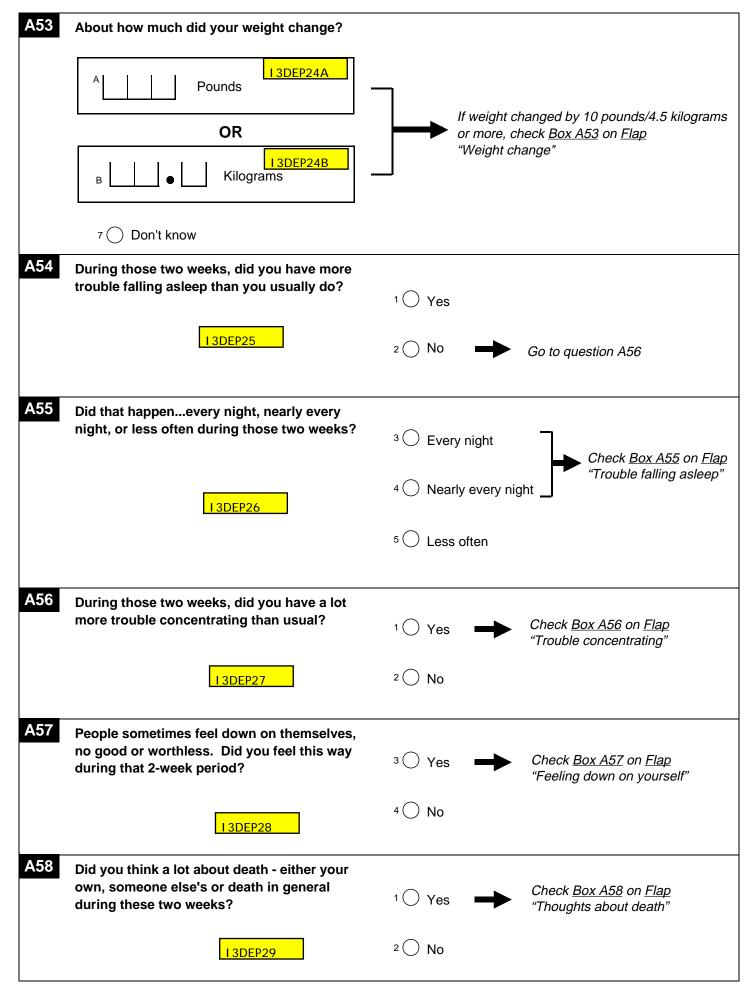


| | <u>13DEP15</u> | 2 No | |
|-----------------------|--|---------------------------|--------------------|
| as a psy in altern | tell any other professional (such chologist, social worker, specialist ative medicine, counsellor, nurse, r other helping professional)? | ³○ Yes ₄○ No | |
| | take medication or use drugs or more than once for these problems? | | |
| | I 3DEP17 | ⁵ Yes 6 No | |
| | ch did these problems interfere ir life or activities | | |
| | I 3DEP18 | 1 | Go to question A66 |

GO TO QUESTION A66

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A59 INTERVIEWER CHECK ITEM: ¹ A51 = Feeling tired Please refer to <u>Boxes A51 to A58</u> on the <u>Flap</u> to verify if respondent has indicated any of the OR following. A53 = Weight change As soon as you find ANY item checked off on OR the Flap, mark off response "1" and go to the A55 = Trouble falling asleep next question. OR Go to next I3A59CH A56 = Trouble concentrating question OR A57 = Feeling down on yourself OR A58 =Thoughts about death Otherwise Go to question A66 A60 **INTERVIEWER NOTE:** PLEASE REFER TO THE "KEY PHRASES" ON "FLAP". DO NOT READ MORE THAN THREE KEY PHRASES. To review, you had two weeks in a row during the past 12 months when you lost interest in most things like hobbies, work or activities that usually give you pleasure and also had some other feelings or problems like: (Read up to three "key phrases") About how many weeks altogether Number of If greater than 51 weeks weeks did you feel this way during the Go to question A62 past 12 months? L3DFP30 7() Don't know A61 During the past 12 months, think about the most recent time when you had two weeks in a row when you felt this way. (IF LESS THAN 1 MONTH, Number of How many months ago was that? months ENTER '01') 7 Don't know I 3DEP31

| A62 | Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or a student in training to be a medical doctor.) | 1 Yes 2 No |
|-----|---|---------------------------------|
| A63 | Did you tell any other professional (such as a psychologist, social worker, specialist in alternative medicine, counsellor, nurse, clergy or other helping professional)? | 3 Yes 4 No |
| A64 | Did you take medication or use drugs or alcohol more than once for these problems? | 5 Yes 6 No |
| A65 | How much did these problems interfere with your life or activities | 1 a lot? 2 some? 3 a little? |
| | 13DEP35 | 4 onot at all? |

SOCIAL FUNCTIONING

| A66 | Here's a list of situations that can cause unreasonably strong fears. They involve doing things in front of other people or being the centre of attention. | | | |
|-----|--|------|------|--|
| | Do you have an unreasonably strong fear of | Yes | No | |
| | a) giving a speech or speaking in public? 13SOPH1A | 1 🔵 | 2 🔵 | |
| | b) eating or drinking where someone could watch you? | 3 🔵 | 4 🔵 | |
| | c) talking to people because you might have nothing to say or might sound foolish? | 5 🔵 | 6 🔾 | |
| | d) writing while someone watches? I3SOPH1D | 7 🔾 | 8 🔵 | |
| | e) taking part or speaking in a meeting or class? I3SOPH1E | 9 🔾 | 10 🔵 | |
| | f) going to a party or other social outing? | 11 (| 12 🔵 | |

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| A67 | INTERVIEWER CHECK ITEM: | |
|-----|---|-----------------------------------|
| | Is there one or more "Yes" answers to question A66? | 1 Yes Go to next question |
| | 13A67CH | 2 No Go to question A75 |
| A68 | Thinking only of the situation(s) that we just | |
| | reviewed that cause(s) you unreasonably strong fears, do you get very upset every time you are in (this/these) situation(s) | ³ every time? |
| | | 4 most of the time? |
| | I3SOPH2 | 5 ome of the time? |
| | | 6 never? Go to question A75 |
| | | |
| A69 | How long have you had (this/these) fear(s) | 1 O less than a year? |
| | I3SOPH3 | 2 between 1 and 5 years? Go to |
| | | g more than 5 years? question A71 |
| A70 | How many months? | 1 1 1 |
| | | Number of months |
| | 13SOPH4 | 7 O Don't know |
| A71 | During the past 12 months, how much did | |
| | (this/these) fear(s) interfere with your life or activities | 1 a lot? 2 some? |
| | I 3SOPH5 | some? a little? |
| | | 4 not at all? |
| | | |
| A72 | During the past 12 months were you very upset with yourself for having (this/these) fear(s)? | ⁵ Yes |
| | 13SOPH6 | 6 ○ No |

| A73 | Do you believe that your fear is unreasonable, that is, much stronger than it should be? | |
|-----|--|--------------------|
| | , | ¹ O Yes |
| | I 3SOPH7 | 2 No |
| A74 | Do you believe that your fear is much stronger | |
| | than in other people? | ³ ○ Yes |
| | 13SOPH8 | 4 O No |
| | SMOKING | |
| A75 | The following questions are about smoking. | |
| | Have you ever smoked cigarettes every day for a month or longer? | ¹ O Yes |
| | | . O No. — No |

| A75 | The following questions are about smoking. | |
|-----|--|-------------------------|
| | Have you ever smoked cigarettes every day for a month or longer? | ¹ O Yes |
| | 13SMKEV | 2 No Go to question A77 |
| A76 | How old were you the first time you smoked cigarettes every day for a month or longer? 13SMKAGE | years old |
| A77 | At the present time, do you smoke cigarettes | ¹ daily? |
| | I 3SMKFRE | 2 occasionally? |
| | | Go to question A79 |
| A78 | How many cigarettes do you smoke each day now? | |
| | 13SMKNUM | number of cigarettes |
| A79 | Do you smoke pipes, cigars, or cigarillos | ¹ daily? |
| | | 2 Occasionally? |
| | 13SMKC1G | 3 O not at all? |
| | | |

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ALCOHOL USE

| A80 | Next are questions about alcohol use. | |
|-----|--|-------------------------|
| | Have you <u>ever</u> had three or more drinks of beer, wine or alcoholic beverages | ¹ O Yes |
| | such as rum, whiskey, etc. at one time? | 2 No Go to question A82 |
| | I 3BZEV3 | |
| A81 | How old were you the first time you had three or more drinks of alcohol at one time? | |
| | | Years old |
| | 13BZAGE | |
| A82 | Have you had a drink containing alcohol in the past 12 months? | |
| | | ³ Yes |
| | I 3BZ12M | 4 No Go to question A85 |
| | | |

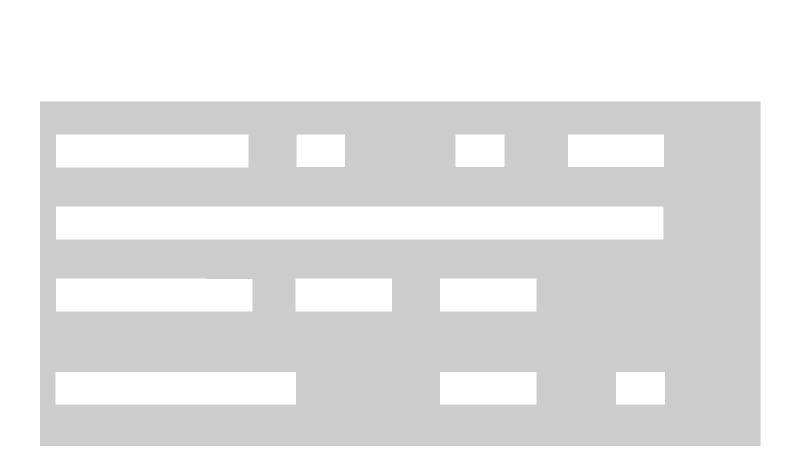
SELF-COMPLETE SECTION

| A83 | INTERVIEWER NOTE: | PLEASE READ TO RESPONDENT. | | | | |
|-----|--|--|--|--|--|--|
| | Please turn to page 4 of your self-complete questionnaire. | | | | | |
| | | on alcohol use. It is important that your answers represent answer right in the questionnaire. Please let me know when | | | | |
| A84 | INTERVIEWER CHECK ITEM: | | | | | |
| | Has repondent completed | 1 Yes | | | | |
| | questions 3 to 7 of the self-complete questionnaire | 2 No | | | | |
| | (OCHS 3)? | ₃ Refusal | | | | |
| | | | | | | |

SELF-COMPLETE SECTION

| \85 | INTERVIEWER NOTE: | PLEASE READ TO RESPONDENT. | | | |
|------------|--|--|--|--|--|
| | Please turn to page 6 of your self-complete questionnaire. | | | | |
| | people can get into trouble. One experiences. Remember that <u>ALL</u> y | yout drug use, as well as statements about behaviour for which ce again, it is important that your answers represent your your answers are private and will be kept strictly confidential. | | | |
| 86 | INTERVIEWER CHECK ITEM: | 4 Yes | | | |
| | Has repondent completed questions 8 to 13 of the self-complete questionnaire | 5 No | | | |
| | (OCHS 3)? | 6 Refusal | | | |
| | 13A86CH | | | | |
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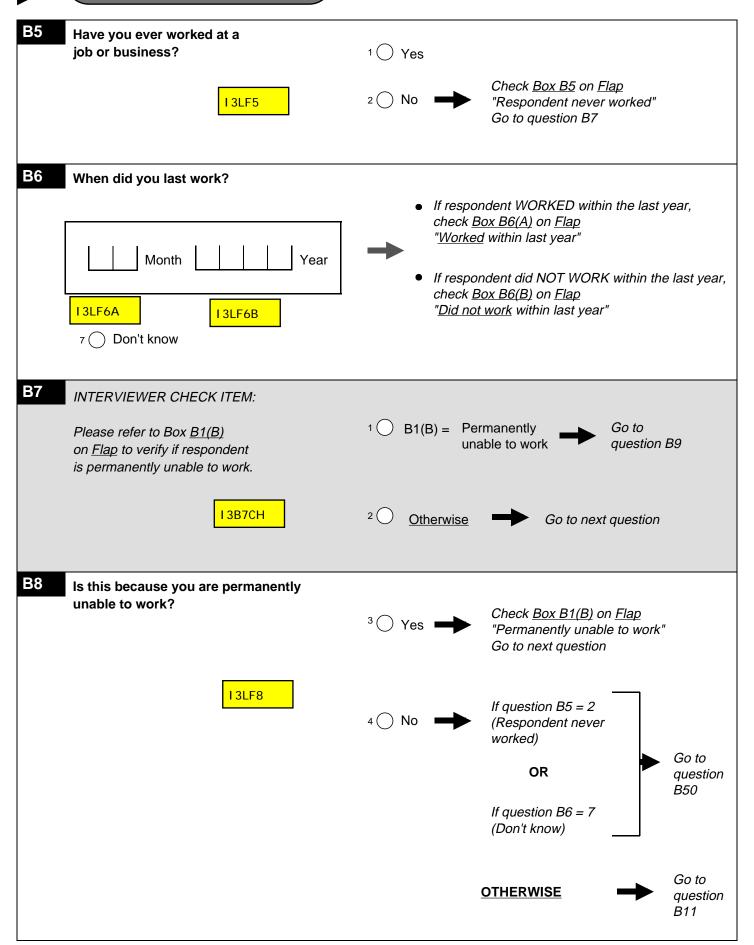


B Worker Role - Labour Force Participation

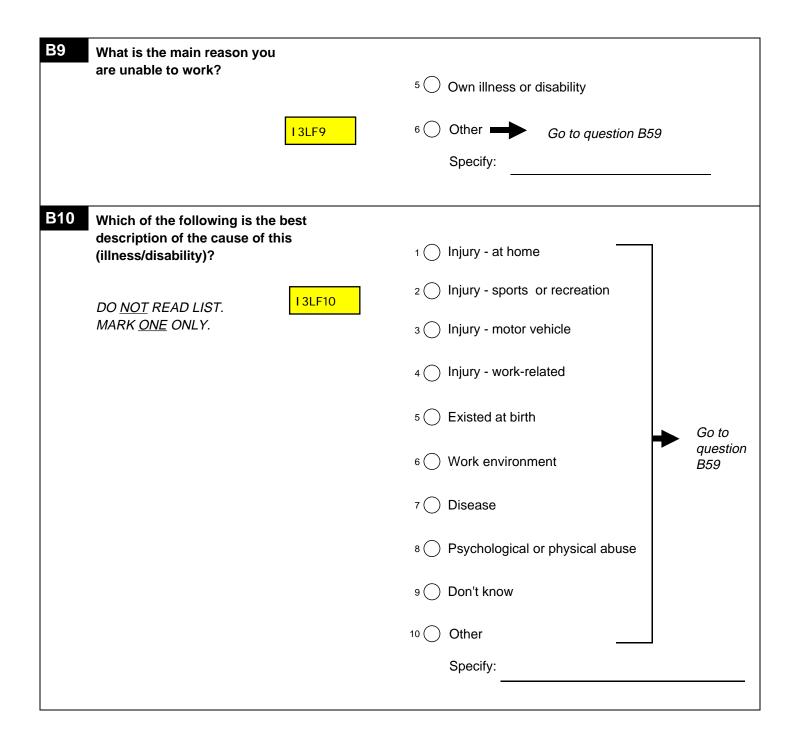
JOB ATTACHMENT

| B1 | The next section deals with your current and past work experience. Many of the following questions concern your activities last week. By last week I mean the week ending last Saturday and beginning the Sunday before. | | | |
|----|--|-----|----------------------------|--|
| | Last week, did you work at a job or business (regardless of the number of hours)? | 1 (| Yes - | Check <u>Box B1(A)</u> on <u>Flap</u> "Worked last week" Go to question B3 |
| | I 3LF1 | 2 🔾 | No | |
| | | 3 🔾 | Permanently unable to work | Check <u>Box B1(B)</u> on <u>Flap</u> "Permanently unable to work" Go to question B5 |
| B2 | Last week, did you have a job or business from which you were absent? | | | |
| | I3LF2 | 4 🔵 | Yes - | Check <u>Box B2(A)</u> on <u>Flap</u> "Temporarily absent" Go to next question |
| | | 5 🔵 | No → | Check <u>Box B2(B)</u> on <u>Flap</u> "Did not work last week" Go to question B5 |
| B3 | Did you have more than one job or business last week? | 1 (| Yes - | Check <u>Box B3</u> on <u>Flap</u> "More than one job" Go to next question |
| | 13LF3 | 2 🔵 | No → | Go to question B18 |
| B4 | Was this a result of changing employers? | | | |
| | | 3 🔾 | Yes — | Go to question B18 |
| | 13LF4 | 4 🔵 | No | Go to question 6 10 |

PAST JOB ATTACHMENT

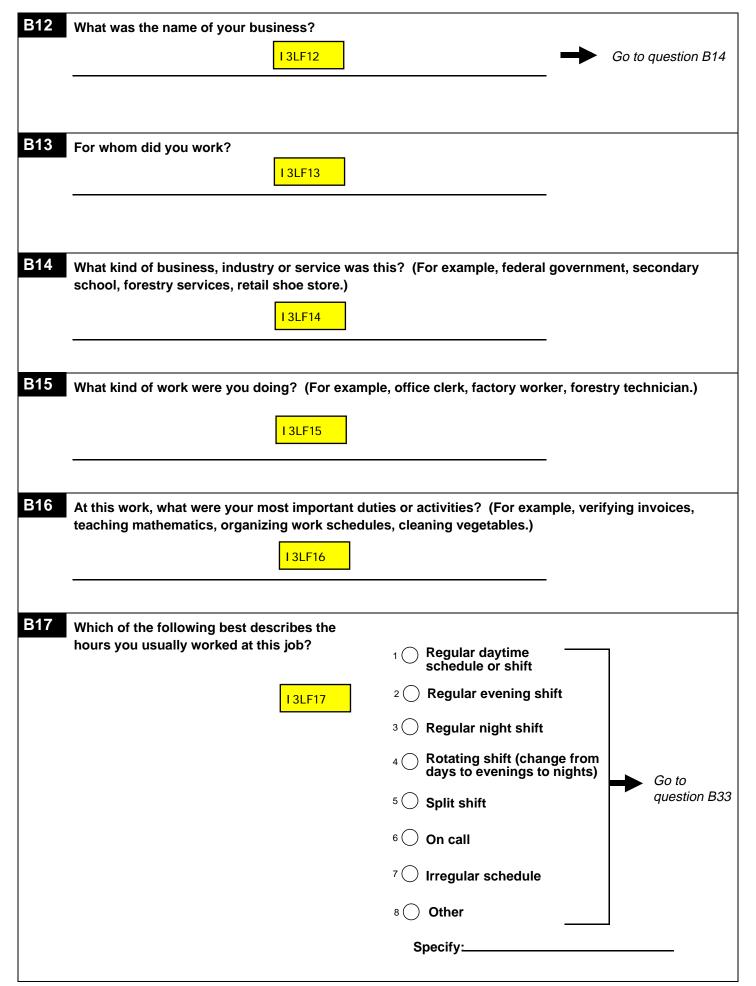


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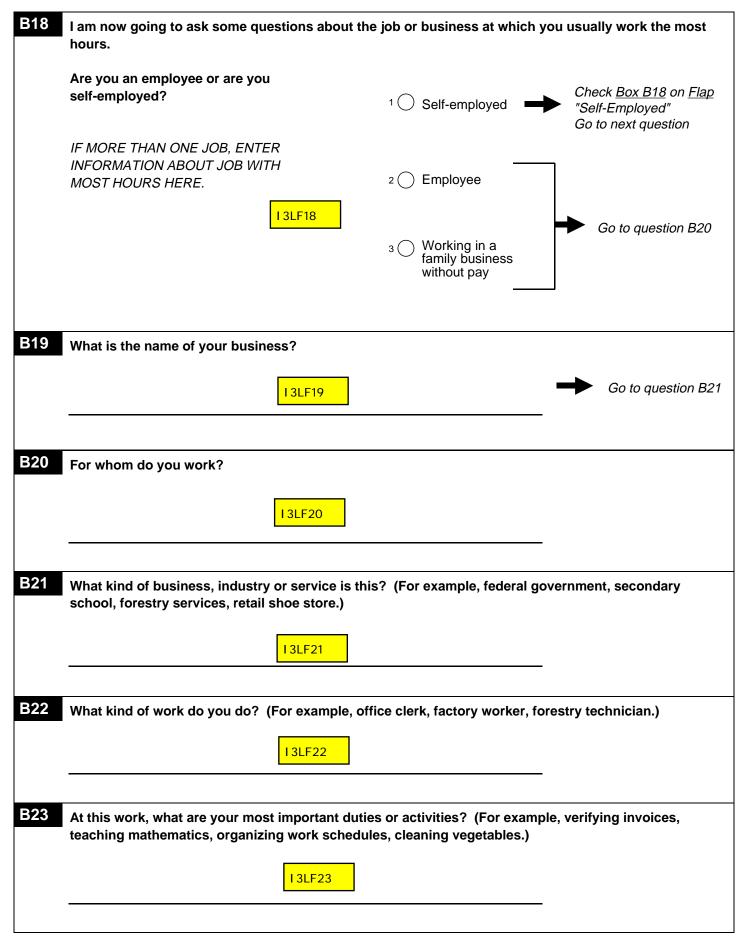
JOB DESCRIPTION - CURRENTLY UNEMPLOYED

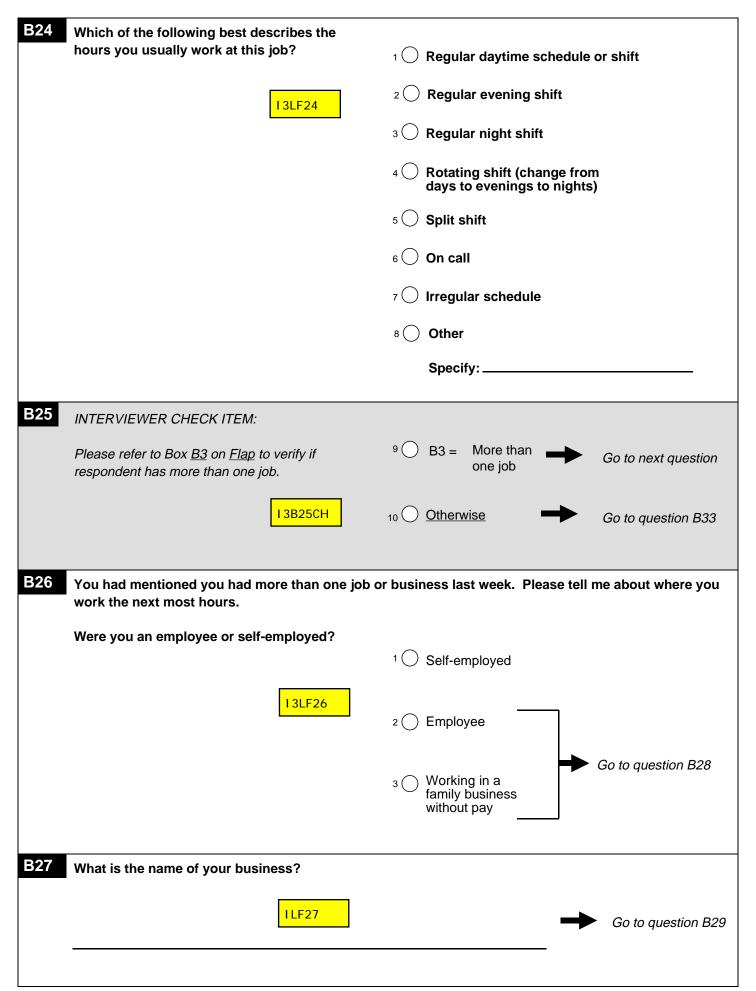
| B11 | I am now going to ask some questions about the most recent job or business at which you usually worked the most hours. | |
|-----|--|--------------------------------|
| | Were you an employee or self-employed? | ¹ Self-employed |
| | I3LF11 | 2 C Employee |
| | | Go to question B13 without pay |



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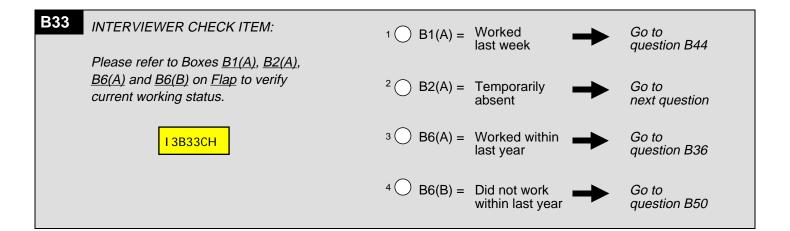
JOB DESCRIPTION - CURRENTLY EMPLOYED





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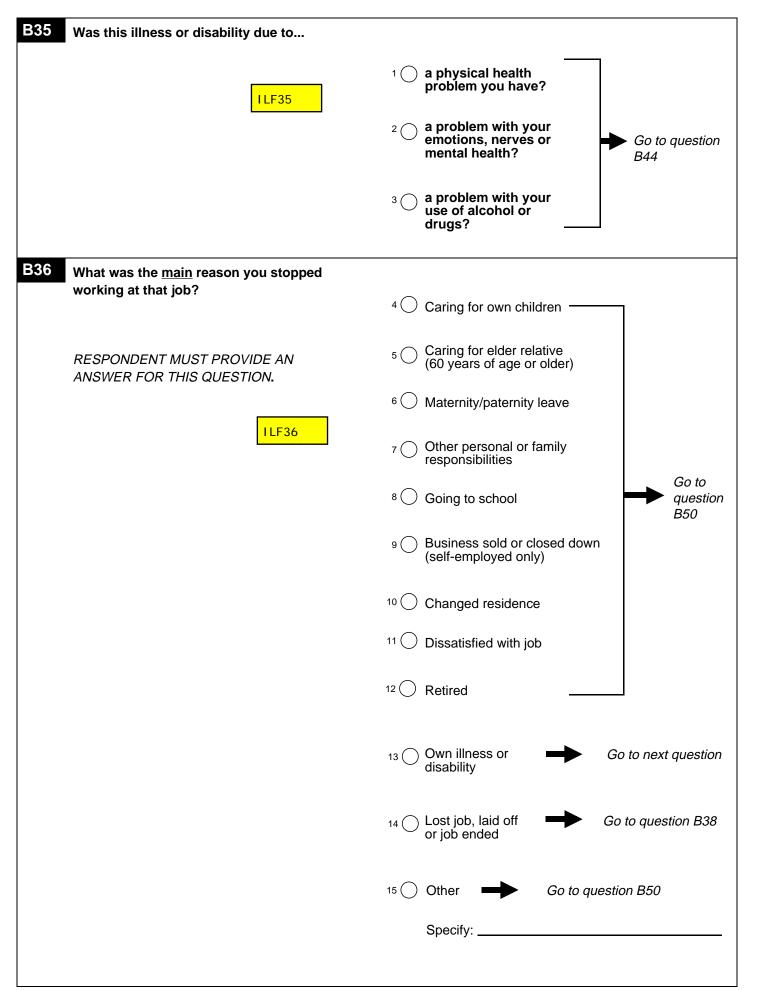
| B28 | For whom were you working? | | |
|-----|---|--|--|
| | ILF28 | | |
| B29 | What kind of business, industry or service was this? (For example, federal government, secondary school, forestry services, retail shoe store.) ILF29 | | |
| B30 | What kind of work were you doing? (For example ILF30 | ple, office clerk, factory worker, forestry technician.) | |
| B31 | At this work, what were your most important duties or activities? (For example, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.) ILF31 | | |
| B32 | Which of the following best describes the hours you usually worked at this job? | ¹ ○ Regular daytime schedule or shift | |
| | ILF32 | 2 Regular evening shift 3 Regular night shift | |
| | | Rotating shift (change from days to evenings to nights) | |
| | | 5 Split shift6 On call | |
| | | ⁷ Irregular schedule | |
| | | 8 Other Specify: | |

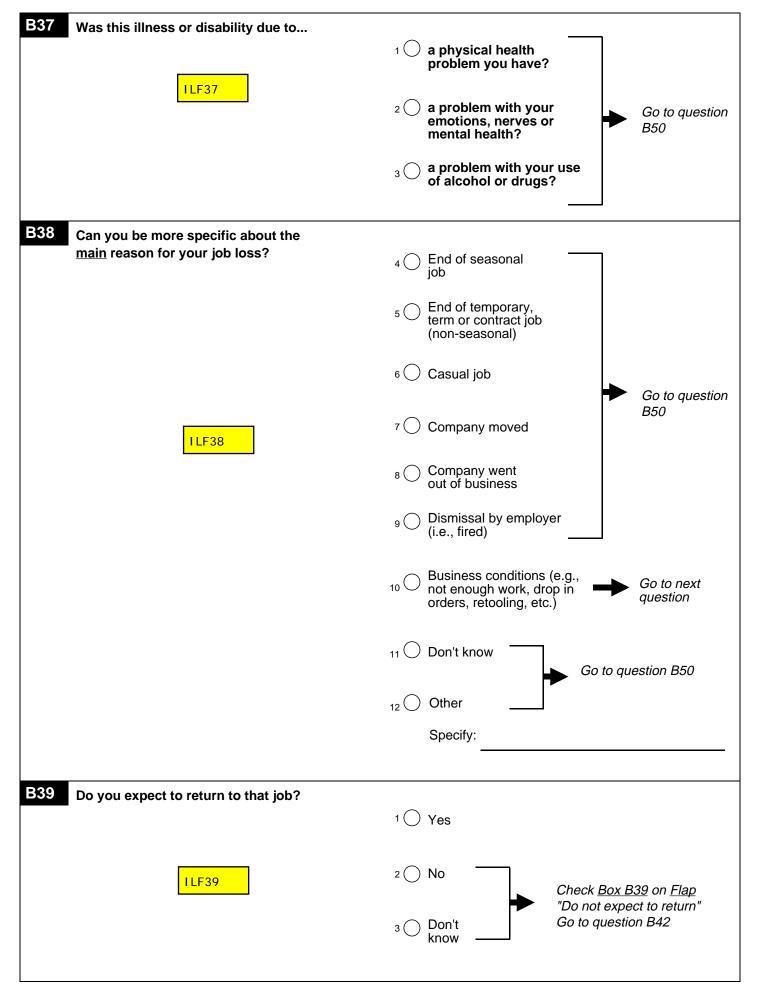


ABSENCE FROM WORK

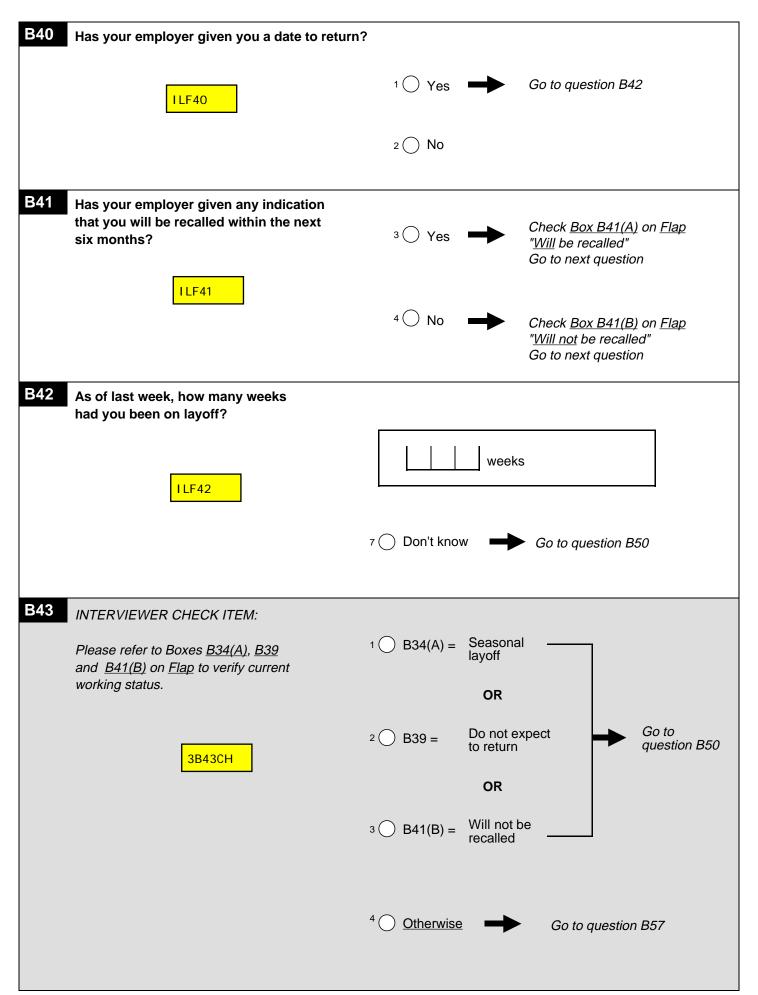
B34 What was the main reason you were absent from work last week? Caring for own children Caring for elder relative (60 years of age or older) RESPONDENT MUST PROVIDE AN ANSWER FOR THIS QUESTION. Maternity/paternity leave Other personal or family responsibilities ILF34 Go to question B44 Vacation Labour dispute (strike or lockout) Work schedule Self-employed, no work available Seasonal business (excluding employees) Own illness or Go to next question 10 (disability Check Box B34(A) on Flap Seasonal layoff "Seasonal layoff" (employees only) Go to question B42 Temporary layoff Check Box B34(B) on Flap due to business "Temporary layoff" conditions Go to question B40 (employees only) Casual job, no work available Go to question B50 (employees only) Other Go to question B44 Specify: _

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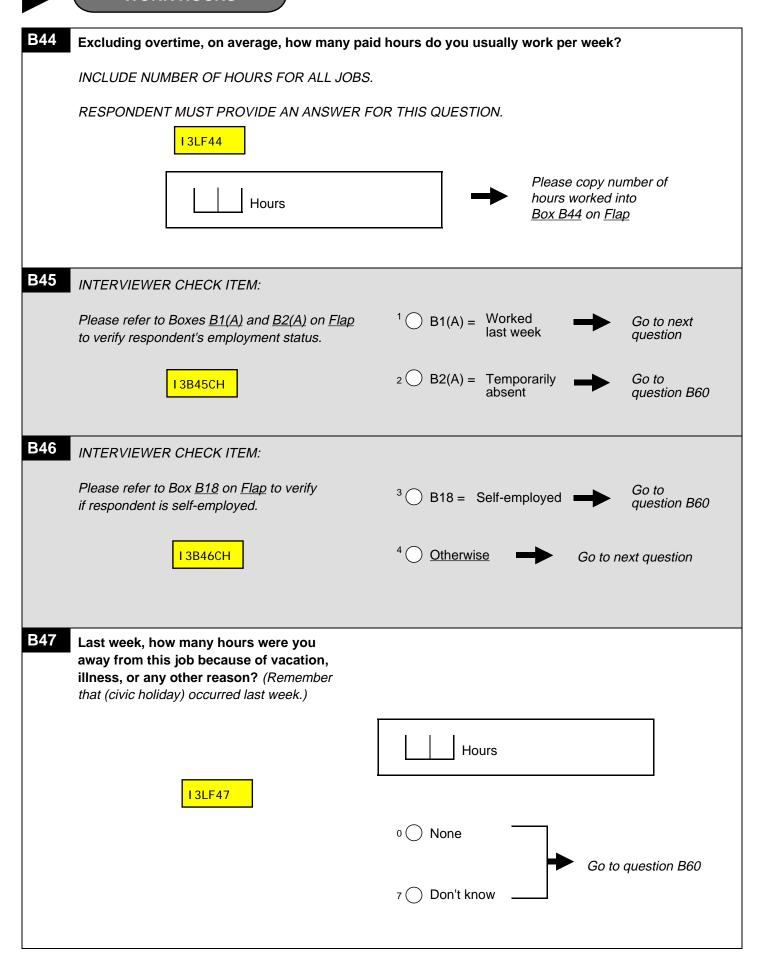




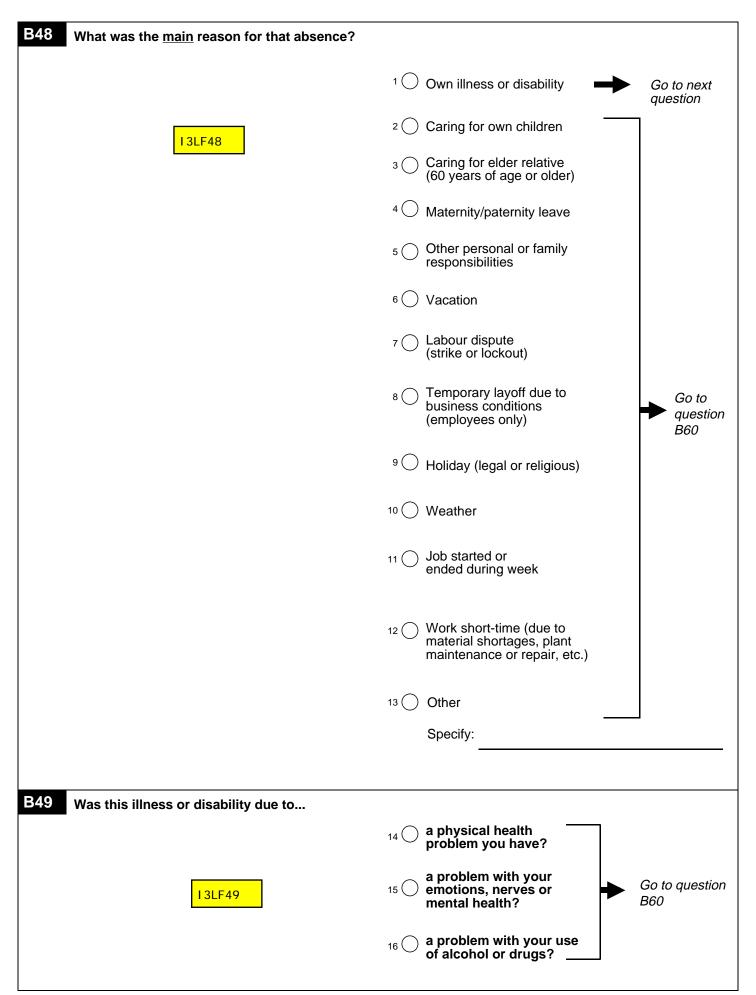
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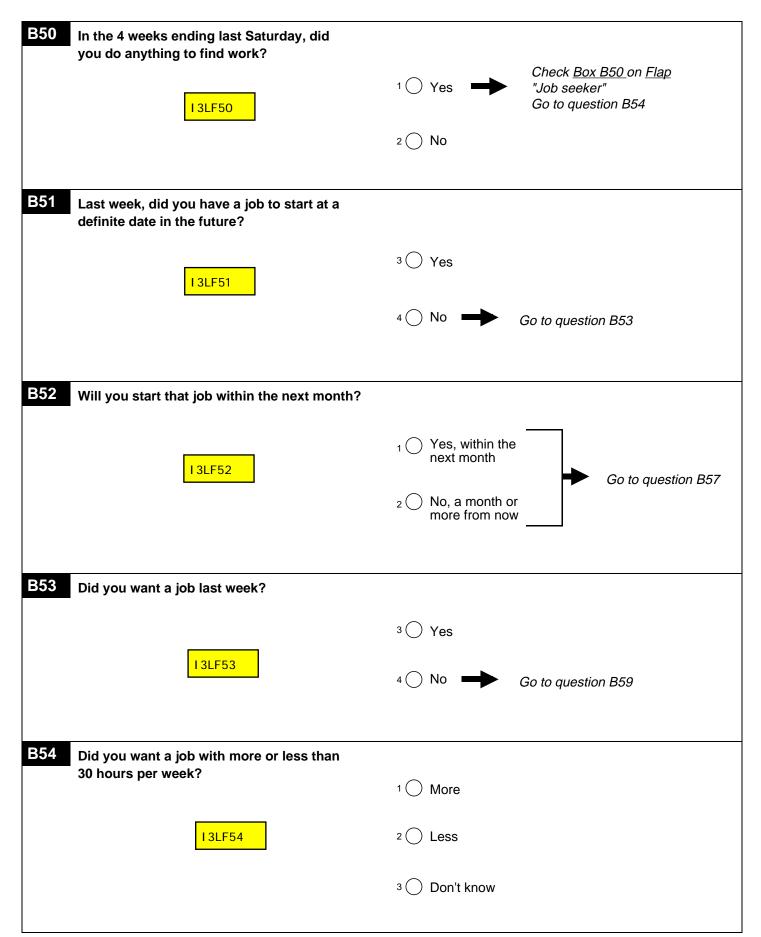
WORK HOURS



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JOB SEEKER



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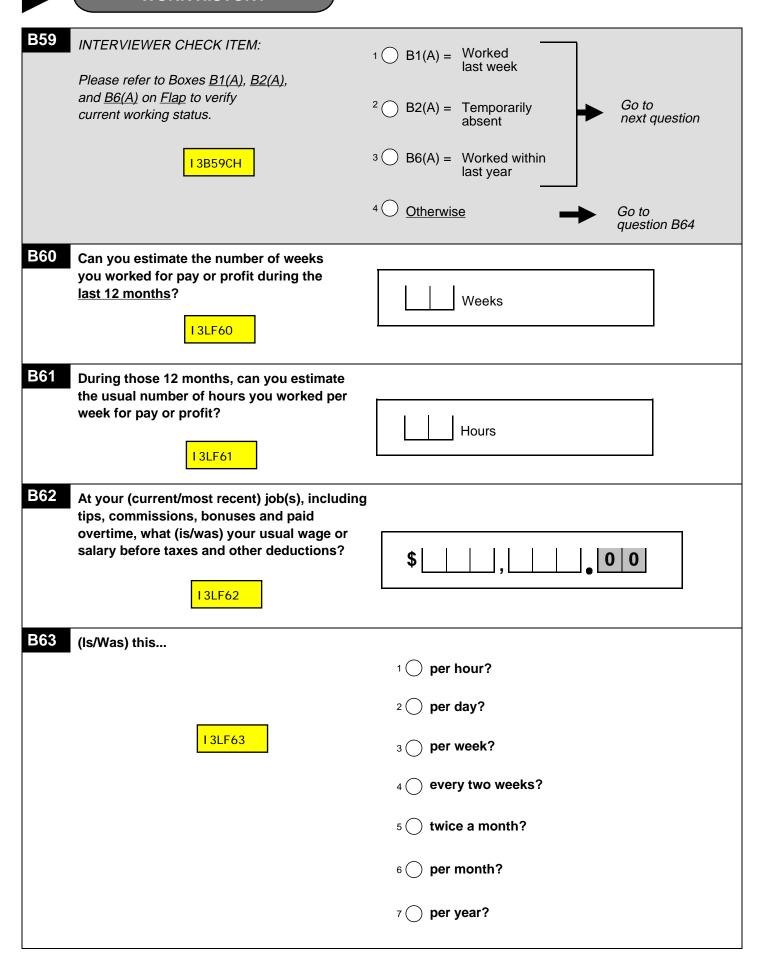
| B55 | INTERVIEWER CHECK ITEM: | |
|-----|---|---|
| | Please refer to Box <u>B50</u> on <u>Flap</u> to verify if respondent is seeking a job. | B50 = Job seeker Go to question B59 |
| | I 3B55CH | Otherwise Go to next question |
| | | |
| B56 | What is the <u>main</u> reason you did not look for work last week? | |
| | I 3LF56 | Believes no work available (in area, or suited to skills) Go to question B59 |
| | | ² Own illness or disability |
| | | ³ Caring for own children |
| | | Caring for elder relative (60 years of age or older) |
| | | 5 Other personal or family responsibilities |
| | | ⁶ Going to school |
| | | Waiting for recall (to former employer) |
| | | 8 Waiting for replies from employers |
| | | ⁹ No reason given |
| | | 10 O Don't know |
| | | 11 Other |
| | | Specify: |

AVAILABILITY TO WORK

| B57 | Could you have worked last week (if a suitable job had been offered/if you had been recalled)? | | | |
|-----|--|--------|---|--|
| | 13LF57 | 1 (Y | res 🗪 | Check <u>Box B57</u> on <u>Flap</u> "Available to work" Go to question B59 |
| | | 2 N | lo | |
| | | 3 O D | oon't know | Go to question B59 |
| B58 | What was the <u>main</u> reason you were not available to work last week? | | | |
| | I 3LF58 | 4 🔾 O | Own illness or disability | |
| | | 5 O | Caring for own children | |
| | | 6 C | Caring for elder relative 60 years of age or older | ·) |
| | | 7 O re | Other personal or family esponsibilities | |
| | | 8○ G | Soing to school | |
| | | 9 🔾 V | acation | |
| | | 10 A | lready have job | |
| | | 11 (D | on't know | |
| | | 12 O | Other | |
| | | S | Specify: | |

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WORK HISTORY



SCHOOL ATTENDANCE

| B64 | Last week, were you attending or enrolled in a school, college, or university? | 1 ○ Yes → 2 ○ No → | Check <u>Box B64</u> on <u>Flap</u> "Currently attending school" Go to next question Go to question B66 |
|-----|--|------------------------------|---|
| B65 | Were you enrolled as a full-time or part-time student? 13LF65 | 3 Full-time 4 Part-time | |

Work Calendar

SELF-COMPLETE SECTION

B66 INTERVIEWER NOTE: PLEASE READ TO RESPONDENT.

I would now like to ask you about your work and education activities during the last three years. I am interested in periods of full-time or part-time employment, periods of unemployment when you were looking for work and those periods when you may have been in school or engaged in other kinds of activities. Please turn to question 14 on page 10 of your self-complete questionnaire (OCHS 3).

We will go through each of these columns as they apply, moving back through time. Some of these activities may overlap. Starting with the current month, please indicate what you are currently doing (e.g., employed, going to school).

| B67 | INTERVIEWER CHECK ITEM: | |
|-----|---|-------------|
| | Has the respondent completed question 14 (Work Calendar) of the self-complete questionnaire (OCHS 3)? | 5 Yes |
| | | 6 No |
| | 13B67CH | 7 O Refusal |

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Labour Force Attachment

B68 I would like to ask you about your reactions to work in general. By work, I mean having a paid job. Please turn to page 3 of your response booklet. Remember that this is about paid jobs in general, not simply your present job. Neither Strongly agree nor Strongly disagree agree Agree disagree Disagree Α В D Ε Even if I won a great deal of money in a 2() 3() 5() lottery, I would still want to work. I3LFATA 6() 7() 8() b) Having a job is very important to me. 9() 10() **I3LFATB** c) I find having no work very boring. 11() 12() 13() 14() 15() **I3LFATC** The most important things that happen 16() 17() 18() 19() 20() to me involve work. 13LFATD Work should be only a small part of 21() 22() 23() 24() 25() one's life. **I3LFATE** f) Work makes me feel I'm doing 26() 27() 28() 29() 30() something with my life. **I3LFATF** I would keep working even if I didn't 31 () 32() 33() 34() 35() need the money. **I3LFATG** h) Work occupies an important place in 37 36 () 38() 39() 40() my life. I3LFATH **B69** INTERVIEWER CHECK ITEM: B44 = Works more Please refer to Box <u>B44</u> on <u>Flap</u> to verify if Go to next than 10 hours question respondent usually works more than 10 hours per week. I3B69CH Otherwise Go to question B79

QUALITY OF WORK

In this section we want to ask you about your job. If you have more than one job, please refer to the job at which you work the most hours. Please turn to page 3 of your response booklet.

| | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|----|---|-------------------|-------|----------------------------------|----------|----------------------|
| | | Α | В | С | D | E |
| a) | My job requires me to learn new things. | 1 🔵 | 2 🔵 | 3 🔾 | 4 🔾 | 5 🔾 |
| b) | My job requires me to do things over and over again. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |
| c) | My job requires me to be creative. | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | My job allows me to make a lot of decisions on my own. | 16 🔾 | 17 🔾 | 18 🔾 | 19 🔵 | 20 🔾 |
| e) | My job requires a high level of skill. | 21 🔵 | 22 🔾 | 23 🔵 | 24 🔵 | 25 🔾 |
| f) | On my job, I have very little freedom to decide how I do my work. | 26 🔵 | 27 🔾 | 28 🔾 | 29 🔵 | 30 🔾 |
| g) | I get to do a variety of different things on my job. | 31 🔵 | 32 🔾 | 33 🔾 | 34 🔵 | 35 🔾 |
| h) | I have a lot to say about what happens on my job. | 36 🔵 | 37 🔾 | 38 🔾 | 39 🔵 | 40 🔾 |
| i) | I have an opportunity to develop my own special abilities. | 41 🔵 | 42 🔾 | 43 🔾 | 44 🔾 | 45 🔾 |
| j) | My job requires working very fast. | 46 🔾 | 47 🔾 | 48 🔾 | 49 🔾 | 50 🔵 |
| k) | My job requires working very hard. | 51 🔵 | 52 🔵 | 53 🔵 | 54 🔵 | 55 🔾 |
| l) | I am not asked to do an excessive amount of work. | 56 🔾 | 57 🔾 | 58 🔾 | 59 🔾 | 60 🔾 |
| m) | I have enough time to get the job done. | 61 | 62 | 63 🔵 | 64 🔵 | 65 🔾 |
| n) | I am free from conflicting demands that others make. | 66 | 67 🔵 | 68 🔾 | 69 🔵 | 70 🔾 |
| | 133001 | | | | | |

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| 0 (| (CONTINUED.) | | | Neither | | | |
|-----|--------------|--|-------------------|----------------|-----------------------|----------|-------------------|
| | | | Strongly agree | y Agree | agree nor disagree | Disagree | Strongly disagree |
| | | | Α | В | С | D | E |
| C | o) | My job requires long periods of intense concentration on the task. | 71 🔾 | 72 🔾 | 73 🔾 | 74 🔵 | 75 🔾 |
| ı | o) | My tasks are often interrupted before they can be completed, requiring attention at a later time. | 76 | 77 🔾 | 78 🔾 | 79 🔾 | 80 🔾 |
| ď | q) | My job is very hectic. | 81 | 82 🔵 | 83 🔵 | 84 🔵 | 85 🔾 |
| | r) | Waiting on work from other people or departments often slows me down on my job. | 86 | 87 🔵 | 88 | 89 | 90 🔾 |
| | | 13JCQR | | | | | |
| b | 00 | ase turn to page 4 of your response oklet. On this scale of 0 to 14, how rsically demanding on your body | 0 🔾 | | | | |
| _ | _ | our job? | 1 (| very, very lig | ht | | |
| | I 3BORG | | 2 🔵 | | | | |
| | | 3 🔵 | very light | | | | |
| | | | 4 🔘 | | | | |
| | | | 5 🔵 | usually light | | | |
| | | | 6 🔾 | | | | |
| | | | 7 🔵 | a bit demand | ding | | |
| | | | 8 🔾 | | | | |
| | | | 9 🔵 | demanding | | | |
| | | | 10 🔵 | | | | |
| | | | 11 🔵 | very demand | ding | | |
| | | | 12 🔵 | | | | |
| | | | 13 🔵 | very, very de | emanding | | |
| | | | 14 🔵 | | | | |
| | | | | | | | |

SOCIAL SUPPORT AT WORK

| B72 | | | | | best | | |
|-----|--------|---|-------------------|-------|----------------------------------|----------|----------------------|
| | des | scribes your situation. | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| | | | Α | В | С | D | E |
| | a) | My supervisor is helpful in getting the job done. | 1 🔵 | 2 🔵 | 3 🔵 | 4 🔵 | 5 🔵 |
| | b) | My supervisor cares about those under (him/her). | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |
| | c) | My supervisor pays attention to what I am saying. | 11 🔾 | 12 🔵 | 13 🔾 | 14 🔵 | 15 🔵 |
| | d) | My supervisor is successful in getting people to work together. | 16 🔾 | 17 🔾 | 18 🔵 | 19 🔵 | 20 🔵 |
| | e) | My fellow workers take a personal interest in me. | 21 🔵 | 22 🔾 | 23 🔾 | 24 🔾 | 25 🔵 |
| | f) | My fellow workers are helpful in getting the job done. | 26 🔵 | 27 🔵 | 28 🔵 | 29 🔾 | 30 🔾 |
| | g) | My fellow workers are supportive. | 31 🔵 | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔾 |
| | h) | My fellow workers are able to do their jobs well. | 36 | 37 🔵 | 38 🔘 | 39 🔵 | 40 🔵 |

JOB INSECURITY

| B73 How steady is your work? | |
|------------------------------|------------------------------------|
| | Regular and steady |
| | ² Seasonal |
| I 3JSEC1 | ³ Frequent layoffs |
| | Both seasonal and frequent layoffs |
| | 5 Other |
| | |

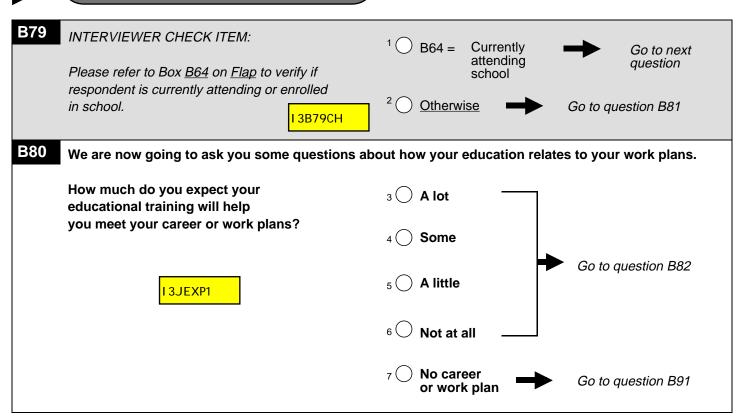
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| B74 | How much do you agree or disagree with the statement: My job security is good. 13JSEC2 | Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree |
|-----|---|--|
| B75 | During the past year, how often were you in a situation where you faced job loss or layoff? MARK ONE ONLY. | ⁶ ○ Never ⁷ ○ Faced the possibility once |
| | I 3JSEC3 | Faced the possibility more than once Constantly Actually laid off |
| B76 | Sometimes people permanently lose jobs they want to keep. How likely is it that during the next couple of years you will lose your present job with your employer? MARK ONE ONLY. 13JSEC4 | Not at all likely Not too likely Somewhat likely Very likely |
| B77 | INTERVIEWER CHECK ITEM: Is respondent currently living with at least one other family member (e.g., spouse/partner, child, parent, sibling, etc.)? | Go to next question Go to question B79 |

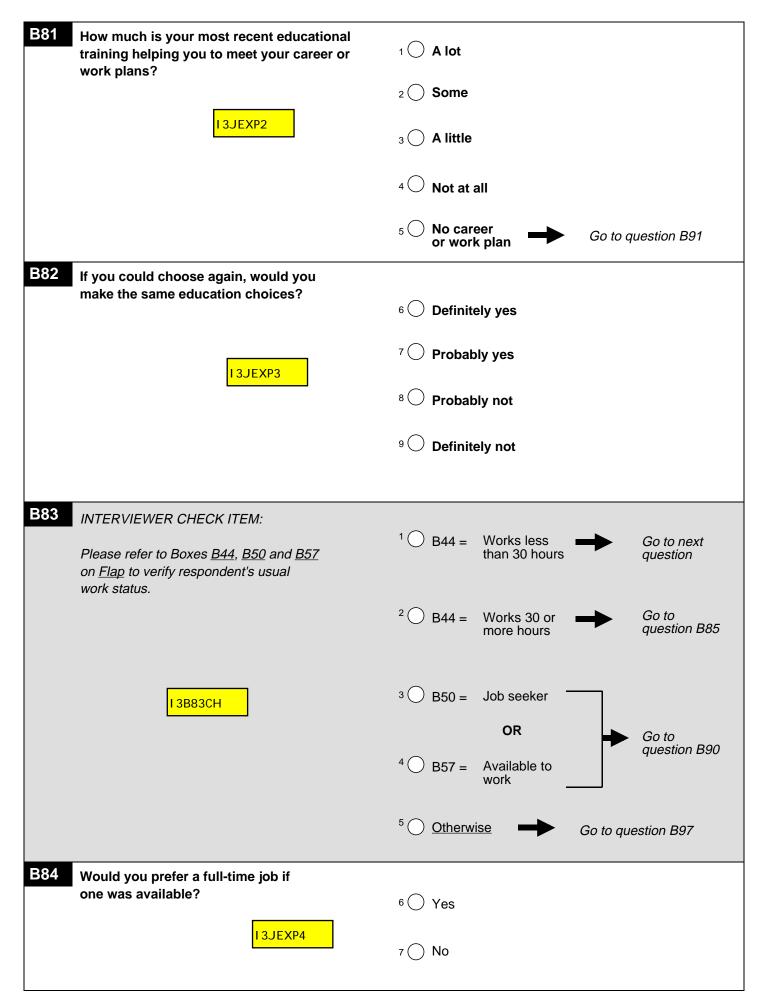
WORK-HOME CONFLICT

B78 In the next few questions, we ask you how you feel about the combination of work and family responsibilities. By family, we mean all relatives living in your home. Please turn to page 5 of your response booklet. Never Seldom **Sometimes** Often **Always** a) How often does your job or career В C Ε interfere with your responsibilities at home, such as yard work, cooking, cleaning, repairs, shopping, paying the bills or child care? I 3JHOMEA b) How often does your job or career keep you from spending the amount of time 8() 10() you would like to spend with your partner or your family? I 3JHOMEB c) How often does your homelife interfere with your responsibilities at work, such 13 as getting to work on time, accomplishing daily tasks or working overtime? 3JHOMEC d) How often does your homelife keep you from spending the amount of time you 16() 20() would like to spend on job or career-related activities? I 3JHOMED

CAREER EXPECTATIONS

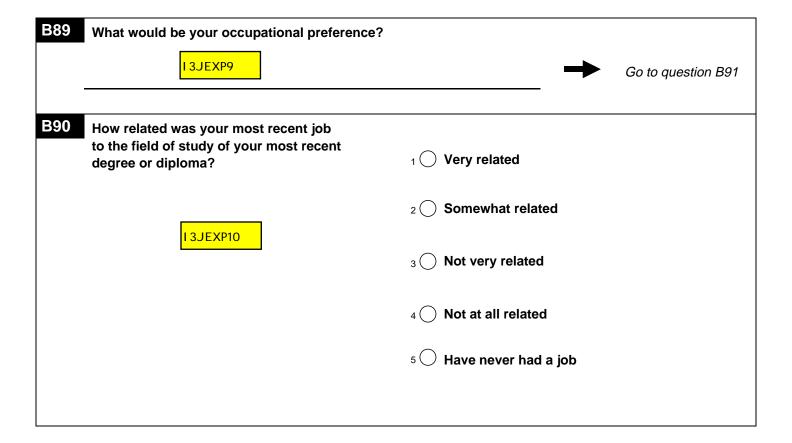


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| B85 | Given your education, training and experience, do you feel that you are now earning I3JEXP5 | more than you deserve? about the right amount? less than you deserve? |
|-----|--|---|
| B86 | How related is your present job to the field of study of your most recent degree or diploma? 13JEXP6 | 5 Very related 6 Somewhat related 7 Not very related 8 Not at all related |
| B87 | Considering your experience, education and training, do you feel that you are overqualified, about right, or underqualified for your job? 13JEXP7 | Overqualified About right Underqualified |
| B88 | If you had the choice to make again, would you choose the same type of work you do now? I3JEXP8 | Go to question B91 Probably yes Probably not Definitely not |

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JOB SATISFACTION

| B91 | INTERVIEWER CHECK ITEM: | |
|-----|--|--|
| | Please refer to Box <u>B44</u> on <u>Flap</u> to verify if respondent usually works more than 10 hours per week. | 1 B44 = Works more than 10 hours Go to next question |
| | <mark>I 3B91CH</mark> | ² Otherwise Go to question B97 |
| | | |
| B92 | How satisfied are you with your job? | |
| | | 3 Not at all satisfied |
| | I3JSAT1 | 4 O Not too satisfied |
| | | ₅ Osomewhat satisfied |
| | | 6 Very satisfied |
| | | |

| B93 | Would you advise a friend to take this job? | |
|-----|---|--|
| | I3JSAT2 | Advise against it Have doubts about it Recommend it Strongly recommend it |
| B94 | Would you take this job again? | |
| | | ⁵ Take without hesitation |
| | I3JSAT3 | 6 Have second thoughts |
| | | ₇ Oefinitely not |
| B95 | How likely is it that you will look | |
| | for a new job in the next year? | 1 O Very likely |
| | I3JSAT4 | 2 O Somewhat likely |
| | | 3 Not at all likely |
| BOC | | |
| B96 | Is this job similar to what you wanted when you applied for it? | 4 O Very similar |
| | I 3JSAT5 | 5 O Somewhat similar |
| | | 6 ○ Not very similar |
| | | |

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Education

| Excluding kindergarten, how many years of elementary and high school have you successfully completed? | 1 O 1 to 6 years |
|---|---------------------------|
| LOEDIN | ² 7 years |
| I 3EDU1 | 3 O 8 years |
| | ⁴ 9 years |
| | ⁵ 10 years |
| | 6 11 years |
| | ⁷ 12 years |
| | ⁸ 13 years |
| | ⁹ No schooling |
| | Go to question B13 |
| Did you ever fail or repeat a grade while in elementary school? | 11 O Yes |
| I 3EDU2 | 12 No Go to question B100 |

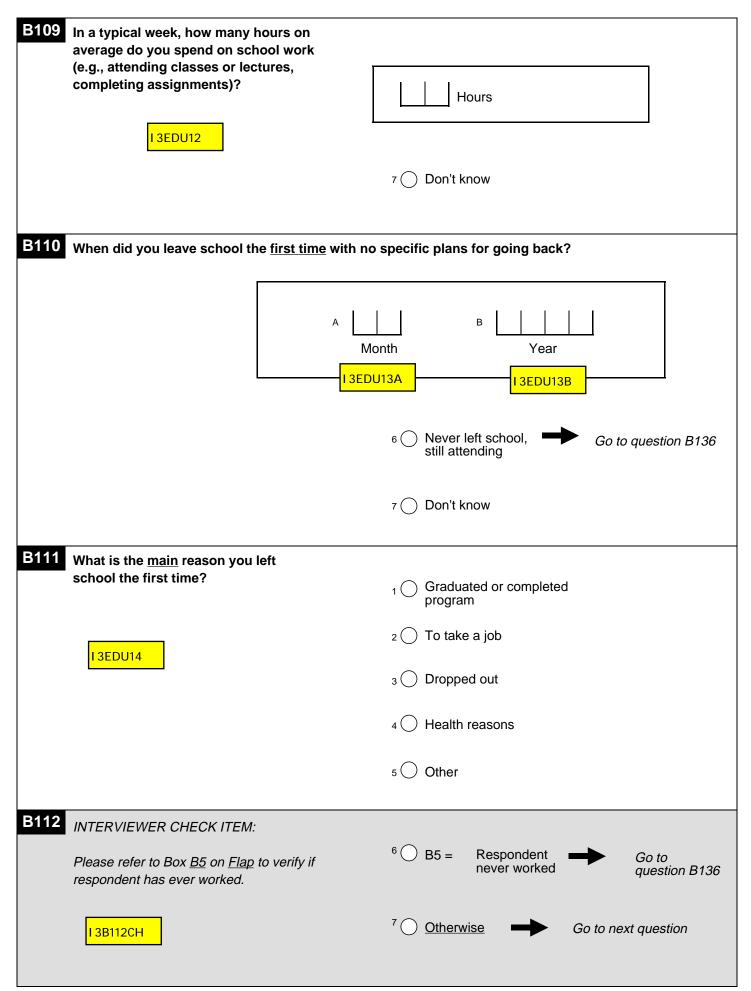
| B99 | What was the earliest grade you failed or repeated? | |
|------|---|--------------------------|
| | | 1 C Kindergarten |
| | | ² Grade 1 |
| | I 3EDU3 | 3 Grade 2 |
| | | 4 Grade 3 |
| | | 5 Grade 4 |
| | | 6 Grade 5 |
| | | ⁷ Grade 6 |
| | | 8 Other |
| | | 9 On't know |
| | | |
| B100 | Have you graduated from high school? | 10 O Yes |
| | I 3EDU4 | 11 No |
| B101 | Have you ever attended university? | |
| | | ¹ O Yes |
| | I 3EDU5 | 2 No Go to question B103 |
| B102 | How many years of education have you completed at university? | |
| | I 3EDU6 | Years |
| | | |

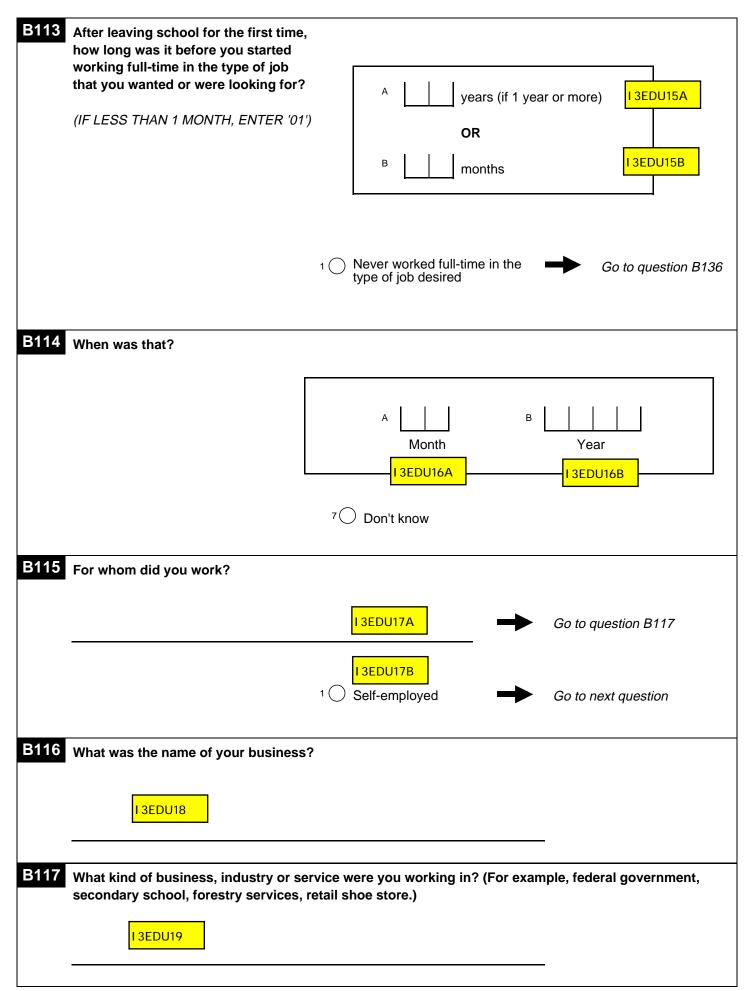
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| B103 | Have you ever attended an institution other than a university, a secondary (high) school, or elementary school? | ³ ○ Yes |
|------|--|---|
| | Include years of schooling at community colleges, technical institutes, CEGEP (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. | 4 No Go to question B105 |
| B104 | How many years of education have you ever completed at an institution other than a university, a secondary (high) school or elementary school? 13EDU8 | Years |
| B105 | What is the <u>highest</u> degree, diploma or certificate you have ever obtained? | |
| | Include any qualifications obtained from secon | dary |
| | (high) schools, or trade schools and other | |
| | postsecondary educational institutions. | Secondary (high) school graduation certificate or equivalent |
| | MARK <u>ONE</u> ONLY. | 2 Trades certificate or diploma |
| | I 3EDU9 | |
| | | Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.) |
| | | 4 University certificate or diploma below bachelor level |
| | | 5 Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.) |
| | | 6 University certificate or diploma above bachelor level |
| | | 7 Master's degree(s)(e.g., M.A., M.Sc., M.Ed.) |
| | | 8 Degree above master's |
| | | |

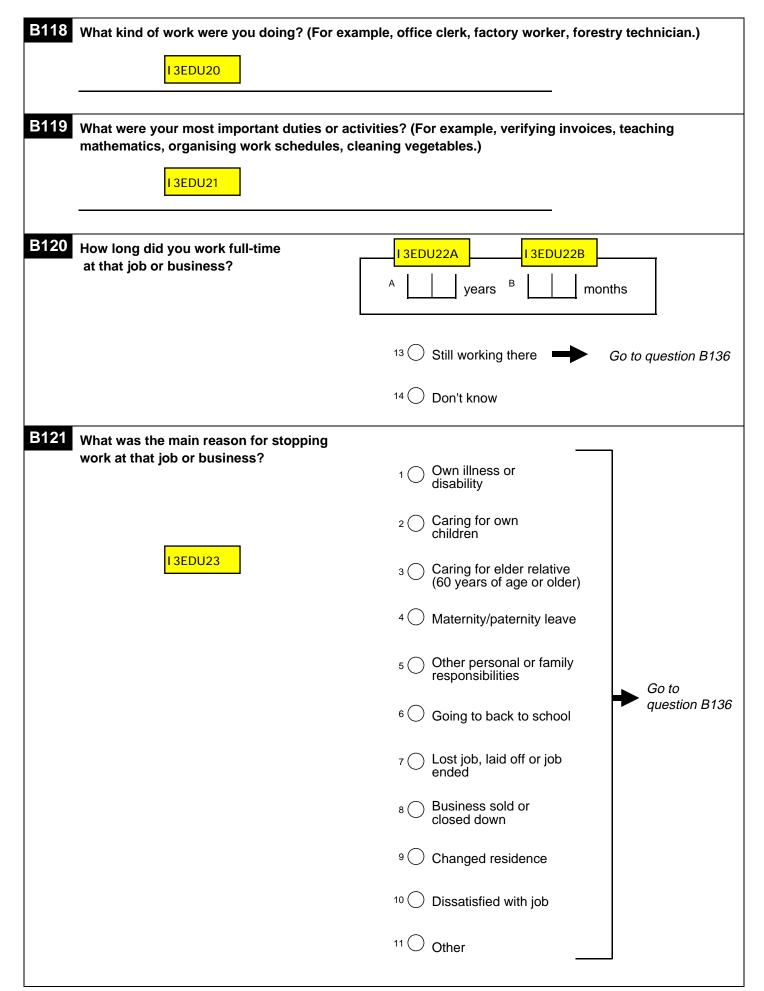
| B106 | What was the major field of study or training of you secondary or high school graduation certificates engineering, history, legal secretary, welding. | our highest degree, certificate or diploma (excluding)? For example, accounting, carpentry, civil |
|------|---|---|
| | I 3EDU10 | |
| B107 | INTERVIEWER CHECK ITEM: | |
| | Please refer to Box <u>B64</u> on <u>Flap</u> to verify if respondent is currently attending or enrolled in school. | B64 = Currently attending school Go to next question |
| | I 3B107CH | 12 Otherwise Go to question B122 |
| B108 | You mentioned earlier that you are attending school. What type of degree, diploma or certificate will you receive? | 1 None |
| | MARK ALL THAT APPLY. | 2 Secondary (high) school graduation certificate or equivalent |
| | I 3EDU11C | 3 Trades certificate or diploma |
| | I 3EDU11D | Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.) |
| | I 3EDU11E | 5 University certificate or diploma below bachelor level |
| | I 3EDU11F | Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.) |
| | I 3EDU11G | 7 University certificate or diploma above bachelor level |
| | I 3EDU11H | 8 Master's degree(s)(e.g., M.A., M.Sc., M.Ed.) |
| | I 3EDU11I | 9 O Degree above master's |
| | I 3EDU11J | 10 Other |

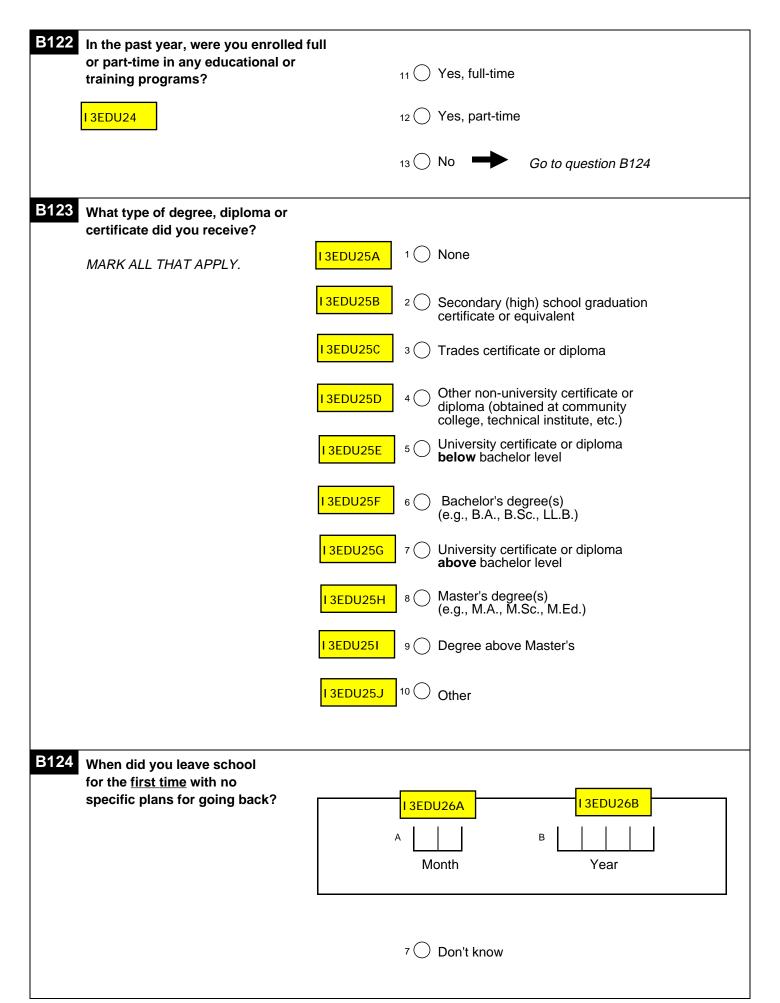
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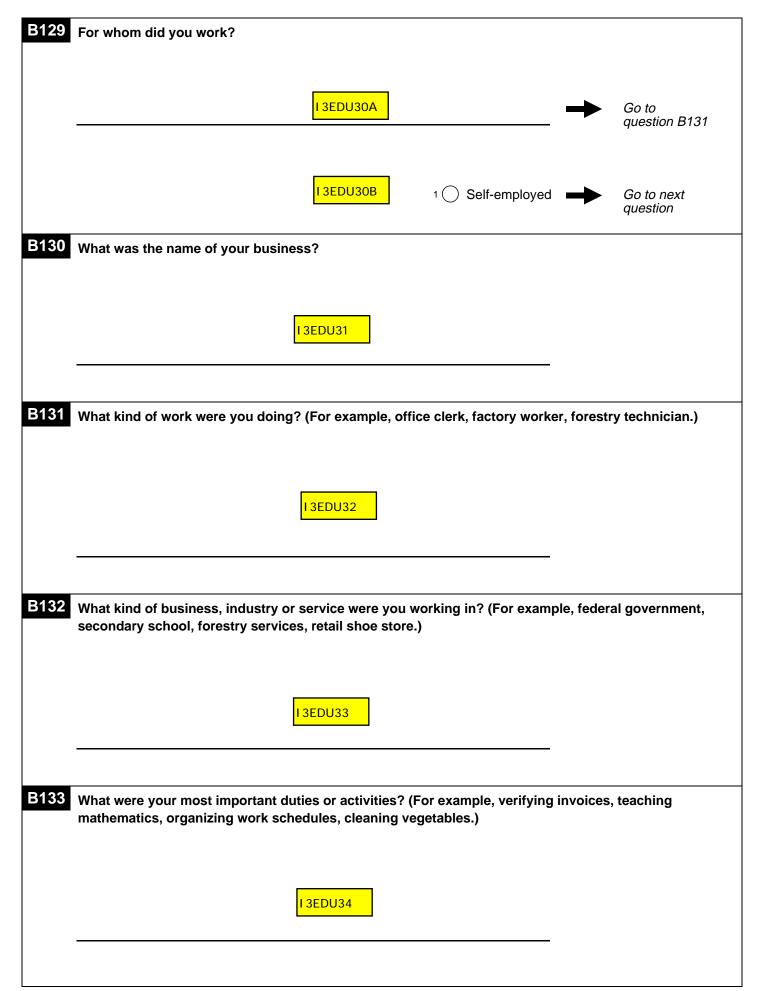
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| B125 | What is the <u>main</u> reason you left school the first time? | |
|------|--|--|
| | | Graduated or completed program |
| | I 3EDU27 | ² To take a job |
| | | 3 O Dropped out |
| | | 4 O Health reasons |
| | | ⁵ Other |
| | | |
| B126 | INTERVIEWER CHECK ITEM: | |
| | Please refer to Box <u>B5</u> on <u>Flap</u> to verify if respondent has ever worked. | ⁶ B5 = Respondent Go to question B136 |
| | <mark>I 3B126CH</mark> | ⁷ Otherwise Go to next question |
| | | |
| B127 | After leaving school for the first time, how long was it before you started working full-time in the type of job | |
| | that you wanted or were looking for? | A years (if 1 year or more) |
| | IF LESS THAN 1 MONTH, ENTER '01' | OR |
| | IF LEGS THAN TWONTH, ENTER UT | B months (if less than one year) I 3EDU28B |
| | | Never worked full-time in the type of job desired Go to question B136 |
| | | |
| B128 | What year did you start working full-time? | |
| | | year |
| | I 3EDU29 | 7 Don't know |



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| B134 | How long did you work full-time at that job or business? | I 3EDU35A |
|------|--|--|
| | | A years B month |
| | | |
| | | Go to question B136 |
| | | ⁷ O Don't know |
| B135 | What was the <u>main</u> reason for stopping | |
| | work at that job or business? | ¹ Own illness or disability |
| | | ² Caring for own children |
| | I 3EDU36 | Caring for elder relative (60 years of age or older) |
| | | ⁴ Maternity/paternity leave |
| | | ⁵ Other personal or family responsibilities |
| | | 6 Going back to school |
| | | ⁷ Cost job, laid off or job ended |
| | | ⁸ Business sold or closed down |
| | | ⁹ Changed residence |
| | | ¹⁰ Dissatisfied with job |
| | | ¹¹ Other |

Homemaker

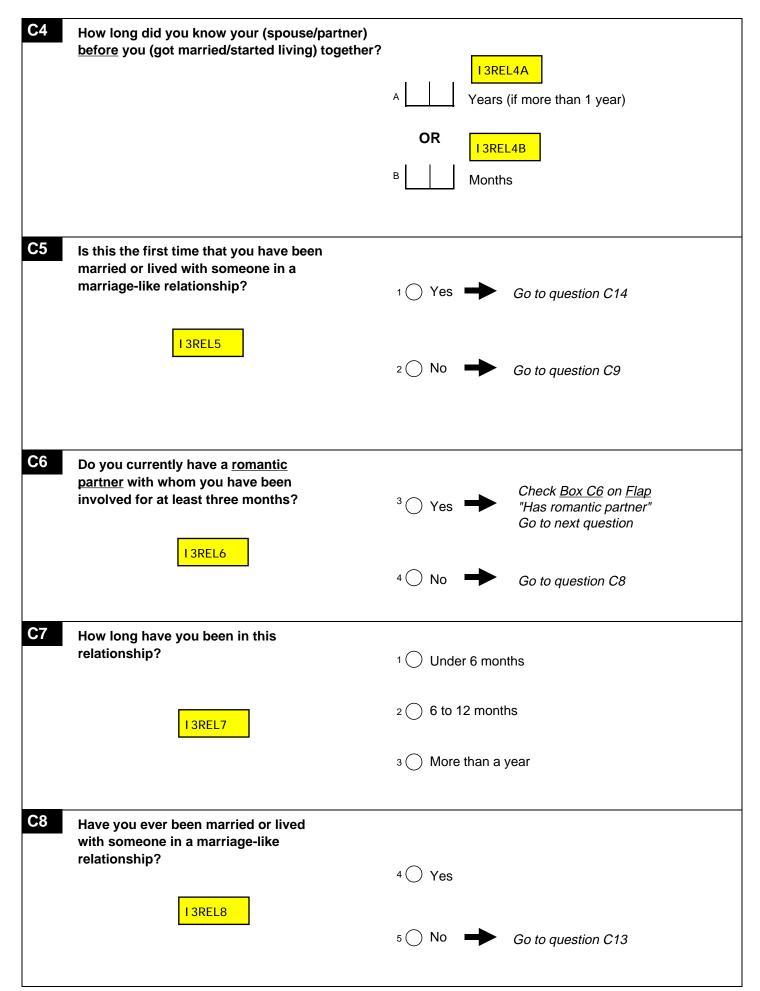
| B136 | We would now like to ask you about your work in the home. In the past year, have you spent time caring for the family or being a homemaker? | ¹ ○ Yes | |
|------|---|----------------|-------------------------------|
| | | r es | |
| | I 3HOMKR1 | | |
| | | 2 No - | Go to Section C on page 63 |
| D427 | | | |
| B137 | At present, are you spending time caring for the family or being a homemaker? | | |
| | | ₃ Yes | |
| | 3HOMKR2 | J | |
| | | 4 O No | Go to Section C on page 63 |
| | | | |
| B138 | In a typical week, how many hours on average (do/did) you spend on household chores and family responsibilities? | | |
| | | | |
| | 3HOMKR3 | hours | |
| | | | |
| | | 7 O Don't know | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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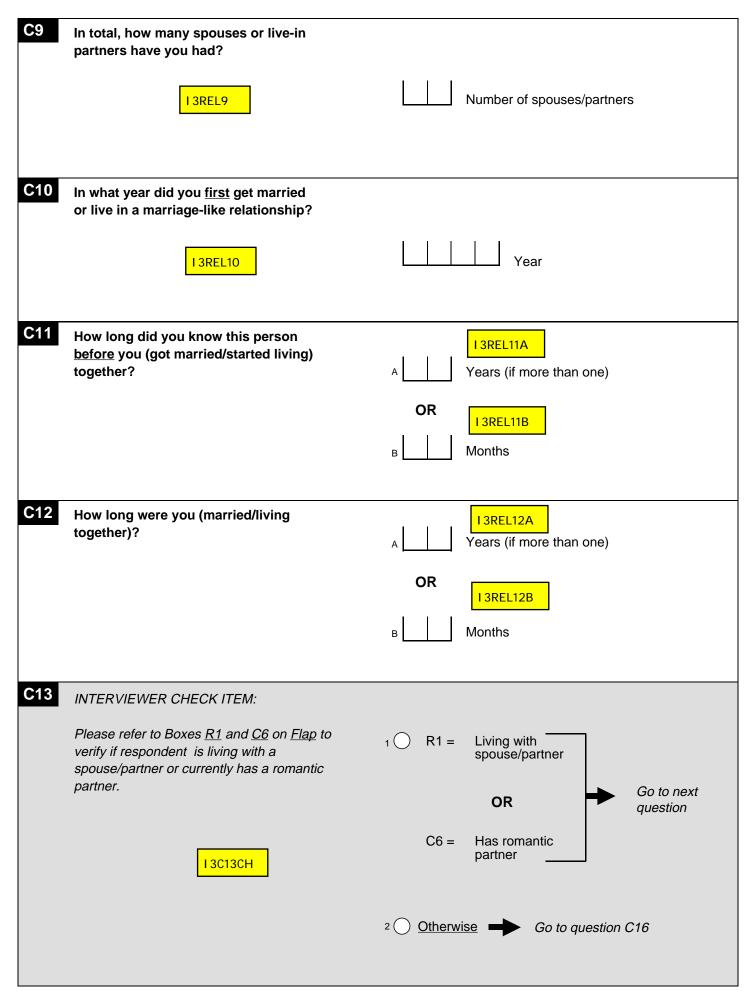
C Social

PARTNER RELATIONSHIP

| C1 | INTERVIEWER CHECK ITEM: | |
|----|---|--|
| | Please refer to Box <u>R1</u> on <u>Flap</u> to verify if | R1 = Living with spouse or partner Go to next question I 3REL1 |
| | respondent is currently <u>living with</u> a spouse or partner. | TINLLI |
| | ор жас с. рани. с. | 2 Otherwise Go to question C6 |
| | | |
| C2 | In what year did you (get married/start living) with your (spouse/partner)? | |
| | | Year I3REL2 |
| | | |
| C3 | In what month was that? | |
| | | 1 O January |
| | I 3REL3 | ² February |
| | | ³ March |
| | | 4 O April |
| | | 5 May |
| | | 6 June |
| | | 7 O July |
| | | 8 August |
| | | ₉ September |
| | | 10 October |
| | | 11 November |
| | | 12 December |
| | | |



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SELF-COMPLETE SECTION

| INTERVIEWER NOTE: | PLEASE READ TO RESPONDENT. | |
|--|---|---|
| Please turn to page 12 of your self-co | nplete questionnaire. | |
| statement, mark in the questionnaire some behaviours that can cause diffic | the one that most closely applies to you. Question 22 lisulties in a relationship. For this question, check the respon | sts 1se |
| INTERVIEWER CHECK ITEM: | 4 O Yes | |
| Has repondent completed Questions 15 to 22 of the self-complete | 5 No | |
| | ⁶ Refusal | |
| INTERVIEWER CHECK ITEM: | | |
| other family member (e.g., spouse/partne | · · · · · · · · · · · · · · · · · · · | |
| · · · · · · · · · · · · · · · · · · · | 2 No Go to question C19 | |
| | The statements in questions 15 to 2 statement, mark in the questionnaire some behaviours that can cause difficult that best describes how often (NAME of when you finish. INTERVIEWER CHECK ITEM: Has repondent completed Questions 15 to 22 of the self-complete questionnaire (OCHS 3)? INTERVIEWER CHECK ITEM: INTERVIEWER CHECK ITEM: | INTERVIEWER CHECK ITEM: Has repondent completed Questions 15 to 22 of the self-complete questionnaire (OCHS 3)? INTERVIEWER CHECK ITEM: Is respondent currently living with at least one other family member (e.g., spouse/partner, child, parent, sibling, etc.)? Yes Go to next question C10 |

SELF-COMPLETE SECTION

| C17 | INTERVIEWER NOTE: | PLEASE READ TO RESPONDENT. |
|-----|--|--|
| | Please turn to page 15 of your self-com | nplete questionnaire. |
| | <u>•</u> | out families and family relationships. By family, I'm referring to y live with. For each one, please mark the response that best |
| C18 | INTERVIEWER CHECK ITEM: | 4 () Yes |
| | Has repondent completed Question 23 | |
| | of the self-complete questionnaire (OCHS 3)? | 5 No |
| | I 3C18C | CH 6 Refusal |

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ADULT ATTACHMENT STYLE

| C19 | For the next question, please turn to page 6 of your response booklet and read the three statements. | | |
|-----|--|------------------------------|---|
| | Statement A reads | them and having them depo | et close to others and am comfortable depending on end on me. I don't often worry about being one getting too close to me. |
| | Statement B reads | them completely, and diffic | ble being close to others, I find it difficult to trust ult to allow myself to depend on them. I am nervous e, and often, romantic partners want me to be more able being. |
| | Statement C reads | my partner doesn't really lo | ant to get as close as I would like. I often worry that eve me or won't want to stay with me. I want to ther person, and this desire sometimes scares |
| | Which one best descri | ibes your feelings? | 8 O Statement A |
| | I 3ATTCH | | 9 O Statement B |
| | | | 10 Statement C |

FAMILY HISTORY AND PERCEPTIONS OF PARENTING

| Until the age of 16, which woman spent the most time raising you? | |
|---|---|
| inost time raising you: | ¹ Birth/biological mother |
| 13MOMFIG | ² Adoptive mother |
| | 3 C Stepmother |
| | 4 O Foster mother |
| | ₅ Other female relative |
| | 6 Other |
| | No mother/ maternal caregiver Check Box C20 on Flap "No mother" Go to question C22 |

| | | Very like | Moderately like | Neither like nor unlike | Moderately unlike | Very unlike |
|-------------------|---|--------------|-----------------|-------------------------------|----------------------|----------------|
| | | Α | В | С | D | E |
| a) | She spoke to me with a warm and friendly voice. | 1 🔵 | 2 🔵 | 3 🔾 | 4 🔾 | 5 🗀 |
| b) | She tried to control everything I did. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🗀 |
| c) | She enjoyed talking things over with me. | 11 🔾 | 12 🔾 | 13 🔾 | 14 🔾 | 15 🗌 |
| d) | She did not want me to grow up. | 16 🔾 | 17 🔾 | 18 🔾 | 19 🔵 | 20 🗀 |
| ∌) | She seemed emotionally cold to me. | 21 🔵 | 22 🔵 | 23 🔾 | 24 🔾 | 25 |
| f) | She let me decide things for myself. | 26 🔾 | 27 🔵 | 28 🔵 | 29 | 30 |
| g) | She could make me feel better when I was upset. | 31 | 32 🔵 | 33 🔾 | 34 🔵 | 35 |
| h) | She did not talk to me very much. | 36 🔾 | 37 🔵 | 38 🔾 | 39 🔵 | 40 🗀 |
| i) | She liked me to make my own decisions. | 41 🔵 | 42 🔾 | 43 🔾 | 44 🔾 | 45 🗌 |
| | il the age of 16, which man spent the <u>most</u> e raising you? | ¹○ B | irth/biologica | al father | | |
| | I3DADFIG | | doptive fathe | er | | |
| 3D | | | | | | |
| <mark>3D</mark> / | | 3 S | tepfather | | | |
| 3D/ | | _ | tepfather | | | |
| 3D | | 4 | - | ative | | |
| <mark>13D</mark> | | 4 O F | oster father | ative | | |

Thinking of the (mother/maternal caregiver) you identified in the previous question, would you tell me

C21

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C23 Thinking of the (father/paternal caregiver) you identified in the previous question, would you tell me how like him each of these statement is. The response options are on page 7 of your response booklet. Neither Moderately like nor Moderately Very Very like unlike unlike unlike like В C D Ε Α a) He spoke to me with a warm and 1() 2() 3() 4() 5() friendly voice. I 3PBI DA b) He tried to control everything I did. 6() 7() 8() 10 11() 12() c) He enjoyed talking things over with me. 13() 14() 15 I 3PBI DC d) He did not want me to grow up. 16() 17() 18() 19() 20 (I PBI DD 21() He seemed emotionally cold to me. 22() 23() 24() 25 (27() f) He let me decide things for myself. 26() 28() 29() 30 (I 3PBI DF He could make me feel better when I 32() 33() 34() 31 was upset. I 3PBI DG h) He did not talk to me very much. 36 () 37() 38() 39() 40 (I 3PBI DH

PARENT EMOTIONAL WELL-BEING

i) He liked me to make my own decisions.

C24 INTERVIEWER CHECK ITEM: C20 =No mother Please refer to Boxes C20 and C22 on Flap to verify if respondent has no mother/maternal **OR** Go to question C28 caregiver or father/paternal caregiver. C22 = No father C20 = No mother Go to I 3C24CH AND question C50 C22 = No father Otherwise -Go to next question

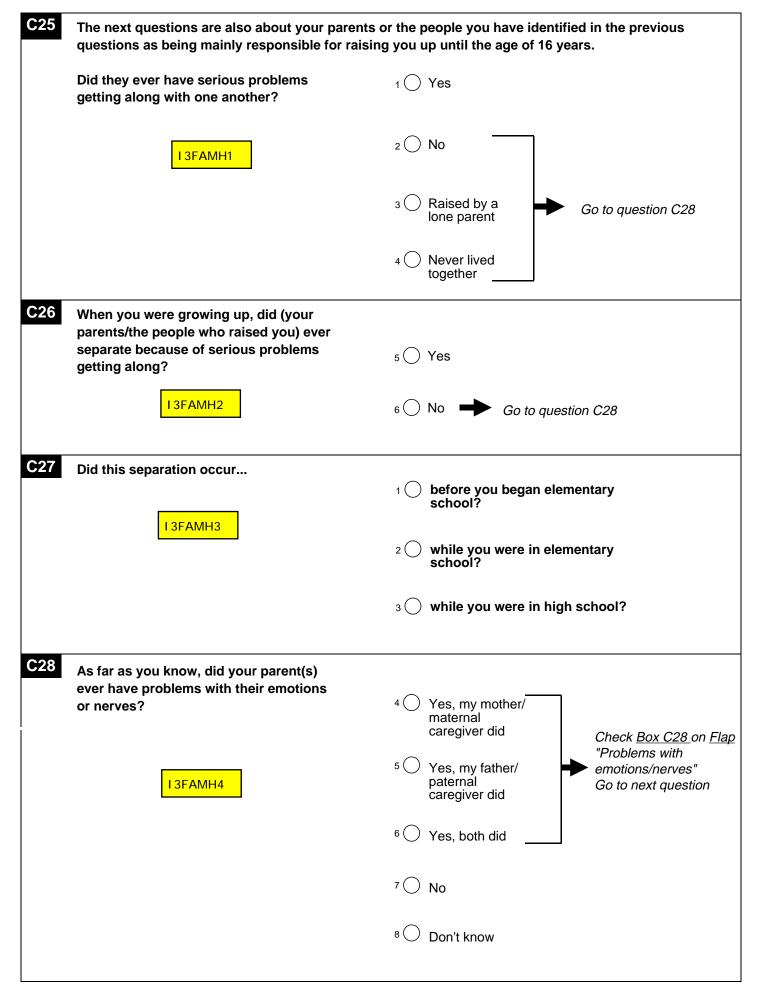
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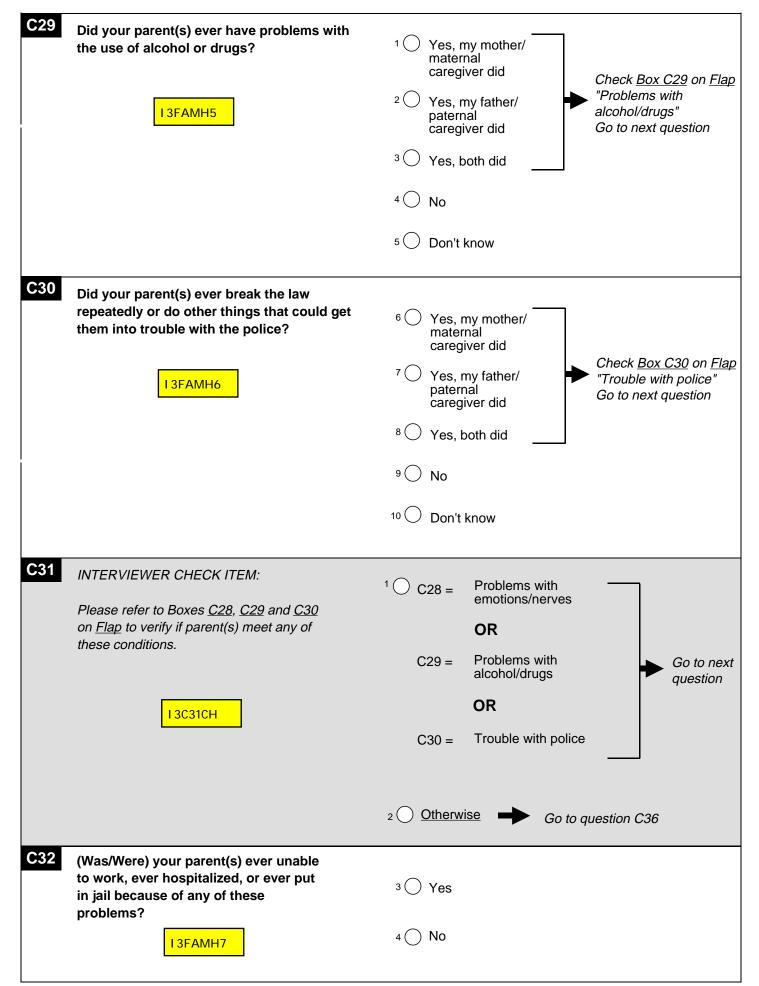
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| C33 | To your knowledge, did these problems first begin | before you began elementary school? |
|-----|---|--|
| | 13ГАМН8 | while you were in elementary school? |
| | | 3 while you were in high school? |
| C34 | Did these problems come and go or were they always present when you were growing up? | 4 Came and went |
| | 13ГАМН9 | 5 Always present |
| C35 | How much stress and upset did these problems cause for the family? | |
| | | ¹ A very great deal |
| | I3FAMH10 | 2 A great deal |
| | | 3 Quite a bit |
| | | 4 O Somewhat |
| | | 5 Very little |
| C36 | How old were you the <u>first</u> time you left the home of (your parent(s)/those who raised you) to set out on your own? (Do <u>not</u> include times living away from | Years old |
| | the family home while studying or receiving training.) I 3FAMH11 | 1 Never left home Check <u>Box C36</u> on <u>Flap</u> "Never left home" Go to question C38 |
| C37 | What year was that? | |
| | I 3FAMH12 | Year Enter year in Box C37 on Flap Go to next question 7 O Don't know |
| | | - |

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SELF-COMPLETE SECTION

INTERVIEWER NOTE: Please turn to page 16 of your self-complete questionnaire. Questions 24 to 37 ask about situations where you might have been hurt or were afraid you were going to be hurt when you were growing up before age 16. All of your answers are private and will be kept strictly confidential. C39 INTERVIEWER CHECK ITEM: 1 Yes Has the respondent completed questions 24 to 37 of the self-complete questionnaire (OCHS 3)? 3 Refusal

CURRENT RELATIONS WITH FAMILY

| C40 | INTERVIEWER CHECK ITEM: | |
|-----|--|---|
| | Please refer to Box <u>C20</u> on <u>Flap</u> to verify if respondent has a mother/maternal caregiver. | Go to question C45 |
| | I 3C40CH | 5 Otherwise Go to next question |
| C41 | Is your mother or the maternal caregiver you identified earlier still alive? | ¹ Yes Go to question C43 |
| | I 3RELMM1 | 2 No |
| | | 3 O Don't know Go to question C45 |
| C42 | How old were you at the time of her death? | |
| | I 3RELMM2 | Years old Go to question C45 7 Don't know |
| | | |

| C43 | How often are you in touch with your (mother/maternal caregiver)? | 1 Almost daily |
|-----|---|---|
| | | 2 About once a week |
| | I 3RELMM3 | 3 About once a month |
| | | 4 O 5 to 6 times a year |
| | | 5 About once a year |
| | | 6 Less than once a year |
| C44 | Please turn to page 9 of your response booklet. | |
| | How well do you get along with your (mother/maternal caregiver)? | ⁷ Extremely well, couldn't be better |
| | | 8 Very well, no problems |
| | I 3RELMM4 | 9 Quite well, hardly any problems |
| | | 10 C Fairly well, occasional problems |
| | | 11 Not too well, frequent problems |
| | | Not well at all, constant problems |
| C45 | | |
| C45 | INTERVIEWER CHECK ITEM: Please refer to Box <u>C22</u> on <u>Flap</u> to verify if respondent has a father/paternal caregiver. | 1 C22 = No father Go to question C50 |
| | 13C45CH | 2 Otherwise Go to next question |
| C46 | Is your father or the paternal caregiver you identified earlier still alive? | 3 ○ Yes |
| | LODELDDA | 4 No |
| | I 3RELDD1 | 5 Don't know Go to question C50 |

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| C47 | How old were you at the time of his death? | |
|-----|--|---|
| | I 3RELDD2 | Years old Go to question C50 TO Don't know |
| C48 | How often are you in touch with your | |
| | (father/paternal caregiver)? | 1 Almost daily |
| | | 2 About once a week |
| | I 3RELDD3 | 3 About once a month |
| | | 4 O 5 to 6 times a year |
| | | 5 About once a year |
| | | 6 Less than once a year |
| C49 | Please turn to page 9 of your response booklet. | |
| | How well do you get along with your (father/paternal caregiver)? | ⁷ Extremely well, couldn't be better |
| | (ramer/paternal caregiver): | 8 Very well, no problems |
| | I 3RELDD4 | 9 Quite well, hardly any problems |
| | | 10 C Fairly well, occasional problems |
| | | 11 Not too well, frequent problems |
| | | Not well at all, constant problems |
| C50 | Do you have any brothers, sisters or other close relatives (excluding parents) whom you see, write or talk to? | 1 ◯ Yes |
| | I 3RELFM1 | 2 ○ No Go to question C53 |
| | | |

| C51 | Thinking of those relatives you see the most often, how frequently are you in touch with them? I 3RELFM2 | 1 Almost daily 2 About once a week 3 About once a month 4 5 to 6 times a year 5 About once a year 6 Less than once a year |
|-----|---|---|
| C52 | Please turn to page 9 of your response booklet. How well do you get along with these relatives? I 3RELFM3 | Fairly well, couldn't be better Not too well, frequent problems Not well at all, constant problems |
| | SOCIAL INTEGRATION | |
| C53 | About how many close friends do you have - that is people you feel at ease with and can talk with about what is on your mind? I3RELFR1 | Number of friends O None Go to question C56 |
| C54 | How often do you get together with these friends, like going out together or visiting in each other's homes? I 3RELFR2 | 1 Almost daily 2 About once a week 3 About once a month 4 5 to 6 times a year |
| | | 5 About once a year6 Less than once a year |

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| Coo | Please turn to page 8 of your response booklet. | ⁷ Extremely well, couldn't be better | | | | |
|-----|---|--|--|--|--|--|
| | How well do you get along with these close friends? | 8 Very well, no problems | | | | |
| | ologe menus. | 9 Quite well, hardly any problems | | | | |
| | I 3RELFR3 | 10 Fairly well, occasional problems | | | | |
| | TORLLING | 11 Not too well, frequent problems | | | | |
| | | Not well at all, constant problems | | | | |
| C56 | To how many groups or organizations do you belong - like church groups, clubs or lodges, parent groups, etc.? | Number of organizations | | | | |
| | I 3CLUBS1 | O None Go to question C58 | | | | |
| C57 | How active are you in (this/these) group(s) or club(s)? | ⁷ very active? | | | | |
| | Would you say you are | 8 quite active? | | | | |
| | | 9 fairly active? | | | | |
| | I 3CLUBS2 | 10 ont very active? | | | | |
| C58 | How often have you attended a religious service during the past year? | 1 Almost daily | | | | |
| | (Excluding funerals, weddings, baptisms, etc.) | 2 About once a week | | | | |
| | | 3 About once a month | | | | |
| | I 3RELI G | 4 0 5 to 6 times in the past year | | | | |
| | | 5 About once | | | | |
| | | 6 Never | | | | |
| C59 | Please turn to page 9 of your response booklet. | 7 C Extremely well, couldn't be better | | | | |
| | How well do you get along with your neighbours? | 8 Very well, no problems | | | | |
| | neighbours: | ⁹ Quite well, hardly any problems | | | | |
| | I 3RELNB1 | ¹⁰ Fairly well, occasional problems | | | | |
| | | 11 O Not too well, frequent problems | | | | |
| | | Not well at all, constant problems | | | | |
| | | 13 No contact with neighbours Go to question C62 | | | | |

| C60 | How often do you stop to have a chat with your neighbours? | 1 Almost daily |
|-----|--|-------------------------|
| | | 2 About once a week |
| | I 3RELNB2 | 3 About once a month |
| | | 4 O 5 to 6 times a year |
| | | 5 About once a year |
| | | 6 Less than once a year |
| | | 7 Never |
| C61 | About how many of your neighbours do you know by name? | Number of neighbours |
| | I 3RELNB3 | ○ None |
| | | 7 O Don't know |
| | | |

CIVIC MINDEDNESS

| C62 | Some people do unpaid volunteer work for groups or organizations such as the United Way, the Cancer Society, schools, health care facilities or community organizations. | | | | | |
|-----|---|--|--|--|--|--|
| | Did you do any unpaid volunteer work (such as canvassing for funds, teaching or coaching, or collecting or delivering food) for these or any other organizations in the past 12 months? | Yes, did volunteer work No, did not do volunteer work Go to question C65 | | | | |
| C63 | In the last year, how many months did you do volunteer work for (this/these) group(s) or organization(s)? | Months | | | | |
| | I 3CI V2 | ⁷ Onn't know | | | | |
| C64 | In any one month, what was the most hours that you did volunteer work for (this/these) organization(s)? | Hours | | | | |
| | 13C1V3 | 7 O Don't know | | | | |

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| 12 months, how o | o out on their own as i often have you provide ng any of the following | ed unpaid help | to friends, ı | neighbour | s or other | s outside | your |
|--|--|----------------------------------|---------------|--------------|--------------|---------------|-------------------|
| | | | Never | 1-2 times | 3-5 times | 6-10 times | 11 time or mor |
| a) Providing chi someone. | ld care or babysitting | for 13CIV4A | 1 🔾 | 2 | 3 | 4 🔾 | 5 🔾 |
| b) Doing work a as meal preparation | round someone's hou aration, cleaning, laun | dry or | 6 | 7 🔾 | 8 | 9 🔾 | 10 |
| | ing, providing transpo king for someone. | - 13CIV4B ortation 13CIV4C | 11 | 12 | 13 | 14 | 15 🔾 |
| d) Providing per health proble | sonal care to someon m or disability. | ne with a | 16 | 17 | 18 | 19 | 20 🔵 |
| e) Visiting or ph they were ok | oning someone to ma | I 3CI V4E | 21 | 22 | 23 | 24 | 25 🔾 |
| In the past 12 mo | nths, have you | 1 (|) Yes | | | | |
| (Other than for you | | 2 | No 📥 | ➤ Go to q | uestion C6 | 58 | |
| In the past 12 mo | nths, how many times I blood? | 3 (| Once | | | | |
| | | 4 |) Twice | | | | |
| 1301 | <mark>V6</mark> | 5 (|) 3 or more | times | | | |
| any financial con | nths, have you made ributions to a profit organization? | 1 (|) Yes | | | | |
| 1301 | √7 | 2 | No 🗕 | Go to q | uestion C7 | 70 | |
| In the past 12 mo | nths, approximately, I did you donate? | \$ | | | 0 0 | | |
| ROUND TO THE I | NEAREST DOLLAR. | Ψ | , <u> </u> | | | | |
| <mark>1301</mark> | V8 | 1 🔾 | \$10,000 or ı | more | | | |
| | | 7 🔾 | Don't know | | | | |

PERCEPTIONS OF NEIGHBOURHOOD QUALITIES

The following statements are about people in neighbourhoods. The answer categories are found on

| | 5 | Strongly agree A | Agree B | Neither agree nor disagree C | Disagree D | Strongl disagre E |
|----------------|--|-------------------------------|--|---------------------------------------|--------------------------------|--------------------------------|
| a) | If there is a problem around here, the neighbours get together to deal with it. | 1 () | 2 🔵 | 3 🔵 | 4 🔾 | 5 🔾 |
| b) | There are adults in the neighbourhood that children can look up to. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |
| c) | People around here are willing to help their neighbours. | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble. | 16 🔵 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | When I'm away from home, I know that my neighbours will | 21 () | 22 () | 23 () | 24 () | 25 () |
| | trouble. I3NGHIE following questions are about problems | that may | | | | |
| | trouble. 13NGHIE | that may | | | | much of |
| | trouble. I3NGHIE following questions are about problems | that may | arise in yo | ur neighbour A big | chood. How Somewhat of a | much of |
| pro a) | following questions are about problems to blem are the following in this neighbourhout Litter, broken glass or garbage in the street | that may ood? eet or ro | v arise in you | ur neighbour A big problem | Somewhat of a problem | much of No proble |
| pro a) | following questions are about problems to blem are the following in this neighbourhout Litter, broken glass or garbage in the stream the sidewalk, or in yards? Would you say | that may ood? | arise in you ad, on | A big problem | Somewhat of a problem | No proble |
| a) b) | following questions are about problems to blem are the following in this neighbourhout the sidewalk, or in yards? Would you saw What about selling or using drugs? | that may ood? eet or ro | varise in your and, on I 3NGH2A | A big problem | Somewhat of a problem | No proble |
| a) b) c) | ISOURCE TO THE LIGHT TO THE LIG | that may ood? eet or ro | v arise in you vad, on I 3NGH2A I 3NGH2B | A big problem | Somewhat of a problem 2 5 8 | No probles |

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PREVIOUS NEIGHBOURHOODS

| C72 | We are interested in how neighbourhoods can affect health. The next few questions are about different places where you have lived. | | | | | | |
|-----|--|-----------------------|-------------|--|--|--|--|
| | In what year did you move into your current dwelling? | | Year | If 1982 or before, go to question C85 | | | |
| | I 3NGH3 | 7 🔾 | Don't know | Go to question C74 | | | |
| C73 | In what month was that? | 1 (| January | | | | |
| | | 2 🔾 | February | | | | |
| | I 3NGH4 | 3 🔵 | March | | | | |
| | 13110П4 | 4 (| April | | | | |
| | | 5 🔾 | May | | | | |
| | | 6 🔾 | June | | | | |
| | | 7 🔾 | July | | | | |
| | 8 August 9 September | | | | | | |
| | | | | | | | |
| | 10 October 11 November | | | | | | |
| | | | | | | | |
| | | 12 🔵 | December | | | | |
| C74 | Where did you live just before you moved in here? | Civic Nº | Name of str | reet Ave., Street, Boul | | | |
| | Can you give me your previous street | Apt. Nº | Name of b | puilding (If applicable) | | | |
| | address? | | | | | | |
| | This information will help us identify the neighbourhood you were living in. | City / town Province | | | | | |
| | I 3NGH5 | | | | | | |
| | | | | | | | |
| C75 | What about the postal code? | Postal code | | | | | |
| | I 3NGH6 | 7 🔵 | Don't know | | | | |

| C76 | How long did you live at that address? | A Years (if more than 1 year) I 3NGH7A | | | | |
|-----|--|---|--|--|--|--|
| | | OR | | | | |
| | | B Months I 3NGH7B | | | | |
| | | 7 O Don't know | | | | |
| C77 | Were you still living with one or both of your (parents/caregivers) at that address? | 1 Yes | | | | |
| | I 3NGH | 2 No | | | | |
| C78 | As a place to live, how would you compare that neighbourhood to your | 3 | | | | |
| | current neighbourhood? | 4 better? | | | | |
| | Would you say it was | 9 5 worse? | | | | |
| C79 | How much better or worse? | ¹ a great deal? | | | | |
| | Would you say it was | 2 osomewhat? | | | | |
| | I 3NGH1 | 3 a little? | | | | |
| C80 | INTERVIEWER CHECK ITEM: | Go to question C85 | | | | |
| | Please refer to Box <u>C36</u> on <u>Flap</u> to verify if respondent has ever moved out of parent's home. | Othornias - Codo a port avecation | | | | |
| C81 | INTERVIEWER NOTE: | Civic N ^o Name of street Ave., Street, Boul. | | | | |
| | Refer to Box <u>C37</u> on <u>Flap</u> for | | | | | |
| | year respondent left home and read in the question where | Apt. Nº Name of building (if applicable) | | | | |
| | indicated. | | | | | |
| | Think of (Read year at question C37) | City / town | | | | |
| | when you first left home to set out on your own, where did you move to? | Province | | | | |
| | Can you give me the street address? | | | | | |
| | | 1 Same as current address | | | | |
| | I 3NGH11 | Same as question C74 Go to question C85 | | | | |
| | | 3 C Lived outside of Canada | | | | |

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| C82 | What about the postal code? I 3NGH12 | Postal code 7 Don't know |
|-----|---|---|
| C83 | As a place to live, how would you compare that neighbourhood to your current neighbourhood? Would you say it was | 1 the same? Go to question C85 2 better? 3 worse? |
| C84 | How much better or worse? Would you say it was I 3NGH14 | 4 a great deal? 5 somewhat? 6 a little? |

IMPORTANT EXPERIENCES OR PEOPLE

C85 Next is a list of stressful experiences that sometimes happen. Please indicate if any of these has happened to you or those close to you during the past 12 months. Yes No A close relative, such as a parent, brother, sister, partner 1() 2() or child had a life threatening illness or injury. I 3EVN1A b) You, or someone in your family, were robbed or assaulted. 3() 4() I 3EVN1B c) A close relative or friend developed severe financial problems 5() 6() and needed your help. I 3EVN1C d) A close relative or friend developed severe emotional problems. 7() 8() I3EVN1D e) A close relative or friend had trouble with alcohol or drugs. 9() 10() I 3EVN1E Your performance at school and/or work was much worse 11() 12 () than expected. I 3EVN1F 13 () Not at school or working over past year. g) You were responsible for a motor vehicle accident. 14() 15 () I 3EVN1G

| C86 | I want you to think carefully about this next ques | tion. |
|-----|--|---------------------------------|
| | Thinking back over your life, did you ever have an experience that you feel changed your life in some important way? | 1 Yes 2 No |
| | IF MORE THAN ONE EXPERIENCE, PLEASE REFER TO EARLIEST. | Go to question C91 |
| C87 | How old were you at the time? | years old 7 O Don't know |
| C88 | Did this experience change your life for the better or for the worse? | 1 Better 2 Worse |
| C89 | Could you describe this experience in a few words? 13EVN5 | 3 Don't know Go to question C91 |
| C90 | In a few words, could you tell me how this experience changed your life? 13EVN6 | |
| | | |

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| C91 | Our lives are influenced in both good and bac teachers, coaches, co-workers, even people v | l ways by many people: our parents, relatives, friends, we don't know. |
|-----|---|--|
| | Is there any one person in your life who you feel changed your life in some important way? | 1 Yes |
| | IF MORE THAN ONE PERSON, PLEASE REFER TO FIRST. | 2 No Go to Section D on page 87 |
| C92 | What was this person's relationship to you? | 3 Mother/father |
| | | 4 Grandmother/grandfather |
| | I 3EVN8 | 5 Drother/sister |
| | | 6 Spouse/partner |
| | | ⁷ Child |
| | | 8 Other relative |
| | | 9 Friend/girlfriend/boyfriend |
| | | 10 Coach/teacher/supervisor |
| | | 11 O Someone you don't know personally |
| | | 12 O Someone else |
| | | Specify: |
| C93 | How old were you when you recognized the effect of this person on your life? | years old |
| | I 3EVN9 | 8 O Don't know |
| C94 | When was the last time you were in touch with (him/her)? | 1 Less than one month ago |
| | | ² Less than six months ago Go to question C96 |
| | I 3EVN10 | 3 Less than one year ago |
| | | 4 More than one year ago |
| | | ⁵ Person is dead |
| | | 6 Never Go to question C96 |
| | | 7 Don't know |

| C95 | How old were you the last time you were in touch with (him/her)? | | | years old | | |
|-----|---|-----------|------------|--------------------------------------|-----------------------------------|--------|
| | I 3EVN11 | | 7 O D | on't know | | |
| C96 | Did this person change your life for the better or for the worse? | ne | 1 (B | etter | | |
| | I 3EVN12 | | 2 W | /orse | | |
| | | | з <u>О</u> | on't know | Go to questi | on C98 |
| C97 | Can you tell me in a few words how your life changed? | | | | | |
| | | | | | | |
| | I 3EVN13 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| C98 | In a few words, could you describe | | | | | |
| | what (he/she) did to bring about this change in your life? | I 3EVN14A | 1 O Li | stened or underst | ood me | |
| | <u>L</u> | I 3EVN14B | 2 (G | ave me hope, idea | as or inspiration | า |
| | DO <u>NOT</u> READ LIST. | I 3EVN14C | з (fd | rovided me with prood, shelter, mone | ractical help ey, contacts, sk | ills) |
| | | I 3EVN14D | 4 🔾 R | ejected or abando | ned me | |
| | | I 3EVN14E | 5 Al | bused me | | |
| | | I 3EVN14F | 6 C Le | ed me astray | | |
| | | I 3EVN14G | 7 O | ther | | |
| | <u></u> | I 3EVN14H | S | pecify: | | |
| | L | | | | | |

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D Parenting

PARENT IDENTIFICATION

| D1 | INTERVIEWER CHECK ITEM: | |
|----|--|--|
| | Please refer to Box <u>R2</u> on <u>Flap</u> to verify if respondent is a single parent. | 1 R2 = Single parent Go to next question |
| | I 3D1CH | 2 Otherwise Go to question D3 |
| | | |
| D2 | The next questions are about being a parent. | |
| | How long have you been a single parent? | Years (if more than one) |
| | | OR |
| | I 3SGLPRE | B Months |

SELECTED CHILD

INTERVIEWER CHECK ITEM:

Please refer to Box R3 on Flap to verify if there is a selected child.

Please note the first name of the selected child and refer to this child by name from this point on.

4 Otherwise Go to Section E on page 90.

CHILD'S PHYSICAL HEALTH

| For each one, please look at page 10 of your res describes (your child). | ponse boo | Kiet and to | ell me the | answer whi | ch best |
|--|--------------------|-----------------------------------|------------------------------|--------------------|--------------------|
| | Definitely true | More or less true | Neither true nor false | More or less false | Definitel false |
| | Α | В | С | D | E |
| a) (Your child)'s health is excellent. 13CHEL1A | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔵 |
| b) (Your child) seems to resist illness. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔵 | 10 🔵 |
| c) (Your child) seems to be less healthy than other children I know. | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) When there is something going around, (your child) usually catches it. | 16 🔵 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| Over the past few months, how often has (your child) been in good health? | 2 Of | most all th ten oout half o | | | |
| | 4 () So | metimes | | | |
| | 5 Al ı | most neve | r | | |
| Does (your child) have any long-term conditions or health problems which prevent or limit (his/her) participation in school, at play or any other normal activity for a child (his/her) age? | 6 ○ Ye | s | | | |

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SELF-COMPLETE SECTION

INTERVIEWER NOTE: PLEASE READ TO RESPONDENT. Please turn to page 20 of your self-complete questionnaire. Questions 38 and 39 are question about what it is like to be a parent. For each statement, please mark in the questionnaire the one you think best applies to you. When answering these questions please think of all your children. Questions 40 to 60 refer to your child's behaviour and to how you act and feel as a parent. When answering these questions, refer specifically to (SELECTED CHILD). Please let me know when you are finished. **D8** INTERVIEWER CHECK ITEM: Has repondent completed 1 Yes questions 38 to 60 of the self-complete questionnaire (OCHS 3)? 3 Refusal I3D8CH

E Socio-Economic Status

| E1 | The next few questions are about you and your l | household. |
|----|---|--------------------------|
| | What language is most often spoken at home? | ¹ English |
| | LOUI ANG | 2 French |
| | 13HLANG | 3 Chinese |
| | | 4 O Italian |
| | | 5 Portuguese |
| | | 6 Polish |
| | | 7 O Spanish |
| | | 8 Punjabi |
| | | 9 C Tamil |
| | | 10 Arabic |
| | | 11 Other |
| E2 | How many rooms are there in this (home/apartm | ent/unit\? |
| | Include kitchen, bedrooms, finished rooms in basement or attic. Do not include bathrooms, halls, vestibules and rooms used solely for business. | rooms |
| E3 | Do you own or co-own this (home/apartment/unit) (even if still being paid for)? | 1 	Yes |
| | I 3HOMON1 | 2 ○ No Go to question E5 |

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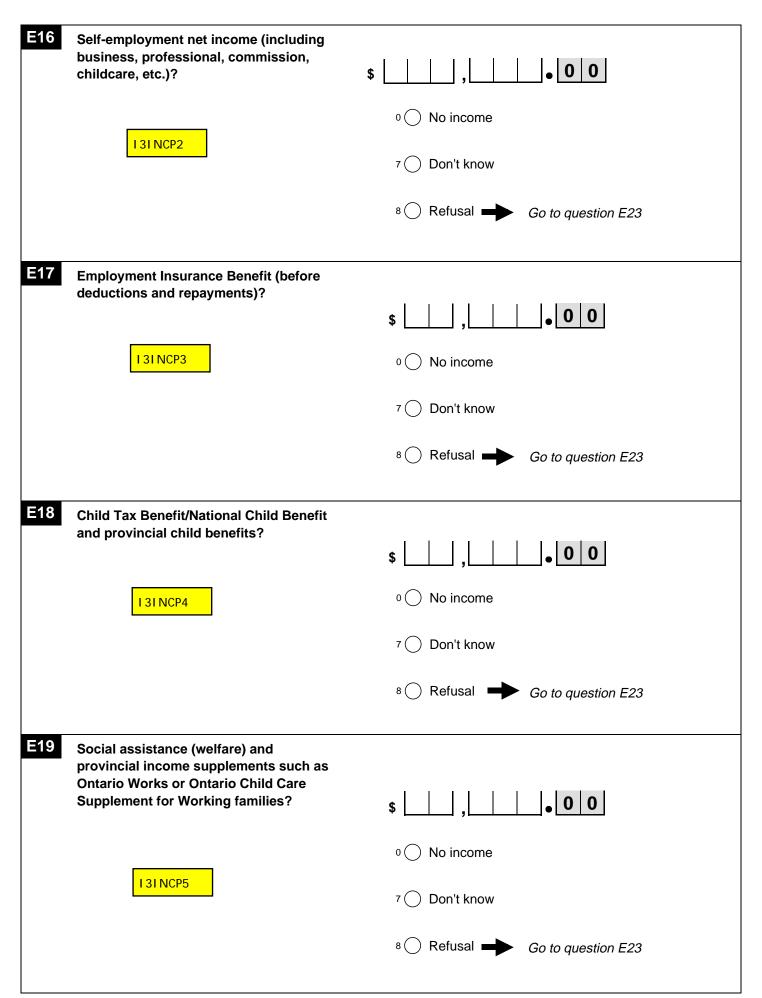
| E4 | How old were you the first time you owned or co-owned the place where you were living? I3HOMON2 | Years old Go to question E9 |
|-----|---|---|
| E5 | Does a member of this household own or rent this home (even if still being paid for)? | Owned Go to question E7 |
| | I 3HOMON3 | 2 Rented |
| E6 | Is the rent for this dwelling subsidized by the government for any reason? | 3 ○ Yes |
| | 13SUBREN | 4 O No |
| E7 | Have <u>you</u> ever owned or co-owned a place where you were living? | 1 Yes |
| | I 3HOMON4 | 2 No Go to question E9 |
| E8 | How old were you the first time you owned or co-owned the place where you were living? 13HOMON5 | Years old |
| E9 | Is this dwelling in need of any repairs? Do not include desirable remodelling, additions or regular maintenance. | ¹ ○ Yes |
| | I 3HMRP1 | 2 No Go to question E11 |
| E10 | Does it require | ₃ |
| | MARK ALL THAT APPLY. | major repairs (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings)? |
| | | minor repairs (missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.)? |

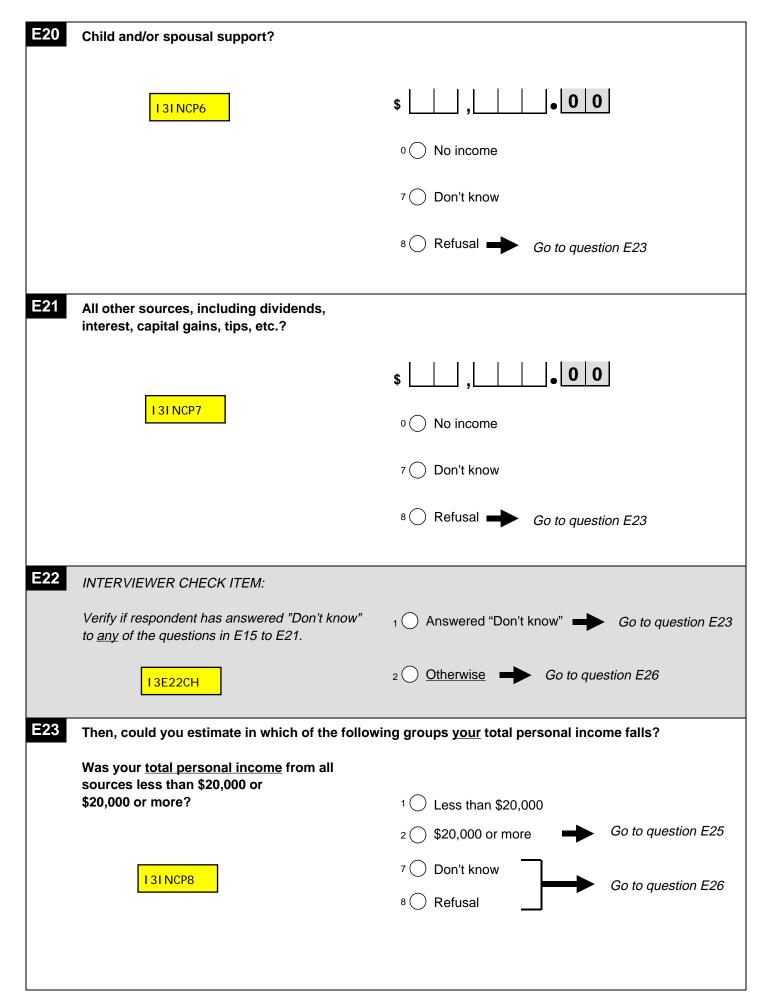
| E11 | Do you own or co-own a car? (Making payments still qualifies as "owning"). | 1 Yes Go to question E13 |
|-----|--|---|
| | I 3CAR1 | 2 No |
| E12 | Have you ever owned a car? | |
| | nave you ever owned a our . | ³○ Yes |
| | I 3CAR2 | 4 No Go to question E14 |
| | | |
| E13 | How old were you the first time you owned a car? | |
| | I 3CAR3 | years old |
| E14 | How old were you when you first got your driver's license? | |
| | I3CAR4 | years old does not have a driver's license |
| | | does not have a driver's license |
| | | |
| | INCOME | |
| E15 | The following questions relate to YOUR pe | rsonal income from all sources. |
| | During the last tax year, what was <u>your</u> per | rsonal income from the following sources: |
| | Wages and salaries (before deductions). | \$ |
| | I 3I NCP1 | ○ No income |
| | | 7 O Don't know |

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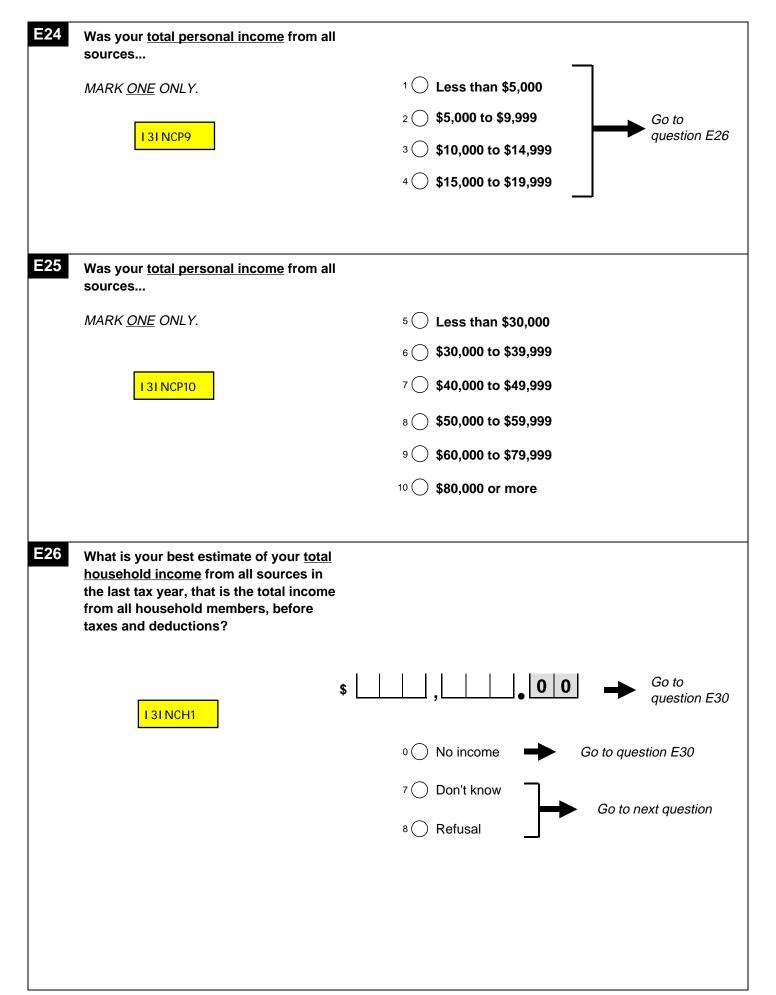
8 Refusal

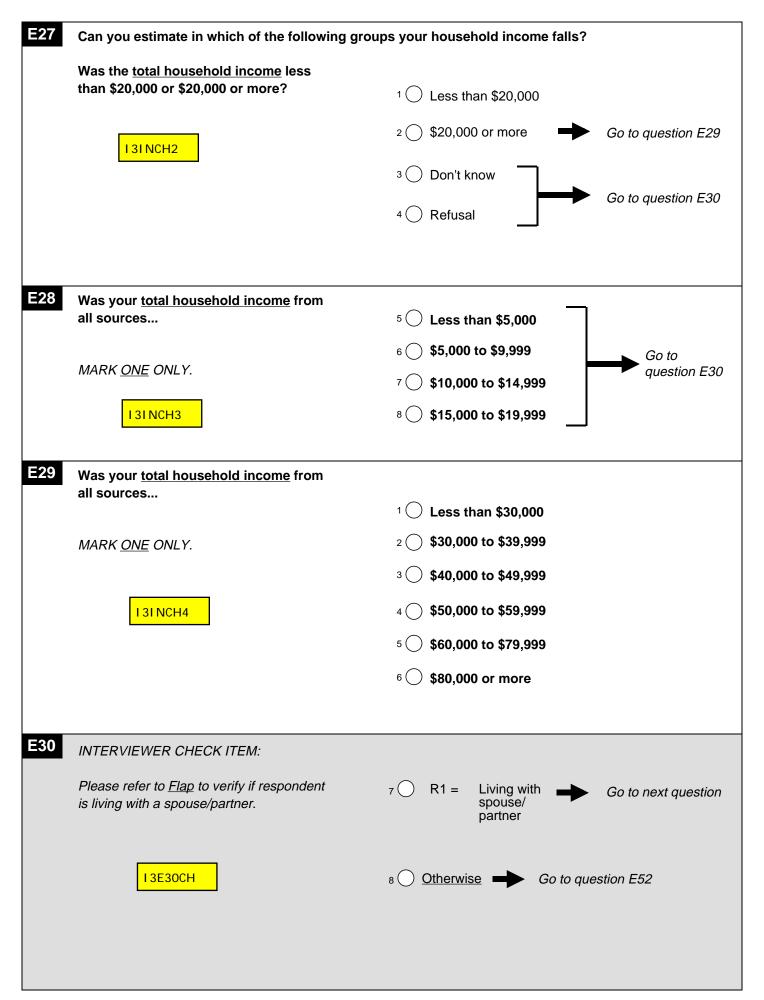
Go to question E23





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ABOUT YOUR PARTNER

| E31 | The next few questions are about your (spouse/page) | artner). |
|-----|--|---|
| | Excluding kindergarten, how many years of elementary and/or high school has (NAME OF SPOUSE/PARTNER) successfully completed? | years |
| | I 3SEDU1 | ¹ No schooling Go to question E36 |
| E32 | How many years of education has (NAME OF SPOUSE/PARTNER) completed at university? 13SEDU2 | years |
| E33 | How many years of schooling has (NAME OF SPOUSE/PARTNER) ever completed at an institution other than a university, a secondary (high) school or an elementary school? Include years of schooling at community colleges, technical institutes, CEGEPs (general and professional), private trade schools or private business colleges, diploma schools of nursing, etc. | 13SEDU3 years |
| E34 | What is the <u>highest</u> degree, diploma or certificate (NAME OF SPOUSE/PARTNER) ever obtained? | 1 None |
| | Include any qualifications obtained from secondary (high) schools, or trade schools and other postsecondary educational institutions. | Secondary (high) school graduation certificate or equivalent Trades certificate or diploma |
| | MARK <u>ONE</u> ONLY. | Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.) |
| | I 3SEDU4 | 5 University certificate or diploma below bachelor level |
| | | 6 Bachelors degree(s) (e.g., B.A., B.Sc., LL.B.) |
| | | 7 University certificate or diploma above bachelor level |
| | | 8 Master's degree(s) (e.g., M.A., M.Sc., M.Ed.) |
| | | 9 O Degree above master's |

| | Please look at page 11 of your response booklet. Which of to | the following things is the | main thing that |
|---|--|-----------------------------|---------------------|
| • | MARK <u>ONE</u> ONLY. | | |
| | Full-time paid employee (30 hours or more a week) | 1 🔾 | |
| = | 2) Part-time paid employee (under 30 hours a week) | 2 🔾 | N 0.4 4 |
| - | 3) Full-time self-employed | 3 🔾 | Go to next question |
| _ | 4) Part-time self-employed | 4 🔾 | |
| - | 5) Unemployed and seeking work | | Go to |
| - | 6) Temporarily sick/disabled (up to 6 months) | 6 🔾 | question E |
| _ | 7) Permanently sick/disabled | 7 🔾 | |
| _ | 8) Looking after home/family | 8 🔾 | Go to |
| = | 9) Going to school full or part-time | 9 🔾 | question E |
| 1 | 0) Other | 10 🔘 | |
| | Specify: | | |
| ı | How long has (NAME OF SPOUSE/PARTNER) been in this ju | ob? s than a month | |
| | 13SJOB2 12 1 m | onth to less than 6 months | |
| | 13 (6 m | onths to less than 1 year | |
| | 14 O 1 ye | ear to less than 2 years | |
| | 15 O 2 or | r more years | |

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| E38 | For whom does (he/she) currently work? |
|-----|---|
| | |
| | I 3SJOB3A |
| | 1335037 |
| | 1 Self-Employed 13SJOB3B |
| E39 | What kind of business, industry or service is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school). |
| | I 3SJOB4 |
| E40 | What kind of work is (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit). |
| | 13SJOB5 |
| E41 | What are (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables). |
| | Go to question E52 |
| E42 | How many weeks has (he/she) been unemployed and looking for work? |
| | 1 ○ Never worked |
| E43 | Thinking about (his/her) last job, what was the name of the business? |
| | I3SJOB8 |
| E44 | Thinking about (his/her) last job, what kind of business, industry or service was this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school). |
| | I3SJOB9 |

| E45 | What kind of work was (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit). | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|
| | I 3SJOB10 | | | | | | | | | |
| E46 | What were (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables). | | | | | | | | | |
| | Go to question E52 | | | | | | | | | |
| E47 | When did (he/she) last have a full-time job (30 or more hours per week)? | | | | | | | | | |
| | 1 C Less than 6 months ago | | | | | | | | | |
| | 13SJOB12 2 6 months to 1 year ago | | | | | | | | | |
| | ³ More than 1 year ago | | | | | | | | | |
| | 4 Never Go to question E52 | | | | | | | | | |
| E48 | What was the name of the business (he/she) worked for? | | | | | | | | | |
| | I 3SJOB13 | | | | | | | | | |
| E49 | What kind of business, industry or service was this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school). | | | | | | | | | |
| | I3SJOB14 | | | | | | | | | |
| E50 | What kind of work was (he/she) doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit). | | | | | | | | | |
| | I 3SJOB15 | | | | | | | | | |
| E51 | What were (his/her) most important activities or duties? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables). | | | | | | | | | |
| | I3SJOB16 | | | | | | | | | |

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Now please turn to page 12 of your response booklet. Take a moment and consider each of the main areas in your life. Think about those things which are important to you and then tell me, in general, how satisfied you are with each of the following...

| | | Very satisfied A | Somewhat satisfied | satisfied nor dissatisfied | Somewhat dissatisfied D | Very dissatisfied E |
|----|--|-------------------------------|--------------------|----------------------------------|--------------------------------|----------------------------------|
| a) | your health? | 5A 1 | 2 🔵 | 3 🔘 | 4 🔵 | 5 🔵 |
| b) | your education? | 6 O | 7 🔾 | 8 🔵 | 9 🔵 | 10 🔵 |
| c) | your job or main activity? | 11 () SC | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | your finances? | 16 O | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | your housing? | 21 O | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |
| f) | your neighbourhood? | 26 O | 27 🔵 | 28 🔵 | 29 🔵 | 30 🔵 |
| g) | your spouse, living partner or single status? | 31 O | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 |
| h) | your relationship with friends and family members? | 36 O | 37 🔵 | 38 | 39 🔵 | 40 🔵 |
| i) | your life in general? | SI 41 (| 42 🔵 | 43 🔵 | 44 🔘 | 45 🔵 |

Data Sharing Agreement

| F1 | Statistics Canada conducts this survey in conjuction with McMaster University. The data will be kept strictly confidential and used <u>only</u> for statistical purposes. Do you agree to share the data with McMaster University? | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|
| | 1 ○ Yes 2 ○ No | | | | | | | | | |
| | ² ○ No | | | | | | | | | |
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G Contact Information

| G1 | Statis Healtl provid help u | h St de t | udy. he na | In c ame, | ase tele | you | mov | e or | cha | nge | telep | hon | e nu | ımb | ers, | it wo | ould | be | help | pful | if y | ou/ | coul | k | uld |
|----|--|--------------|---------------|--------------|-------------|------|-------|---------|--------|------|-----------|----------|------------|--------------|-------------|-------------|-----------|--------|------|--------|------------|-----|------|-------------|-----|
| | l want obtair | | | | | | | | | | | only | cont | act | this | pers | son | if yo | ou n | nov | e, a | nd | then | <u>only</u> | to |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | I | 1 | I | İ | I | I | l i | | | First | Nam I | ie I I | | Í | Í | ſ | İ | I | ı | 1 | | Ī | | |
| | | | | | | | | | | | Last | Nam | ie | | | | | | | | | | | | |
| | | | Civic | : Nº | | | Na | me o | f stre | eet | | | Av | e., S | Stree | t, Bo |] oul. | | Α | ιpt. I | Nº | | | | |
| | | | | | | | | | | | | | | | | | | | | |] [| | | | |
| | | 1 | ı | | ı | City | / tov | vn I | | l l | I | I | ı | ĺ | Ī | Pro I I | vinc I | e I | Ī | | ı F | | | | |
| | | | | Post | tal cc | ode | | | | | | | Tele | epho | ne N | J-L Numb | oer | | | |] <u>[</u> | | | | |
| G2 | G2 What is the relationship of this person to you? | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | _ | Fath Motl | | | | | | | | | | | |
| | | | | | | | | | | | | 3 | \bigcirc | | | | | | | | | | | | |
| | | | | | | | | | | | | 4 | | Siste | er | | | | | | | | | | |
| | | | | | | | | | | | | 5 | | Grai | ndpa | rent | | | | | | | | | |
| | | | | | | | | | | | | 6 | | Othe | er re | lative |) | | | | | | | | |
| | | | | | | | | | | | | 7 | _ | Frie | | | | | | | | | | | |
| | | | | | | | | | | | | 8 | _ | Othe Spe | er cify: | | | | | | | | | | |

| G3 | In case we can't reach that person, we would like your permission to obtain your new address and telephone number from other government sources (such as Canada Customs and Revenue Agency (Revenue Canada) or provincial Motor Vehicle files). This would only be used to help us contact you. Do we have your permission? | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|--|
| | ₃ ○ Yes | | | | | | | | | |
| | 4 O No | | | | | | | | | |
| | | | | | | | | | | |

| · | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

End of Interview

Thank you

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| Demographic - Relationships | B. Worker Role |
|--|-------------------------------------|
| | B1(A) Worked last week |
| R1 Cliving with spouse/partner | B1(B) Permanently unable to work |
| R2 Single parent | B2(A) Cemporarily absent |
| | B2(B) Oid not work last week |
| R3 Selected child | B3 |
| Name: | B5 Respondent never worked |
| | B6(A) Worked within last year |
| | B6(B) Did not work within last year |
| A. Health | B18 Self-employed |
| A32 O Losing interest | B34(A) Seasonal Layoff |
| | B34(B) 	Temporary layoff |
| A33 Feeling tired | B39 Onot expect to return |
| A35 Weight change | B41(A) Will be recalled |
| A37 			 Trouble falling asleep | B41(B) Will not be recalled |
| A38 Trouble concentrating | B44 Hours worked |
| A39 () Feeling down on yourself | B50 Job seeker |
| 3 • • • • • • • • • • • • • • • • • • • | B57 Available to work |
| A40 Thoughts about death | B64 Currently attending school |
| <u> </u> | C. Social |
| A51 Feeling tired | C6 Has a romantic partner |
| A53 Weight change | C20 No Mother |
| | C22 No Father |
| A55 () Trouble falling asleep | C28 Problems with emotions/nerves |
| A56 Trouble concentrating | C29 Problems with alcohol/drugs |
| A57 Feeling down on yourself | C30 Crouble with police |
| A58 	Thoughts about death | C36 O Never left home |
| A58 () Thoughts about death | C37 . Years |



Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS₃

Respondent Self-Complete Questionnaire

Confidential document once completed.

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

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| FOR OFFICE USE ONLY | | | |
|-------------------------|---------|-----------------|----------|
| HOUSEHOLD-ID |] - | P/L 83 | P/L 00 |
| RESPONDENT'S FIRST NAME | | | |
| | | | |
| INTERVIEW DATE | | | |
| 2 0 0 | | | |
| Year | Month | Day | |
| INTERVIEWER ASSIGNMENT# | | REGIONAL OFFICE | LANGUAGE |
| | | | 1 |
| | <u></u> | | |
| | | | |

8-5300-406.1: 2000-09-25

STC/SSD-040-75182



Statistics Canada Statistique Canada Canadä

Section A

Health

The following statements describe people's feelings about themselves and others.

| | | Strongly agree | Agree | Disagree | Strongly disagree |
|--------|---|-------------------|-------|----------|----------------------|
| a) | On the whole, I am satisfied with myself. | 1 1 (| 2 🔾 | 3 🔾 | 4 🔾 |
| b) | At times, I think I am no good at all. | 5 0 | 6 🔾 | 7 🔾 | 8 🔾 |
| c) | I feel that I have a number of good qualities. | 9 O | 10 🔾 | 11 🔾 | 12 🔵 |
| d) | I am able to do things as well as most other people. | 13 🔾 | 14 🔾 | 15 🔾 | 16 🔾 |
| e) | I feel I do not have much to be proud of. C3ROSN | 17 O | 18 🔾 | 19 🔾 | 20 🔵 |
| f) | I certainly feel useless at times. C3ROSN | 21 🔵 | 22 🔵 | 23 🔾 | 24 🔵 |
| g) | I feel that I am a person of worth, at least on an equal level with others. C3ROSN | 25 🔵 | 26 🔾 | 27 🔵 | 28 |
| h) | I wish I could have more respect for myself. C3ROSN | 29 🔾 | 30 🔾 | 31 🔾 | 32 🔾 |
| i) | C3ROSN All in all, I am inclined to feel that I am a failure. | 33 | 34 🔘 | 35 🔵 | 36 |
| j) | I take a positive attitude towards myself. | 10 37 | 38 | 39 🔵 | 40 🔵 |

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The next set of statements describe your relations with other people. Strongly Strongly Disagree disagree agree Agree a) I feel responsible for the well-being of those 2 3 4 1 around me. C3SOCNR1 6 7 8 b) There are people who depend on me for help. C3SOCNR2 It's not my job to meet the needs of people around 9 10 11 12 C3SOCNR3 d) Many people come to me for help. 13 14 15 🔵 16() C3SOCNR4 17 18 () 19 20() e) Very few people look to me for support. C3SOCNR5 Those close to me seldom ask for my help or 21 22 23 24 advice. C3SOCNR6 25 26 27 28() People value my understanding. C3SOCNR7



Thank you for answering these questions. Tell interviewer you have finished.

| 3 | The following questions are about alcohol use. | | | | | | | |
|---|---|------------------------|-------------------------|-------------|--------|-----------------------------|--|--|
| | In the past 12 months, how | 1 O Mor | nthly or less | | | | | |
| | often did you have a drink containing alcohol? | 2 2 or 3 times a month | | | | | | |
| | C3AUD1 | 3 Onc | ce a week | | | | | |
| | [667.657.] | 4 🔵 2 or | · 3 times a we | eek | | | | |
| | | 5 4 or | more times | a week | | | | |
| 4 | How many drinks containing alcohol do you have on a typical day when you are drinking? | 6 O 1 or | · 2 | | | | | |
| | Gillining. | 7 (3 or | 4 | | | | | |
| | C3AUD2 | 8 (5 or | 6 | | | | | |
| | 9 () 7 to 9 | | | | | | | |
| | | 10 () 10 (| or more stand | dard drinks | | | | |
| 5 | | | | | | | | |
| | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | | |
| | a) How often during the last year have you had six or more drinks on one occasion? C3AUD3 | 1 🔾 | 2 🔵 | 3 🔵 | 4 🔵 | 5 🔵 | | |
| | b) How often during the last year have you found that you were not able to stop drinking once you had started? C3AUD | 6 <u></u> | 7 🔵 | 8 🔾 | 9 🔾 | 10 🔵 | | |
| | c) How often during the last year have you failed to do what was normally expected from you because of drinking? C3AUDE | 11 () | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 | | |
| | d) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? C3AUD | 16 <u>6</u> | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 | | |
| | e) How often during the last year have you had a feeling of guilt or remorse after drinking? C3AUD | 21 <u> </u> | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 | | |
| | f) How often during the last year have you been unable to remember what happened the night before because you had been drinking? C3AUD | 26 | 27 🔵 | 28 | 29 🔵 | 30 🔘 | | |

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| 6 | Have you or someone else been injured as a result of your drinking? | 1 No |
|---|---|---------------------------------|
| | C3AUD9 | 2 Yes, during the last year |
| | | 3 Yes, but not in the last year |
| 7 | Has a relative, friend, doctor or other health worker been concerned about your | 4 O No |
| | drinking or suggested you cut down? | 5 Yes, during the last year |
| | C3AUD10 | 6 Yes, but not in the last year |
| | | |



Thank you for answering these questions. Tell interviewer you have finished.

| The n | next questions are about drug usage. | Please remember that <u>all</u> your ans | swers are co | onfident |
|--------|---|---|--------------|-----------------|
| used | many times, if any, have you marijuana or hash during the | ¹ Not at all | | |
| past ' | 12 months? | 2 Once or twice in the la | ıst year | |
| | | 3 O 3 to 6 times in the last | year | |
| | C3DRUG1 | 4 Monthly | | |
| | | 5 Weekly | | |
| | | 6 Daily or almost daily | | |
| | the following list, mark ' Yes' for those donths and ' No' for those drugs you have | | - | the past |
| | | | Yes | No |
| a) (| Cocaine or crack? | C3DRUG2A | 1 🔵 | 2 |
| | Psychedelics, hallucinogens (LSD, mesc PCP)? | caline, peyote, psilocybin, DMT, C3DRUG2B | 3 🔵 | 4 |
| c) S | Speed, amphetamines or uppers? | C3DRUG2C | 5 🔵 | 6 |
| d) H | Heroin (dust, horse, junk, smack)? | C3DRUG2D | 7 🔵 | 8 |
| e) (| Opiates other than heroin (demerol, mor | phine, methadone, darvon, opium)? C3DRUG2E | 9 🔵 | 10 🦳 |
| f) E | Barbituates, sedatives, downers, sleepin (without prescription)? | ng pills, seconal, quaaludes C3DRUG2F | 11 🔵 | 12 🦳 |
| g) S | Sniffed or inhaled glue, solvents or gaso | line? | 13 <u></u> | 14 |
| h) T | Franquilizers, valium, librium? | C3DRUG2H | 15 🔵 | 16 🦳 |
| | | | - | |
| | Some other illicit drug not named above? | ? | 17 🔵 | 18 |

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| 10 | During the past 12 months , did your use of marijuana, or any of the drugs listed previously, interfere with your work at school, at a job or at home? | |
|----|---|--|
| | | ¹ O Yes |
| | C3DRUG3 | |
| | | 2 No |
| | | Did not use marijuana or any other drugs listed previously in the past year Go to question 13 |
| | | |
| 11 | During the past 12 months , were you ever under the influence of marijuana or any of the drugs listed "previously", and in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else? | |
| | C3DRUG4 | 4 O Yes |
| | | 5 No |
| 12 | During the past 12 months , did you have any emotional or psychological problems from using marijuana or any of the drugs listed "previously", such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas? | |
| | - | ⁷ Yes |
| | C3DRUG5 | |
| | | 8 No |
| | | |
| | | |
| | | |

13

The next questions are about your behaviour in different situations. Remember that \underline{all} your answers are private and will be kept strictly confidential. Think of the past 12 months and choose whether or not this behaviour applied to you.

| | | Yes | No |
|----|---|------|------|
| a) | During the past year, you were loud, rowdy, or unruly in a public place so that people complained or you got into trouble? C3ASOCA | 1 (| 2 🔵 |
| b) | You deliberately damaged or destroyed property that did not belong to you? | 3 🔵 | 4 🔵 |
| c) | You carried a <u>hidden weapon</u> ? C3ASOCB C3ASOCC | 5 🔵 | 6 🔾 |
| d) | You stole or tried to steal, money, a car or other things? C3ASOCD | 7 🔵 | 8 🔵 |
| e) | You shoplifted from a store? C3ASOCE | 9 🔵 | 10 🔵 |
| f) | During the past year, you broke into or tried to break into a building to try and steal something? C3ASOCF | 11 🔵 | 12 🔵 |
| g) | You used a weapon or physical force to rob a person, shop, bank or other business? C3ASOCG | 13 🔵 | 14 🔵 |
| h) | You knowingly bought, sold, or held stolen goods or tried to do any of these things? C3ASOCH | 15 🔵 | 16 |
| i) | You took a motor vehicle, such as a car or motorbike for a ride or drive without the owner's permission? C3ASOCI | 17 🔵 | 18 🔵 |
| j) | You tried to use credit cards, bank cards, or cheques without the owner's permission? | 19 🔵 | 20 🔵 |
| k) | During the past year, you were so angry with a child that you hit (him/her)? C3ASOCK | 21 🔵 | 22 🔵 |
| l) | You were involved in physical fights with other adults? C3ASOCL | 23 🔵 | 24 |
| m) | You threatened a spouse or partner with physical harm? C3ASOCM | 25 🔵 | 26 🔵 |
| n) | You did something to injure a spouse or partner? C3ASOCN | 27 🔵 | 28 |
| o) | You participated in gang activities? C3ASOCO | 29 🔵 | 30 🔵 |

| | | Yes | No |
|----|--|------|------|
| p) | You committed a serious driving offense, such as driving while drunk, driving recklessly or speeding 50km per hour over the posted speed limit? C3ASOCP | 31 | 32 |
| q) | You threatened or hurt someone to get them to have sex with you? C3ASOCQ | 33 🔵 | 34 |
| r) | You avoided paying for things such as movies, bus or subway rides? C3ASOCR | 35 🔵 | 36 |
| s) | You made obscene telephone calls? C3ASOCS | 37 🔵 | 38 |
| t) | You sold illegal drugs? C3ASOCT | 39 🔵 | 40 (|
| u) | You drove a vehicle when you did not have a driver's license or after your license had been suspended or disqualified? C3ASOCU | 41 🔵 | 42 (|
| v) | You gave false information on a tax form, an insurance claim or an application for a loan or bank account? | 43 🔵 | 44 |

Stop Here

Thank you for answering these questions. Tell interviewer you have finished.

Section B

Work Calendar

14

Please use this calendar as an aid to recalling the periods of time when you were employed, unemployed, in school or engaged in other activities over the past three years.

| C3WCA | AL | Employed or Self-Employed (Full or Part-time) | Unemployed | Enrolled in School (Full or Part-time) | Engaged in Other Activities |
|-------|-----------|---|------------|--|-----------------------------------|
| 2001 | April | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| | March | 5 🔾 | 6 🔾 | 7 🔾 | 8 🔾 |
| | February | 9 🔾 | 10 🔾 | 11 🔾 | 12 🔾 |
| | January | 13 🔾 | 14 🔾 | 15 🔾 | 16 🔾 |
| 2000 | December | 17 🔾 | 18 🔾 | 19 🔾 | 20 🔾 |
| | November | 21 🔾 | 22 🔾 | 23 🔘 | 24 🔵 |
| | October | 25 🔵 | 26 🔾 | 27 🔾 | 28 🔾 |
| | September | 29 🔵 | 30 🔾 | 31 🔵 | 32 🔾 |
| | August | 33 🔘 | 34 🔾 | 35 🔾 | 36 🔾 |
| | July | 37 🔵 | 38 🔾 | 39 🔾 | 40 🔾 |
| | June | 41 🔾 | 42 🔾 | 43 🔘 | 44 🔾 |
| | May | 45 🔾 | 46 🔾 | 47 🔾 | 48 🔾 |
| | April | 49 🔾 | 50 🔾 | 51 🔵 | 52 🔾 |
| | March | 53 🔘 | 54 🔘 | 55 🔾 | 56 🔾 |
| | February | 57 🔾 | 58 🔾 | 59 🔘 | 60 🔾 |
| | January | 61 🔾 | 62 🔾 | 63 🔘 | 64 🔾 |
| 1999 | December | 65 🔾 | 66 🔾 | 67 🔾 | 68 |
| | November | 69 | 70 🔾 | 71 🔘 | 72 🔾 |
| | October | 73 🔘 | 74 🔾 | 75 🔾 | 76 🔾 |
| | September | 77 🔾 | 78 🔾 | 79 🔘 | 80 🔾 |
| | August | 81 | 82 🔾 | 83 🔘 | 84 🔘 |
| | July | 85 🔾 | 86 🔾 | 87 🔾 | 88 |
| | June | 89 | 90 🔾 | 91 | 92 🔾 |
| | | | | | |

| | | Employed or Self-Employed (Full or Part-time) | Unemployed | Enrolled in School (Full or Part-time) | Engaged in Other Activities |
|------|-----------|---|------------|--|-----------------------------------|
| 1999 | May | 93 | 94 🔾 | 95 | 96 |
| | April | 97 🔵 | 98 🔾 | 99 🔵 | 100 🔾 |
| | March | 101 | 102 | 103 | 104 |
| | February | 105 | 106 | 107 🔾 | 108 |
| | January | 109 | 110 🔾 | 111 🔾 | 112 🔾 |
| 1998 | December | 113 🔵 | 114 🔾 | 115 🔾 | 116 |
| | November | 117 🔵 | 118 | 119 | 120 |
| | October | 121 | 122 🔾 | 123 | 124 |
| | September | 125 🔵 | 126 | 127 | 128 |
| | August | 129 | 130 🔾 | 131 | 132 🔾 |
| | July | 133 | 134 🔾 | 135 🔾 | 136 |
| | June | 137 | 138 | 139 | 140 |
| | May | 141 | 142 🔾 | 143 | 144 🔾 |
| | April | 145 | 146 | 147 🔾 | 148 |
| | March | 149 | 150 | 151 | 152 |
| | February | 153 | 154 | 155 🔾 | 156 |
| | January | 157 | 158 | 159 | 160 |
| 1997 | December | 161 | 162 | 163 | 164 |
| | November | 165 | 166 | 167 | 168 |
| | October | 169 | 170 🔾 | 171 | 172 |

Section C

Social

| 15 | The next statements describe people's feelings about their partner. | | | |
|----|---|------------------------------|--|--|
| | In general, how well does your partner meet | | | |
| | your needs? | 1 C Extremely well | | |
| | | 2 O Very well | | |
| | C3RAS1 | 3 Quite well | | |
| | | 4 C Fairly well | | |
| | | 5 Not too well | | |
| 16 | How satisfied are you with your relationship? | 6 ○ Extremely satisfied | | |
| | | 7 O Very satisfied | | |
| | C3RAS2 | 8 Quite satisfied | | |
| | | 9 C Fairly satisfied | | |
| | | 10 Not too satisfied | | |
| 17 | How good is your relationship compared | | | |
| | to most? | ¹ A lot better | | |
| | | 2 A little bit better | | |
| | C3RAS3 | 3 About the same | | |
| | | 4 A little bit worse | | |
| | | 5 A lot worse | | |
| 18 | How often do you wish you hadn't entered | ⁶ ○ Almost always | | |
| | into this relationship? | | | |
| | | 7 Fairly often | | |
| | C3RAS4 | 8 Sometimes | | |
| | | 9 Almost never | | |
| | | 10 Never | | |
| 1 | | | | |

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| 19 | To what extent does your relationship meet your original expectations? | |
|----|--|--------------------------------|
| | | ¹ ○ To a very great extent |
| | C3RAS5 | 2 O To a considerable extent |
| | | 3 O Somewhat |
| | | 4 A little bit |
| | | 5 Not at all |
| | | |
| | | |
| 20 | How much do you love your partner? | |
| | | ⁶ A very great deal |
| | C3RAS6 | 7 A great deal |
| | | 8 Quite a bit |
| | | 9 O Somewhat |
| | | 10 Very little |
| | | |
| 21 | How many problems are there in your relationship? | |
| | | 1 None |
| | C3RAS7 | 2 Hardly any |
| | | з O Some |
| | | 4 Quite a few |
| | | 5 Quite a lot |
| | | |
| | | |

| following ways. | | Very | | | | |
|-----------------|--|----------|-------|-----------|--------|------|
| | | Often | Often | Sometimes | Rarely | Neve |
| a) | (He/She) drinks or uses drugs too much. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b) | (He/She) wastes money we need for other things. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |
| c) | (He/She) has affairs with other people. C3SBEVC | 11 🔾 | 12 🔾 | 13 🔾 | 14 🔾 | 15 🔾 |
| d) | (He/She) is so depressed at times that it interferes with (his/her) normal activities. | 16 🔾 | 17 🔾 | 18 | 19 🔾 | 20 🔾 |
| e) | (He/She) is very moody and disagreeable. C3SBEVE | 21 🔵 | 22 🔾 | 23 🔾 | 24 🔾 | 25 🔾 |
| f) | (He/She) threatens to end our relationship. | 26 | 27 🔵 | 28 🔾 | 29 🔵 | 30 🔾 |
| g) | (He/She) tries to control my life. | 31 🔵 | 32 🔾 | 33 🔾 | 34 🔾 | 35 🔾 |
| h) | (He/She) avoids spending time with me. | 36 🔾 | 37 🔾 | 38 | 39 🔵 | 40 🔾 |
| i) | (He/She) has fits of anger. | _ | 42 | 43 | 44 () | 45 |



Thank you for answering these questions. Tell interviewer you have finished.

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| | | Strongly agree | Agree | Disagree | Strongly disagree |
|----|--|-------------------|-------|----------|----------------------|
| a) | Planning family activities is difficult because we misunderstand each other. C3FADA | 1 (| 2 🔵 | 3 🔾 | 4 🔵 |
| b) | In times of crisis, we can turn to each other for support. | 5 🔵 | 6 🔵 | 7 🔵 | 8 🔵 |
| c) | We cannot talk to each other about sadness we feel. | 9 🖳 | 10 🔵 | 11 🔵 | 12 🔵 |
| d) | Individuals (in the family) are accepted for what they are. C3FADD | 13 🔵 | 14 🔵 | 15 🔵 | 16 🔵 |
| e) | We avoid discussing our fears or concerns. | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| f) | We express feelings to each other. C3FADF | 21 | 22 🔵 | 23 | 24 🔵 |
| g) | There are lots of bad feelings in our family. C3FADG | 25 🔵 | 26 🔵 | 27 🔵 | 28 🔵 |
| h) | We feel accepted for what we are. C3FADH | 29 🔵 | 30 🔵 | 31 | 32 🔵 |
| i) | Making decisions is a problem for our family. | 33 🔵 | 34 🔵 | 35 🔵 | 36 🔵 |
| j) | We are able to make decisions about how to solve problems. | 37 | 38 | 39 🔵 | 40 🔵 |
| k) | We don't get along well together. | 41 🔵 | 42 🔵 | 43 🔵 | 44 🔵 |



Thank you for answering these questions. Tell interviewer you have finished.

| 24 | These next questions are being asked in order to learn more about hurtful things that happen to children as they grow up, so that more effort can be put into preventing them from happening in the future. If any question is too difficult for you to answer, you can move on to the next one. Please answer them as well as you can and remember that <u>all</u> your answers are <u>private</u> and will be kept strictly <u>confidential</u> . | | | | | |
|----|---|---|--|--|--|--|
| | Sometimes kids get hassled or picked on by other kids who say hurtful or mean things to them. How many times did this happen to you before age 16? C3ABU1 | One Series 1 | | | | |
| | | 2 1 or 2 times | | | | |
| | | 3 O 3 to 5 times | | | | |
| | | 4 (6 to 10 times | | | | |
| | | 5 More than 10 times | | | | |
| | | | | | | |
| 25 | When did this happen | | | | | |
| | MARK ALL THAT APPLY. | 6 before you began grade school? C3ABU2A | | | | |
| | | 7 while you were in grade school? C3ABU2B | | | | |
| | | 8 while you were in high school? C3ABU2C | | | | |
| 00 | | | | | | |
| 26 | Sometimes kids get pushed around, hit or beaten up by other kids or a group of | | | | | |
| | kids. How many times did this happen to you before age 16? | 1 Never Go to question 28 | | | | |
| | C3ABU3 | 2 1 or 2 times | | | | |
| | | 3 O 3 to 5 times | | | | |
| | | 4 O 6 to 10 times | | | | |
| | | 5 More than 10 times | | | | |
| | | | | | | |

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| 27 | When did this happen | s hoforo you bogan grade ashaal? |
|----|--|--|
| | MARK ALL THAT APPLY. | 6 before you began grade school? C3ABU4A |
| | | 7 while you were in grade school? C3ABU4B |
| | | 8 while you were in high school? C3ABU4C |
| 28 | How many times before age 16 did an adult spank you with their hand on your | |
| | bottom (bum), or slap you on your hand? | 1 Never Go to question 30 |
| | C3ABU5 | 2 1 or 2 times |
| | | 3 O 3 to 5 times |
| | | 4 O 6 to 10 times |
| | | 5 More than 10 times |
| 29 | When did this happen | |
| | MARK ALL THAT APPLY. | 6 O before you began grade school? |
| | C3ABU6 | ⁷ while you were in grade school? |
| | | ⁸ while you were in high school? |
| 30 | How many times before age 16 did an | |
| | adult slap you on the face, head or ears or hit or spank you with something like a belt, wooden spoon or something hard? | 1 Never Go to question 32 |
| | | 2 1 or 2 times |
| | C3ABU7 | 3 O 3 to 5 times |
| | | 4 (6 to 10 times |
| | | 5 More than 10 times |

| 31 | When did this happen MARK ALL THAT APPLY. | 6 before you began grade school? C3ABU8A |
|----|--|--|
| | | 7 while you were in grade school? C3ABU8B |
| | | 8 while you were in high school? C3ABU8C |
| 32 | Before age 16 did an adult push, grab, shove or throw something at you to hurt you? | 1 Never Go to question 34 |
| | | 2 1 or 2 times |
| | C3ABU9 | 3 O 3 to 5 times |
| | | 4 O 6 to 10 times |
| | | 5 More than 10 times |
| 33 | When did this happen | |
| | MARK ALL THAT APPLY. | 6 before you began grade school? C3ABU10A |
| | | 7 while you were in grade school? C3ABU10B |
| | | 8 while you were in high school? C3ABU10C |
| 34 | Before age 16 how many times did an adult kick, bite, punch, choke, burn you, or physically attack you in some way? | 1 Never Go to question 36 |
| | | 2 1 or 2 times |
| | C3ABU11 | 3 O 3 to 5 times |
| | | 4 O 6 to 10 times |
| | | 5 More than 10 times |

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| 35 | When did this happen | | | | | |
|----|--|---|---|--|--|--|
| | MARK ALL THAT APPLY. | 6 before you began grade school? C3ABU12A | | | | |
| | | 7 while you were in (| grade school? C3ABU12B | | | |
| | | 8 while you were in I | nigh school? <mark>C3ABU12C</mark> | | | |
| 36 | Before age 16 when you were growing up, did anyone ever do any of the | | | | | |
| | following things when you didn't want them to: touch the private parts of your body or make you touch their private parts, threaten or try to have sex with you or sexually force themselves on you? | 1 Never | Stop here and tell interviewer you have finished. | | | |
| | | 2 1 or 2 times | | | | |
| | C3ABU13 | 3 O 3 to 5 times | | | | |
| | COABOTO , | 4 6 to 10 times | | | | |
| | | 5 More than 10 time | S | | | |
| | | | | | | |
| 37 | When did this happen | | | | | |
| | MARK ALL THAT APPLY. | 6 ○ before you began | grade school? C3ABU14A | | | |
| | | 7 while you were in (| grade school? <u>C3ABU14B</u> | | | |
| | | 8 while you were in I | nigh school? C3ABU14C | | | |
| | | | | | | |



Thank you for answering these questions. Tell interviewer you have finished.

Section D

About Being a Parent

| | | Not at all true | A little true | Somewhat true | Very true | Comp tru |
|---------------|--|---|------------------|---------------|----------------|--------------|
| a) | Being a parent is harder than I thought it would be. C3PRSAT | 1 () A | 2 🔾 | 3 🔾 | 4 🔾 | 5 (|
| b) | I get a lot of satisfaction out of being a parent. C3PRSATE | 6 O | 7 🔾 | 8 🔾 | 9 🔾 | 10 (|
| c) | I feel trapped by my responsibilities as a parent. C3PRSATO | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 (|
| d) | I find that taking care of my (child/childre is much more work than pleasure. C3PRSATI | 180 | 17 🔵 | 18 🔵 | 19 🔵 | 20 (|
| e) | Being a parent rarely gets me down. C3PRSATE | 21 🔵 | 22 🔵 | 23 🔵 | 24 🔵 | 25 (|
| f) | I often feel tired, worn out, or exhausted from raising a family. C3PRSATE | 26 🔾 | 27 🔵 | 28 🔵 | 29 🔵 | 30 (|
| g) | I wouldn't trade being a parent for anything. C3PRSATG | 31 🔵 | 32 🔵 | 33 🔵 | 34 🔵 | 35 (|
| h) | Being a parent is as satisfying as I | 36 () | | | | |
| In r | expected. C3PRSATH most families there are disagreements of | | 37 () | 38 () | 39 () | 40 (|
| | | or arguments. F | low often d | | | |
| | C3PRSATH most families there are disagreements of | or arguments. Fe about Very Often | low often d | lo you and yo | our Hardly | 40 (Neve |
| (sp | most families there are disagreements ouse/partner/other caregivers) disagreements ouse/partner/other caregivers | or arguments. Fe about Very Often | low often d | lo you and yo | Hardly Ever | Nev |
| (sp | most families there are disagreements ouse/partner/other caregivers) disagreements ouse/partner/other caregiver | or arguments. Fe about Very Often GRA 6 GRB | Often | Sometimes | Hardly Ever | Nev |
| a) - b) | most families there are disagreements ouse/partner/other caregivers) disagreements ouse/partner/other caregivers ouse/partner/other caregivers) disagreements ouse/partner/other caregivers ouse/partner/ | or arguments. Fe about Very Often GRA 6 GRB 11 GRC 7 16 16 | Often 2 7 | Sometimes | Hardly Ever | 5 <u>10 </u> |

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When responding to the remaining questions please refer to "selected child".

| 40 | How often do you praise this child, | ¹ Never | | |
|----|---|-----------------------------|--|--|
| | by saying something like "Good for you!" or "What a nice thing you did!" | 2 About once a week or less | | |
| | or "That's good going!"? | 3 A few times a week | | |
| | C3PRST1 | 4 One or two times a day | | |
| | | 5 Many times each day | | |
| 41 | How often do you and your child talk or | 6 Never | | |
| | play with each other, focussing attention on each other for five minutes or more, | 7 About once a week or less | | |
| | just for fun? | 8 A few times a week | | |
| | C3PRST2 | 9 One or two times a day | | |
| | | 10 Many times each day | | |
| 42 | How often do you and your child laugh | 1 Never | | |
| | together? | 2 About once a week or less | | |
| | C3PRST3 | 3 A few times a week | | |
| | | 4 One or two times a day | | |
| | | 5 Many times each day | | |
| 43 | How often do you get annoyed with this child for saying or doing something | 6 ○ Never | | |
| | (he/she) is not supposed to? C3PRST4 | 7 About once a week or less | | |
| | | 8 A few times a week | | |
| | | 9 One or two times a day | | |
| | | 10 Many times each day | | |
| 44 | How often do you tell your child that | 1 Never | | |
| | (he/she) is bad or not as good as others? | 2 About once a week or less | | |
| | C3PRST5 | 3 A few times a week | | |
| | | 4 One or two times a day | | |
| | | 5 Many times each day | | |
| 45 | How often do you do something special | 6 ○ Never | | |
| | with this child that (he/she) enjoys? | 7 About once a week or less | | |
| | C3PRST6 | 8 A few times a week | | |
| | | 9 One or two times a day | | |
| ì | | 10 Many times each day | | |

| | If your child is less than 3 years old, post- | please go to question 47. | | | |
|----|--|--|--|--|--|
| 46 | How often do you play sports, hobbies or games with this child? | 1 Never 2 About once a week or less | | | |
| | C3PRST7 | Go to question 48 | | | |
| | | 4 One or two times a day5 Many times each day | | | |
| 47 | How often do you play games with this child? | 6 Never | | | |
| | Gilia : | 7 About once a week or less | | | |
| | C3PRST8 | ⁸ A few times a week | | | |
| | | ⁹ One or two times a day | | | |
| | | ¹⁰ Many times each day | | | |
| | and some of the time they don't go well. For the time things turn out in different ways who Of all the times that you talk to this child about (his/her) behaviour, what proportion is praise? | Provided the state of the state | | | |
| | C3PRST9 | 4 More than half the time | | | |
| | | 5 All the time | | | |
| .9 | Of all the times that you talk to your child about (his/her) behaviour, what proportion | 6 Never | | | |
| | is disapproval? | 7 Cless than half the time | | | |
| | | 8 About half the time | | | |
| | C3PRST10 | 9 More than half the time | | | |
| | | 10 All the time | | | |
| 50 | When you give your child a command or order to do something, what proportion of | ¹ Never | | | |
| | the time do you make sure that (he/she) | 2 C Less than half the time | | | |
| | does it? | 3 About half the time | | | |
| | C3PRST11 | 4 More than half the time | | | |

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 ${\bf 5} \bigcirc$ All the time

| 52 | If you tell your child that (he/she) will get punished if (he/she) doesn't stop doing something, and (he/she) keeps doing it, how often will you punish (him/her)? C3PRST12 How often does (he/she) get away with things that you feel should have been punished? | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time 1 Never 2 Less than half the time 3 About half the time |
|----|---|--|
| | C3PRST13 | More than half the time All the time |
| 53 | How often do you get angry when you punish this child? C3PRST14 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time |
| 54 | How often do you think that the kind of punishment you give this child depends on your mood? C3PRST15 | Never Less than half the time About half the time More than half the time All the time |
| 55 | How often do you feel you are having problems managing your child in general? C3PRST16 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time |
| 56 | How often is this child able to get out of a punishment when (he/she) really sets (his/her) mind to it? C3PRST17 | Never Less than half the time About half the time More than half the time All the time |

| 57 | How often when you discipline this child, does (he/she) ignore the punishment? C3PRST18 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time |
|----|--|--|
| | | 10 All the time |
| 58 | How often do you have to discipline your child repeatedly for the same thing? C3PRST19 | Never Less than half the time About half the time More than half the time All the time |

If your child is 6 years old or older, please go to next question. Otherwise, you have finished this section of the questionnaire. Please tell the interviewer.

For each statement, please choose the answer that best describes your child now or within the past six months.

| | | | Never or not true | Sometimes or somewhat true | Often or very true |
|----|---|--------------------|-------------------|----------------------------|--------------------|
| a) | Can't sit still, is restless or hyperactive. | C3CHKLA | 1 🔾 | 2 🔾 | 3 🔾 |
| b) | Destroys (his/her) own things. | C3CHKLB | 4 🔾 | 5 🔾 | 6 🔾 |
| c) | Steals at home. | C3CHKLC | 7 🔾 | 8 🔾 | 9 🔵 |
| d) | Seems to be unhappy, sad or depressed. | C3CHKLD | 10 🔾 | 11 🔵 | 12 🔵 |
| e) | Gets into many fights. | C3CHKLE | 13 🔾 | 14 🔵 | 15 🔵 |
| f) | Is distractible, has trouble sticking to any ac | tivity. C3CHKLF | 16 🔾 | 17 🔵 | 18 |
| g) | Is not as happy as other children. | C3CHKLG | 19 🔾 | 20 🔵 | 21 |
| h) | Destroys things belonging to (his/her) family | | 22 🔵 | 23 🔵 | 24 🔵 |
| i) | Fidgets. | C3CHKLH C3CHKLI | 25 🔾 | 26 🔾 | 27 🔵 |
| j) | Is disobedient at school. | C3CHKLJ | 28 🔵 | 29 🔵 | 30 🔵 |

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| | | Never or not true | Sometimes or somewhat true | Often or very true |
|---------|--|----------------------|----------------------------|-----------------------|
| k) | Can't concentrate, can't pay attention for long. | 31 | 32 🔵 | 33 🔵 |
| l) | Is impulsive, acts without thinking. C3CHKLL | 34 🔾 | 35 🔵 | 36 🔵 |
| m) | Is too fearful or anxious. | 37 🔾 | 38 🔵 | 39 🔵 |
| n) | Tells lies or cheats. C3CHKLN | 40 🔾 | 41 🔾 | 42 🔵 |
| o) | Is worried. | 43 🔾 | 44 🔾 | 45 🔵 |
| p) | Has difficulty awaiting turn in games or groups. | 46 🔾 | 47 🔵 | 48 🔵 |
| q) | When somebody accidently hurts (him/her), (he/she) reacts with anger and fighting. | 49 🔵 | 50 🔵 | 51 🔵 |
| r) | Physically attacks people. C3CHKLR | 52 🔵 | 53 🔵 | 54 🔵 |
| s) | Cries a lot. | 55 🔾 | 56 🔵 | 57 🔵 |
| t) | Vandalizes. C3CHKLT | 58 🔾 | 59 🔵 | 60 🔵 |
| u) | Threatens people. | 61 🔾 | 62 🔵 | 63 🔵 |
| v) | Is cruel, bullies or is mean to others. | 64 🔾 | 65 🔵 | 66 |
| w) | Is nervous, high strung or tense. | 67 🔾 | 68 | 69 |
| x) | Kicks, bites or hits other children. | 70 🔾 | 71 🔵 | 72 🔵 |
| у) | Steals outside the home. C3CHKLY | 73 🔾 | 74 🔵 | 75 🔵 |
| z) _ | Has trouble enjoying (himself/herself). | 76 🔾 | 77 🔵 | 78 |

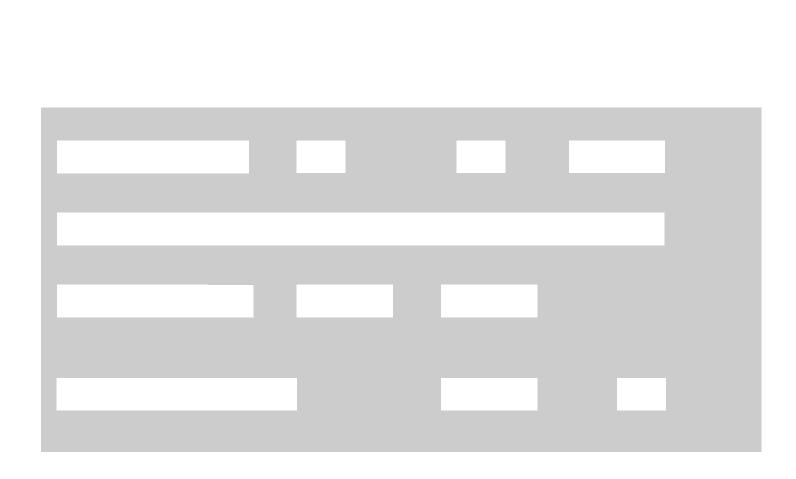
8-5300-406.1

| | | Not at all like | A little bit like | Somewhat like | A lot like | Totally like |
|----|--|--------------------|----------------------|------------------|---------------|-----------------|
| a) | Is cheerful, happy. C3CHSOCA | 1 🔾 | 2 🔵 | 3 🔾 | 4 🔾 | 5 🔾 |
| b) | Waits (his/her) turn in games and other activities. | 6 🔾 | 7 🔾 | 8 🔘 | 9 🔵 | 10 🔾 |
| c) | Does neat, careful work. C3CHSOCC | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | Is curious and exploring, likes new experiences. | 16 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | Thinks before (he/she) acts, is not impulsive. C3CHSOCE | 21 🔵 | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |
| f) | Gets along well with other children. | 26 🔵 | 27 🔵 | 28 🔵 | 29 🔵 | 30 🔵 |
| g) | Usually does what you tell (him/her) to do. C3CHSOCG | 31 🔵 | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 |
| h) | Can get over being upset quickly. C3CHSOCH | 36 | 37 🔵 | 38 | 39 🔵 | 40 🔵 |
| i) | Is admired and well-liked by other children. | 41 🔵 | 42 🔵 | 43 🔵 | 44 🔵 | 45 🔵 |
| j) | Tries to do things for (himself/herself), is self-reliant. | 46 🔾 | 47 🔵 | 48 🔵 | 49 🔵 | 50 🔵 |

Stop Here

Thank you for answering these questions. Tell interviewer you have finished.

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Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS 4

Partner Self-Complete Questionnaire

Confidential document once completed.

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

| ~ |
|---|
| W |

| SELECTED CHILD | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |

Please read instructions on next page before beginning

| FOR OFFICE USE ONLY | | | |
|-------------------------|-------|-----------------|----------|
| HOUSEHOLD-ID | - | P/L 00 | |
| RESPONDENT'S FIRST NAME | | | |
| | | | |
| INTERVIEW DATE | | | |
| 2 0 0 | | | |
| Year | Month | Day | |
| INTERVIEWER ASSIGNMENT# | | REGIONAL OFFICE | LANGUAGE |
| | | | 1 |
| | | | |

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STC/SSD-040-75182



Statistics Canada Statistique Canada Canadä

INSTRUCTIONS

When you answer these questions you can mark your answers like this \bigcirc or fill in the circle \bigcirc , or write a number in the boxes, as in the examples below. When you write your answers, make sure you press hard with your pencil.

| E | EXAMPLE 1 | | | | | | | | |
|-----------|--|---------------------------------|--|--|--|--|--|--|--|
| A1 | These first questions are about your health. | ¹ ○ excellent? | | | | | | | |
| | In general, would you say your health is | ² very good? | | | | | | | |
| | | ₃ (X) good? | | | | | | | |
| | | 4 O fair? | | | | | | | |
| | | ⁵ poor? | | | | | | | |
| | | | | | | | | | |
| E | XAMPLE 2 | | | | | | | | |
| E4 | How old were you the first time you owned or co-owned the place where you were living? | 2 7 Years old Go to question E9 | | | | | | | |

All information you provide is CONFIDENTIAL. Statistics Canada will keep your answers PRIVATE.

Thank you for your help!

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Section A: About Your Health

| A1 | The first questions are about your health. | | 1 🔵 | excellent? | |
|-----------|--|----------------|----------------------|---------------------------------|------------------------|
| | In general, would you say your health is | | 2 🔵 | very good? | |
| | C2CF1 | | 3 🔵 | good? | |
| | S3SF1 | | 4 🔾 | fair? | |
| | | | 5 🔵 | poor? | |
| A2 | Compared to one year ago, how would you rate your | | s () | | |
| | health in general now? | | 6 () | much better? | |
| | Would you say it is | | , (| somewhat better? | |
| | | | 9 (| about the same? | . |
| | S3SF2 | | 10 (| somewhat worse? | |
| | | | 10 🔾 | much worse now to one year ago? | than |
| A3 | The following greations are about activities you mi | | | -1 -1 | |
| Α3 | The following questions are about activities you mig | gnt ao aarii | ig a typica | ai day. | |
| | Does your health <u>now</u> limit you in these activities? If so, how much? | Y | es, limited a lot | Yes, limited a little | No, not limited at all |
| | Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. | S3SF3A | 1 🔾 | 2 | 3 🔵 |
| | b) Moderate activities, such as moving a table, pushir vacuum cleaner, bowling, or playing golf. | ng a S3SF3B | 4 🔾 | 5 🔾 | 6 🔾 |
| | c) Lifting or carrying groceries. | S3SF3C | 7 🔾 | 8 | 9 🔾 |
| | d) Climbing several flights of stairs. | S3SF3D | 10 🔘 | 11 🔾 | 12 🔵 |
| | e) Climbing one flight of stairs. | S3SF3E | 13 🔾 | 14 🔵 | 15 🔵 |
| | f) Bending, kneeling or stooping. | S3SF3F | 16 🔾 | 17 🔾 | 18 🔾 |
| | g) Walking more than a kilometre/mile. | S3SF3G | 19 🔵 | 20 🔵 | 21 🔵 |
| | h) Walking several blocks. | S3SF3H | 22 🔵 | 23 🔵 | 24 🔵 |
| | i) Walking one block. | S3SF3I | 25 🔵 | 26 🔾 | 27 🔵 |
| | j) Bathing or dressing yourself. | CACEA I | 28 | 29 | 30 🔵 |

| | ring the <u>past 4 weeks</u> , have you had any of the follow tivities <u>as a result of your physical health</u> ? | ving problems | with yo | our work or othe | er regular dail | / |
|------------|--|---------------|-------------------|-----------------------------------|-----------------|---|
| | | | Yes | No | | |
| a) | Had to cut down on the amount of time you spent of work or other activities. | S3SF4A | 1 🔵 | 2 🔵 | | |
| b) | Accomplished less than you would like. | S3SF4B | 3 🔵 | 4 🔵 | | |
| c) | Were limited in the kind of work or other activities that you were able to do. | S3SF4C | 5 🔾 | 6 🔾 | | |
| d) | Had difficulty performing the work or other activities (for example, it took extra time). | S3SF4D | 7 🔾 | 8 🔾 | | |
| | ring the <u>past 4 weeks</u> , have you had any of the follow tivities <u>as a result of any emotional problems</u> (such a | | - | | er regular dail | / |
| | | | Yes | No | | |
| a) | Had to cut down on the amount of time you spend on work or other activities. | S3SF5A | 1 (| 2 🔵 | | |
| b) | Accomplished less than you would like. | S3SF5B | 3 🔾 | 4 🔾 | | |
| c) | Didn't do work or other activities as carefully as usual. | S3SF5C | 5 🔾 | 6 🔾 | | |
| phy you | uring the past 4 weeks, to what extent has your ysical health or emotional problems interfered with ur normal social activities with family, friends, ighbours, or groups? | | 1 O 2 O 3 O | not at all? slightly? moderately? | | |
| Wo | ould you say S3SF6 | | 4 O 5 O | quite a bit? | | |
| wit | ring the past 4 weeks, how much did pain interfere th your normal work (including both work outside the me and housework)? | | 6 0 | not at all? a little bit? | | |
| Wo | ould you say S3SF7 | | 8 🔾 | moderately? quite a bit? | | |
| | | | 10 🔵 | extremely? | | |
| | ow much bodily pain have you had ring the past 4 weeks? | | 1 () | none? | | |
| Wo | ould you say | | 3 | very mild? mild? | | |
| | S3SF8 | | 4 🔾 | moderate? | | |
| | | | 5 🔾 | severe? | | |
| | | | 6 🔾 | very severe? | | |

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For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... ΑII Most A good Some A little None bit of of the of the of the of the of the time the time time time time time a) did you feel full of pep? 4() 2() 3() 5() 6() S3SF9A b) have you been a very nervous 8() 9() 10() 11() 12 (person? have you felt so down in the dumps 13() 14() 15() 17() 16() 18 (that nothing could cheer you up? S3SF9C 20() have you felt calm and peaceful? 19() 21() 22() 23 (S3SF9D 25 () 26 () 27 () 28 () 29 () 30 (e) did you have a lot of energy? S3SF9E have you felt downhearted and f) 32 () 33 () 34 () 35 () 36 (31() blue? S3SF9F did you feel worn out? 38 () 40() 41 (39 () 42 (S3SF9G 43 (44 () 45 () 47 (h) have you been a happy person? 46 () 48 (S3SF9H 50 () 53 () 49 () 51 () 52 () 54 () i) did you feel tired? S3SF9I A10 During the past 4 weeks, how much of the time has all the time? your physical health or emotional problems interfered with your social activities (like visiting most of the time? friends, relatives, etc.)? some of the time? Would you say... S3SF10 a little of the time? none of the time? A11 How TRUE or FALSE is each of the following statements for you? Would you say... Definitely **Definitely** Mostly Don't Mostly false false true true know you seem to get sick a little easier than 2() 3() other people? S3SF11A 7() 8() 9() b) you are as healthy as anybody you know? 10 (S3SF11B 12() 13() 14() you expect your health to get worse? 11() 15 (S3SF11C d) your health is excellent? 17 () 18 () 16() 19() 20 (S3SF11D

These questions are about how you feel and how things have been with you during the past 4 weeks.

A9

Section B: About You and Your Partner

| | people's feelings about their partner. For each statement, please nk most closely applies to you. The best answer is usually the one |
|---|--|
| In general, how well does your partner | ¹ Extremely well |
| meet your needs? | 2 Very well |
| S3RAS1 | 3 Quite well |
| | 4 C Fairly well |
| | 5 Not too well |
| How satisfied are you with your relationship? | 6 Extremely satisfied |
| S3RAS2 | 7 Very satisfied |
| | 8 Quite satisfied |
| | 9 C Fairly satisfied |
| | 10 Not too satisfied |
| How good is your relationship compare to most? | ed 1 A lot better |
| S3RAS3 | 2 A little bit better |
| | 3 About the same |
| | 4 A little bit worse |
| | 5 A lot worse |
| How often do you wish you hadn't ente into this relationship? | ered 6 Almost always |
| | 7 C Fairly often |
| S3RAS4 | 8 O Sometimes |
| | 9 Almost never |
| | 10 Never |

| B5 | To what extent does your relationship meet your original expectations? | | | | | | |
|----|--|--|--|--|--|--|--|
| | | ¹ O To a very great extent | | | | | |
| | S3RAS5 | 2 To a considerable extent 3 Somewhat | | | | | |
| | | | | | | | |
| | | 4 A little bit | | | | | |
| | | 5 Not at all | | | | | |
| | | | | | | | |
| D6 | | | | | | | |
| B6 | How much do you love your partner? | | | | | | |
| | S3RAS6 | ⁶ A very great deal | | | | | |
| | | 7 A great deal | | | | | |
| | | 8 Quite a bit | | | | | |
| | | 9 O Somewhat | | | | | |
| | | 10 Very little | | | | | |
| | | | | | | | |
| B7 | How many problems are there in your relationship? | | | | | | |
| | · | 1 None | | | | | |
| | S3RAS7 | 2 Hardly any | | | | | |
| | | 3 O Some | | | | | |
| | | 4 Quite a few | | | | | |
| | | 5 Quite a lot | | | | | |
| | | | | | | | |
| | | | | | | | |

Section C: (

About Your Partner and Family

C1

Some behaviours can cause difficulties in a relationship. Please check the response that best describes how often your (spouse/partner) behaves in the ways listed.

| | | Very Often | Often | Sometimes | Rarely | Never |
|----|--|---------------|-------|-----------|--------|-------|
| a) | (He/She) drinks or uses drugs too much. | 1 🔾 | 2 🔾 | з | 4 🔾 | 5 🔾 |
| b) | (He/She) wastes money we need for other things. | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔘 |
| c) | (He/She) has affairs with other people. S3BEVC | 11 🔾 | 12 🔾 | 13 🔾 | 14 🔾 | 15 🔵 |
| d) | (He/She) is so depressed at times that it interferes with (his/her) normal activities. S3BEVD | 16 🔾 | 17 🔾 | 18 🔾 | 19 🔾 | 20 🔾 |
| e) | (He/She) is very moody and disagreable. S3BEVE | 21 🔵 | 22 🔾 | 23 🔾 | 24 🔾 | 25 🔵 |
| f) | (He/She) threatens to end our relationship. | 26 🔾 | 27 🔵 | 28 | 29 🔵 | 30 🔵 |
| g) | (He/She) tries to control my life. S3BEVG | 31 🔵 | 32 🔾 | 33 🔘 | 34 🔾 | 35 🔵 |
| h) | (He/She) avoids spending time with me. | 36 🔾 | 37 🔵 | 38 | 39 🔵 | 40 🔘 |
| i) | (He/She) has fits of anger. | 41 🔵 | 42 🔾 | 43 🔾 | 44 🔘 | 45 🔾 |

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C2

Below are some statements about families and family relationships. The family includes any family members that you currently <u>live</u> with. For each one, please check the response that best describes your family.

| | | Strongly agree | Agree | Disagree | Strongly disagree |
|----|--|----------------|-------|----------|----------------------|
| a) | Planning family activities is difficult because we misunderstand each other. S3FADA | 1 (| 2 🔵 | 3 🔾 | 4 🔵 |
| b) | In times of crisis, we can turn to each other for support. | 5 🔵 | 6 🔵 | 7 🔵 | 8 🔵 |
| c) | We cannot talk to each other about sadness we feel. | 9 🔵 | 10 🔵 | 11 🔵 | 12 🔵 |
| d) | Individuals (in the family) are accepted for what they are. S3FADD | 13 🔵 | 14 🔵 | 15 🔵 | 16 🔵 |
| e) | We avoid discussing our fears or concerns. S3FADE | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| f) | We express feelings to each other. S3FADF | 21 🔵 | 22 🔵 | 23 | 24 🔵 |
| g) | There are lots of bad feelings in our family. S3FADG | 25 🔵 | 26 🔵 | 27 🔵 | 28 🔵 |
| h) | We feel accepted for what we are. S3FADH | 29 🔵 | 30 🔵 | 31 | 32 🔵 |
| i) | Making decisions is a problem for our family. S3FADI | 33 🔵 | 34 🔵 | 35 🔵 | 36 🔵 |
| j) | We are able to make decisions about how to solve problems. | 37 🔵 | 38 | 39 🔵 | 40 🔵 |
| k) | We don't get along well together. | 41 🔵 | 42 🔵 | 43 🔵 | 44 🔵 |
| I) | We confide in each other. | 45 🔵 | 46 🔵 | 47 🔵 | 48 |

Section D:

About Your Child

If you do not have a (child/children) who live(s) with you full-time or at least in joint custody on an equal time basis, please go to Section E on page 18.

| D1 | In most families there are disagreements or argume caregivers) disagree about | ents. How of | ften do you | ı and your (spo | ouse/partn | er/other |
|----|---|--------------|-------------|-----------------|------------|----------|
| | Very Hardly Often Often Sometimes Ever | | | | | |
| | a) how your children are raised? S3PRAGRA | 1 🔾 | 2 🔵 | 3 🔾 | 4 🔾 | 5 🔵 |
| | b) disciplining children? S3PRAGRE | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔵 |
| | c) how you spend money on children? S3PRAGRO | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| | d) how (he/she) spends money on children? S3PRAGRD | 16 🔾 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| | e) the amount of time (he/she) spends with the children? S3PRAGRE | 21 🔵 | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |

The remainder of the questions in this section refer to the "selected child" identified on the front cover of this questionnaire. Please think of this child when answering the following questions.

D2 For each one, please check the answer which best describes this child. Neither Definitely Definitely true nor More or More or false true less true false less false 5() 2() 3() 4() a) My child's health is excellent. S3CHEL1A 7 🔾 8 9 10() b) My child seems to resist illness. S3CHEL1B c) My child seems to be less healthy 11 () 12 13 14 () 15 () than other children I know. S3CHEL1C d) When there is something going around, my child usually catches it. 16() 17 () 18 () 19 () 20() S3CHEL1D

| D3 | Over the past few months, how often has this child been in good health? | ¹ Almost all the time |
|----|---|--|
| | S3CHEL2 | 2 Often |
| | | 3 About half of the time |
| | | 4 O Sometimes |
| | | 5 Almost never |
| D4 | Does this child have any long-term conditions or health problems which prevent or limit (his/her) participation in school, at play or any other normal activity | 6 ○ Yes |
| | for a child (his/her) age? S3CHEL3 | 7 No |
| D5 | The next few questions are about you and ho that best describes how often you act in this | w you act and feel as a parent. Please check the answer way with your child. |
| | How often do you praise this child, | 1 Never |
| | by saying something like "Good for you!" or "What a nice thing you did!" | ² About once a week or less |
| | or "That's good going"? | ³ A few times a week |
| | S3PRST1 | ⁴ One or two times a day |
| | | ⁵ Many times each day |
| D6 | How often do you and your child talk or | |
| | play with each other, focussing attention on each other for five minutes or more, | |
| | just for fun? | 6 Never |
| | CARRETA | ⁷ About once a week or less |
| | S3PRST2 | ⁸ A few times a week |
| | | ⁹ One or two times a day |
| | | ¹⁰ Many times each day |

| D7 | How often do you and your child laugh | |
|-----|---|--|
| | together? | 1 Never |
| | S3PRST3 | ² About once a week or less |
| | | ³ A few times a week |
| | | ⁴ One or two times a day |
| | | ⁵ Many times each day |
| | | |
| D8 | How often do you get annoyed with this | |
| | child for saying or doing something (he/she) is not supposed to? | 6 ○ Never |
| | | ⁷ About once a week or less |
| | S3PRST4 | ⁸ A few times a week |
| | | ⁹ One or two times a day |
| | | ¹⁰ Many times each day |
| | | |
| D9 | How often do you tell your child that (he/she) is bad or not as good as others? | |
| | (various) is a said of various grounds and current | ¹ Never |
| | S3PRST5 | ² About once a week or less |
| | | ³ A few times a week |
| | | ⁴ One or two times a day |
| | | ⁵ Many times each day |
| | | |
| D40 | | |
| D10 | How often do you do something special with this child that (he/she) enjoys? | |
| | | 6 Never |
| | S3PRST6 | ⁷ About once a week or less |
| | | ⁸ A few times a week |
| | | ⁹ One or two times a day |
| | | ¹⁰ Many times each day |
| | | |

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If your child is less than 3 years old, please go to question D12. Otherwise, go to next question.

| D11 | How often do you play sports, hobbies or games with this child? S3PRST7 | Never About once a week or less A few times a week One or two times a day Many times each day | , Go to question D13 |
|-----|--|---|----------------------------|
| D12 | How often do you play games with this child? S3PRST8 | Never About once a week or less A few times a week One or two times a day Many times each day | |

If your child is less than 2 years old, please go to Section E on page 18. Otherwise, go to next question.

| D13 | | r with their children, some of the time things go well following questions, please mark what proportion of you and this child are together. |
|-----|---|--|
| | Of all the times that you talk to this child about (his/her) behaviour, what proportion is praise? S3PRST9 | Never Less than half the time About half the time More than half the time All the time |
| D14 | Of all the times that you talk to your child about (his/her) behaviour, what proportion is disapproval? S3PRST10 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time |

| D15 | When you give your child a command or order to do something, what proportion of the time do you make sure that (he/she) does it? S3PRST11 | Never Less than half the time About half the time More than half the time All the time |
|-----|--|---|
| D16 | If you tell your child that (he/she) will get punished if (he/she) doesn't stop doing something, and (he/she) keeps doing it, how often will you punish (him/her)? S3PRST12 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time |
| D17 | How often does (he/she) get away with things that you feel should have been punished? S3PRST13 | Never Less than half the time About half the time More than half the time All the time |
| D18 | How often do you get angry when you punish this child? S3PRST14 | 6 Never 7 Less than half the time 8 About half the time 9 More than half the time 10 All the time |
| D19 | How often do you think that the kind of punishment you give this child depends on your mood? S3PRST15 | Never Less than half the time About half the time More than half the time All the time |

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| D20 | How often do you feel you are having problems managing your child in general? S3PRST16 | Never Less than half the time About half the time |
|-----|---|---|
| | | ⁹ More than half the time |
| | | 10 All the time |
| D21 | How often is this child able to get out of a punishment when (he/she) really sets (his/her) mind to it? | ¹ Never |
| | | 2 C Less than half the time |
| | S3PRST17 | ³ About half the time |
| | | ⁴ More than half the time |
| | | 5 All the time |
| D22 | How often when you discipline this child, does (he/she) ignore the punishment? | 6 ○ Never |
| | S3PRST18 | 7 C Less than half the time |
| | | 8 About half the time |
| | | ⁹ More than half the time |
| | | 10 All the time |
| D23 | How often do you have to discipline your child repeatedly for the same thing? | ¹ Never |
| | S3PRST19 | 2 Less than half the time |
| | | ³ About half the time |
| | | ⁴ More than half the time |
| | | 5 All the time |
| i | | |

If your child is 6 years old or older, please go to next question. Otherwise, go to Section E on page 18.

For each statement, please choose one answer that best describes your child now or within the past six months.

| | | | Never or not true | Sometimes or somewhat true | Often or very true |
|----|--|--------------------|-------------------|----------------------------|--------------------|
| a) | Can't sit still, is restless or hyperactive. | S3CHKLA | 1 🔾 | 2 🔾 | 3 🔵 |
| b) | Destroys (his/her) own things. | S3CHKLB | 4 🔾 | 5 🔾 | 6 🔾 |
| c) | Steals at home. | S3CHKLC | 7 🔾 | 8 🔵 | 9 🔵 |
| d) | Seems to be unhappy, sad or depressed. | S3CHKLD | 10 🔾 | 11 🔵 | 12 🔵 |
| e) | Gets into many fights. | S3CHKLE | 13 🔾 | 14 🔵 | 15 🔵 |
| f) | Is distractible, has trouble sticking to any activity. | S3CHKLF | 16 🔾 | 17 🔵 | 18 🔵 |
| g) | Is not as happy as other children. | S3CHKLG | 19 🔾 | 20 🔵 | 21 🔵 |
| h) | Destroys things belonging to (his/her) family, or oth | | 22 🔘 | 23 🔵 | 24 🔵 |
| i) | Fidgets. | S3CHKLH S3CHKLI | 25 🔾 | 26 🔵 | 27 🔵 |
| j) | Is disobedient at school. | S3CHKLJ | 28 🔵 | 29 | 30 🔵 |
| k) | Can't concentrate, can't pay attention for long. | S3CHKLK | 31 🔾 | 32 🔵 | 33 🔵 |
| l) | Is impulsive, acts without thinking. | S3CHKLL | 34 🔾 | 35 🔵 | 36 🔵 |
| m) | Is too fearful or anxious. | S3CHKLM | 37 🔾 | 38 🔵 | 39 🔵 |
| n) | Tells lies or cheats. | S3CHKLN | 40 🔾 | 41 🔵 | 42 🔵 |
| 0) | Is worried. | S3CHKLO | 43 🔾 | 44 🔘 | 45 🔾 |
| p) | Has difficulty awaiting turn in games or groups. | S3CHKLP | 46 🔾 | 47 🔵 | 48 |
| q) | When somebody accidently hurts (him/her), (he/shwith anger and fighting. | ne) reacts | 49 🔾 | 50 🔵 | 51 🔵 |
| r) | Physically attacks people. | S3CHKLR | 52 🔾 | 53 🔵 | 54 🔵 |
| s) | Cries a lot. | S3CHKLS | 55 🔾 | 56 🔾 | 57 🔵 |

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| | | | Never or not true | Sometimes or somewhat true | Often or very true |
|----|---|---------|-------------------|----------------------------------|--------------------|
| t) | Vandalizes. | S3CHKLT | 58 | 59 🔵 | 60 🔵 |
| u) | Threatens people. | S3CHKLU | 61 | 62 🔵 | 63 🔵 |
| v) | Is cruel, bullies or is mean to others. | S3CHKLV | 64 🔾 | 65 🔵 | 66 |
| w) | Is nervous, high strung or tense. | S3CHKLW | 67 🔾 | 68 | 69 |
| x) | Kicks, bites or hits other children. | S3CHKLX | 70 🔾 | 71 🔵 | 72 🔵 |
| y) | Steals outside the home. | S3CHKLY | 73 🔵 | 74 🔵 | 75 🔵 |
| z) | Has trouble enjoying (himself/herself). | S3CHKLZ | 76 🔾 | 77 🔵 | 78 🔵 |

D25 Please think about your child, and choose the statement which applies to (him/her).

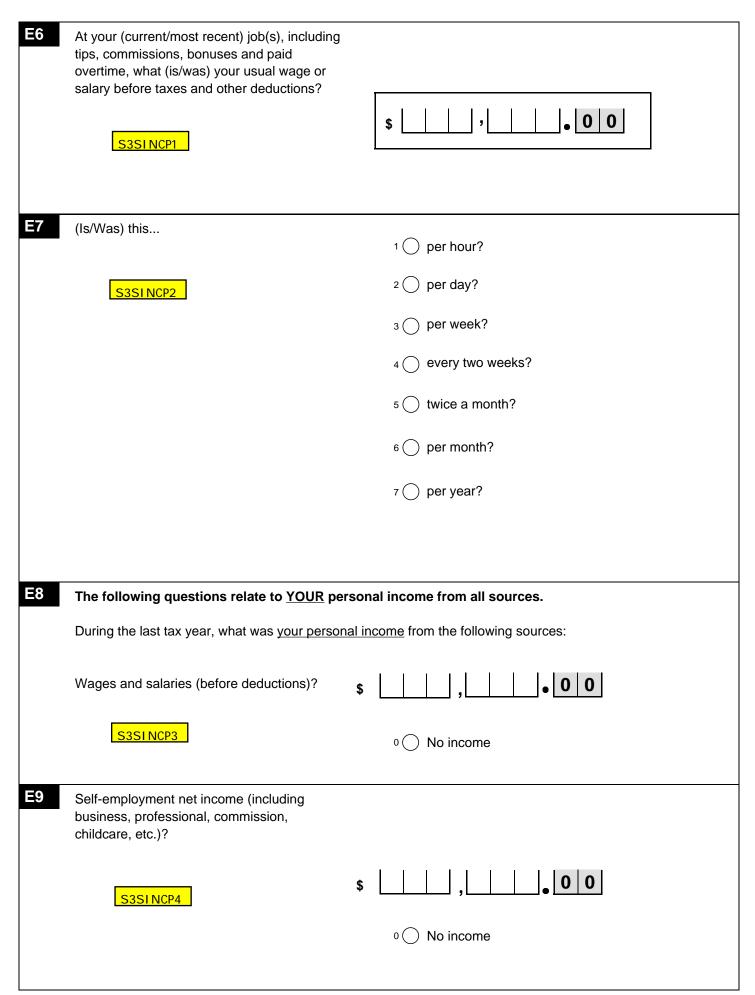
| | | Not at all like | A little bit like | Somewhat like | A lot like | Totally like |
|----|---|---------------------------|----------------------|------------------|---------------|-----------------|
| a) | Is cheerful, happy. S3CHSOCA | 1 O | 2 🔵 | 3 🔾 | 4 🔾 | 5 🔾 |
| b) | Waits (his/her) turn in games and other activities. S3CHSOCI | 6 O | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔘 |
| c) | Does neat, careful work. | 11 🔘 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | Is curious and exploring, likes new experiences. | 16 🔾 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | Thinks before (he/she) acts, is not impulsive. | 21 🔵 | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |
| f) | Gets along well with other children. S3CHSOCF | 26 | 27 🔵 | 28 🔵 | 29 🔵 | 30 🔵 |
| g) | Usually does what you tell (him/her) to do. S3CHSOCG | - - 31 ○ | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 |
| h) | Can get over being upset quickly. S3CHSOCH | 36 | 37 🔵 | 38 🔵 | 39 🔵 | 40 🔘 |
| i) | Is admired and well-liked by other children. S3CHSOCI | 41 | 42 🔵 | 43 🔵 | 44 🔵 | 45 🔵 |
| j) | Tries to do things for (himself/herself), is self-reliant. | 46 | 47 🔵 | 48 🔵 | 49 🔵 | 50 🔵 |

Section E: About You

| Where were you here? | | |
|----------------------|-----------------------------|--|
| Where were you born? | ¹ Canada | |
| S3CBIRTH | ² United Kingdom | |
| SSCHATT | ₃ | |
| | 4 United States | |
| | 5 O Portugal | |
| | 6 Poland | |
| | 7 O Germany | |
| | 8 Holland | |
| | 9 Greece | |
| | 10 Jamaica | |
| | 11 O India | |
| | 12 O Sri Lanka | |
| | 13 Hong Kong | |
| | 14 Vietnam | |
| | 15 Philippines | |
| | 16 Hungary | |
| | 17 O Yugoslavia | |
| | 18 El Salvador | |
| | 19 Other | |
| | | |

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| E2 | Which of the following best describes your main ac | tivity? | | |
|----|---|-------------------|----------------|-------------------|
| | MARK <u>ONE</u> ONLY. <u>\$3\$JOB1</u> | | | |
| | 1) Full-time paid employee (30 or more hours a w | eek) | 1 🔵 | ٦ |
| | 2) Part-time paid employee (under 30 hours a wee | ek) | 2 🔾 | . |
| | 3) Full-time self-employed | | 3 (| Go to question E4 |
| | 4) Part-time self-employed | | 4 (| |
| | 5) Unemployed and seeking work | | 5 🔾 | f |
| | 6) Temporarily sick/disabled (up to 6 months) | | 6 (| |
| | 7) Permanently sick/disabled | | 7 🔾 | |
| | 8) Looking after home/family | | 8 🔾 | Go to next |
| | 9) Going to school full or part-time | | 9 🔾 | question |
| | 10) Other | | 10 🔵 | |
| | Specify: | | | |
| E3 | At any time during the past 12 months, did you work as either a paid employee or self-employed? | ¹ ○ Yes | | |
| | S3SJOB2 | ² No - | Go to question | n E8 |
| E4 | How many weeks during the past 12 months did you work for pay or profit? | | | |
| | S3SJOB3 | week | s | |
| E5 | When you were working during the past 12 months, about how many hours on average did you work per week? | Hour | s | |
| | S3SJOB4 | | | |



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| E10 | Employment Insurance Benefit (before deductions and repayments)? S3SINCP5 | \$, |
|-----|---|-----|
| E11 | Child Tax Benefit/National Child Benefit and provincial child benefits? S3SI NCP6 | \$, |
| E12 | Social assistance (welfare) and provincial income supplements such as Ontario Works or Ontario Child Care Supplement for Working families? S3SI NCP7 | \$ |
| E13 | Child and/or spousal support? S3SI NCP8 | \$ |
| E14 | All other sources, including dividends, interest, capital gains, tips, etc.? S3SINCP9 | \$ |

E15

Take a moment and consider each of the main areas in your life. Think about those things that are important to you and then check, in general, how satisfied you are with each of the following...

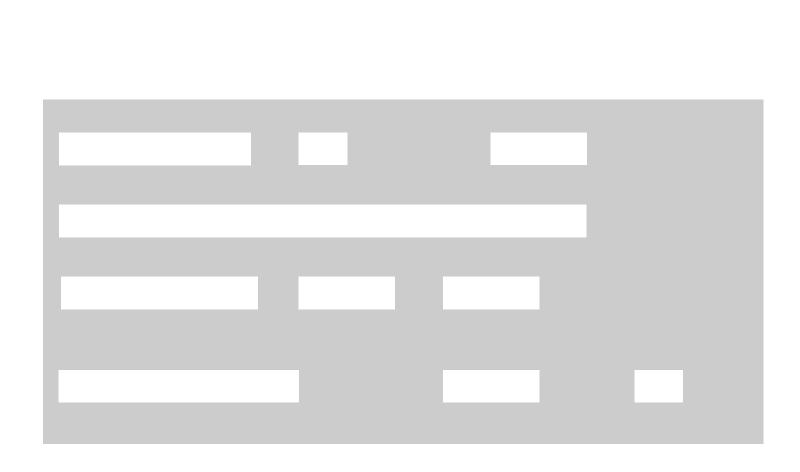
| | | Very satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Very dissatisfied |
|----|--|-------------------|--------------------|---|--------------------------|----------------------|
| a) | your health? S3SATISA | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔘 |
| b) | your education? S3SATISB | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔵 | 10 🔵 |
| c) | your job or main activity? | 11 🔵 | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | your finances? | 16 🔵 | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | your housing? | 21 🔵 | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |
| f) | your neighbourhood? | 26 🔵 | 27 🔵 | 28 🔵 | 29 🔵 | 30 🔘 |
| g) | your spouse, living partner or single status? | 31 🔵 | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 |
| h) | your relationship with friends and family members? | 36 | 37 🔵 | 38 | 39 🔵 | 40 🔵 |
| i) | your life in general? | 41 🔾 | 42 🔵 | 43 🔵 | 44 🔵 | 45 🔵 |

Section F: Data Sharing Agreement

| F1 | Statistics Canada conducts this survey in conjuction with McMaster University. The data will be kept strictly <u>confidential</u> and used <u>only</u> for statistical purposes. Do you agree to share the data with McMaster University? | | | | |
|----|---|--|--|--|--|
| | 1 Yes | | | | |
| | 2 No | | | | |
| | | | | | |
| | COMMENTS: | | | | |
| | | | | | |
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Thank you for your co-operation in answering these questions for us.

Please let the interviewer know that you have finished and return your questionnaire to the interview in the envelope provided.



3



Second Follow-Up to the Ontario Child Health Study (OCHS2000)

Ages and Stages Questionnaire

OCHS 5

Confidencial document once completed.

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

| • | On the following pages are questions about activities |
|---|---|
| | children do. |

• When completing this questionnaire, please refer to the child listed below:

 Please fill in the date you complete this questionnaire. On that day, please refer to the chart below and complete the appropriate section for your child's age.

| 2 | 0 | 0 | 1 | | 1 | |
|---|----|----|---|----|---|----|
| | YY | YY | | MM | | DD |

| 3 to 4 months | Section A, pages 2 to 6 |
|---------------|-------------------------|
|---------------|-------------------------|

2 5 to 7 months Section B, pages 7 to 12

³ ○ 8 to 11 months Section C, pages 13 to 22

4 12 to 17 months Section D, pages 23 to 32

5 18 to 23 months Section E, pages 33 to 41

6 24 to 29 months Section F, pages 42 to 49

7 ○ 30 to 35 months Section G, pages 50 to 56

Section H, pages 57 to 63

9 48 to 59 months Section J, pages 64 to 70

10 ○ 60 to 71 months **Section K**, pages 71 to 76

FOR OFFICE USE ONLY

| HHLD-ID | P/L 83 | P/L 00 | ASSIGNMENT NUMBER | RO |
|---------|--------|--------|-------------------|----|
| - | | | | |

8-5300-416.1: 2000-09-27 STC/SSD-040-75182

Ages & Stages Questionnaires, Second Edition, Bricker et al. © 1999 Paul H. Brookes Publishing Co.



Statistics Canada Statistique Canada Canadä

Section A

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|--|-----|------------|
| A1. | Does your baby chuckle softly? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC1 | 3 | Not Yet |
| | | 4 | Don't Know |
| A2. | After you have been out of sight, does your baby stop crying when he sees you? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC2 | 3 | Not Yet |
| | | 4 | Don't Know |
| A3. | Does your baby stop crying when she hears a voice other than yours? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC3 | 3 | Not Yet |
| | | 4 | Don't Know |
| A4. | Does your baby make high-pitched squeals? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC4 | 3 | Not Yet |
| | | 4 | Don't Know |
| A5. | Does your baby laugh? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC5 | 3 | Not Yet |
| | | 4 | Don't Know |
| A6. | Does your baby make sounds when looking at toys or people? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASAC6 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |

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| Section A | | |
|---|---|----------------------------------|
| Gross Motor | | |
| A7. While on his back, does your baby move his head from side to side? CHASAG1 | 1 | Yes Sometimes Not Yet Don't Know |
| A8. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? CHASAG2 | 1 | Yes Sometimes Not Yet Don't Know |
| A9. When he is on his tummy, does your baby hold his head up so that his chin is about 3 inches (8 cm) from the floor for at least 15 seconds? CHASAG3 | 1 | Yes Sometimes Not Yet Don't Know |
| A10. When she is on her tummy, does your baby hold her head straight up, looking around? She can rest on her arms while doing this. CHASAG4 | 1 | Yes Sometimes Not Yet Don't Know |
| A11. When you hold him in a sitting position, does your baby hold his head steady? CHASAG5 | 1 | Yes Sometimes Not Yet Don't Know |
| A12. While on her back, does your baby bring her hands together over her chest, touching her fingers? CHASAG6 | 1 | Yes Sometimes Not Yet Don't Know |

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| Section A | | |
|--|------|------------------|
| Fine Motor | | |
| A13. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a | 1 | Yes |
| newborn)? | 2 | Sometimes |
| CHASAF1 | 3 (| Not Yet |
| | 4 | Don't Know |
| Add William was and a few in home bond of the community | | |
| A14. When you put a toy in her hand, does your baby wave it about, at least briefly? | 1 (| Yes |
| | 2 | Sometimes |
| CHASAF2 | 3 (| Not Yet |
| | 4 | Don't Know |
| A15. Does your baby grab or scratch at his clothes? | 1 (| - Var |
| | 2 (| Yes Sometimes |
| | 3 () | Not Yet |
| CHASAF3 | 4 | Don't Know |
| | | DOITE KNOW |
| A16. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or | 1 | Yes |
| trying to chew it? | 2 🔘 | Sometimes |
| | 3 | Not Yet |
| CHASAF4 | 4 | Don't Know |
| A17 Doos your haby grab or scratch his fingers on a surface | | |
| A17. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position | 1 () | Yes |
| or when he is on his tummy? | 2 () | Sometimes |
| | 3 () | Not Yet |
| CHASAF5 | 4 | Don't Know |
| A18. When you hold her in a sitting position, does your baby | 1 () | Yes |
| reach for a toy on a table close by, even though her hand may not touch it? | 2 () | Sometimes |
| | 3 () | Not Yet |
| | 4 | Don't Know |
| CHASAF6 | | Bontralow |
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| Section A | | |
|---|------|-------------|
| Problem Solving | | |
| A19. When you move a toy slowly from side to side in front | | |
| of his face (about 10 inches/25 cm away), does your baby follow the toy with his eyes, sometimes turning | 1 () | Yes |
| his head? | 2 () | Sometimes |
| CHASAP1 | 3 () | Not Yet |
| | 4 | Don't Know |
| A20. When you move a small toy up and down slowly in front | 1 () | Yes |
| of her face (about 10 inches (25 cm) away), does your baby follow the toy with her eyes? | 2 () | Sometimes |
| | 3 (| Not Yet |
| CHASAP2 | 4 (| |
| | | Don't Know |
| A21. When you hold him in a sitting position, does your baby look at a toy (about the size of a cup or rattle) that you | 1 (| Yes |
| place on the table or floor in front of him? | 2 🔘 | Sometimes |
| CLUA CAPA | 3 🔘 | Not Yet |
| CHASAP3 | 4 | Don't Know |
| | | |
| A22. When you put a toy in his hand, does your baby look at it? | 1 🔵 | Yes |
| | 2 | Sometimes |
| CHASAP4 | 3 | Not Yet |
| | 4 | Don't Know |
| A23. When you put a toy in her hand, does your baby put the | 1 () | Yes |
| toy in his mouth? | 2 (| Sometimes |
| CHASAP5 | 3 | Not Yet |
| OTINOM O | 4 | Don't Know |
| | | |
| A24. When you dangle a toy above her while she is lying on her back, does your baby wave her arms toward the toy? | 1 | Yes |
| | 2 (| Sometimes |
| CHASAP6 | 3 (| Not Yet |
| | 4 | Don't Know |
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| Personal - Social | | |
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| i ci soliai - sociai | | |
| A25. Does your baby watch his hands? | 1 (| Yes |
| | 2 | |
| CHASAS1 | 3 | Sometimes |
| The state of the s | 4 | Not Yet |
| | 4 🔾 | Don't Know |
| A26. When she has her hands together, does your baby play with her fingers? | 1 (| Yes |
| | 2 | Sometimes |
| CHASAS2 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| A27. When he sees the breast or bottle, does your baby know he is about to be fed? | 1 (| Yes |
| | 2 | Sometimes |
| CHASAS3 | 3 | Not Yet |
| <u> </u> | 4 | Don't Know |
| ACC Description halv halv hald the hattle with half hands of | | |
| A28. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with | 1 | Yes |
| her free hand? | 2 | Sometimes |
| CHASAS4 | 3 | Not Yet |
| | 4 | Don't Know |
| A29. Before you smile or talk to him, does your baby smile | | |
| when he sees you nearby? | 1 () | Yes |
| | 2 () | Sometimes |
| CHASAS5 | 3 | Not Yet |
| | 4 | Don't Know |
| A30. When in front of a large mirror, does your baby smile or | 1 (| Vac |
| coo at herself? | 2 | Yes |
| CHASAS. | 3 (| Sometimes |
| CHASAS6 | | Not Yet |
| | 4 | Don't Know |
| A31. Have you done the activities with the child requested in some of the questions? | 1 (| Yes |
| | 2 | No |
| CHASAS7 STOP Thank you for answering these questions. | | |

Section B

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|--|-----|------------|
| B1. | Does your baby make high-pitched squeals? | 1 | Yes |
| | CHASBC1 | 2 | Sometimes |
| | CHASECI | 3 | Not Yet |
| | | 4 | Don't Know |
| B2. | When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASBC2 | 3 | Not Yet |
| | | 4 | Don't Know |
| B3. | If you call your baby when you are out of sight, does she look in the direction of your voice? | 1 (| Yes |
| | • | 2 | Sometimes |
| | CHASBC3 | 3 | Not Yet |
| | | 4 | Don't Know |
| B4. | When a loud noise occurs, does your baby turn to see where the sound came from? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASBC4 | 3 | Not Yet |
| | | 4 | Don't Know |
| B5. | Does your baby make sounds like "da", "ga", "ka", and "ba"? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASBC5 | 3 | Not Yet |
| | | 4 | Don't Know |
| B6. | Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASBC6 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |

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| Section B | | |
|---|------------------------------|----------------------------------|
| B7. Does your baby make two similar sounds like "ba-ba", "da-da", or "ga-ga"? He may say these sounds without referring to any particular object or person. | 1 \(\) 2 \(\) 3 \(\) | Yes Sometimes Not Yet |
| CHASBC7 | 4 | Don't Know |
| B8. If you copy the sounds your baby makes, does your baby repeat the sounds back to you? CHASBC8 | 1 () 2 () 3 () | Yes Sometimes Not Yet |
| | 4 () | Don't Know |
| Gross Motor | | |
| B9. While on his back, does your baby lift his legs high enough to see his feet? CHASBG1 | 1 | Yes Sometimes |
| | 4 | Not Yet Don't Know |
| B10. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor? CHASBG2 | 1 | Yes Sometimes Not Yet Don't Know |
| B11. Does your baby roll from his back to his tummy, getting both arms out from under him? CHASBG3 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B12. When you put her on the floor, does your baby lean on her hands while sitting? If she already sits up straight without leaning on her hands, check "yes" for this item. | 1 () 2 () 3 () | Yes Sometimes Not Yet |
| CHASBG4 | 4 () | Don't Know |
| B13. If you hold both hands just to balance him, does your baby support his own weight while standing? CHASBG5 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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| Section B | | |
|--|------------------------------|---|
| B14. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support? CHASBG6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B15. When you stand him next to furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support? CHASBG7 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B16. Does your baby get into a crawling position by getting up on her hands and knees? CHASBG8 | 1 | Yes Sometimes Not Yet Don't Know |
| Fine Motor B17. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute? CHASBF1 | 1 | Yes Sometimes Not Yet Don't Know |
| B18. Does your baby reach for or grasp a toy using both hands at once? CHASBF2 | 1 | Yes Sometimes Not Yet Don't Know |
| B19. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? If he already picks up a small object the size of a pea, check "yes". CHASBF3 | 1 | Yes Sometimes Not Yet Don't Know |
| B20. Does your baby pick up a small toy, holding it in the center of her hands with her fingers around it? CHASBF4 | 1 | Yes Sometimes Not Yet Don't Know |

| Section B | | |
|--|--------------------------|----------------------------------|
| B21. Does your baby <i>try</i> to pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion, even if he isn't able to pick up? If he already picks up the crumb or Cheerio, check "yes". | 1 0 | Yes Sometimes Not Yet |
| CHASBF5 | 4 () | Don't Know |
| B22. Does your baby usually pick up a small toy with only one hand? CHASBF6 | 1 O 2 O 3 O 4 O | Yes Sometimes Not Yet Don't Know |
| B23. Does your baby <i>successfully</i> pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? | 1 (| Yes |
| If he already picks up a crumb or Cheerio, check "yes" | 3 0 | Sometimes Not Yet Don't Know |
| B24. Does your baby pick up a small toy with the <i>tips</i> of her thumb and fingers? | 1 0 | Yes Sometimes |
| You should see a space between the toy and her palm. CHASBF8 | 3 (| Not Yet Don't Know |
| Problem Solving | | |
| B25. When a toy is in front of her, does your baby reach for it with both hands? | 1 () | Yes Sometimes |
| CHASBP1 | 3 (| Not Yet Don't Know |
| B26. When he is on his back, does your baby turn his head to look for a toy when he drops it? | 1 (| Yes |
| If he already picks it up, check "yes" for this item. | 2 () | Sometimes |
| CHASBP2 | 4 | Not Yet Don't Know |
| B27. When she is on her back, does your baby try to get a toy she has dropped if she can see it? | 1 () | Yes Sometimes |
| CHASBP3 | 3 | Not Yet |
| | 4 | Don't Know |

Page 10

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| Section B | | |
|---|---------------------------------|---|
| B28. Does your baby often pick up toys and put them in his mouth? CHASBP4 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B29. Does your baby pass a toy back and forth from one hand to the other? CHASBP5 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B30. Does your baby play by banging a toy up and down on the floor or table? CHASBP6 | 1 | Yes Sometimes Not Yet Don't Know |
| B31. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? CHASBP7 | 1 | Yes Sometimes Not Yet Don't Know |
| B32. When holding a toy in his hand, does your baby bang it against another toy on the table? CHASBP8 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| Personal - Social B33. When in front of a large mirror, does your baby smile or coo at herself? CHASBS1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| B34. Does your baby act differently toward strangers than he does with you and other familiar people? Reactions to strangers may include staring, frowning, withdrawing, or crying. CHASBS2 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet JDon't Know |

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| | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
|-----------------------------|---------------------------------|---|
| | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| B | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| | 1 | Yes Sometimes Not Yet Don't Know |
| | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| | 1 | Yes Sometimes Not Yet Don't Know |
| u for answering estions. | 1 () 2 () | Yes No |
| | u for answering estions. | 2 0 3 0 4 0 2 0 3 0 4 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 0 1 0 2 0 3 0 4 0 1 0 2 0 1 0 0 2 0 1 0 0 0 0 0 0 0 0 0 |

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Section C

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|--|-----|------------|
| C1. | If you call to your baby when you are out of sight, does he look in the direction of your voice? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASCC1 | 3 | Not Yet |
| | | 4 | Don't Know |
| C2. | When a loud noise occurs, does your baby turn to see where the sound came from? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASCC2 | 3 | Not Yet |
| | | 4 | Don't Know |
| C3. | If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? | 1 (| Yes |
| | • | 2 | Sometimes |
| | CHASCC3 | 3 | Not Yet |
| | | 4 | Don't Know |
| C4. | Does your baby make sounds like "da", "ga", "ka", and "ba" | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASCC4 | 3 | Not Yet |
| | | 4 | Don't Know |
| C5. | Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASCC5 | 3 | Not Yet |
| | | 4 | Don't Know |
| C6. | Does your baby make two similar sounds like "ba-ba", "da-da", or "ga-ga"? | 1 (| Yes |
| | He may say these sounds without referring to any particular | 2 | Sometimes |
| | object or person. | 3 | Not Yet |
| | CHASCC6 | 4 | Don't Know |

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| Se | ction C | | |
|-----|--|------|------------|
| C7. | If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself? | 1 (| Yes |
| | For example, "bye-bye", "Peekaboo", "clap your hands", "So | 2 | Sometimes |
| | Big". | 3 | Not Yet |
| | CHASCC7 | 4 | Don't Know |
| C8. | Does your baby follow one simple command, such as "Come here", "Give it to me", or "Put it back", without your using | 1 (| Yes |
| | gestures? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASCC8 | 4 | Don't Know |
| | | | |
| C9. | Does your baby say one word in addition to "Mama" and "Dada"? | 1 | Yes |
| | A "word" is a sound or sounds the baby says consistently to | 2 | Sometimes |
| | mean someone or something, such as "baba" for bottle. | 3 | Not Yet |
| | CHASCC9 | 4 | Don't Know |
| C10 | . When you ask, "Where is the ball (hat, shoe, etc.?)" does | | |
| | your baby look at the object? | 1 () | Yes |
| | Make sure the object is present. Check "yes" if he knows one | 2 () | Sometimes |
| | object. | 3 () | Not Yet |
| | CHASCC10 | 4 | Don't Know |
| C11 | . When your baby wants something, does she tell you by pointing to it? | 1 () | Yes |
| | pointing to it: | 2 | Sometimes |
| | CHASCC11 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |
| C12 | . Does your baby shake his head when he means "no" or "yes"? | 1 | Yes |
| | | 2 | Sometimes |
| | CHASCC12 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |
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| Section C | | |
|--|---------------------------------|----------------------------------|
| Gross Motor | | |
| C13. When you put her on the floor, does your baby lean on her hands while sitting? | 1 () | Yes Sometimes |
| If she already sits up straight without leaning on her hands, check "yes" CHASCG1 | 3 (| Not Yet Don't Know |
| C14. Does your baby roll from his back to his tummy, getting both arms out from under him? CHASCG2 | 1 | Yes Sometimes Not Yet Don't Know |
| C15. Does your baby get into a crawling position by getting up on her hands and knees? CHASCG3 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C16. If you hold both hands just to balance him, does your baby support his own weight while standing? CHASCG4 | 1 | Yes Sometimes Not Yet Don't Know |
| C17. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support? CHASCG5 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C18. When you stand him next to furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support? CHASCG6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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| Section C | | |
|---|---------------------------------|---|
| C19. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? CHASCG7 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| C20. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? CHASCG8 | 1 | Yes Sometimes Not Yet Don't Know |
| C21. Does your baby walk along furniture while holding on with only one hand? CHASCG9 | 1 | Yes Sometimes Not Yet Don't Know |
| C22. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? If your baby already walks alone, check "yes". CHASCG10 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C23. When you hold one hand just to balance her, does your baby take several steps forward? If your baby already walks alone, check "yes". CHASCG11 | 1 | Yes Sometimes Not Yet Don't Know |
| C24. Does your baby stand up in the middle of the floor by himself and take several steps forward? CHASCG12 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |

Page 16

| Section C | | |
|---|---------------------------------|---|
| Fine Motor | | |
| C25. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? If she already picks up a small object, check "yes". CHASCF1 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C26. Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it? CHASCF2 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C27. Does your baby try to pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion, even if she isn't able to pick it up? If she already picks up a crumb or Cheerio, check "yes". CHASCF3 | 1 | Yes Sometimes Not Yet Don't Know |
| C28. Does your baby pick up small toys with only one hand? CHASCF4 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C29. Does your baby successfully pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? If he already picks up a crumb or Cheerio, check "yes". CHASCF5 | 1 | Yes Sometimes Not Yet Don't Know |
| C30. Does your baby pick up a small toy with the tips of her thumb and fingers? You should see a space between the toy and her palm. CHASCF6 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| C31. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? The string may be attached to a toy. CHASCF7 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |

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| Section C | | |
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| C32. Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? | 1 (| Yes |
| He may rest his arm or hand on the table while doing it. | 2 (| Sometimes |
| CHASCF8 | 3 (| ○ Not Yet ○ Don't Know |
| | | |
| C33. Does your baby put a small toy down, without dropping it, and then take her hand off the toy? | 1 (| Yes |
| | 2 (| Sometimes |
| CHASCF9 | 3 (| Not Yet |
| | 4 (| Don't Know |
| C34. Without resting his arm or hand on the table, does your baby pick up a crumb or Cheerio with the tip of his | 1 (| Yes |
| thumb and a finger? | 2 (| Sometimes |
| CHASCF10 | 3 (| O Not Yet |
| | 4 (| Oon't Know |
| C35. Does your baby throw a small ball with a forward arm motion? | 1 (| Yes |
| | 2 (| Sometimes |
| If he simply drops the ball, check "not yet". | 3 (| Not Yet |
| CHASCF11 | 4 (| Oon't Know |
| C36. Does your baby help turn the pages of a book? | 1 (| Yes |
| You may lift a page for her to grasp. | 2 (| Sometimes |
| | 3 (| Not Yet |
| CHASCF12 | 4 (| On't Know |
| Problem Solving | | |
| C37. Does your baby pick up a toy and put it in his mouth? | 1 (| Yes |
| | 2 | Sometimes |
| CHASCP1 | 3 (| Not Yet |
| * | 4 (| Oon't Know |
| C38. When she is on her back, does your baby try to get a toy | 1 (| Yes |
| she has dropped if she can see it? | 2 (| Sometimes |
| CHASCP2 | 3 (| Not Yet |
| | 4 (| Oon't Know |

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| Section C | | | |
|---|----------------|------|------------------|
| C39. Does your baby play by banging a toy up and down on the floor or table? | | 1 () | Yes Sometimes |
| CHASCP3 | | 3 | Not Yet |
| | ₩ Min. | 4 | Don't Know |
| | | | |
| C40. Does your baby pass a toy back and forth from one hand to the other? | | 1 🔵 | Yes |
| | | 2 | Sometimes |
| CHASCP4 | | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |
| C41. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? | | 1 | Yes |
| | Can the second | 2 | Sometimes |
| CHASCP5 | | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |
| C42. When holding a toy in his hand, does your baby bang it against another toy on the table? | | 1 | Yes |
| | | 2 | Sometimes |
| CHASCP6 | | 3 | Not Yet |
| | | 4 | Don't Know |
| C42 While heldings ampliforing each hand deep countries. | | | |
| C43. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")? | | 1 () | Yes |
| | | 2 | Sometimes |
| CHASCP7 | | 3 | Not Yet |
| | | 4 | Don't Know |
| C44. Does your baby poke at or try to get a crumb or Cheerio that | | | |
| is inside a clear bottle (such as a plastic soda-pop bottle or | | 1 () | Yes |
| baby bottle)? | | 2 (| Sometimes |
| CHASCP8 | | 3 | Not Yet |
| | | 4 | Don't Know |
| C45. After he watches you hide a small toy under a piece of paper | | 1 (| |
| or cloth, does your baby find it? | | 1 () | Yes |
| Be sure the toy is completely hidden. | | 2 () | Sometimes |
| | | 3 () | Not Yet |
| CHASCP9 | | 4 | Don't Know |
| | | | |
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| Section C | | | |
|---|---------|------|------------------|
| C46. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? | | 1 | Yes Sometimes |
| If she already lets go of the toy into a bowl or box, check | | 3 | Not Yet |
| "yes". CHASCP10 | | 4 | Don't Know |
| C47. Does your baby drop two small toys, one after the other, into a container like a bowl or box? | الأذ | 1 () | Yes |
| You may show him how to do it. | | 3 (| Sometimes |
| CHASCP11 | | | Not Yet |
| | | 4 () | Don't Know |
| C48. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by | | 1 | Yes |
| scribbling? | | 2 | Sometimes |
| If she already scribbles on her own, check "yes". | | 3 | Not Yet |
| CHASCP12 | | 4 | Don't Know |
| Personal - Social | | | |
| C49. While lying on her back, does your baby play by grabbing | | | |
| her foot? | SO | 1 () | Yes |
| au a coca | | 2 (| Sometimes |
| CHASCS1 | | 3 () | Not Yet |
| | | 4 () | Don't Know |
| C50. When in front of a large mirror, does your baby reach out to pat the mirror? | | 1 | Yes |
| put the him et : | | 2 | Sometimes |
| CHASCS2 | my my i | 3 | Not Yet |
| | | 4 | Don't Know |
| C51. Does your baby try to get a toy that is out of reach? | | 1 (| |
| He may roll, pivot on his tummy, or crawl to get it. | | 2 (| Yes Sometimes |
| | | 3 (| Not Yet |
| CHASCS3 | | 4 | Don't Know |
| | | | DOIL KIIUW |
| C52. While on her back, does your baby put her foot in her mouth? | | 1 🔵 | Yes |
| | -CAR | 2 | Sometimes |
| CHASCS4 | No. | 3 | Not Yet |
| | | 4 | Don't Know |

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| Section C | | |
|--|------|------------|
| C53. Does your baby drink water, juice, or formula from a cup | | |
| while you hold it? | 1 () | Yes |
| CHASCS5 | 2 (| Sometimes |
| | 3 () | Not Yet |
| | 4 | Don't Know |
| C54. Does your baby feed himself a cracker or a cookie? | 1 () | Yes |
| | 2 | Sometimes |
| CHASCS6 | 3 (| Not Yet |
| | 4 | |
| | * 🔾 | Don't Know |
| C55. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? | 1 (| Yes |
| | 2 | Sometimes |
| If she already lets go of the toy into your hand, check "yes". | 3 | Not Yet |
| CHASCS7 | 4 | Don't Know |
| | | Don't Know |
| C56. When you dress him, does your baby push his arm through a sleeve once his arm is started in the hole of the | 1 | Yes |
| sleeve? | 2 | Sometimes |
| CHASCS8 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| C57. When you hold out your hand and ask for her toy, does your baby let go of it into your hand? | 1 | Yes |
| | 2 | Sometimes |
| CHASCS9 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| C58. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg? | 1 | Yes |
| | 2 | Sometimes |
| CHASCS10 | 3 | Not Yet |
| | 4 | Don't Know |
| CEO Dece years below rell on through hell beat to you as that | | |
| C59. Does your baby roll or throw a ball back to you so that you can return it to him? | 1 | Yes |
| | 2 | Sometimes |
| CHASCS11 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
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| Section C | | |
|--|-----|------------|
| C60. Does your baby play with a doll or stuffed animal by hugging it? | 1 (| Yes |
| | 2 | Sometimes |
| CHASCS12 | 3 | Not Yet |
| | 4 | Don't Know |
| C61. Have you done the activities with the child requested in some of the questions? | 1 (| Yes |
| come of the quotiene. | 2 | No |
| CHASCS13 STOP Thank you for answering these questions. | | |
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Section D

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|---|---------------------------------|---|
| D1. | If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself? For example, "bye-bye", "Peekaboo", "clap your hands", "So Big". CHASDC1 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| D2. | Does your baby follow one simple command, such as "Come here", "Give it to me", or "Put it back", without your using gestures? CHASDC2 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| D3. | Does your baby say one word in addition to "Mama" and "Dada"? A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle. CHASDC3 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| D4. | When you ask, "Where is the ball (hat, shoe, etc.?)" does your baby look at the object? Make sure the object is present. Check "yes" if he knows one object. CHASDC4 | 1 | Yes Sometimes Not Yet Don't Know |
| | When your baby wants something, does she tell you by pointing to it? CHASDC5 | 1 | Yes Sometimes Not Yet Don't Know |
| D6. | Does your baby shake his head when he means "no" or "yes"? CHASDC6 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |

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| 5 e | ction D | | |
|------------|--|------|------------|
| D7. | Does your baby say four or more words in addition to | 4 | |
| | "Mama" and "Dada"? | 1 () | Yes |
| | A "word" is a sound or sounds the baby says consistently to | 2 () | Sometimes |
| | mean someone or something, such as "baba" for bottle. | 3 () | Not Yet |
| | CHASDC7 | 4 | Don't Know |
| D8. | | 1 () | Yes |
| | book? | 2 | Sometimes |
| | CHASDC8 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | Dontrillow |
| D9. | When you ask her to, does your child go into another room to find a familiar toy or object? | 1 | Yes |
| | You might ask, "Where is your ball?" or say, | 2 | Sometimes |
| | "Bring me your coat" or "Go get your blanket." | 3 | Not Yet |
| | CHASDC9 | 4 | Don't Know |
| D10 | . Does your child say eight or more words in addition to | 1 (| |
| | "Mama" and "Dada"? | 1 () | Yes |
| | CHASDC10 | | Sometimes |
| | | 3 () | Not Yet |
| | | 4 | Don't Know |
| D11 | . Does your child imitate a two-word sentence? | 1 () | Yes |
| | CHASDC11 For example, when you say a two-word phrase, such as "Mama | 2 | Sometimes |
| | For example, when you say a two-word phrase, such as "Mama eat", "Daddy play", "Go home" or "What's this?" does your child | 3 () | Not Yet |
| | say both words back to you?Check "yes" even if her words are difficult to understand. | 4 | Don't Know |
| | · | | DOTT MIOW |
| D12 | . Without showing him first, does your child point to the correct picture when you say, "Show me the kitty" or ask, | 1 🔵 | Yes |
| | "Where is the dog?" | 2 | Sometimes |
| | He needs to identify only one picture correctly. | 3 | Not Yet |
| | CHASDC12 | 4 | Don't Know |
| D13 | . Does your child say two or three words that represent | 1 (| |
| | different ideas together, such as "See dog", "Mommy come home" or "Kitty gone"? | | Yes |
| | | 2 () | Sometimes |
| | Don't count word combinations that express one idea, such as "Bye-bye", "All gone", "All right", and "What's that?" | 3 () | Not Yet |
| | CHASDC13 | 4 | Don't Know |
| | | | |

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| Section D | | |
|--|--------------|------------------|
| Gross Motor | | |
| D14. While holding onto furniture, does your baby bend down | 1 () | Yes |
| and pick up a toy from the floor and then return to a standing position? | 2 | Sometimes |
| | 3 | Not Yet |
| CHASDG1 | 4 | Don't Know |
| DAT While helding out from it was done your help along the small | | |
| D15. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? | 1 _ | Yes |
| | 2 | Sometimes |
| CHASDG2 | 3 | Not Yet |
| | 4 | Don't Know |
| D16. Does your baby walk along furniture while holding on with | 1 () | Yes |
| only one hand? | 2 | Sometimes |
| CHASDG3 | 3 | Not Yet |
| | 4 | Don't Know |
| D47. If you hold both bonds just to belongs him does your | | |
| D17. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? | 1 (| Yes |
| If your baby already walks alone, check "yes". | 2 () | Sometimes |
| CUASPOA | 3 | Not Yet |
| CHASDG4 | 4 | Don't Know |
| D18. When you hold one hand just to balance her, does your baby take several steps forward? | 1 (| Yes |
| If your baby already walks alone, check "yes". | 2 | Sometimes |
| | 3 | Not Yet |
| CHASDG5 | 4 | Don't Know |
| D19. Does your baby stand up in the middle of the floor by | 1 () | - Van |
| himself and take several steps forward? | 2 (| Yes Sometimes |
| CHASDG6 | 3 (| Not Yet |
| | 4 (| |
| | ₹ () | Don't Know |
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| Section D | | |
|---|------|------------|
| D20. Does your baby climb onto furniture? | | |
| Dec your basy onnis onto farmere. | 1 | Yes |
| CHASDG7 | 2 | Sometimes |
| CHASDG/ | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| D21. Does your child bend over or squat to pick up an object from the floor and then stand up again without | 1 (| Yes |
| any support? | 2 | Sometimes |
| | 3 | Not Yet |
| CHASDG8 | 4 | Don't Know |
| | | DOITE KNOW |
| D22. Does you child move around by walking, rather than by | 1 () | Yes |
| crawling on his hands and knees? | 2 | Sometimes |
| CHASDG9 | 3 () | Not Yet |
| | 4 | Don't Know |
| | | Don't Know |
| D23. Does your child walk well and seldom fall? | 1 () | Yes |
| | 2 (| Sometimes |
| CHASDG10 | 3 | Not Yet |
| | 4 | Don't Know |
| | | Don't Know |
| D24. Does your child climb on an object such as a chair to reach | 1 () | Yes |
| something he wants? | 2 (| Sometimes |
| CHASDG11 | 3 (| |
| CHASDOTT | | Not Yet |
| | 4 | Don't Know |
| D25. Does your child turn the pages of a book by himself? | | |
| He may turn more than one page at a time. | 1 () | Yes |
| The may turn more than one page at a time. | 2 (| Sometimes |
| | 3 | Not Yet |
| CHASDG12 | 4 | Don't Know |
| DOC Deep years shild wells down steins if you hald suite and a result | | |
| D26. Does your child walk down stairs if you hold onto one of her hands? | 1 | Yes |
| You can look for this at a store, on a playground, or at home. | 2 | Sometimes |
| . 22 32 130 x 13. ax a store, 3 a p.aygrouna, 3. at nome. | 3 | Not Yet |
| CHASDG13 | 4 | Don't Know |
| | | |
| | | |

| Section D | | |
|--|------------------------------|----------------------------------|
| D27. When you show him how to kick a large ball, does your child try to kick the ball by moving his leg forward or by walking into it? If your child already kicks a ball, check "yes". CHASDG14 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| Fine Motor | | |
| D28. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? The string may be attached to a toy. CHASDF1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| D29. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it. CHASDF2 | 1 | Yes Sometimes Not Yet Don't Know |
| D30. Does your baby put a small toy down, without dropping it, and then take her hand off the toy? CHASDF3 | 1 | Yes Sometimes Not Yet Don't Know |
| D31. Without resting his arm or hand on the table, does your baby pick up a crumb or Cheerio with the tip of his thumb and a finger? CHASDF4 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| D32. Does your baby throw a small ball with a forward arm motion? If he simply drops the ball, check "not yet". CHASDF5 | 1 | Yes Sometimes Not Yet Don't Know |
| D33. Does your baby help turn the pages of a book? You may lift a page for her to grasp. CHASDF6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

| Section D | | |
|---|------|------------|
| D34. While holding a small toy in each hand, does | 1 (| ., |
| your baby clap the toys together (like"Pat-a-cake")? | 2 (| Yes |
| | | Sometimes |
| CHASDF7 | 3 () | Not Yet |
| | 4 | Don't Know |
| D35. Does your child stack: a small block or toy on top of another one? | 1 () | Yes |
| another one: | 2 | Sometimes |
| CHASDF8 | 3 | Not Yet |
| <u></u> | 4 | Don't Know |
| D2C Deep years shill stocks three arrell blocks on ton | | _ |
| D36. Does your child stack: three small blocks or toys on top of each other by herself? | 1 | Yes |
| You could use spools of threads, small boxes, or toys that are | 2 | Sometimes |
| about 1 inch (2.5 cm) in size. | 3 | Not Yet |
| CHASDF9 | 4 | Don't Know |
| D37. Does your child make a mark on the paper with the <i>tip</i> of | 1 () | Yes |
| a crayon (or pencil or pen) when trying to draw? | 2 () | Sometimes |
| CHASDF10 | 3 () | Not Yet |
| | 4 () | Don't Know |
| | | |
| D38. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? | 1 | Yes |
| | 2 | Sometimes |
| CHASDF11 | 3 | Not Yet |
| | 4 | Don't Know |
| Problem Solving | | |
| D39. Does your baby poke at or try to get a crumb or Cheerio | 1 (| V |
| that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)? | 2 | Yes |
| Source of Baby Bottley: | | Sometimes |
| CHASDP1 | 3 () | Not Yet |
| | 4 | Don't Know |
| D40. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? | 1 (| Yes |
| | 2 | Sometimes |
| Be sure the toy is completely hidden. | 3 🔘 | Not Yet |
| CHASDP2 | 4 | Don't Know |

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| Section D | | |
|--|------------------------------|---|
| D41. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? | 1 () | Yes Sometimes |
| If she already lets go of the toy into a bowl or box, check "yes". | 3 | Not Yet |
| CHASDP3 | 4 | Don't Know |
| D42. Does your baby drop two small toys, one after the other, into a container like a bowl or box? | 1 (| Yes |
| You may show him how to do it. | 3 () | Sometimes Not Yet |
| CHASDP4 | 4 () | Don't Know |
| D43. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? | 1 () | Yes Sometimes |
| If she already scribbles on her own, check "yes". | 3 🔾 | Not Yet |
| CHASDP5 | 4 (| Don't Know |
| D44. Does your baby drop several (six or more) small toys into a container, such as bowl or box? | 1 0 | Yes Sometimes |
| You may show him how to do it. | | |
| CHASDP6 | 3 () | Not Yet Don't Know |
| D45. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)? | 1 () 2 () | Yes Sometimes |
| CHASDP7 | 3 (| Not Yet |
| CHASDY/ | 4 (| Don't Know |
| D46. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? CHASDP8 | 1 O 2 O 3 O 4 O | Yes Sometimes Not Yet Don't Know |
| D47. Without first showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)? CHASDP9 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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| D48. After a crumb or Cheerio is dropped into a bottle, does your child turn the bottle upside down to dump it out? | 1 () | Yes Sometimes |
|--|------------------------------|---|
| You may show him how. | 3 () | Not Yet |
| CHASDP10 | 4 | Don't Know |
| D49. After he watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? Scribbling back and forth does not count as "yes". | 1 | Yes Sometimes Not Yet Don't Know |
| CHASDP11 | | |
| D50. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to | 1 | Yes |
| dump out the crumb or Cheerio? | 2 | Sometimes |
| Do not show her how. | 3 | Not Yet |
| CHASDP12 | 4 | Don't Know |
| Personal - Social | | |
| D51. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? | 1 | Yes |
| If he already lets go of the toy into your hand, check "yes". | 2 | Sometimes |
| | 3 | Not Yet |
| | | |
| CHASDS1 | 4 | Don't Know |
| CHASDS1 | 4 (| Don't Know |
| D52. When you dress her, does your baby push her arm | 1 () | Don't Know Yes |
| | | |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? | 1 () | Yes |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the | 1 0 | Yes Sometimes |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? | 1 () 2 () 3 () | Yes Sometimes Not Yet |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? CHASDS2 D53. When you hold out your hand and ask for his toy, does | 1 () 2 () 3 () | Yes Sometimes Not Yet |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? CHASDS2 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? CHASDS2 D53. When you hold out your hand and ask for his toy, does your baby let go of it into your hand? | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? CHASDS2 D53. When you hold out your hand and ask for his toy, does | 1 | Yes Sometimes Not Yet Don't Know Yes Sometimes |
| D52. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? CHASDS2 D53. When you hold out your hand and ask for his toy, does your baby let go of it into your hand? | 1 | Yes Sometimes Not Yet Don't Know Yes Sometimes Not Yet |

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| Section D | | |
|--|------|------------|
| D54. When you dress her, does your baby lift her foot for her | | |
| shoe, sock, or pant leg? | 1 () | Yes |
| | 2 | Sometimes |
| CHASDS4 | 3 | Not Yet |
| | 4 | Don't Know |
| D55. Does your baby roll or throw a ball back to you so that | 1 (| |
| you can return it to him? | 2 (| Yes |
| | | Sometimes |
| CHASDS5 | 3 () | Not Yet |
| | 4 | Don't Know |
| D56. Does your baby play with a doll or stuffed animal by hugging it? | 1 () | Yes |
| nugging it: | 2 | Sometimes |
| CHASDS6 | 3 () | Not Yet |
| | 4 | Don't Know |
| | | Don't Know |
| D57. Does your child feed herself with a spoon, even though she may spill some food? | 1 | Yes |
| may opin come room | 2 | Sometimes |
| CHASDS7 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| clothes like socks, hat, shoes, or mittens? | 1 () | Yes |
| | 2 | Sometimes |
| CHASDS8 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| D59. Does your child get your attention or try to show you something by pulling on your hand or clothes? | 1 | Yes |
| | 2 | Sometimes |
| CHASDS9 | 3 | Not Yet |
| | 4 | Don't Know |
| | 1 (| |
| a toy to his own image? | 1 () | Yes |
| | 2 (| Sometimes |
| CHASDS10 | 3 () | Not Yet |
| | 4 | Don't Know |
| | | |

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| Section D | | |
|---|------|------------|
| D61. Does your child come to you when she needs help, such as with winding up a toy? | 1 | Yes |
| as with winding up a toy? | 2 | Sometimes |
| CHASDS11 | 3 | Not Yet |
| | 4 | Don't Know |
| D62. Does your child drink from a cup or glass, putting it down | 1 (| Yes |
| again with little spilling? | 2 () | Sometimes |
| CHASDS12 | 3 | Not Yet |
| | 4 | |
| | 7 0 | Don't Know |
| D63. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? | 1 (| Yes |
| ap a opin, oncep, onare, or comb han: | 2 | Sometimes |
| CHASDS13 | 3 | Not Yet |
| | 4 | Don't Know |
| DCA Have you done the activities with the child requested in | | |
| D64. Have you done the activities with the child requested in some of the questions? | 1 (| Yes |
| | 2 | No |
| CHASDS14 | | |
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| Thank you for answering | | |
| STOP these questions. | | |
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Section E

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|------------|--|------|------------|
| E1. | When your child wants something, does she tell you by pointing to it? | 1 | Yes |
| | | 2 | Sometimes |
| | CHASEC1 | 3 | Not Yet |
| | | 4 | Don't Know |
| E2. | When you ask him to, does your child go into another room to find a familiar toy or object? | 1 (| Yes |
| | You might ask: "Where is your ball?" or say, "Bring me your coat" or | 2 | Sometimes |
| | "Go get your blanket". | 3 | Not Yet |
| | CHASEC2 | 4 | Don't Know |
| E3. | Does your child imitate a two-word sentence? | 1 () | Yes |
| | For example, when you say a two-word phrase, such as "Mama eat", "Daddy play", "Go home" or "What's this?" does your child | 2 | Sometimes |
| | say both words back to you? | 3 (| Not Yet |
| | Check "yes" even if her words are difficult to understand. | 4 | Don't Know |
| | CHASEC3 | | DOIT KNOW |
| E4. | Does your child say eight or more words in addition to "Mama" and "Dada"? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASEC4 | 3 | Not Yet |
| | | 4 | Don't Know |
| E5. | Without showing him first, does your child point to the correct picture when you say, "Show me the kitty" or ask, | 1 (| Yes |
| | "Where is the dog?" | 2 | Sometimes |
| | He needs to identify only one picture correctly. | 3 | Not Yet |
| | CHASEC5 | 4 | Don't Know |
| E6. | Does your child say two or three words that represent different ideas together, such as "See dog", "Mommy come home" or | 1 (| Yes |
| | "Kitty gone"? | 2 | Sometimes |
| | Don't count word combinations that express one idea, such as | 3 | Not Yet |
| | "Bye-bye", "All gone", "All right", and "What's that?" CHASEC6 | 4 | Don't Know |
| | | | |

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| Se | CTIO | n E | | | |
|------|-------------|---|---|------------------------------|----------------------------------|
| E7. | ask | ou point to a picture of a ball (ki your child, "What is this?" doe ne at least one picture? | itty, cup, hat, etc.) and s your child correctly | 1 () | Yes Sometimes |
| | | CHASEC7 | | 3 () | Not Yet |
| | | 0.11.to_0. | | 4 | Don't Know |
| | | | | | Don't Know |
| E8. | you | nout giving him clues by pointing child carry out at least three continues? | | 1 () | Yes |
| | a. | "Put the toy on the table." | d. "Find your coat." | | Sometimes |
| | b. | "Close the door." | e. "Take my hand." | 3 () | Not Yet |
| | C. | "Bring me a towel." | f. "Get your book." | 4 | Don't Know |
| E9. | and | en you ask her to point to her notes of orth, does your child corre en body parts? She can point to chasecy | ctly point to at least | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| E10. | Doe "I", | s your child correctly use at lea "mine", and "you"? CHASEC10 | ast two words like "me", | 1 | Yes Sometimes Not Yet Don't Know |
| Gro | ss N | Motor | | | |
| E11. | | s your child bend over or squa floor and then stand up again v CHASEG1 | | 1 | Yes Sometimes Not Yet Don't Know |
| E12. | | s your child move around by w vling on her hands and knees? CHASEG2 | | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
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| Section E | | | |
|---|------------|------|------------|
| E13. Does your child walk well and seldom fall? | | 1 | |
| | | 1 () | Yes |
| CHASEG3 | | 2 () | Sometimes |
| | | 3 () | Not Yet |
| | | 4 | Don't Know |
| E14. Does your child climb on an object such as a chair to reach | | 1 () | Yes |
| something he wants? | | 2 | Sometimes |
| CHASEG4 | | 3 () | Not Yet |
| | | 4 | Don't Know |
| | | | Don't Know |
| E15. Does your child walk down stairs if you hold onto one of her hands? | | 1 | Yes |
| | | 2 | Sometimes |
| You can look for this at a store, on a playground, or at home. | | 3 | Not Yet |
| CHASEG5 | | 4 | Don't Know |
| | | | |
| E16. When you show him how to kick a large ball, does your child try to kick the ball by moving his leg forward or by | | 1 | Yes |
| walking into it? | | 2 | Sometimes |
| If your child already kicks a ball, check "yes". | | 3 | Not Yet |
| CHASEG6 | 392 | 4 | Don't Know |
| | | | |
| E17. Does your child throw a small ball with a forward arm motion? | DEN) | 1 | Yes |
| If he simply drops the ball, check "not yet". | | 2 | Sometimes |
| in the simply drops the ball, check not yet. | | 3 | Not Yet |
| CHASEG7 | | 4 | Don't Know |
| | | | |
| E18. Does your child walk either up or down at least two steps by himself? | | 1 | Yes |
| Check "yes" even if he holds onto the wall or railing | | 2 | Sometimes |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3 | Not Yet |
| CHASEG8 | | 4 | Don't Know |
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| 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
|---------------------------------|---|
| 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| 1 () 2 () 3 () | Yes Sometimes Not Yet Don't Know |
| | 2 |

| Section E | | | |
|---|--------|------|-------------|
| E25. Does your child turn the pages of a book by himself? | | 1 | |
| He may turn more than one page at a time. | | 1 () | Yes |
| | | 3 | Sometimes |
| CHASEF4 | | 4 | Not Yet |
| | | . 0 | Don't Know |
| E26. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? | | 1 | Yes |
| up so that the root usually doesn't spin. | | 2 | Sometimes |
| CHASEF5 | | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | |
| E27. Does your child drop several (six or more) small toys into a container, such as a bowl or box? | | 1 | Yes |
| You may show him how to do it. | | 2 | Sometimes |
| | | 3 | Not Yet |
| CHASEF6 | | 4 | Don't Know |
| E28. After you have shown her how, does your child try to | | | |
| get a small toy that is slightly out of reach by using a | | 1 () | Yes |
| spoon, stick, or similar tool? | | 2 | Sometimes |
| CHASEF7 | | 3 | Not Yet |
| | | 4 | Don't Know |
| E29. Does your child stack: six small blocks or toys on top | | 1 (| |
| of each other by herself? | | 2 (| Yes |
| You can also use spools of thread, small boxes, or toys that are about 1 inch (2.5 cm) in size. | | | Sometimes |
| that are about 1 inch (2.5 cm) in size. | | 3 () | Not Yet |
| CHASEF8 | | 4 | Don't Know |
| E30. Does your child use a turning motion with her hand | | 1 () | Yes |
| while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | | 2 | Sometimes |
| | | 3 () | Not Yet |
| CHASEF9 | | 4 | Don't Know |
| | | | שליים אווטש |
| E31. Does your child thread a shoelace through either a bead or an eyelet of a shoe? | | 1 | Yes |
| | | 2 | Sometimes |
| CHASEF10 | &ccod, | 3 | Not Yet |
| | | 4 | Don't Know |
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| Section E | | |
|---|------------------------------|---|
| E32. Does your child stack <i>seven</i> small blocks or toys on top of each other by himself? | 1 () | Yes |
| You could also use spools of thread, small boxes, or toys that are about 1 inch (2.5 cm) in size. | 3 | Sometimes Not Yet |
| CHASEF11 | 4 | Don't Know |
| E33. Does your child flip light switches off and on? | 1 (| Yes |
| CHASEF12 | 2 | Sometimes |
| | 3 | Not Yet |
| | 4 | Don't Know |
| E34. Does your child put things away where they belong? | 1 (| Yes |
| For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? | 2 | Sometimes |
| | 3 | Not Yet |
| CHASEF13 | 4 | Don't Know |
| E35. Does your child pretend objects are something else? For example: CHASEF14 • Does your child hold a cup to her ear, pretending it is a telephone? • Does she put a box on her head, pretending it is a hat? • Does she use a block or small toy to stir food? | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| Problem Solving | | |
| E36. After a crumb or Cheerio is dropped into a bottle, does your child purposely turn the bottle over to dump it out? | 1 (| Yes |
| You may show him how to do this. | 2 (| Sometimes |
| You can use a plastic soda-pop bottle or baby bottle | 3 () | Not Yet |
| CHASEP1 | 4 () | Don't Know |
| E37. Without first showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)? CHASEP2 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
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| E38. After he watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? Scribbling back and forth does not count as "yes". Count as "not yet" CHASEP3 | 1 | Yes Sometimes Not Yet Don't Know |
|---|------------------------------|---|
| E39. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? Do not show her how. CHASEP4 | 1 | Yes Sometimes Not Yet Don't Know |
| E40. If you do any of the following gestures, does your child copy at least one of them? a. Open and close your mouth. b. Blink your eyes. c. Pull on your earlobe. d. Pat your cheek. | 1 | Yes Sometimes Not Yet Don't Know |
| E41. If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that he can use it properly? CHASEP6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| E42. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least <i>two</i> blocks side by side? You can also use spools of thread, small boxes, or other toys. CHASEP7 | 1 | Yes Sometimes Not Yet Don't Know |
| E43. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? CHASEP8 | 1 | Yes Sometimes Not Yet Don't Know |

| Section E | | |
|--|------------------------------|------------------------------|
| E44. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? You can also use spools of thread, small boxes, or other toys. CHASEP9 | 1 () 2 () 3 () 4 () | Sometimes Not Yet Don't Know |
| | | |
| Personal - Social | | |
| E45. While looking at himself in the mirror, does your child offer a toy to his own image? CHASES1 | 1 () 2 () 3 () | Yes Sometimes |
| | | Not Yet |
| | 4 | Don't Know |
| | | |
| E46. Does your child play with a doll or stuffed animal by hugging it? | 1 | Yes |
| | 2 | Sometimes |
| CHASES2 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| E47. Does your child get your attention or try to show you something by pulling on your hand or clothes? | 1 🔵 | Yes |
| | 2 | Sometimes |
| CHASES3 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| E48. Does your child come to you when she needs help, such as with winding up a toy? | 1 () | Yes |
| as with winding up a toy! | 2 | Sometimes |
| CHASES4 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| E49. Does your child drink from a cup or glass, putting it down | 1 (| Voc |
| again with little spilling? | 2 (| Yes Sometimes |
| CHASES5 | 3 (| Not Yet |
| | 4 (| |
| | | Don't Know |
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| Section E | | |
|--|------|------------|
| E50. Does your child copy the activities you do, such as wipe | | |
| up a spill, sweep, shave, or comb hair? | 1 () | Yes |
| | 2 | Sometimes |
| CHASES6 | 3 | Not Yet |
| | 4 | Don't Know |
| E51. Does your child feed himself with a spoon, even though | | |
| he may spill some food? | 1 () | Yes |
| CHACTET | 2 | Sometimes |
| CHASES7 | 3 | Not Yet |
| | 4 | Don't Know |
| E52. When playing with either a stuffed animal or doll, does | | |
| your child pretend to rock it, feed it, change its diapers, | 1 () | Yes |
| put it to bed, and so forth? | 2 | Sometimes |
| CHASES8 | 3 | Not Yet |
| | 4 | Don't Know |
| E53. Does your child eat with a fork? | 1 (| |
| | 2 (| Yes |
| CHASES9 | | Sometimes |
| | 3 () | Not Yet |
| | 4 | Don't Know |
| E54. Does your child push a little shopping cart, stroller, or | 1 () | Yes |
| wagon, steering it around objects and backing out of corners if he cannot turn? | 2 | Sometimes |
| OLIACECIO. | 3 | Not Yet |
| CHASES10 | 4 | Don't Know |
| | | DOIT KNOW |
| E55. Does your child call herself "I" or "me" more often than her own name? | 1 | Yes |
| | 2 | Sometimes |
| For example, "I do it" more often than "Juanita do it". | 3 | Not Yet |
| CHASES11 | 4 | Don't Know |
| FEC. However, done the patholics with the abilities | | |
| E56. Have you done the activities with the child requested in some of the questions? | 1 () | Yes |
| | 2 | No |
| CHASES12 Thank you for answering | | |
| STOP these questions. | | |
| | | |

Section F

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | nmunication | | | | |
|-----|--|--|---------------------------------|------------------------------|---|
| F1. | Without showing her forcerect picture when y "Where is the dog?" She needs to identify or CHASFC1 | ou say, "Show me the | kitty", or ask, | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| F2. | Does your child imitat | e a two-word sentence | 9? | 1 () | Yes |
| | | word phrase, such as "N "What's this?" does you | | 3 | Sometimes Not Yet |
| | Check "yes" even if h CHASFC2 | is words are difficult to u | understand. | 4 🔘 | Don't Know |
| F3. | without giving her clucan your child carry of directions? "Put the toy on the to b) "Close the door." c) "Bring me a towel." | ut at least <i>three</i> of the | | 1 | Yes Sometimes Not Yet Don't Know |
| F4. | If you point to a pictur ask your child, "What name at least one pict | is this?" does your ch | nat, etc.) and ild correctly | 1 | Yes Sometimes Not Yet Don't Know |
| F5. | Does your child say twideas together, such a "Kitty gone"? Don't count word combi "Bye-bye", "All gone", "All chases | s "See dog", "Mommy nations that express one | e idea, such as | 1 | Yes Sometimes Not Yet Don't Know |
| F6. | Does your child correct "mine", and "you"? CHASFC6 | ctly use at least two we | ords like "me", "I", | 1 | Yes Sometimes Not Yet Don't Know |

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| SEC | ction F | | |
|------|--|------|------------------|
| F7. | When you ask her to point to her nose, eyes, hair, feet, | 1 (| Yes |
| | ears, and so forth, does your child correctly point to at least seven body parts? | 2 | Yes Sometimes |
| | She can point to parts of herself, you, or a doll. | 3 (| Not Yet |
| | CHASFC7 | 4 | Don't Know |
| | OTAGE OF | | |
| F8. | Does your child make sentences that are three or four words long? | 1 (| Yes |
| | words long. | 2 | Sometimes |
| | CHASFC8 | 3 | Not Yet |
| | of that our property and the second of the s | 4 | Don't Know |
| | | | |
| F9. | Without giving him help by pointing or using gestures, ask your child to "Put the shoe on the table" and "Put the book | 1 | Yes |
| | under the chair". Does your child carry out both of these directions correctly? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASFC9 | 4 | Don't Know |
| F10. | When looking at a picture book, does your child tell you | | |
| | what is happening or what action is taking place in the picture? | 1 () | Yes |
| | | 2 () | Sometimes |
| | For example, "Barking", "Running", "Eating" and "Crying" You may ask, "What is the dog (or boy) doing?" | 3 () | Not Yet |
| | CHASFC10 | 4 () | Don't Know |
| Gro | ss Motor | | |
| F11. | Does your child walk down stairs if you hold onto one of his hands? | 1 | Yes |
| | | 2 | Sometimes |
| | You can look for this at a store, on a playground, or at home. | 3 | Not Yet |
| | CHASFG1 | 4 | Don't Know |
| | When you show her how to biok a level hall door your | | |
| F1Z. | When you show her how to kick a large ball, does your child try to kick the ball by moving her leg forward or by | 1 (| Yes |
| | walking into it? | 2 | Sometimes |
| | If your child already kicks a ball, check "yes" for this item. | 3 | Not Yet |
| | CHACTCO | 4 | Don't Know |
| | CHASFG2 | | |
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| Section F | | |
|--|---------------------------------|---|
| F13. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? CHASFG3 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| F14. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. Check "yes" even if he holds onto the wall or railing. | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| F15. Does your child run fairly well, stopping herself without bumping into things or falling? CHASFG5 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| F16. Does your child jump with both feet leaving the floor at the same time? CHASFG6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| F17. Does your child turn the pages of a book by himself? He may turn more than one page at a time. CHASFG7 | 1 | Yes Sometimes Not Yet Don't Know |
| F18. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? CHASFG8 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| F19. Does your child walk up stairs, if using only one foot on each stair? The left foot is on one step, and the right foot is on the next. He may hold onto the railing or wall. You can look for this at a store, on a playground or at home. | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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| Section F | | | |
|---|----------|------|------------------|
| F20. Does your child jump forward at least 3 inches (2.5 cm) with both feet leaving the ground at the same time? | | 1 () | Yes Sometimes |
| CHASFG10 | | 3 () | |
| | <u> </u> | 4 | Not Yet |
| | | 4 🔾 | Don't Know |
| F21. Does your child stand on one foot for about 1 second without holding onto anything? | | 1 🔵 | Yes |
| williout holding onto drything. | | 2 | Sometimes |
| CHASFG11 | | 3 | Not Yet |
| | | 4 | Don't Know |
| F32 Dass your shild was a turning matical with how hand | | | |
| F22. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, | | 1 | Yes |
| or screw lids on and off jars? | | 2 | Sometimes |
| CHASFG12 | | 3 | Not Yet |
| | | 4 | Don't Know |
| F23. Does your child flip switches off and on? | | 1 (| Yes |
| | | 2 (| Sometimes |
| CHASFG13 | | 3 (| Not Yet |
| | | 4 | Don't Know |
| | | | |
| Fine Motor | | | |
| F24. Does your child stack seven small blocks or toys on top of each other by himself? | | 1 | Yes |
| · | | 2 | Sometimes |
| You could also use spools of thread, small boxes, or toys that are about 1 inch (2.5 cm) in size. | | 3 | Not Yet |
| CHASFF1 | | 4 | Don't Know |
| | | | |
| F25. Does your child thread a shoelace through either a bead or an eyelet of a shoe? | | 1 | Yes |
| | | 2 | Sometimes |
| CHASFF2 | COOP . | 3 | Not Yet |
| | | 4 | Don't Know |
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| Section F | | |
|---|---------------------------------|----------------------------------|
| F26. After she watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? Scribbling back and forth does not count as "yes". Count as "yes" Count as "not yet" Count as "not yet" | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| F27. Without showing him how, does your child purposefully turn a small, clear bottle upside down to dump out a crumb or Cheerio? You can use a soda-pop bottle or baby bottle. CHASFF4 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| F28. Does your child pretend objects are something else? For example: Does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food? CHASFF5 | 1 | Yes Sometimes Not Yet Don't Know |
| F29. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? CHASFF6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| F30. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? CHASFF7 Count as "yes" Count as "not yet" | 1 | Yes Sometimes Not Yet Don't Know |
| F31. Does your child turn pages in a book, one page at a time? CHASFF8 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |

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| Section F | | |
|---|------|------------|
| Problem Solving | | |
| F32. Does your child put things away where they belong? | 1 | Yes |
| For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? | 2 | Sometimes |
| CHASFP1 | 3 | Not Yet |
| | 4 | Don't Know |
| F33. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? | 1 (| Yes |
| la vicena | 2 | Sometimes |
| CHASFP2 | 3 | Not Yet |
| | 4 | Don't Know |
| F34. While your child watches, line up <i>four</i> objects like blocks | 1 () | Yes |
| or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? | 2 | Sometimes |
| You can also use spools of thread, small boxes, or other toys. | 3 | Not Yet |
| CHASFP3 | 4 | Don't Know |
| F35. When you say, "Say: seven three" does your child repeat | 1 () | Yes |
| just the two numbers in the correct order? | 2 | Sometimes |
| Do not repeat the numbers. If necessary, try another pair of numbers and say, Say eight two. | 3 | Not Yet |
| Your child must repeat just one series of two numbers for you to answer "yes" to this question. | 4 | Don't Know |
| CHASFP4 | | |
| F36. After she draws a "picture", even a simple scribble, does your child tell you what she drew? | 1 () | Yes |
| You may say "Tell me about your picture," or ask, "What is | 2 | Sometimes |
| this?" to prompt her. | 3 | Not Yet |
| CHASFP5 | 4 | Don't Know |
| F37. Does your child use a spoon to feed herself with little spilling? | 1 (| Yes |
| | 2 | Sometimes |
| CHASFP6 | 3 | Not Yet |
| | 4 | Don't Know |
| F38. When looking in the mirror, ask "Where is? (Use your child's name). Does your child point to her | 1 (| Yes |
| image in the mirror? | 2 | Sometimes |
| CHASFP7 | 3 | Not Yet |
| | 4 | Don't Know |

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| Section F | | |
|---|------|------------|
| F39. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? | 1 (| Yes |
| Responses like "snowman", "boy", "man", "Girl", and "Daddy" | 2 () | Sometimes |
| are correct. | 3 () | Not Yet |
| CHASFP8 | 4 () | Don't Know |
| Personal - Social | | |
| F40. Does your child drink from a cup or glass, putting it down again with little spilling? | 1 (| Yes |
| again min and opining. | 2 | Sometimes |
| CHASFS1 | 3 | Not Yet |
| | 4 | Don't Know |
| F41. Does your child copy activities you do, such as wipe up a | | |
| spill, sweep, shave, or comb hair? | 1 () | Yes |
| CHASFS2 | 2 (| Sometimes |
| | 3 () | Not Yet |
| | 4 | Don't Know |
| F42. Does your child eat with a fork? | 1 (| Yes |
| au cros | 2 | Sometimes |
| CHASFS3 | 3 | Not Yet |
| | 4 | Don't Know |
| F43. When playing with either a stuffed animal or doll, does your | 1 () | |
| child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? | 2 | Yes |
| | 3 () | Sometimes |
| CHASFS4 | 4 () | Not Yet |
| | | Don't Know |
| F44. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of | 1 (| Yes |
| corners if he cannot turn? | 2 | Sometimes |
| CHASFS5 | 3 | Not Yet |
| | 4 | Don't Know |
| F45. Does your child call herself "I" or "me" more often than her own name? | 1 () | Yes |
| | 2 | Sometimes |
| For example, "I do it" more often than "Juanita do it". | 3 (| Not Yet |
| CHASFS6 | 4 | Don't Know |
| | | Doncialow |

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| Section F | | |
|--|------|------------|
| F46. Can your child put on a coat, jacket, or shirt by himself? | 1 () | Yes |
| CHASFS7 | 2 | Sometimes |
| | 3 | Not Yet |
| | 4 | Don't Know |
| E47. After you put on loose fitting pents around her feet does | | |
| F47. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist? | 1 (| Yes |
| CHASFS8 | 2 | Sometimes |
| | 3 | Not Yet |
| | 4 | Don't Know |
| F48. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name? | 1 (| Yes |
| | 2 | Sometimes |
| CHASFS9 | 3 | Not Yet |
| | 4 | Don't Know |
| Eine Mater | | |
| Fine Motor | | |
| F49. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask Count as "yes" () | 1 | Yes |
| your child to make a line like yours. | 2 | Sometimes |
| Do not let your child trace your line. Count as "not yet" | 3 | Not Yet |
| Does your child copy you by drawing a single line in a vertical direction? | 4 | Don't Know |
| CHASFF9 | | |
| F50. If you do any of the following gestures, does your child copy at least one of them? | 1 (| Yes |
| a. Open and close your mouth. c. Pull on your earlobe. | 2 | Sometimes |
| b. Blink your eyes. d. Pat your cheek. | 3 | Not Yet |
| CHASFF10 | 4 | Don't Know |
| | | |
| F51. Have you done the activities with the child requested in some of the questions? | 1 | Yes |
| | 2 | No |
| CHASFF11 | | |
| | | |
| STOP Thank you for answering these questions. | | |
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Section G

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | nmunication | | | |
|-----|--|---|-----------------------|------------|
| G1. | If you point to a picture of a ball (k ask your child, "What is this?" doe | citty, cup, hat, etc.) and es your child correctly | \bigcirc | Yes |
| | name at least one picture? | 2 (| \bigcirc | Sometimes |
| | CHASGC1 | 3 (| \bigcirc | Not Yet |
| | | 4 (| \bigcirc | Don't Know |
| G2. | can your child carry out at least th | ng or using gestures, aree of these kinds of | 0 | Yes |
| | directions? CHASGC2 | 2 (| \bigcirc | Sometimes |
| | a. "Put the toy on the table." | d. "Find your coat." | \bigcirc | Not Yet |
| | b. "Close the door." | e. "Take my hand." | \bigcirc | Don't Know |
| | c "Bring me a towel." | f. "Get your book." | | |
| G3. | When you ask her to point to her rears, and so forth, does your child | | \bigcirc | Yes |
| | least seven body parts? | 2 (| \bigcirc | Sometimes |
| | She can point to parts of herself, you | ı, or a doll. | \bigcirc | Not Yet |
| | CHASGC3 | 4 (| \bigcirc | Don't Know |
| | | Latina dia ang farin | | |
| G4. | Does your child make sentences to words long? | hat are three or four | \bigcirc | Yes |
| | | 2 (| \bigcirc | Sometimes |
| | CHASGC4 | 3 (| \bigcirc | Not Yet |
| | | 4 (| \bigcirc | Don't Know |
| G5. | Without giving him help by pointin your child to "Put the shoe on the | ng or using gestures, ask table" and "Put the book | \bigcirc | Yes |
| | under the chair". Does your child directions correctly? | carry out both of these 2 (| \bigcirc | Sometimes |
| | unconono correctiy. | 3 (| \bigcirc | Not Yet |
| | CHASGC5 | 4 (| \bigcirc | Don't Know |
| G6. | When looking at a picture book, do is happening or what action is taki | | $\overline{\bigcirc}$ | Yes |
| | | 2 (| \bigcirc | Sometimes |
| | For example, "Barking", "Running", ask, "What is the dog (or boy) doing? | | \bigcirc | Not Yet |
| | CHASGC6 | 4 (| \bigcirc | Don't Know |
| | | | | |

| Section G | | |
|---|--|----------------------------------|
| G7. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down". Put the zipper to the middle and ask your child to move the zipper down. Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | to 3 C | Yes Sometimes Not Yet Don't Know |
| G8. When you ask, "What is your name?" does your child say both her first and last names? CHASGC8 | 1 C 2 C 3 C 4 C | Yes Sometimes Not Yet Don't Know |
| Gross Motor | | |
| G9. Does your child run fairly well, stopping herself without bumping into things or falling? CHASGG1 | 1 C 2 C 3 C | Yes Sometimes Not Yet Don't Know |
| G10. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home Check "yes" even if he holds onto the wall or railing. | | Yes Sometimes Not Yet Don't Know |
| G11. Without holding onto anything for support, does your chil kick a ball by swinging his leg forward? CHASGG3 | 1 C 2 C 3 4 C | Yes Sometimes Not Yet Don't Know |
| G12. Does your child jump with both feet leaving the floor at the same time? CHASGG4 | 1 (2 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 | Yes Sometimes Not Yet Don't Know |
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| Section G | | |
|---|------------------------------|---|
| G13. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. You can look for this at a store, on a playground, or at home. | 1 | Yes Sometimes Not Yet Don't Know |
| G14. Does your child stand on one foot for about 1 second without holding onto anything? CHASGG6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| G15. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? CHASGG7 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| G16. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? Dropping the ball or throwing the ball underhand does not count. CHASGG8 | 1 | Yes Sometimes Not Yet Don't Know |
| G17. Does your child jump forward at least 6 inches (15 cm) with both feet leaving the ground at the same time? CHASGG9 | 1 | Yes Sometimes Not Yet Don't Know |
| G18. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction? CHASGF1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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| G19. Does your child thread a shoelace through either a bead or an eyelet of a shoe? CHASGE2 CHASGE2 CHASGE2 CHASGE3 G20. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? CHASGE3 G21. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? CHASGE4 G22. Does your child turn pages in a book, one page at a time? CHASGE5 G23. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASGE5 G24. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASGE7 CHASGE7 CHASGE7 CHASGE7 CHASGE6 G25. When looking in the mirror, ask, "Where is ?" (Use your child's name). Does your child point to her image in the mirror." 2 Sometimes 3 Not Yet 4 Don't Know 7 Yes 2 Sometimes 3 Not Yet 4 Don't Know | Section G | | |
|--|---|---------------------------------|----------------------|
| of the paper to the other side, ask your child too make a line like yours. Do not let toyour child trace your line. Does your draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? CHASGF4 G22. Does your child turn pages in a book, one page at a time? CHASGF5 G23. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASGF6 G24. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASGF7 G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her (Use your child's name). Does your child point to her | bead or an eyelet of a shoe? | | Sometimes Not Yet |
| your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? CHASGF4 G22. Does your child turn pages in a book, one page at a time? CHASGF5 G23. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASGF6 G24. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASGF7 G25. When looking in the mirror, ask, "Where is (Use your child's name). Does your child point to her (Use your child's name). Does your child point to her (Use your child's name). Does your child point to her | of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? | 3 🔾 | Sometimes Not Yet |
| time? 2 Sometimes CHASGF5 3 Not Yet 4 Don't Know G23. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASGF6 G24. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASGF7 Problem Solving G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her | your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? | | Sometimes Not Yet |
| He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASGF6 G24. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASGF7 Problem Solving G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her | time? | 3 🔾 | Sometimes Not Yet |
| pen between her fingers and thumb like an adult does? CHASGF7 CHASGF7 CHASGF7 Problem Solving G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her Image in the mirror? | He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. | | Sometimes Not Yet |
| G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her | pen between her fingers and thumb like an adult does? | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Sometimes Not Yet |
| CHASGP1 3 Not Yet | G25. When looking in the mirror, ask, "Where is?" (Use your child's name). Does your child point to her image in the mirror? | 1 () 2 () 3 () | Sometimes |

| Section G | | |
|---|------|------------|
| G26. If your child wants something he cannot reach, does he | 1 | |
| find a chair or box to stand on to reach it? | 2 (| Yes |
| CHASGP2 | | Sometimes |
| CHASGP2 | 3 () | Not Yet |
| | 4 | Don't Know |
| G27. While your child watches, line up <i>four</i> objects like blocks | 1 () | Yes |
| or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? | 2 | Sometimes |
| | 3 (| Not Yet |
| You can also use spools of thread, small boxes, or other toys. | 4 | |
| CHASGP3 | | Don't Know |
| G28. When you point to the figure and ask your child, "What | 1 () | Yes |
| is this?" does your child say a word that means a person? | 2 | Sometimes |
| Responses like "snowman", "boy", "man", "Girl", and | 3 (| Not Yet |
| "Daddy" are correct. | | |
| CHASGP4 | 4 () | Don't Know |
| G29. When you say, "Say: seven three" does your child repeat just the two numbers in the correct order? | 1 | Yes |
| Do not repeat the numbers. If necessary, try another pair of | 2 | Sometimes |
| numbers and say, Say eight two. • Your child must repeat just one series of two numbers for you | 3 | Not Yet |
| to answer "yes" to this question | 4 | Don't Know |
| CHASGP5 G30. After she draws a "picture", even a simple scribble, does | | |
| your child tell you what she drew? | 1 () | Yes |
| You may say, "Tell me about your picture," or ask "What is | 2 | Sometimes |
| this?" to prompt her. | 3 | Not Yet |
| CHASGP6 | 4 | Don't Know |
| G31. If you do any of the following gestures, does your child copy at least one of them? | 1 (| Yes |
| | 2 | Sometimes |
| a. Open and close your mouth.b. Blink your eyes.d. Pat your cheek. | 3 | Not Yet |
| | 4 | Don't Know |
| CHASGP7 | | Dontraion |
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| 2. Show your child how to make a bridge with blocks, | 1 | Yes |
|--|------|------------|
| boxes, or cans, like the example. Does your child copy you by making one like it? | 2 | Sometimes |
| | 3 | Not Yet |
| CHASGP8 | 4 | Don't Know |
| 3. When you say, "Say: five eight three", does your child | 1 () | Yes |
| repeat just the three numbers in the correct order? Do not repeat these numbers. If necessary, try another series | 2 | Sometimes |
| of numbers and say, "Say: six nine two". | 3 | Not Yet |
| Your child must repeat just one series of three numbers for you to answer "yes" to this question. | 4 | Don't Know |
| ersonal - Social | | |
| 34. Does your child use a spoon to feed herself with little | | Yes |
| spilling? | 2 | Sometimes |
| CHASGS1 | 3 (| Not Yet |
| | 4 | Don't Know |
| 35. Does your child push a little shopping cart, stroller, or | | Yes |
| wagon, steering it around objects and backing out of corners if he cannot turn? | 2 | Sometimes |
| CHASGS2 | 3 | Not Yet |
| | 4 | Don't Know |
| 6. Can your child put on a coat, jacket, or shirt by himself? | 1 (| Yes |
| CHASGS3 | 2 | Sometimes |
| CHA3G33 | 3 | Not Yet |
| | 4 | Don't Know |
| 7. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist? | 1 (| Yes |
| your sime pair main completely ap to not malout | 2 | Sometimes |
| CHASGS4 | 3 | Not Yet |
| | 4 | Don't Know |
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| 1 | Yes |
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| 2 | Sometimes |
| 3 | Not Yet |
| 4 | Don't Know |
| | |
| 1 | Yes |
| 2 | Sometimes |
| 3 | Not Yet |
| 4 | Don't Know |
| | |
| 1 () | Yes |
| | Sometimes |
| | Not Yet |
| 4 | Don't Know |
| 1 () | Yes |
| 2 (| res No |
| | INO |
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Section H Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether

he/she is doing the activity regularly, sometimes or not yet. Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|---|------------------------------|----------------------------------|
| H1. | When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least seven body parts? | 1 () | Yes Sometimes |
| | She can point to parts of herself, you, or a doll. | 3 | Not Yet |
| | CHASHC1 | 4 | Don't Know |
| H2. | Does your child make sentences that are three or four words long? | 1 (| Yes |
| | | 2 | Sometimes |
| | CHASHC2 | 3 | Not Yet |
| | | 4 | Don't Know |
| Н3. | Without giving him help by pointing or using gestures, ask your child to "Put the shoe on the table" and "Put the book | 1 | Yes |
| | under the chair". Does your child carry out both of these directions correctly? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASHC3 | 4 | Don't Know |
| H4. | When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? | 1 () | Yes Sometimes |
| | • For example, "Barking", "Running", "Eating" and "Crying". | 3 (| Not Yet |
| | You may ask, "What is the dog (or boy) doing?" CHASHC4 | 4 | Don't Know |
| H5. | Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down". Put the zipper to the middle and ask your child to move the zipper down. Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? CHASHC5 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| Н6. | When you ask, "What is your name?" does your child say both her first and last names? | 1 🔾 | Yes |
| | CHASHC6 | 2 () | Sometimes |
| | | 3 () | Not Yet |
| | | 4 | Don't Know |
| | | | |

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| Sec | ction H | | |
|------|--|---------------------------------|---|
| Н7. | Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down". | 1 | Yes Sometimes Not Yet Don't Know |
| H8. | Does your child use all of the words in a sentence, for example, "a", "the", "am", "is", and "are" to make complete sentences, such as "I am going to the park", or "Is there a toy to play with?" or "Are you coming, too?" CHASHC8 | 1 | Yes Sometimes Not Yet Don't Know |
| Gro | ss Motor | | |
| Н9. | Without holding onto anything for support, does your child kick a ball by swinging his leg forward? CHASHG1 | 1 | Yes Sometimes Not Yet Don't Know |
| H10. | Does your child jump with both feet leaving the floor at the same time? CHASHG2 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| H11. | Does your child walk up stairs, using only one foot on each stair? The left foot is on one step, and the right foot is on the next. She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) | 1 | Yes Sometimes Not Yet Don't Know |
| H12. | Does your child stand on one foot for about 1 second without holding onto anything? CHASHG4 | 1 | Yes Sometimes Not Yet Don't Know |

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| Section H | | |
|--|---------------------------------|---|
| H13. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? Dropping the ball or throwing the ball underhand does not count. CHASHG5 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H14. Does your child jump forward at least 6 inches (15 cm) with both feet leaving the ground at the same time? CHASHG6 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H15. Does your child catch a large ball with both hands? You should stand about 5 feet (1.5 m) away and give your child two or three tries. CHASHG7 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H16. Does your child climb the rungs of a ladder of a playground slide and slide down without help? CHASHG8 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| H17. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction? CHASHF1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H18. Does your child thread a shoelace through either a bead or an eyelet of a shoe? CHASHF2 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

| Section H | | |
|---|---------------------------------|---|
| H19. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? CHASHF3 Count as "yes" Count as "not yet" Count as "not yet" | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H20. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? CHASHF4 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| H21. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. You may show your child how to use scissors. CHASHF5 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H22. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does? CHASHF6 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| H23. Does your child put together a six-piece interlocking puzzle? If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. CHASHF7 | 1 | Yes Sometimes Not Yet Don't Know |
| H24. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawings should look like the design of the shape but it may be different in size. CHASHF8 | 1 | Yes Sometimes Not Yet Don't Know |
| H25. While your child watches, line up <i>four</i> objects like blocks or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? You can also use spools of thread, small boxes, or other toys. CHASHF9 | 1 | Yes Sometimes Not Yet Don't Know |

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| | Gu | u | |

| Problem Solving | | |
|--|---------------------------------|---|
| H26. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it? CHASHP1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H27. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman", "boy", "man", "girl", and "Daddy" are correct. CHASHP2 | 1 | Yes Sometimes Not Yet Don't Know |
| H28. When you say, "Say: seven three", does your child repeat just the two numbers in the correct order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say: eight two". Your child must repeat just one series of two numbers for you to answer "yes" to this question. | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| H29. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it? CHASHP4 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| H30. When you say, "Say: five eight three", does your child repeat just the three numbers in the correct order? Do not repeat these numbers. If necessary, try another series of numbers and say, "Say: six nine two". Your child must repeat just one series of three numbers for you to answer "yes" to this question. | 1 | Yes Sometimes Not Yet Don't Know |
| H31. When asked, "Which circle is the smallest?" does your child point to the smallest circle? Ask this question without providing help by pointing, gesturing, or looking at the smallest circle. CHASHP6 | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |

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| Section H | | |
|--|------|-------------------|
| H32. Does your child dress up and "play-act" pretending to be someone or something else? | 1 (| Yes |
| For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure. | 3 | Sometimes Not Yet |
| CHASHP7 | 4 | Don't Know |
| Personal - Social | | |
| H33. Does your child use a spoon to feed herself with little spilling? | 1 | Yes |
| | 2 | Sometimes |
| CHASHS8 | 3 | Not Yet |
| | 4 | Don't Know |
| H34. Does your child push a little shopping cart, stroller, or | 1 (| Yes |
| wagon, steering it around objects and backing out of corners if he cannot turn? | 2 (| Sometimes |
| CHACHEO | 3 (| Not Yet |
| CHASHS9 | 4 | Don't Know |
| | | Don't Know |
| H35. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own | 1 () | Yes |
| name? | 2 | Sometimes |
| CHACHETO | 3 | Not Yet |
| CHASHS10 | 4 | Don't Know |
| | | |
| H36. Can your child put on a coat, jacket, or shirt by himself? | 1 () | Yes |
| OLIN CUEST | 2 | Sometimes |
| CHASHS11 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| H37. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly? | 1 () | Yes |
| of a boy! Does your clinic answer correctly! | 2 | Sometimes |
| | 3 | Not Yet |
| CHASHS12 | 4 | Don't Know |
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| CHASHS12 | 4 | |
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| Section H | | |
|---|------|------------|
| H38. Does your child take turns by waiting while another child or adult takes a turn? | 1 () | Yes |
| | 2 () | Sometimes |
| CHASHS13 | 3 () | Not Yet |
| | 4 | Don't Know |
| H39. Does your child serve herself, taking food from one container to another using utensils? | 1 (| Yes |
| For example, can your child use a large spoon to scoop | 2 | Sometimes |
| applesauce from a jar into a bowl? | 3 | Not Yet |
| CHASHS14 | 4 | Don't Know |
| H40. Does your child wash his hands and face using soap and | | |
| dry off with a towel without help? | 1 () | Yes |
| | 2 () | Sometimes |
| CHASHS15 | 3 () | Not Yet |
| | 4 | Don't Know |
| | | |
| H41. Have you done the activities with the child requested in some of the questions? | 1 | Yes |
| | 2 | No |
| CHASHS16 | | |
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| | | |
| STOP Thank you for answering these questions. | | |
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Section J

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| J1. Does your child name at least three items from a common category? For example, if you say to your child. "Tell me some things that you can eat," does your child answer with something like, "Cookies, eggs, and cereal?" Or if you say, "Tell me the names of some animals", does your child answer with something like, "Cow, dog, and elephant"? J2. Does your child answer the following questions: "What do you do when you are hungry?" Acceptable answers include: "Get food", "Eat", "Ask for something to ear", and "Have a snack". "What do you do when you are tired?" Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child. "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? GhasJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 Don't Know J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". CHASJC5 | Cor | mmunication | | |
|--|-----|---|-----|------------|
| For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like, "Cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals", does your child answer with something like, "Cow, dog, and elephant"? CHASJC1 | J1. | | | |
| "What do you do when you are hungry?" Acceptable answers include: "Get food", "Eat", "Ask for something to eat", and "Have a snack". "What do you do when you are tired?" Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". | | you can eat," does your child answer with something like, "Cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals", does your child answer with something like, "Cow, dog, and elephant"? CHASJC1 | 3 (| Not Yet |
| Acceptable answers include: "Get food", "Eat", "Ask for something to eat", and "Have a snack". "What do you do when you are tired?" Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". • Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". **Sometimes** Not Yet Don't Know **Not Yet CHASJC4 **Not Yet Don't Know **Not Yet Don't Know **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet Don't Know **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC4 **One Yet CHASJC5 **One Yet CHASJC6 **One Yet CHASJC6 **One Yet CHASJC6 **One Yet CHASJC6 **One Yet CHASJC6 **One Yet CHASJC7 **One Yet CHASJC6 **One Yet CHASJC6 **One Yet CHASJC7 **One Yet CHASJC7 **One Yet CHASJC7 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **One Yet CHASJC8 **O | J2. | | 1) | Yes |
| "What do you do when you are tired?" Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to sleep", "Go to bed", "Lie down". Pyes Sometimes Not Yet CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Acceptable anapt, "Go to sleep", "Go to slee | | | 2 | Sometimes |
| "What do you do when you are tired?" Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". • Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". | | | 3 | Not Yet |
| "Go to bed", "Lie down", and "Sit down". Mark "sometimes" if your child answers only one question CHASJC2 J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". | | "What do you do when you are tired?" | 4 | Don't Know |
| J3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". | | Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down", and "Sit down". | | |
| objects? For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? CHASJC3 J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Yes Sometimes 1 Yes 2 Sometimes Not Yet Don't Know | | | | |
| For example, if you say to your child, "Tell me about your ball", does he say something like, "It's round. I throw it. It's big"? J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Sometimes Sometimes 1 Yes 2 Sometimes Yes Sometimes Not Yet Don't Know | J3. | Does your child tell you at least two things about common objects? | | Yes |
| J4. Does your child use endings of words, such as "s", "ed", and "ing"? For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Don't Know 1 Yes Yes Yes Sometimes Not Yet A Don't Know Don't Know | | | | |
| For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 Don't Know Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Yes Yes Yes Yes Not Yet Yes Sometimes Not Yet To example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". | | CHASJC3 | 4 | Don't Know |
| For example, does your child say things like, "I see two cats", "I am playing", or "I kicked the ball"? CHASJC4 3 Not Yet CHASJC4 4 Don't Know J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Sometimes Not Yet Yes Sometimes A Not Yet Don't Know | J4. | | 1 | Yes |
| J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one 2 Sometimes Not Yet 4 Don't Know | | | 2 | Sometimes |
| J5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". J5. Without giving help by pointing or repeating, does your child follows your child to "Yes Sometimes of the pen your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Don't Know | | playing", or "I kicked the ball"? | 3 | Not Yet |
| child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". Sometimes Not Yet Don't Know | | CHASJC4 | 4 | Don't Know |
| For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". 3 Not Yet 4 Don't Know | J5. | child follow three directions that are unrelated to one | 1 _ | Yes |
| to the door, and sit down" or "Give me the pen, open the book, and stand up". 4 Don't Know | | another? | 2 | Sometimes |
| and stand up". 4 O Don't Know | | | 3 | Not Yet |
| | | and stand up". | 4 | Don't Know |

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| Sec | ction J | | | |
|------|--|----------------|------------------------------|----------------------------------|
| J6. | Does your child use all of the words in a sentence, for example, "a", "the", "am", "is", and "are" to make complete sentences, such as "I <i>am</i> going to <i>the</i> park", or " <i>Is</i> there <i>a</i> toy to play with?" or " <i>Are</i> you coming, too?"? | | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| | | | | |
| J7. | Does your child use four- and five-word sentences? | | 1 🔵 | Yes |
| | For example, does your child say, "I want the car"? | | 2 | Sometimes |
| | CHASJC7 | | 3 | Not Yet |
| | | | 4 | Don't Know |
| J8. | When talking about something that already happened, does your child use words that end in "ed", such as walked, | | 1 (| Yes |
| | jumped, or played? | | 2 | Sometimes |
| | Ask your child questions, such as "How did you get to the store?" ("We walked".) "What did you do at your friend's house?" | | 3 | Not Yet |
| | ("We played".) CHASJC8 | | 4 | Don't Know |
| Gro | ess Motor | | | |
| J9. | Does your child catch a large ball with both hands? | | 1 () | Yes |
| | You should stand about 5 feet (1.5 m) away and give your child | | 2 | Sometimes |
| | two or three tries. | | 3 | Not Yet |
| | CHASJG1 | (3) 3 (3) 3 | 4 | Don't Know |
| J10. | Does your child climb the rungs of a ladder of a playground slide and slide down without help? | | 1 (| Yes |
| | | | 2 | Sometimes |
| | CHASJG2 | | 3 () | Not Yet |
| | | | 4 | Don't Know |
| J11. | While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet (1.8 m) away? | A | 1 () | Yes Sometimes |
| | To throw overhand, your child must raise her arm to shoulder height and throw the ball forward. | | 3 | Not Yet |
| | Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet". | | 4 | Don't Know |
| | CHASJG3 | | | |

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| Sec | ction J | | |
|------|--|------|------------|
| J12. | Does your child hop up and down on either the right or left foot at least one time without losing his balance or | 1 (| Yes |
| | falling? | 2 | Sometimes |
| | CHASJG4 | 3 | Not Yet |
| | CHASJU4 | 4 | Don't Know |
| | | | |
| J13. | Does your child jump forward a distance of 20 inches (50 cm) from a standing position, starting with her feet | 1 | Yes |
| | together? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASJG5 | 4 | Don't Know |
| | | | DON'T KNOW |
| J14. | Without holding onto anything, does your child stand on | 1 () | Yes |
| | one foot for at least 5 seconds without losing his balance and putting his foot down? | 2 | Sometimes |
| | You may give your child two or three tries before you mark the | 3 (| |
| | question. | | Not Yet |
| | CHASJG6 | 4 | Don't Know |
| J15. | Does your child walk on his tiptoes for 15 feet (4.5 m) | | |
| | (about the length of a large car)? | 1 () | Yes |
| | You may show her how to do this. | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASJG7 | 4 | Don't Know |
| | | | |
| Fine | e Motor | | |
| J16. | Does your child put together a six-piece interlocking puzzle? | 1 | Yes |
| | If one is not available, take a full-page picture from a | 2 | Sometimes |
| | magazine or catalog and cut it into six pieces. | 3 | Not Yet |
| | CHASJF1 | 4 | Don't Know |
| J17. | Draw a line across a piece of paper. Using child-safe | 1 (| Vac |
| | scissors, does your child cut the paper in half on more or less straight line, making the blades go up and down? | 2 (| Yes |
| | | | Sometimes |
| | (Carefully watch your child's use of scissors for safety reasons.) | 3 () | Not Yet |
| | | 4 () | Don't Know |
| | CHASJF2 | | |
| | | | |
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| Sec | ction J | | |
|------|---|------------------------------|----------------------------------|
| J18. | Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil or crayon, without tracing? | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| | Your child's drawings should look similar to the design of the shapes, but they may be different in size. CHASJF3 | | |
| J19. | Does your child unbutton one or more buttons? | 1 | Yes |
| | Your child may use his own clothing or a doll's clothing. | 2 \(\) 3 \(\) | Sometimes Not Yet |
| | CHASJF4 | 4 | Don't Know |
| J20. | Does your child draw pictures of people that have at <i>least</i> any three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet? CHASJF5 | 1 | Yes Sometimes Not Yet Don't Know |
| J21. | Ask your child to draw a picture of a girl or a boy. | 1 | Yes |
| | If your child draws a person with head, body, arms, and legs, mark "yes" | 2 \(\) | Sometimes Not Yet |
| | If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes". | 4 | Don't Know |
| | If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet". CHASJF6 | | |
| J22. | Does your child color mostly within the lines in a coloring book? | 1 () | Yes |
| | Your child should not go more than $\frac{1}{4}$ inch (2/3 cm) outside the lines on most of the picture. | 3 | Sometimes Not Yet |
| | CHASJF7 | 4 | Don't Know |
| J23. | Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? | 1 () 2 () 3 () | Yes Sometimes Not Yet |
| | Mark "sometimes" if your child goes off the line three times. | 4 | Don't Know |

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| Section J | | |
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| Using the shapes below to look at, does your child copy the shapes without tracing? CHASJF9 Your child's drawings should look similar to the design of the shapes above, but they may be different in size. Mark "yes" if she can copy all three shapes. Mark "sometimes" if your child can copy two shapes. | 1 | Yes Sometimes Not Yet Don't Know |
| | | |
| Problem Solving 125. When you say, "Say: five eight three", does your child | 1 (| V |
| | 1 () | Yes |
| 25. When you say, "Say: five eight three", does your child repeat just these three numbers in the correct order? Do not repeat these numbers. If necessary, try another series of | 1 () 2 () | Yes Sometimes |
| 25. When you say, "Say: five eight three", does your child repeat just these three numbers in the correct order? | 1 () 2 () 3 () | |

| J26. | When asked, "Which circle is the smallest?" does your | |
|------|---|--|
| | child point to the smallest circle? | |
| | | |

Ask this question without providing help by pointing, gesturing, or look

| king at the smallest circle. | J | Ċ | , | • | J, J | J, | \bigcup | | ' (| |
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| J27. | Without giving help by pointing, does your child follow |
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| | three different directions using the words "under", |
| | "between", and "middle"? |

- For example, ask your child to put a book "under the couch".
- Then ask her to put the ball "between the chairs" and the shoe "in the middle of the table".

CHASJP3

CHASJP2

J28. When shown an object and asked, "What color is this?", can your child name five different colors like red, blue, yellow, orange, black, white, or pink?

Answer "yes" only if your child answers the question correctly using five colors.

| CHAS.JP4 |
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| |

- Sometimes
- Not Yet
- Don't Know

Yes

- Sometimes
- Not Yet

Don't Know

Yes

Sometimes

Not Yet

Don't Know

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| Section J | | | |
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| | child dress up and "play-act" pretending to be r something else? | 1 (| Yes |
| pretend to b | e, your child may dress up in different clothes and se a mommy, daddy, brother or sister, or an nimal or figure. | 3 | Sometimes Not Yet |
| CHASJP5 | | 4 | Don't Know |
| | e five objects in front of your child, can he count g, "One, two, three, four, five" in order? | 1 () | Yes |
| Ask this que naming. | estion without providing help by pointing, gesturing, or | 2 () | Sometimes Not Yet |
| CHASJP6 | | 4 | Don't Know |
| 1 | child count up to 15 without making mistakes? | 1 (| Yes |
| If so, mar | · | 2 | Sometimes |
| If your ch "sometim | ild counts to 12 without making mistakes, mark les". | 3 | Not Yet |
| CHASJP7 | | 4 | Don't Know |
| J32. Does your | child know the names of the numbers below? | 1 () | Yes |
| Mark "yes | s" if he identifies the <i>three numbers</i> below. | 2 | Sometimes |
| Mark "sor | metimes" if he identifies two numbers. | 3 | Not Yet |
| 3 CHASJP8 | 1 2 | 4 | Don't Know |
| Personal - So | cial | | |
| | child serve herself, taking food from one o another using utensils? | 1 (| Yes |
| | e, can your child use a large spoon to scoop from a jar into a bowl? | 3 | Sometimes Not Yet |
| CHASJS1 |] | 4 | Don't Know |
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| Sec | ction J | | |
|----------|--|----------------|------------|
| J34. | Does your child tell you at least four of the following: | 1 (| |
| | a. First name d. Last name | 2 (| Yes |
| | b. Age e. Boy or girl | | Sometimes |
| | c. City she lives in f. Telephone number | 3 () | Not Yet |
| | Please circle the items your child knows. CHASJS2 | 4 | Don't Know |
| J35. | Does your child wash his hands and face using soap and dry off with a towel without help? | 1 () | Yes |
| | dry on with a tower without help? | 2 | Sometimes |
| | CHASJS3 | 3 | Not Yet |
| | | 4 | Don't Know |
| | | | Dontrillow |
| J36. | Does your child tell you the names of two or more playmates, not including brothers and sisters? | 1 | Yes |
| | Ask this question without providing help by suggesting names | 2 | Sometimes |
| | of playmates or friends. | 3 | Not Yet |
| | CHASJS4 | 4 | Don't Know |
| | | | |
| J37. | Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all her teeth without help? | 1 | Yes |
| | You may still need to check and rebrush your child's teeth. | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASJS5 | 4 | Don't Know |
| J38. | Does your child dress or undress himself without help | 1 (| |
| | except for snaps, buttons, and zippers? | 2 (| Yes |
| | | 3 | Sometimes |
| | CHASJS6 | 4 | Not Yet |
| | | - 0 | Don't Know |
| J39. | Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front | 1 🔵 | Yes |
| | zippers? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASJS7 | 4 | Don't Know |
| J40. | Have you done the activities with the child requested in | 1 (| |
| | some of the questions? | · U | Yes |
| | | 2 () | No |
| | CHASJS8 Thank you for answering | | |
| | STOP these questions. | | |
| | | | |

Section K

Your child may have already done some of the activities described here, and there may be some he/she has not begun doing yet. For each question, please check the circle that tells whether he/she is doing the activity regularly, sometimes or not yet.

Note: In the following pages, the pronouns "he" and "she" apply to both sexes.

BE SURE TO TRY EACH ACTIVITY

| Cor | mmunication | | |
|-----|---|------|----------------------------------|
| K1. | Without giving your child help by pointing or repeating, does your child follow three directions that are unrelated to one another? | 1 () | Yes Sometimes |
| | Give all three directions before your child starts. | 3 (| |
| | For example, you may ask your child to "Clap your hands, walk to the door, and sit down" or "Give me the pen, open the book, and stand up". CHASKC1 | 4 | Not Yet Don't Know |
| K2. | Does your child use four- and five-word sentences? | 1 (| Yes |
| | For example, does your child say, "I want the car"? | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASKC2 | 4 | Don't Know |
| K3. | When talking about something that already happened, does your child use words that end in "ed", such as walked, jumped, or played? | 1 () | Yes Sometimes |
| | Ask your child questions, such as "How did you get to the store?" ("We walked".) "What did you do at your friend's house?" ("We played".) CHASKC3 | 3 () | Not Yet Don't Know |
| K4. | Does your child use comparison words, such as heavier, stronger, or shorter? Ask your child questions, such as "A car is big, but a bus is" (bigger); "A cat is heavy, but a man is" " (heavier); "A TV is small, but a book is" " (smaller). CHASKC4 | 1 | Yes Sometimes Not Yet Don't Know |
| K5. | Does your child answer the following questions: | 1 () | Yes |
| | "What do you do when you are hungry?" | 2 | Sometimes |
| | Acceptable answers include: "Get food ", "Eat", "Ask for something to eat", and "Have a snack". | 3 | Not Yet |
| | "What do you do when you are tired?" | 4 | Don't Know |
| | Acceptable answers include: "Take a nap", "Rest", "Go to sleep", "Go to bed", "Lie down" and "Sit down". | | |
| | Mark "sometimes" if your child answers only one question. | | |
| | CHASKC5 | | |

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| * | | * |
|---|-----------|---|
| | Section K | |

| JE | tion K | | |
|------|--|------|---|
| K6. | Does your child repeat the sentences shown below back to you, without any mistakes? | 1 (| Yes |
| | 1. Jane hides her shoes for Maria to find. | 2 | Sometimes |
| | 2. Al read the blue book under his bed. | 3 🔾 | Not Yet |
| | You may repeat each sentence one time. | 4 | Don't Know |
| | Mark "yes" if your child repeats both sentences without mistakes. | | |
| | Mark "sometimes" if your child repeats one sentence without mistakes. CHASKC6 | | |
| Gro | ss Motor | | |
| К7. | While standing, does your child throw a small ball overhand in the direction of a person standing at least 6 feet (1.8 m) away? CHASKG1 To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. Dropping the ball, letting the ball go, or throwing the ball underhand should be marked as "not yet". | 1 | Yes Sometimes Not Yet Don't Know |
| K8. | Does your child catch a large ball with both hands? | 1 (| V |
| | You should stand about 5 feet (1.5 m) away and give your child two or three tries. CHASKG2 | 2 | Yes Sometimes Not Yet Don't Know |
| K9. | Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? You may give your child two or three tries before you mark the answer. CHASKG3 | 1 | Yes Sometimes Not Yet Don't Know |
| K10. | Does your child walk on his tiptoes for 15 feet (4.5 m) (about the length of a large car)? | 1 () | Yes |
| | You may show him how to do this. | 2 | Sometimes |
| | | 3 | Not Yet |
| | CHASKG4 | 4 | |
| | | | |

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| | e |

| 1. Does your child hop forward on one foot for a distance of 4 | 1 (| Yes |
|---|------|------------|
| to 6 feet (1.2 to 1.8 m) without putting down the other foot? | 2 | Sometimes |
| You can give him two tries on each foot. | 3 (| |
| Mark "sometimes" if he can hop on one foot only. | | Not Yet |
| CHASKG5 | 4 | Don't Know |
| 2. Does your child skip using alternating feet? | 1 (| Yes |
| You may show her how to do this. | 2 | Sometimes |
| au ava | 3 | Not Yet |
| CHASKG6 | 4 | Don't Know |
| ne Motor | | |
| 3. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line | 1 | Yes |
| more than two times? | 2 | Sometimes |
| CHASKF1 | 3 | Not Yet |
| Mark "sometimes" if your child goes off the line three times. | 4 | Don't Know |
| I. Ask your child to draw a picture of a girl or a boy. | 1 () | Yes |
| If your child draws a person with head, body, arms, and legs, mark "yes". | 2 | Sometimes |
| If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes". | 3 | Not Yet |
| If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet". | 4 | Don't Know |
| CHASKF2 | | |
| 5. Draw a line across a piece of paper. Using child- safe scissors, does your child cut the paper in half on a more | 1 | Yes |
| or less straight line, making the blades go up and down? | 2 | Sometimes |
| down: | 3 | Not Yet |
| CHASKF3 | 4 | Don't Know |
| 6. Using the shapes below to look at, does your child copy the shapes without tracing? | 1 (| Yes |
| | 2 | Sometimes |
| CHASKF4 | 3 | Not Yet |
| Your child's drawings should look similar to the design of the shapes above, but they may be different in size. | 4 | Don't Know |
| | | |
| Mark "yes" if she can copy all three shapes. | | |

| Section K | | |
|--|---------------------------------|---|
| K17. Using the letters below to look at, does your child copy the letters without tracing? CHASKF5 VHTCA Cover up all of the letters except the letter being copied Mark "yes" if your child can copy four of the letters, and you can read them. Mark "sometimes" if your child can copy two or three letters, | 1 \(\) 2 \(\) 3 \(\) 4 \(\) | Yes Sometimes Not Yet Don't Know |
| and you can read them. K18. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. Mark "sometimes" if your child copies about half of the letters. | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| K19. When asked, "Which circle is smallest?" does your child point to the smallest circle? Ask this question without providing help by pointing, gesturing, or looking at the smallest circle. CHASKP1 | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |
| K20. When shown an object and asked, "What color is this?", does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors. CHASKP2 | 1 | Yes Sometimes Not Yet Don't Know |
| K21. Does your child count up to 15 without making mistakes? If so, mark "yes". If your child counts to 12 without making mistakes, mark "sometimes". | 1 () 2 () 3 () 4 () | Yes Sometimes Not Yet Don't Know |

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|---|--|--|--|

| 22. Is your child able to finish the following sentences using a word that means the opposite of the word that is italicized? 1. A cow is big, and a mouse is 2. Ice is cold, and fire is 3. We see stars at night, and we see the sun during the 4. When I throw the ball up, it comes • Mark "yes" if she finishes three of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. • Mark "yes" if he identifies the three numbers below? • Mark "sometimes" if he identifies two numbers. • Mark "sometimes" if he identifies two numbers. • Mark "sometimes" if he identifies two numbers. • Mark "sometimes" if he identifies two numbers. • Mark "sometimes" if he identifies two numbers. • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. • Point to the letters out of order. • Point to the letters out of order. • CHASKP6 • Point to the letters out of order. • Pose your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? | | | |
|---|---|---|---|
| italicized? 1. A cow is big, and a mouse is 2. Ice is cold, and fire is 3. We see stars at night, and we see the sun during the 4. When I throw the ball <i>up</i> , it comes • Mark "yes" if she finishes three of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. • Mark "yes" if he identifies the <i>three numbers</i> below. • Mark "yes" if he identifies the <i>three numbers</i> below. • Mark "sometimes" if he identifies two numbers. 3. Not Yet 3. Not Yet 4. Don't Know 24. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP5 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? | | 1 (| Yes |
| 1. A cow is big, and a mouse is 3 Not Yet 2. Ice is cold, and fire is 4 Don't Know 3. We see stars at night, and we see the sun during the 4. When I throw the ball <i>up</i> , it comes • Mark "yes" if she finishes three of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. • Mark "yes" if he identifies the <i>three numbers</i> below. 2 Sometimes • Mark "sometimes" if he identifies two numbers. 3 Not Yet 4 Don't Know 2. Don't Know 2. Don't Know 2. Don't Know 3. Not Yet 4. Don't Know 3. Not Yet 4. Don't Know 3. Not Yet 4. Don't Know 4. Don't Know 4. Don't Know 5. Does your child name at least four letters in her name? 4. Don't Know 5. Does your child serve herself, taking food from one container to another using utensils? 5. Does your child serve herself, taking food from one container to another using utensils? 5. Does your child use a large spoon to scoop applesauce from a jar into a bow!? 5. Not Yet 5. Not Yet 5. Sometimes 7. Not Yet 7. Not | italicized? | 2 | |
| 2. Ice is cold, and fire is 3. We see stars at night, and we see the sun during the 4. When I throw the ball <i>up</i> , it comes • Mark "yes" if she finishes three of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. 23. Does your child know the names of the numbers below? • Mark "yes" if he identifies the three numbers below. • Mark "sometimes" if he identifies two numbers. 3 Not Yet Don't Know 24. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP6 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? 3 Not Yet 3 Not Yet 1 Yes Sometimes 1 Yes Sometimes 1 Yes Sometimes | 1. A cow is big, and a mouse is | 3 (| |
| the 4. When I throw the ball <i>up</i> , it comes • Mark "yes" if she finishes three of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. • Mark "sometimes" if she finishes two of four sentences correctly. 23. Does your child know the names of the numbers below? • Mark "yes" if he identifies the <i>three numbers</i> below. • Mark "sometimes" if he identifies two numbers. 3 Not Yet 3 1 2 CHASKP5 4 Don't Know 24. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" 2 Sometimes • Point to the letters out of order. CHASKP6 3 Not Yet 4 Don't Know 25 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? 3 Not Yet | 2. Ice is cold, and fire is | 4 | |
| Mark "yes" if she finishes three of four sentences correctly. Mark "sometimes" if she finishes two of four sentences correctly. Mark "sometimes" if she finishes two of four sentences correctly. Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. Mark "sometimes" if he identifies two numbers. Mark "sometimes" if he identifies two numbers. CHASKP5 Mon't Know Mon't Know CHASKP6 Mon't Know CHASKP6 Mon't Know CHASKS1 CHASKS1 CHASKS1 CHASKS1 CHASKS1 CHASKS1 Sometimes Point to the letters out of order. CHASKS1 CHASKS1 Sometimes Por example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Mark "sometimes to another using utensils? Not Yet Sometimes Not Yet | 3 , | | |
| Mark "sometimes" if she finishes two of four sentences correctly. 23. Does your child know the names of the numbers below? Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. Mark "sometimes" if he identifies two numbers. CHASKP5 A Don't Know 24. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 A Don't Know CHASKP1 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Not Yet | 4. When I throw the ball <i>up</i> , it comes | | |
| Mark "sometimes" if she finishes two of four sentences correctly. 23. Does your child know the names of the numbers below? • Mark "yes" if he identifies the three numbers below. • Mark "sometimes" if he identifies two numbers. • Mark "sometimes" if he identifies two numbers. 3 Not Yet 4 Don't Know 24. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP6 3 Not Yet 4 Don't Know 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Not Yet | Mark "yes" if she finishes three of four sentences correctly. | | |
| Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. Mark "sometimes" if he identifies two numbers. Not Yet CHASKP5 24. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 3 Not Yet 2 Sometimes Not Yet 4 Don't Know 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Not Yet | Mark "sometimes" if she finishes two of four sentences | | |
| Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. Not Yet CHASKP5 Point Know Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 Not Yet Sometimes Point to the letters out of order. CHASKS1 CHASKS1 Sometimes Por example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Not Yet Not Yet Not Yet | 3. Does your child know the names of the numbers below? | 1 () | Vac |
| Mark "sometimes" if he identifies two numbers. 3 Not Yet 4 Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP6 The image of the identifies two numbers. 3 Not Yet 2 Sometimes Not Yet 4 Don't Know CHASKP6 The image of the identifies two numbers. 3 Not Yet 4 Don't Know Presonal - Social CHASKS1 The image of the identifies two numbers. 3 Not Yet 4 Don't Know Presonal - Social CHASKS1 The image of the identifies two numbers. 3 Not Yet 4 Don't Know Presonal - Social CHASKS1 The image of the identifies two numbers. 3 Not Yet 4 Not Yet 5 Does your child serve herself, taking food from one container to another using utensils? 5 Does your child serve herself, taking food from one container to another using utensils? 5 Does your child serve herself, taking food from one container to another using utensils? 5 Does your child serve herself, taking food from one container to another using utensils? 5 Does your child serve herself, taking food from one container to another using utensils? 5 Does your child serve herself, taking food from one container to another using utensils? 6 Not Yet | Mark "yes" if he identifies the three numbers below. | 2 | |
| 4. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP6 Tesonal - Social CHASKS1 5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? CHASKP5 A Don't Know Tesonal - Yes Sometimes 1 Yes 2 Sometimes Not Yet | • | 3 (| |
| 4. Does your child name at least four letters in her name? • Point to the letters and ask, "What letter is this?" • Point to the letters out of order. CHASKP6 Trisonal - Social CHASKS1 CHASKS1 5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Sometimes 1 Yes 2 Sometimes 1 Yes 2 Sometimes Not Yet | CHASKPS | | |
| Point to the letters out of order. CHASKP6 Not Yet Don't Know CHASKS1 5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Not Yet | | | |
| Don't Know CHASKS1 25. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Yes Sometimes Not Yet | | 1 (| Yes |
| 5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? CHASKS1 1 Yes 2 Sometimes Not Yet | | 1 () | |
| 5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? 1 Yes 2 Sometimes Not Yet | Point to the letters and ask, "What letter is this?" | 1 () 2 () 3 () | Sometimes |
| container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? Yes Sometimes Not Yet | Point to the letters and ask, "What letter is this?" | 1 () 2 () 3 () 4 () | Sometimes Not Yet |
| For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? 2 Sometimes 3 Not Yet | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 rsonal - Social | 1 | Sometimes Not Yet |
| For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? 3 Not Yet | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKS1 Does your child serve herself, taking food from one | 1 () 2 () 3 () 4 () | Sometimes Not Yet Don't Know |
| Not ret | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? | 1 | Sometimes Not Yet Don't Know |
| → Don't know | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop | 1 \(\) 2 \(\) 3 \(\) 4 \(\) 1 \(\) 2 \(\) 3 \(\) | Sometimes Not Yet Don't Know Yes Sometimes |
| | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop | 1 | Sometimes Not Yet Don't Know Yes Sometimes Not Yet |
| | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop | 1 | Sometimes Not Yet Don't Know Yes Sometimes Not Yet |
| | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop | 1 | Sometimes Not Yet Don't Know Yes Sometimes Not Yet |
| | Point to the letters and ask, "What letter is this?" Point to the letters out of order. CHASKP6 CHASKP6 CHASKS1 Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop | 1 \(\) 2 \(\) 3 \(\) 4 \(\) 2 \(\) 3 \(\) 4 \(\) 4 \(\) 4 \(\) | Sometimes Not Yet Don't Know Yes Sometimes Not Yet |

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| Section K | | |
|--|------|------------|
| K26. Does your child wash her hands and face with soap and water and dry off with a towel without help? | 1 () | Yes |
| CHASKS2 | | Sometimes |
| UTAGR32 | 3 () | Not Yet |
| | 4 | Don't Know |
| K27. Can your child tell you at least four of the following? | 1 (| Yes |
| a. First name d. Last name | 2 | Sometimes |
| b. Age e. Boy or girl | 3 | Not Yet |
| c. City he lives in f. Telephone number | 4 | Don't Know |
| Please circle the items your child knows. CHASKS3 | | |
| K28. Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front | 1 | Yes |
| zippers? | 2 | Sometimes |
| CHASKS4 | 3 | Not Yet |
| | 4 | Don't Know |
| | | |
| K29. Does your child use the toilet by himself? (He goes to the bathroom, sits on the toilet, wipes, and flushes.) | 1 | Yes |
| Mark "yes" even it he does this after you remind him. | 2 | Sometimes |
| | 3 | Not Yet |
| CHASKS5 | 4 | Don't Know |
| K30. Does your child usually take turns and share with other children? | 1 (| Yes |
| CHASKS6 | 2 | Sometimes |
| | 3 | Not Yet |
| | 4 | Don't Know |
| K31. Have you done the activities with the child requested in some of the questions? | 1 (| Yes |
| CHASKS7 | 2 | No |
| STOP Thank you for answering these questions. | | |

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Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS 6

Out-Migrant Questionnaire

Confidential document once completed.

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

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8-5300-411.1: 2000-09-25

STC/SSD-040-75182



Statistics Canada Statistique Canada Canadä

Section A

Health

| A1 | | These first questions are about your health. | | | | |
|--------|----|---|-------------------------|------------|------------------------|------------------------|
| | | In general, would you say your health is | 1 | excellent | ? | |
| | | | 2 | very goo | d? | |
| | | M3SF121 | 3 🔾 | good? | | |
| | | | 4 | fair? | | |
| | | | 5 | poor? | | |
| A 0 | | | | | | |
| A2 | | The following questions are about activities you mi | ght do during a ty | pical day. | | |
| | | Does your health <u>now</u> limit you in these activities? If so, how much? | | | | |
| | | | Yes, lim a lot | | s, limited a little | No, not limited at all |
| | | a) Moderate activities, such as moving a table, pu vacuum cleaner, bowling, or playing golf. | shing a 6 M3SF122A |) | 7 | 8 🔾 |
| | | b) Climbing several flights of stairs. | 9 C |) 1 | 0 | 11 🔵 |
| A3 | | During the past 4 weeks, have you had any of the fordaily activities as a result of your physical health? | ollowing problems | with your | work or o | ther regular |
| ļ ļ | | | Yes | s No | | |
| | a) | Accomplished less than you would like. | M3SF123A 1 | 2 🔾 | _ | |
| | b) | activities that you were able to do. | 3 <u>M3SF123B</u> | 4 🔵 | | |
| A4 | | During the past 4 weeks, have you had any of the formal daily activities as a result of any emotional problem | | - | | _ |
| | | | Yes | s No | | |
| | | a) Accomplished less than you would like. | <mark>/3SF124A</mark> 5 | 6 🔾 | | |
| | | b) Didn't do work or other activities as carefully as usual. | 7 (<u>M3SF124B</u> | 8 (| | |

8-5300-411.1 Page 3

| During the <u>past 4 weeks</u> , how much did interfere with your normal work (includi work outside the home and housework) | ng both | | 1 (| not at all | ? | |
|---|-----------------------|------------------------|------------------------------|------------------------|----------------------|------------------------|
| Would you say | | | 2 🔵 | a little bit | ? | |
| M3SF125 | | | 3 🔵 | moderate | ely? | |
| | | | 4 🔵 | quite a bi | t? | |
| | | | 5 🔵 | extremely | / ? | |
| These questions are about how you fee For each question, please give the one | | _ | | - | _ | |
| How much of the time during the past 4 | weeks | | | | | |
| | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
| a) have you felt calm and peaceful? M3SF126A | 6 🔾 | 7 🔵 | 8 🔾 | 9 🔾 | 10 🔾 | 11 🔾 |
| b) did you have a lot of energy? M3SF126B | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 | 16 🔵 | 17 🔵 |
| c) have you felt downhearted and blue? M3SF126C | 18 🔵 | 19 🔵 | 20 🔵 | 21 🔵 | 22 🔵 | 23 🔵 |
| During the <u>past 4 weeks</u> , how much of t time has your physical health or emotio | nal | | | | | |
| | tivities | | 1 (| all the tin | ne? | |
| problems interfered with your social act (like visiting friends, relatives, etc.)? | | | 10 | un trio tini | | |
| • | | | 2 🔾 | most of t | he time? | |
| (like visiting friends, relatives, etc.)? | | | | | | |
| (like visiting friends, relatives, etc.)? Would you say | | | 2 🔾 | most of t | the time? | |

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Section B Socio-Economic Status

| 1) Full-time paid employee (30 hours or more a week) | 10 | ■ Go to |
|--|------|--------------------|
| 2) Part-time paid employee (under 30 hours a week) | 2 🔾 | questio |
| 3) Full-time self-employed | 3] | |
| 4) Part-time self-employed | 4 🔾 | Go to m questio |
| 5) Unemployed and seeking work | 5 🗖 | Go to question |
| 6) Temporarily sick/disabled (up to 6 months) | 6 🔾 | |
| 7) Permanently sick/disabled | 7 🔾 | |
| 8) Looking after home/family | 8 - | Go to question |
| 9) Going to school full or part-time | 9 🔾 | |
| 10) Other | 10 🔘 | |
| Specify: | | |

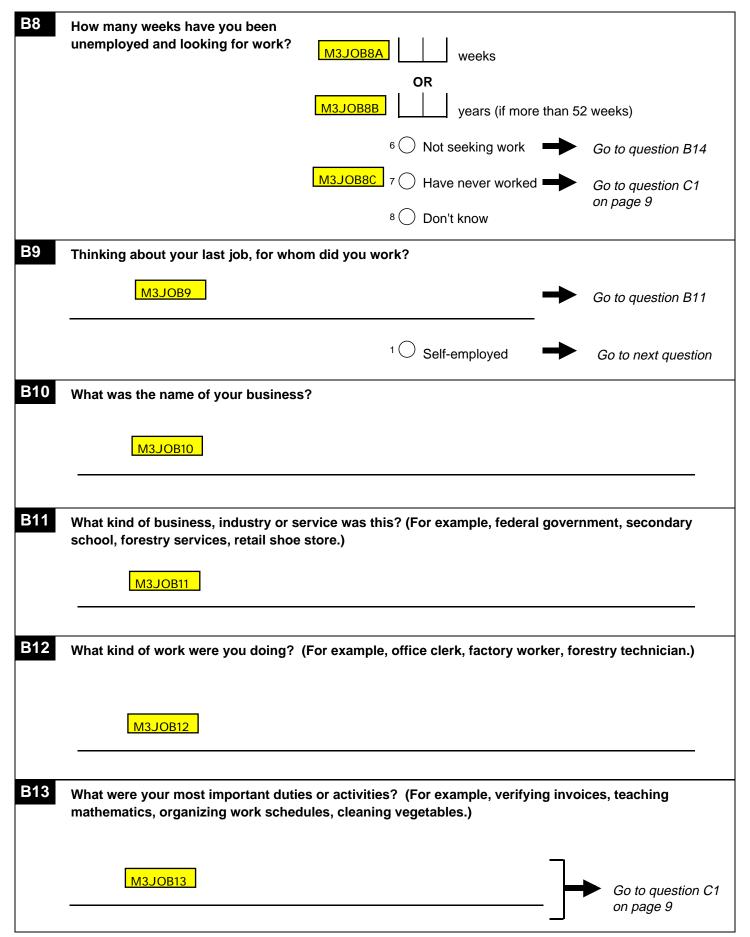
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CURRENTLY EMPLOYED

| B2 | What is the name of your business? | | |
|----|--|---|-----------------------------|
| | M3JOB2 | - | Go to question B4 |
| В3 | For whom do you work? | | |
| | M3JOB3 | | |
| B4 | What kind of business, industry or service is school, forestry services, retail shoe store.) | this? (For example, federal government) | nent, secondary |
| | M3JOB4 | | |
| B5 | What kind of work do you do? (For example, | office clerk, factory worker, forestry | technician.) |
| | M3JOB5 | | |
| B6 | What are your most important duties or activ mathematics, organizing work schedules, cle | | es, teaching |
| | M3JOB6 | | |
| B7 | How long have you been at this job? | 1 Cless than 1 month | |
| | M3JOB7 | 2 1 month to less than 6 months | |
| | | ³ 6 months to less than 1 year | Go to question C1 on page 9 |
| | | 4 1 to 2 years | |
| | | 5 More than 2 years | |

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CURRENTLY UNEMPLOYED BUT SEEKING WORK



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CURRENTLY <u>UNEMPLOYED</u> AND NOT SEEKING A JOB

| B14 | When did you last have a full-time job (30 or more hours per week)? | 1 Within the last 6 months |
|-----|---|---|
| | M3JOB14 | 2 6 months to less than 1 year ago |
| | M330B14 | ³ 1 to 2 years ago |
| | | 4 More than 2 years ago |
| | | 5 Never Go to question C1 on page 9 |
| | | 6 O Don't know |
| B15 | Thinking of your last full-time job, for whom did | you work? |
| | M3JOB15 | |
| B16 | What kind of business, industry or service was a school, forestry services, retail shoe store.) | this? (For example, federal government, secondary |
| | | |
| B17 | What kind of work were you doing? (For examp | le, office clerk, factory worker, forestry technician.) |
| | M3JOB17 | _ |
| B18 | What were your most important duties or activit mathematics, organizing work schedules, clean | |
| | M3JOB18 | |

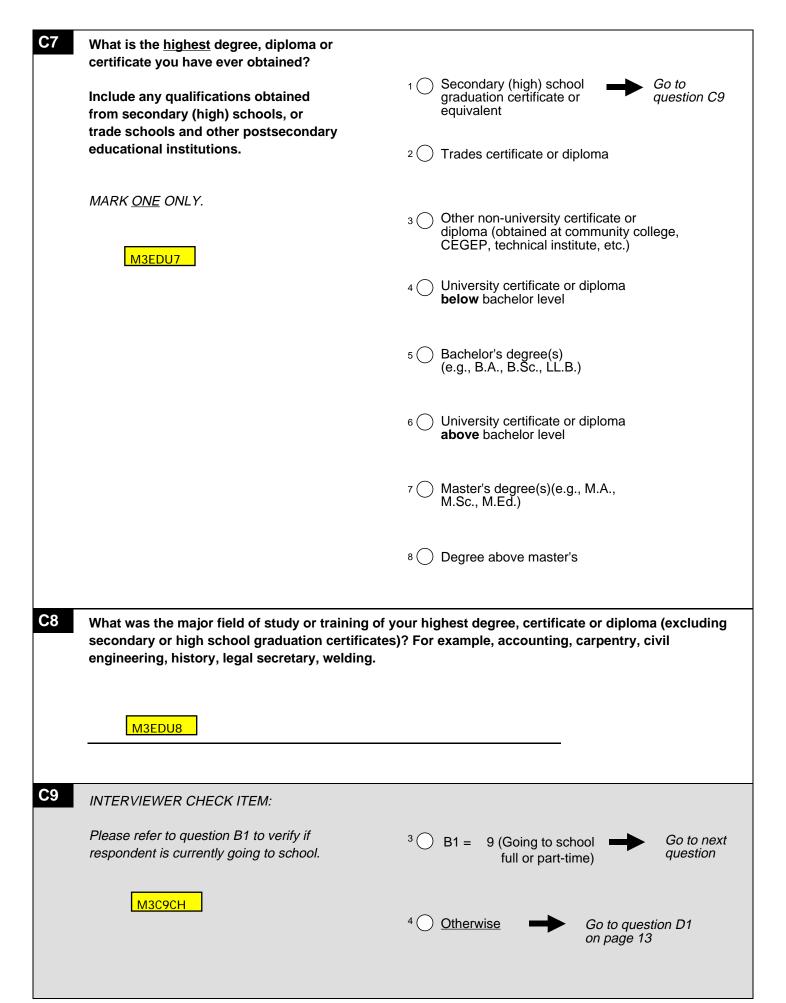
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Section C Education

| Excluding kindergarten, how many of elementary and high school hav successfully completed? | |
|--|-----------------------------|
| M3EDU1 | 1 O 1 to 6 years |
| | ² 7 years |
| | ³ 8 years |
| | ⁴ 9 years |
| | 5 O 10 years |
| | 6 11 years |
| | 7 12 years |
| | 8 13 years |
| | 9 No schooling |
| | Go to question E on page 13 |

| C2 | Have you graduated from high school? | |
|----|--|------------------------|
| | M3EDU2 | ₃ ○ Yes |
| | | 4 No |
| C3 | Have you ever attended university? | |
| | M3EDU3 | 1 O Yes |
| | | 2 No Go to question C5 |
| C4 | How many years of education have you completed at university? | |
| | M3EDU4 | Years |
| C5 | Have you ever attended an institution other than a university, a secondary (high) school, or elementary school? | |
| | Include years of schooling at community colleges, technical institutes, CEGEP (general and professional), | ³ ○ Yes |
| | private trade schools or private business colleges, diploma schools of nursing, etc. | 4 No Go to question C7 |
| CG | M3EDU5 | |
| C6 | How many years of education have you ever completed at an institution other than a university, a secondary (high) school or elementary school? | |
| | M3EDU6 | Years |
| | | |

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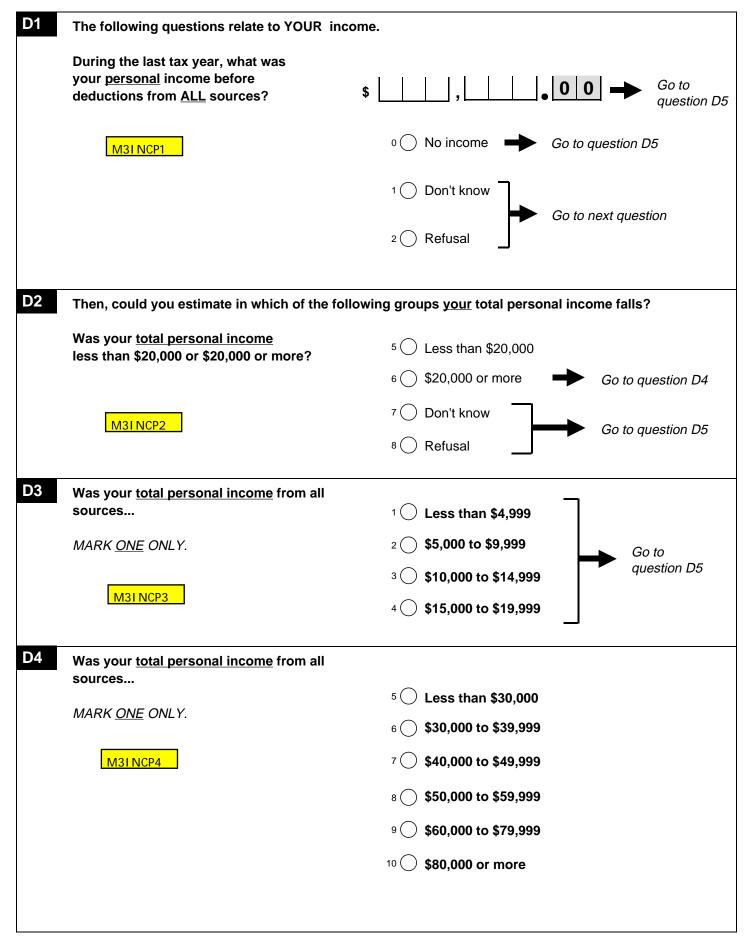
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| 310 | You mentioned earlier that you are attending school. What type of degree diploma or certificate will you receive | | |
|------------|--|----------------------|---|
| | MARK ALL THAT APPLY. | M3EDU9A 1 | None |
| | WANK ALL ITIAT AFFLI. | M3EDU9B ² | Secondary (high) school graduation certificate or equivalent |
| | | M3EDU9C 3 | Trades certificate or diploma |
| | | M3EDU9D 4 | Other non-university certificate or diploma (obtained at community college, CEGEP, technical institute, etc.) |
| | | M3EDU9E 5 | University certificate or diploma below bachelor level |
| | | M3EDU9F 6 | Bachelor's degree(s) (e.g., B.A., B.Sc., LL.B.) |
| | | M3EDU9G 7 | University certificate or diploma above bachelor level |
| | | M3EDU9H 8 | Master's degree(s)(e.g., M.A., M.Sc., M.Ed.) |
| | | M3EDU9I 9 | Degree above master's |
| | | M3EDU9J 10 | Other |

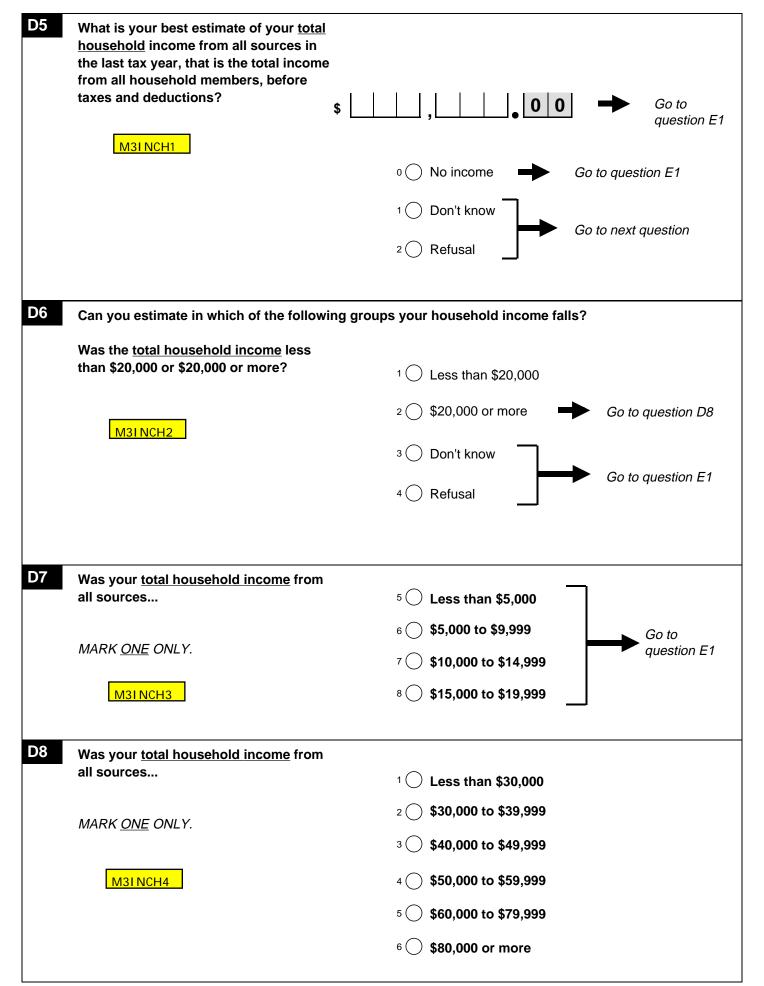
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Section D

Income



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Section E

Lifestyle Satisfaction

E1

Take a moment and consider each of the main areas in your life. Think about those things which are important to you and then tell me, in general, how satisfied you are with each of the following. Are you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatified or very dissatisfied with...

| | | Very satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Very dissatisfied |
|----|---|-------------------|--------------------|---|--------------------------|----------------------|
| a) | your health? | 1 <u> </u> | 2 🔾 | 3 🔵 | 4 🔾 | 5 🔵 |
| b) | your education? | 6 () | 7 🔾 | 8 🔵 | 9 🔵 | 10 🔵 |
| c) | your job or main activity? M3SATIS | 11 () GC | 12 🔵 | 13 🔵 | 14 🔵 | 15 🔵 |
| d) | your finances? | 16 O | 17 🔵 | 18 🔵 | 19 🔵 | 20 🔵 |
| e) | your housing? | 21 O | 22 🔵 | 23 🔵 | 24 🔵 | 25 🔵 |
| f) | your neighbourhood? | 26 O | 27 🔵 | 28 🔵 | 29 🔵 | 30 🔵 |
| g) | your spouse, living partner or single status? M3SATIS | 31 O | 32 🔵 | 33 🔵 | 34 🔵 | 35 🔵 |
| h) | your relationship with friends and family members? M3SATIS | 36 | 37 🔵 | 38 | 39 🔵 | 40 🔵 |
| i) | your life in general? | 41 🔾 | 42 🔵 | 43 🔵 | 44 🔵 | 45 🔵 |

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Section F Data Sharing Agreement

| F1 | Statistics Canada conducts this survey in conjuction with McMaster University. The data will be kept strictly <u>confidential</u> and used <u>only</u> for statistical purposes. Do you agree to share the data with McMaster University? |
|----|---|
| | ı ○ Yes |
| | 2 O No |
| | |
| | |
| | |
| | |
| | |
| | |
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| | |

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Section G Contact Information

| G1 | Statisti Health provide help us | Stude the | dy. e na | In ca me, | ase y telep | ou r | nov | e or | cha | nge | telep | ohon | e nı | umb | ers, | it wo | oul | d k | эе | he | lpf | ul i | if y | ou | col | ıld | | ild |
|----|--|-----------|-------------|----------------|----------------|--------|----------|------|-------|-------|-------|------|------------|--------|-------|-------------|--------|----------|----|----|-----|------|------|----|-----|-------------|-------|-----|
| | I want obtain | | _ | | | | | | | | | only | con | tact | this | per | 102 | n if | yo | ou | mo | ove | , aı | nd | the | n <u>or</u> | nly t | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | İ | First | Nam | ie | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Last | Nam | ie | | | | | | | | | | | | | | | |
| | | 0. | | .10 | | | <u> </u> | | | | | | • | 0. | | |] | | | | _ | | 10 | | | | | |
| | | Cı | ivic N | A ₀ | | | Nar | ne o | t str | eet | | | Ave | e., St | reet, | Bou | II. | | | | Αp | t. N | Ιο | | | | | |
| | | | | | | City | / tow | m | | | | | | | | Pro | wir | 100 | | | | | | | | | | |
| | | | | | | City | , tow | 111 | | | | | | | | 110 | , v 11 | ice | | | | | | | | | | |
| | | | F | Post | - al co | de | |] | | | | | Tele | epho | ne N |]-[Numl | ber | <u> </u> | | | | | | | | | | |
| G2 | What is | s the | e rela | atio | nshij | o of t | his | pers | on 1 | to yo | ou? | 1 | \bigcirc | Fath | ner | | | | | | | | | | | | | |
| | | | | | | | | | | | | 2 | \bigcirc | Motl | her | | | | | | | | | | | | | |
| | | | | | | | | | | | | 3 | \bigcirc | Brot | her | | | | | | | | | | | | | |
| | | | | | | | | | | | | 4 | \bigcirc | Siste | er | | | | | | | | | | | | | |
| | | | | | | | | | | | | 5 | \bigcirc | Grai | ndpa | arent | | | | | | | | | | | | |
| | | | | | | | | | | | | 6 | \bigcirc | Othe | er re | lative | Э | | | | | | | | | | | |
| | | | | | | | | | | | | 7 | \bigcirc | Frie | nd | | | | | | | | | | | | | |
| | | | | | | | | | | | | 8 | \bigcirc | Othe | er | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Spe | cify: | | | | | | | | | | | | _ | |

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| G3 | In case we can't reach that person, we would like your permission to obtain your new address and telephone number from other government sources (such as Canada Customs and Revenue Agency (Revenue Canada) or provincial Motor Vehicle files). This would only be used to help us contact you. Do we have your permission? |
|----|---|
| | ₃ ○ Yes |
| | 4 O No |
| | |

| - | | |
|---|--|--|
| | | |
| - | | |
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| | | |
| | | |
| - | | |

End of Interview

Thank you

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