

D Parenting

PARENT IDENTIFICATION

D1 INTERVIEWER CHECK ITEM:

Please refer to Box R2 on Flap to verify if respondent is a single parent.

I3D1CH

1 R2 = Single parent → Go to next question

2 Otherwise → Go to question D3

D2 The next questions are about being a parent.

How long have you been a single parent?

I3SGLPRA

A Years (if more than one)

OR

I3SGLPRB

B Months

SELECTED CHILD

D3 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.

I3D3CH

3 R3 = Selected child → Go to next question

4 Otherwise → Go to Section E on page 90.

CHILD'S PHYSICAL HEALTH

D4 The next few questions are about *(selected child's)* health.

For each one, please look at page 10 of your response booklet and tell me the answer which best describes *(your child)*.

- | | Definitely true | More or less true | Neither true nor false | More or less false | Definitely false |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | A | B | C | D | E |
| a) <i>(Your child)</i> 's health is excellent.
_____ I3CHEL1A | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b) <i>(Your child)</i> seems to resist illness.
_____ I3CHEL1B | 6 <input type="radio"/> | 7 <input type="radio"/> | 8 <input type="radio"/> | 9 <input type="radio"/> | 10 <input type="radio"/> |
| c) <i>(Your child)</i> seems to be less healthy than other children I know.
_____ I3CHEL1C | 11 <input type="radio"/> | 12 <input type="radio"/> | 13 <input type="radio"/> | 14 <input type="radio"/> | 15 <input type="radio"/> |
| d) When there is something going around, <i>(your child)</i> usually catches it.
_____ I3CHEL1D | 16 <input type="radio"/> | 17 <input type="radio"/> | 18 <input type="radio"/> | 19 <input type="radio"/> | 20 <input type="radio"/> |

D5 Over the past few months, how often has *(your child)* been in good health?

I3CHEL2

- 1 Almost all the time
- 2 Often
- 3 About half of the time
- 4 Sometimes
- 5 Almost never

D6 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?

I3CHEL3

- 6 Yes
- 7 No

SELF-COMPLETE SECTION

D7

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 questions 38 to 60 of the self-complete questionnaire (OCHS 3)?

1 Yes

2 No

3 Refusal

I3D8CH