



# THE CHILDHOOD EXPERIENCES QUESTIONNAIRE (CHEQ)

The purpose of this questionnaire is to better understand the early life experiences of children in the years prior to beginning Kindergarten.

Throughout this questionnaire, we will ask you to recall information about your child from birth to present day. We understand that you may not be able to recall exact times or dates. Please fill out the questions to the best of your ability or knowledge. The examples provided in this questionnaire are to be used as guides and are not considered complete lists. All questions are optional.

Your child's school will retain Part 1: Childhood Experiences of this questionnaire for planning purposes.

Your answers to Part 2: Private Information will not be shared with your child's school. Your answers will remain confidential and will only be shared with HELP researchers for research purposes.

HELP recognizes and respects diversity within families including cultural background, lifestyle, values, and child rearing practices. This questionnaire aims to reflect this diversity.



HUMAN  
EARLY LEARNING  
PARTNERSHIP



# PART 1: CHILDHOOD EXPERIENCES

## SECTION 1: HOUSEHOLD INFORMATION

What is your relationship to this child?

- Mother
- Father
- Stepfather
- Stepmother
- Grandmother
- Grandfather
- Foster parent(s)
- Other adult(s) (Please specify) \_\_\_\_\_

Do you know this child well enough to answer questions on his/her childhood experiences over the past 2-3 years?

- No       Yes



If no, please speak to your CHEQ Administrator before continuing

Where are you completing this questionnaire?

- At home       Other (Please specify) \_\_\_\_\_
- At my child's school

List all of the important adults in your child's life (for example, cares for your child, spends time with your child) and whether they are currently living in the same home as the child or not, excluding yourself:

		Living in the same home as child?		
		Yes	No	Prefer not to answer
Adult 1 first name	Relation to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 1 first name	Relation to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 1 first name	Relation to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 1 first name	Relation to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult 1 first name	Relation to child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your child have brothers or sisters (including step /adopted/ foster/ half)?

- No     
  Yes     
  Prefer not to answer



Sibling 1 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes
Sibling 2 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes
Sibling 3 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes
Sibling 4 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes
Sibling 5 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes
Sibling 6 first name _____	Relation to child <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Prefer not to answer	Age _____	Living in the same home as child <input type="radio"/> No <input type="radio"/> Yes

Does your child currently live in more than one home?

- No     
  Yes     
  Prefer not to answer



On average, how many days per month does your child live with you?

# of days \_\_\_\_\_

How long has your child been living in more than one home?

- 0-3 months       More than a year  
 4-6 months       Since birth  
 7-12 months       Prefer not to answer

## SECTION 2: PHYSICAL HEALTH AND WELL-BEING

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**In the last year, how was your child's overall health?**

- Poor
- Fair
- Good
- Very good
- Excellent
- Don't know
- Prefer not to answer

**In the last year, did your child visit a health care professional for routine check-ups or immunizations?**

- No
- Yes
- Don't know
- Prefer not to answer



**If yes, please specify the type(s) of health care professional. (Check all that apply)**

- Public Health Nurse
- Nurse Practitioner / Family Doctor / Pediatrician
- Dentist
- Audiologist (Hearing test)
- Optometrist / Ophthalmologist (Vision test)
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

**Has your child participated in any of the following special intervention programs? (Check all that apply)**

- Aboriginal Head Start
- Aboriginal Infant Development Program
- Aboriginal Supported Child Development Program
- Behaviour or social-emotional development support
- First Nations Dental Program
- Healthy Kids Dental Program
- Infant Development Program
- Occupational therapy/ Physical therapy
- Speech-language intervention
- Supported Child Development Program
- None of the above
- Don't know
- Other (please specify) \_\_\_\_\_

**Has your family received any of the following? (Check all that apply)**

- Family preservation worker assistance
- Parenting program
- Respite support
- Social worker assistance
- None of the above
- Don't know
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

In the last year, have there been any stressful events in your child's life? (Check all that apply)

- My child has not experienced any stressful events
- Move to a new community
- Birth of sibling
- Parents' separation
- Parents' divorce
- Parents' remarriage
- Major illnesses or accidents suffered by child
- Major illnesses or accidents suffered by a family member
- Death in the family
- Death of a pet
- Prolonged separation from a parent
- Don't know
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

SECTION 3: NUTRITION

	Never	Less than once a week	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Everyday	Prefer not to answer
How often does your child eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						
How often does your family eat meals together?										
Breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Does your child experience any of the following when sleeping at night? (Check all that apply)

- None
- Difficulty falling asleep
- Does not want to sleep alone
- Nightmares/Night Terrors
- Bed wetting
- Frequent waking
- Disturbed by noise
- Feeling too warm/cold
- Don't know
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

In the past month, did your child ever need a parent or care giver's help to go back to sleep?

- No
- Yes
- Prefer not to answer

How many nights in the last month?  
# of nights \_\_\_\_\_

SECTION 5: MOTOR SKILLS AND EXPERIENCES

Is your child able to do the following?

	Not yet	Yes (with help)	Yes (on own)	Prefer not to answer
Dress self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Button clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use zippers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know which shoe goes on which foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting (wiping self, flushing toilet, washing hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the last year, about how many times per week on average did your child take part in energetic physical activity while participating in organized activities (for example, swimming lessons, gymnastics lessons)?

- Never
- Once a week
- Twice a week
- 3 times a week
- 4 times a week
- 5 times a week
- 6 times a week
- Every day
- Prefer not to answer

Over the last year, about how many minutes a day on average did your child take part in energetic physical activity while participating in unorganized activities (for example, bike or tricycle ride, playing outside)?

- No unorganized activities
- Fewer than 15 minutes per day
- 15-30 minutes per day
- 31-60 minutes per day
- 61-120 minutes per day
- More than 120 minutes per day
- Don't know
- Prefer not to answer

**For the next questions, please think about how much the following statements describe your child.**

When given the chance, your child likes to take risks when playing outside (for example, climb up as high as s/he likes, playing chase, play-fight, ride a bike really fast)

- Not at all like my child
- A little bit like my child
- Kind of like my child
- A lot like my child
- Always like my child
- Prefer not to answer

How often did your child have the chance to do this?

- Not yet
- Less than once a month
- A few times a month
- About once a week
- A few times a week
- Most days or every day
- Prefer not to answer

When given the chance, your child finds it easy to find something to do without your help (without the use of screens).

- Not at all like my child
- A little bit like my child
- Kind of like my child
- A lot like my child
- Always like my child
- Prefer not to answer

How often did your child have the chance to do this?

- Not yet
- Less than once a month
- A few times a month
- About once a week
- A few times a week
- Most days or every day
- Prefer not to answer

## SECTION 6: LANGUAGE AND COGNITION

In the last 6 months, how often did you or another important person in your child's life:

	Not yet	Less than once a month	A few times a month	About once a week	A few times a week	Most days or every day	Prefer not to answer
Read books or tell stories with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with your child about pictures, signs, and words he/she experiences in daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do rhymes with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sing songs, play music and/or dance with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weigh, measure and compare objects with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect objects (for example, rocks, shells, cards, stamps) with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read books, magazines, or newspapers when your child is around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the past 6 months, how often did your child:

	Not yet	Less than once a month	A few times a month	About once a week	A few times a week	Most days or every day	Prefer not to answer
Do arts and crafts (for example, draw pictures, paint, colour)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build things (for example, using blocks, playdough, Lego™)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use pencils or markers to write or draw letters or numbers or pretend writing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do dress up, pretend play or make believe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sort and classify objects (for example, stones, toys, blocks) by colour, shape and/or size?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use puzzles, board games and/or cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

**For the following questions we are asking you to think about the past 6 months.**

How often has your child been around children other than relatives?

- Not yet
- Less than once a month
- A few times a month
- About once a week
- A few times a week
- Most days or every day
- Prefer not to answer

How often did your child have a close friendship with another child around the same age? (i.e., someone they were excited to see and spend time with, got along well with, shared likes and interests)

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to answer

How often did you or another adult have the opportunity to play with your child?

- Not yet
- Less than once a month
- A few times a month
- About once a week
- A few times a week
- Most days or every day
- Prefer not to answer

How often did you or another adult do something with your child to help others (for example, donate clothes or toys, bring food to a sick friend, or raise money for a charity or event)?

- Not yet
- Less than once a month
- A few times a month
- About once a week
- A few times a week
- Most days or every day
- Prefer not to answer

How often have you had the chance to talk with your child about:

	Not yet	Less than once a month	A few times a month	About once a week	A few times a week	Most days or every day	Prefer not to answer
<u>Their positive</u> interactions with other children (for example, a recent experience sharing with or helping another child)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Their negative</u> interactions with other children (for example, a recent experience of fighting with another child or feeling excluded)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Their</u> emotions or feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Your</u> emotions or feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Others'</u> emotions or feelings (for example, another child or adult)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 8: SCREEN-TIME

**For the following questions we are asking you to think about the past 6 months.**

On average, how much time per day did your child watch programs or movies on an electronic device (for example, TV/tablet/computer/smartphone)?

	My family did not have access to electronic devices	Never	Less than 15 minutes	15 minutes to 1 hour	1-2 hours	More than 2 hours	I do not allow my child to use electronic devices	Prefer not to answer
Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With another child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Outside of school, on average, how much time per day did your child use a TV/tablet/computer/smartphone for educational purposes?

	My family did not have access to electronic devices	Never	Less than 15 minutes	15 minutes to 1 hour	1-2 hours	More than 2 hours	I do not allow my child to use electronic devices	Prefer not to answer
Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With another child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On average, how much time per day did your child play video games on an electronic device (for example, TV/tablet/computer/smartphone)?

	My family did not have access to electronic devices	Never	Less than 15 minutes	15 minutes to 1 hour	1-2 hours	More than 2 hours	I do not allow my child to use electronic devices	Prefer not to answer
Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With another child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 9: EARLY LEARNING AND CARE

**Before Kindergarten, has your child ever been cared for by someone other than a parent/guardian on a regular basis? Please do not include occasional babysitting. (Check all that apply)**

- Care by a relative in your own home
- Care by a non-relative in your own home
- Care by a relative in his/her home
- Care by a non-relative in his/her home
- Preschool
- Daycare/child care centre
- No
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

**Which care arrangement was used for the longest period of time?**

- Care by a relative in your own home
- Care by a non-relative in your own home
- Care by a relative in his/her home
- Care by a non-relative in his/her home
- Preschool
- Daycare/child care centre
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

**How old was your child when this care arrangement began?**

- # of years \_\_\_\_\_
- # of months \_\_\_\_\_
- Prefer not to answer

**On average, how many hours per week was your child in this care arrangement?**

- 8 hours or less per week
- 9-15 hours per week
- 16-30 hours per week or more
- More than 30 hours per week
- Prefer not to answer

**How satisfied were you with this care arrangement?**

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Prefer not to answer
a. Location	<input type="radio"/>				
b. Cost	<input type="radio"/>				
c. Quality	<input type="radio"/>				
d. Hours of care	<input type="radio"/>				

**Was this your first choice as a care arrangement?**

- No
- Yes
- Prefer not to answer

Please indicate what your preferred care options were for your child, assuming a cost you could afford? (Please choose your top three preferences)

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
Care by a relative in your own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care by a non-relative in your own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care by a relative in her/his home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care by a non-relative in her/his home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daycare/child care centre, full-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daycare/child care centre, part-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prefer not to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which, if any, challenges have you experienced when looking for early learning and child care arrangements? (Check all that apply)

- Information
- Transportation
- Quality of the caregiver(s)
- Cost
- Available spaces
- Quality of the physical space
- Distance from home/work
- Hours the program operates
- Availability of programs that are inclusive for children with special needs
- Availability of programs meeting my language or cultural needs
- No challenges experienced
- Not applicable
- Other (please specify)  
\_\_\_\_\_
- Prefer not to answer

SECTION 10: GENERAL ACTIVITIES

In which of the following community activities/resources has your child participated/used?

	Never	Less than once a month	A Few times a month	Once a week	A few times a week	Most days or everyday	Not applicable	Prefer not to answer
Sports programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art, Music and/or Drama programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural activities programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Story Time program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
StrongStart centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Family Place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aboriginal Family Drop-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toy Lending program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Resource Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Years Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last year. Were there any local activities that you wanted to do with your child but couldn't?

- No       Yes       Prefer not to answer



(If yes)

Which activity or activities?

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What stopped you from participating? (Check all that apply)

- |  |   |
|--|---|
| <input type="radio"/> Transportation             | <input type="radio"/> Availability of activities that are inclusive for children with special needs |
| <input type="radio"/> Cost                       | <input type="radio"/> Availability of activities meeting my language or cultural needs              |
| <input type="radio"/> Available spaces           | <input type="radio"/> Other (please specify) _____  |
| <input type="radio"/> Not having enough time     | <input type="radio"/> Prefer not to answer  |
| <input type="radio"/> Distance from home/work    |   |
| <input type="radio"/> Hours the program operates |   |

## SECTION 11: EXPERIENCES IN NEIGHBOURHOOD

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In the past five years, how many times has your child moved homes?

# of times \_\_\_\_\_

- Don't know  
 Prefer not to answer

How long have you lived in your current neighbourhood?

- |  |  |
|--|--|
| <input type="radio"/> Less than 1 year | <input type="radio"/> 5 or more years      |
| <input type="radio"/> 1-2 years        | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 3-4 years        |  |

How safe are the parks and places in your neighbourhood?

- |  |  |
|--|--|
| <input type="radio"/> Very unsafe            | <input type="radio"/> Safe                 |
| <input type="radio"/> Somewhat unsafe        | <input type="radio"/> Very safe            |
| <input type="radio"/> Neither unsafe or safe | <input type="radio"/> Prefer not to answer |

Think about the past 6 months. On average, how often did your child play outside in your neighbourhood?

- Never
- Once a week
- 2-3 times a week
- 4-5 times a week
- 6 times a week
- Every day
- Prefer not to answer

In general, can your neighbours be counted on to look out for children in your neighbourhood?

- No
- Yes
- Prefer not to answer

How many people in your neighbourhood can you depend on (this may include things like collect your mail when away, for occasional child minding, emergencies, etc.)?

# of people \_\_\_\_\_  
 Prefer not to answer

## SECTION 12: DEMOGRAPHICS

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In which country was your child born? \_\_\_\_\_

- Prefer not to answer

If your child was born outside of Canada, what year did your child move to Canada? \_\_\_\_\_

- Prefer not to answer

In which country were you born? \_\_\_\_\_

- Prefer not to answer

If you were born outside of Canada, what year did you move to Canada? \_\_\_\_\_

- Prefer not to answer

**Is your child Aboriginal?**

- No       Yes       Prefer not to answer



*(If yes)*

**Which Nation does your child identify with?** \_\_\_\_\_

**Which Aboriginal language group(s) does your child identify with?** \_\_\_\_\_

- Prefer not to answer

**Please identify your child's first language(s)**

- \_\_\_\_\_
- Prefer not to answer

**What is your family ethnicity? (Check all that apply)**

- Aboriginal origins (for example, First Nations, Inuit, Métis)
- East Asian origins (for example, Chinese, Japanese, Korean)
- South Asian origins (for example, Indian, Punjabi, Pakistani)
- Southeast Asian origins (for example, Filipino, Thai, Vietnamese)
- Latin American (for example, Brazilian, Cuban, Bolivian)
- European origins (for example, British, German, Russian, Italian, Polish)
- Middle Eastern origins (for example, Iranian, Iraqi, Afghan)
- African origins (for example, Nigerian, Ghanaian, Zimbabwean)
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

## PART 2: PRIVATE INFORMATION

The answers to the following questions in Part 2 of this questionnaire **will not be shared** with your classroom teacher or school. They will remain **confidential** and will only be shared with HELP researchers for research purposes.

Using a scale of 1-10 where 1 means dissatisfied and 10 means satisfied, please answer the following question:

All things considered, how satisfied are you with your life as a whole these days? \_\_\_\_\_

- Prefer not to answer

Which of the following best describes your highest educational level?

- Less than high school completion  
 High school completion (or equivalent)  
 Some post-secondary education  
 College or Trade certificate or diploma  
 University undergraduate degree  
 Graduate or professional degree  
 Other (please specify) \_\_\_\_\_  
 Prefer not to answer

If applicable, which of the following best describes the highest educational level for the second parent/caregiver living in the child's home?

- N/A  
 Less than high school completion  
 High school completion (or equivalent)  
 Some post-secondary education  
 College or Trade certificate or diploma  
 University undergraduate degree  
 Graduate or professional degree  
 Other (please specify) \_\_\_\_\_  
 Prefer not to answer

Which of the following best describes your current employment status? (Check all that apply)

- Employed full-time (30 hours or more per week)  
 Employed part-time (less than 30 hours per week)  
 Attending school/college/university/job training  
 Not working/looking for paid work  
 Stay-at-home parent  
 Other (please specify) \_\_\_\_\_  
 Prefer not to answer

If applicable, which of the following best describes the current employment status for the second parent/caregiver living in the child's home? (Check all that apply)

- N/A
- Employed full-time (30 hours or more per week)
- Employed part-time (less than 30 hours per week)
- Attending school/college/university/job training
- Not working/looking for paid work
- Stay-at-home parent
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

Which of the following best describes your current marital status?

- Married
- Common Law
- Divorced
- Separated
- Single
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

Which of the following is the best estimate of your overall household income last year, before taxes?

- Under \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$74,000
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Prefer not to answer

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