THE CHILDHOOD EXPERIENCES QUESTIONNAIRE (CHEQ)

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

Throughout this questionnaire, we will ask you to recall information about your child’s experiences in different areas of development. 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. If you have any questions about the CHEQ or how to fill out the questionnaire, your CHEQ Leader is available to help you.

**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 for research purposes.

Your answers to **Part 3: COVID-19 Pandemic** will be combined with those from other parents/caregivers, and shared with school personnel at the school, school district and neighbourhood level anonymously.

The Human Early Learning Partnership recognizes and respects diversity within families including cultural background, lifestyle, values, and child rearing practices. This questionnaire aims to reflect this diversity.
PART 1: CHILDHOOD EXPERIENCES

Information you provide in this section may be shared with school personnel. School personnel follow their professional practice guidelines for safeguarding your child’s personal information and these reports are not made public.

SECTION 1: GENERAL INFORMATION

1. What is your relationship to this child?
   - Mother
   - Father
   - Foster Parent
   - Grandparent
   - Other

2. Where are you completing this questionnaire?
   - At my child’s school
   - At home
   - At work
   - Other

SECTION 2: PHYSICAL HEALTH AND WELL-BEING

1. In the last year, how was your child’s overall health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Don’t know

2. In the last year, did your child visit with any of the following health care professionals?
   (Check all that apply)
   - Family Doctor
   - Nurse Practitioner
   - Public Health Nurse
   - Dentist
   - Audiologist (Hearing test)
   - Optometrist/Ophthalmologist (Vision test)
   - No, my child did not visit a health care professional in the last year
3. What stopped your child from seeing a health care professional? (Check all that apply)

- Not applicable
- Did not feel there was a need to see one
- Transportation
- Cost
- Available appointment/waiting list
- Not having enough time
- Distance from home/work
- Hours the health care professional was available
- Availability of service meeting my language or cultural needs
- Did not know how to find one/get an appointment
- COVID-19
- Other

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

If you would like help or support, please dial or text 2-1-1 to be connected with local programs and services

- Birth of a sibling
- Major illness, accidents or hospitalization of a family member
- Major illness, accidents or hospitalization of your child
- Move to a new community
- Natural disaster
- Parental job loss
- Parents’ separation and/or divorce
- Prolonged separation from a parent
- Death of a parent/caregiver
- Death of a close family member
- My child has not experienced any stressful events
- Don’t know
- Other

5. From 3 years to Kindergarten entry, has your child or family used or received any of the following? (Check all that apply)

- Aboriginal Supported Child Development Program
- First Nations Dental Program
- Healthy Kids Dental Program
- Supported Child Development Program (SCDP)
- Occupational therapy/Physical therapy
- Speech language intervention
- Visit with another medical Specialist
- Family Preservation Worker
- Parent education program
- Respite support
- Social Worker
- Counsellor/Therapist
- None of the above
- Other

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PART 1: CHILDHOOD EXPERIENCES
6. Did your child or family face any barriers when trying to use these types of programs or supports? (Check all that apply)

- Not applicable
- Transportation
- Cost
- Available spaces
- Not having enough time
- Distance from home/work
- Hours the program operates
- Available appointment/waiting list
- My language or cultural needs were not supported
- Did not know about it
- Was not referred
- COVID-19
- Other
### SECTION 3: NUTRITION

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Once a week or less</th>
<th>A few times a week</th>
<th>Most days</th>
<th>Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In the last 6 months, how often did your child eat breakfast?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. In the last 6 months, how often did your child eat a meal together with another family member?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. In the last 6 months, how often did your child eat or drink:</td>
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<td>(Please note the examples provided are not a complete list)</td>
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<tr>
<td>Vegetables and fruits (including fresh, frozen, canned or cooked)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Whole grain foods (including quinoa, whole grain bread or pasta, oatmeal, brown rice)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Protein foods (including eggs, dried or fresh meat/fish, beans, tofu, yogurt, cheese, soy)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Water</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sugary drinks (including fruit juices or soda/pop)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sugary or salty snacks (including crackers, cookies, candy or chips)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
SECTION 4: SLEEP

1. Does your child go to sleep around the same time every night?
   - No   - Yes

   a. Please specify the bedtime
   Time (5:00pm to 12:30am) ______________________

2. How many hours does your child usually sleep in a 24 hour period (Combining night time sleep and naps)?
   - Number of hours (1 to 24) ____________

3. In the last 6 months, did 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
   - Growing pains
   - Needing help going back to sleep after waking in the night
   - Don't know
   - Other
### SECTION 5: MOTOR SKILLS AND EXPERIENCES

1. In the last 6 months, about how many times per week did your child take part in energetic physical activity while participating in organized activities (for example, swimming lessons or gymnastics lessons)?
   - Never
   - Once a week or less
   - 2-3 times a week
   - 4-5 times a week
   - 6-7 times a week

2. In the last 6 months, how many minutes a day did your child take part in energetic physical activity while participating in unorganized activities (for example, bike or scooter ride, drop-in gym program)?
   - No unorganized activities
   - Fewer than 15 minutes a day
   - 15 to 30 minutes per day
   - 31 to 60 minutes per day
   - 61 to 120 minutes per day
   - More than 120 minutes per day
   - Don’t know

3. Over the last 6 months, how often did your child play outdoors?
   - Never
   - Once a week or less
   - 2 to 3 days a week
   - 4 to 5 days a week
   - 6 to 7 days a week

For the next question, please think about how much the following statement describes your child.

4. When given the chance, your child likes to take risks when playing outside (for example, climb up as high as they like, playing chase, play-fight, or ride a bike really fast).
   - Not at all like my child
   - A little bit like my child
   - More or less like my child
   - A lot like my child
   - Always like my child

5. In the last 6 months, how often did your child have a chance to do this?
   - Not yet
   - Less than once a month
   - About once a week
   - A few times a month
   - Most days or every day
   - A few times a week
   - Most days or every day
**PART 1: CHILDHOOD EXPERIENCES**

**SECTION 6: LANGUAGE AND COGNITION**

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not yet</th>
<th>A few times a month or less</th>
<th>About once a week</th>
<th>A few times a week</th>
<th>Most days or every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read books or tell stories with your child?</td>
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<tr>
<td>Talk with your child about pictures, signs and words they experience in daily life?</td>
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<tr>
<td>Sing songs, make music, do rhymes or dance with your child?</td>
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<tr>
<td>Weigh, measure and compare objects with your child?</td>
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<tr>
<td>Collect objects (for example, rocks, shells, or cards) with your child?</td>
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<tr>
<td>Read books, magazines, or newspapers when your child is around?</td>
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</tr>
</tbody>
</table>
2. In the last 6 months, how often did your child:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not yet</th>
<th>A few times a month or less</th>
<th>About once a week</th>
<th>A few times a week</th>
<th>Most days or every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do arts and crafts (for example, weaving, draw pictures, paint or colour)?</td>
<td></td>
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<tr>
<td>Build things (for example, using blocks, playdough or Lego™)?</td>
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<tr>
<td>Use pencils or markers to write or draw letters or numbers or pretend to write?</td>
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<tr>
<td>Do dress up, pretend play or make believe?</td>
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<tr>
<td>Sort and classify objects (for example stones, toys or blocks) by colour, shape and/or size?</td>
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<td></td>
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<tr>
<td>Use puzzles, board games or cards?</td>
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</tbody>
</table>
SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

For the following questions we are asking you to think about the last 6 months:

1. How often has your child been around children other than siblings?
   - 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

2. How often did your child have a close friendship with another child around the same age? In other words, someone they were excited to see and spend time with, got along well with, shared likes and interests.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Always

3a. How often do you or another adult involve your child in household chores, like cooking, cleaning, setting the table or caring for pets?
   - 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

3b. 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 clean up a neighbourhood outdoor space.
   - 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
4. How often have you had the chance to talk with your child about:

<table>
<thead>
<tr>
<th>Question</th>
<th>Not yet</th>
<th>Less than once a month</th>
<th>A few times a month</th>
<th>About once a week</th>
<th>A few times a week</th>
<th>Most days or every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their positive interactions with other children (for example, a recent experience sharing with or helping another child)?</td>
<td></td>
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<tr>
<td>Their negative interactions with other children (for example, a recent experience of fighting with another child or feeling excluded)?</td>
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</tr>
<tr>
<td>Their emotions or feelings?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Your emotions or feelings?</td>
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<tr>
<td>Others’ emotions or feelings (for example, another child or adult)?</td>
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</tr>
</tbody>
</table>

SECTION 8: SCREEN-TIME

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

1. On average, how much time per day did your child use an electronic device like a tablet, smartphone, TV or computer?

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>Less than 15 minutes</th>
<th>15 minutes to 1 hour</th>
<th>1 to 2 hours</th>
<th>More than 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Alone</td>
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<td></td>
</tr>
<tr>
<td>b. With another child</td>
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</tr>
<tr>
<td>c. With an adult</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. On average, how much time per day did your child use a TV, tablet, computer or smartphone for educational purposes. For example, where you feel they are learning something valuable.

- None of the time
- Some of the time
- About half the time
- Most of the time
- All of the time
SECTION 9: EARLY LEARNING AND CARE

For the following questions, please respond for each age range:

1. From **0 to 12 months**, what was the child care arrangement you used the most for your child?
   - Parental care only
   - A relative (other than parent)
   - A licensed daycare or child care centre
   - A licensed family child care home
   - An unlicensed family child care home
   - An unlicensed care giver in their home
   - A caregiver in my home
   - Aboriginal Head Start
   - Other

   On average, how many hours per week was your child in the main arrangement?
   - 8 hours or less per week
   - 9 to 15 hours per week
   - 16 to 30 hours per week
   - More than 30 hours per week

2. From **13 months to under 3 years**, what was the child care arrangement you used the most for your child?
   - Parental care only
   - A relative (other than parent)
   - A licensed daycare or child care centre
   - Licensed preschool
   - A licensed family child care home
   - An unlicensed family child care home
   - An unlicensed caregiver in their home
   - A caregiver in my home
   - Aboriginal Head Start
   - Other

   On average, how many hours per week was your child in the main arrangement?
   - 8 hours or less per week
   - 9 to 15 hours per week
   - 16 to 30 hours per week
   - More than 30 hours per week

3. From **3 years to Kindergarten entry**, what was the child care arrangement you used the most for your child?
   - Parental care only
   - A relative (other than parent)
   - A licensed daycare or child care centre
   - Licensed preschool
   - A licensed family child care home
   - An unlicensed family child care home
   - An unlicensed caregiver in their home
   - A caregiver in my home
   - Aboriginal Head Start
   - Other

   On average, how many hours per week was your child in the main arrangement?
   - 8 hours or less per week
   - 9 to 15 hours per week
   - 16 to 30 hours per week
   - More than 30 hours per week
4. How satisfied were you with your child’s most recent main child care arrangement?

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Location</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Cost</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>c. Quality</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>d. Hours of care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

5. What challenges have you experienced when looking for early learning and child care arrangements? (Check all that apply)

- Cost
- Availability of spaces
- Quality of the staff/activities/space
- Hours the program operates
- Transportation
- Distance from home/work
- Information about early learning and child care options
- Availability of programs that are inclusive for children with special needs
- Availability of programs meeting my language or cultural needs
- COVID-19
- No challenges experienced
- Not applicable
- Other
### SECTION 10: GENERAL ACTIVITIES

1. From 3 years to Kindergarten entry, how often did your child use the following community activities/resources?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Once a month or less</th>
<th>A few times a month</th>
<th>Once a week</th>
<th>A few times a week or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports programs (for example, soccer, swimming, skating)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Art, music or drama programs</td>
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<tr>
<td>Cultural activities programs</td>
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<tr>
<td>Story Time program</td>
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<tr>
<td>StrongStart program</td>
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<tr>
<td>Local Neighbourhood House</td>
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<td></td>
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<tr>
<td>Public Library</td>
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<tr>
<td>Aboriginal Family Drop-in</td>
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<tr>
<td>Family Resource Centre (i.e., Family Drop-In Program)</td>
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<tr>
<td>Park/Playground</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Local community/recreation centre</td>
<td></td>
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<tr>
<td>Faith-based program</td>
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<tr>
<td>Other activity</td>
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</tbody>
</table>
2. Think about the last year, were there any local activities that you wanted to do with your child but couldn’t?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**a. Which activity or activities?**

___________________________________________________________________

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

- [ ] Transportation
- [ ] Cost
- [ ] Available spaces
- [ ] Not having enough time
- [ ] Distance from home/work
- [ ] Hours the program operates
- [ ] Availability of activities that are inclusive for children with special needs
- [ ] Availability of activities meeting my language or cultural needs
- [ ] Didn’t know the activity was offered
- [ ] COVID-19
- [ ] Other
PART 1: CHILDHOOD EXPERIENCES

SECTION 11: EXPERIENCES IN NEIGHBOURHOOD

1. In the last five years, how many times has your child moved homes?
   Number of times (0-12) _________________
   ○ Don’t know

2. How long has your child lived in their current neighbourhood? For children who live in more than one neighbourhood, please think about the one in which they spend the most time.
   ○ Less than 1 year          ○ 3-4 years
   ○ 1-2 years                 ○ 5 or more years

3. How safe are the parks and places in your child’s neighbourhood?
   ○ Very unsafe
   ○ Somewhat unsafe
   ○ Neither unsafe or safe
   ○ Somewhat safe
   ○ Very safe

4. In the last 6 months, on average, how often did your child play outside in their neighbourhood?
   ○ Never
   ○ Once a week
   ○ 2 to 3 days a week
   ○ 4 to 5 days a week
   ○ 6 to 7 days a week

5. In general, can your neighbours be counted on to look out for children in your neighbourhood?
   ○ No          ○ Yes

6. How many people in your neighbourhood can you depend on? This may include things like collecting your mail when away, occasional child minding or for emergencies.
   Number of people (0 to 5 or more) ________________________________
SECTION 12: DEMOGRAPHICS

1. In what way would your child describe themselves?
   ○ Boy  ○ Girl  ○ In another way _______________

2. In which country was your child born? ________________________
   ○ Prefer not to answer

   a. If your child was born outside of Canada, what year did your child move to Canada?
      (2013 to 2021) ________________
      ○ Prefer not to answer

3. In which country were you born? ________________________
   ○ Prefer not to answer

   a. If you were born outside of Canada, what year did you move to Canada?
      (1910 to 2021) ________________
      ○ Prefer not to answer

4a. What is your child’s ethnicity? (Check all that apply)
   ○ Indigenous 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 origins (for example, Brazilian, Cuban, Bolivian)
   ○ European origins (for example, British, Italian, Russian)
   ○ Middle Eastern origins (for example, Iranian, Turkish, Afghani)
   ○ African origins (for example, Nigerian, Ghanaian, Zimbabwean)
   ○ Other
      ________________________
PART 1: CHILDHOOD EXPERIENCES

4b. What is your family ethnicity? (Check all that apply)
- Indigenous 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 origins (for example, Brazilian, Cuban, Bolivian)
- European origins (for example, British, Italian, Russian)
- Middle Eastern origins (for example, Iranian, Turkish, Afghani)
- African origins (for example, Nigerian, Ghanaian, Zimbabwean)
- Other
  ________________________________

5. Is your child Indigenous? (Check all that apply)
- No
- First Nations
- Inuit
- Métis
- Prefer not to answer

  a. Does your child self-identify with one or more First Nation(s)?
  ________________________________
  - Prefer not to answer

  b. Which First Nation, Métis and/or Inuit languages does your child identify with?
  ________________________________
  - Prefer not to answer

6. Please identify your child’s first language(s)
  __________________________________________
  __________________________________________
  __________________________________________
PART 1: CHILDHOOD EXPERIENCES

7. Does your child currently live in more than one home?
   ○ No  ○ Yes  ○ Prefer not to answer
   a. On average, how many days per month does your child live with you?
      Number of days (0 to 31) ___________________
      ○ Prefer not to answer
   b. How long has your child been living in more than one home?
      ○ 0 to 3 months  ○ More than a year
      ○ 4 to 6 months  ○ Since birth
      ○ 7 to 12 months  ○ Prefer not to answer

8. How many brothers or sisters (including step, adopted, foster or half) does your child have?
   Number of siblings (0-6) ___________________
PART 2: PRIVATE INFORMATION

Information you provide in this section is confidential. Your responses to these questions are not provided to your child’s school.

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

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

(1 to 10) ________________
○ Prefer not to answer

2. Which of the following best describes your highest educational level?

○ Less than high school completion
○ High school completion (or equivalent)
○ Some post-secondary education
○ Post-secondary certificate or diploma
○ Undergraduate degree
○ Graduate or professional degree
○ Other
○ Prefer not to answer

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

○ Not applicable
○ Less than high school completion
○ High school completion (or equivalent)
○ Some post-secondary education
○ Post-secondary certificate or diploma
○ Undergraduate degree
○ Graduate or professional degree
○ Other
○ Prefer not to answer

4. Which of the following best describes your current marital status?

○ Single
○ Common law
○ Married
○ Separated
○ Divorced
○ Widowed
○ Other
○ Prefer not to answer

5. 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 $74,999
○ $75,000 to $99,999
○ $100,000 to $149,999
○ $150,000 to $199,999
○ $200,000 or more
○ Prefer not to answer
6. In the last six months, how often did your child go hungry because there was not enough money for food?

- Never
- Once a month or less
- Once a week or less
- A few times a week
- Daily
- Prefer not to answer

7. In the last six months, how often has your family accessed community food services (for example, school breakfast program, community kitchen or food bank)?

- Never
- Once a month or less
- Once a week or less
- A few times a week
- Daily
- Prefer not to answer

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

- Stay-at-home parent
- On parental leave
- Working 30 hours or more a week
- Working less than 30 hours a week
- Attending school/college/university/job training
- Not working/looking for paid work
- Other
- Prefer not to answer

9. 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)

- Not applicable
- Stay-at-home parent
- On parental leave
- Working 30 hours or more a week
- Working less than 30 hours a week
- Attending school/college/university/job training
- Not working/looking for paid work
- Other
- Prefer not to answer
**PART 3: COVID-19 Pandemic**

Your responses to the following questions will be combined with those from other parents/caregivers, and shared with school personnel at the school, school district and neighbourhood level anonymously. Summaries will **not** include your child’s name or any identifying information.

The World Health Organization (WHO) declared COVID-19 as a pandemic in March of 2020. For the following questions, we would like to know about your own and your family’s feelings and experiences during this unusual and unprecedented time.

**1. We are interested in how the COVID-19 pandemic is affecting your family’s abilities to do the following things:**

<table>
<thead>
<tr>
<th>Because of the pandemic…</th>
<th>Much less</th>
<th>Less</th>
<th>About the same</th>
<th>More</th>
<th>Much more</th>
</tr>
</thead>
<tbody>
<tr>
<td>…our family plays together</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…our family eats together</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…our family is able to access outdoor space</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…our family is able to be physically active together</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…our family is able to access healthy foods</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**2. We are interested in how the COVID-19 pandemic is affecting your ability to do the following things:**

<table>
<thead>
<tr>
<th>Because of the pandemic…</th>
<th>Much less</th>
<th>Less</th>
<th>About the same</th>
<th>More</th>
<th>Much more</th>
</tr>
</thead>
<tbody>
<tr>
<td>…I feel rested</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…I have time to take care of myself</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…I have time to prepare healthy meals</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…I can support my child’s play</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…I feel connected to my friends/family</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>…I managed my child’s behaviour</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
3. Over the last six months, what was your typical level of stress?

- Very high
- High
- Medium
- Low
- Very low
- Prefer not to answer

4. How has the COVID-19 pandemic affected your child’s use of services/supports?

- There has been no change. We continue to use services/supports as we normally would
- We are no longer able to use services/supports
- We continue to use services/supports but in a different way
- Not applicable
- Prefer not to answer

   a. [if indicated not able to use services/supports] Please list or describe the types of services/supports you are no longer able to access (provide open text box)

5. Has the COVID-19 pandemic affected your job status or amount of work hours per week?

- Yes, I work fewer hours now than before the pandemic began
- Yes, I work more hours now than before the pandemic began
- Yes, I am no longer working
- No
- Not applicable

6. If applicable, has the COVID-19 pandemic affected the job status or amount of work hours per week for the second parent/caregiver living in the child’s home?

- Yes, they work fewer hours now than before the pandemic began
- Yes, they work more hours now than before the pandemic began
- Yes, they were no longer working
- No
- Not applicable
7. Has the COVID-19 pandemic affected your overall family income?
   ○ Yes, our overall income has decreased
   ○ Yes, our overall income has increased
   ○ No, our overall income has not changed
   ○ Prefer not to answer

8. How much do you agree that you could do the following if you wanted or needed to...

<table>
<thead>
<tr>
<th>Find trustworthy information about how to talk to my child about COVID-19 and the ongoing pandemic</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find reliable virtual tools and online resources for my child’s physical health related to COVID-19 and the ongoing pandemic</td>
<td>○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Find reliable virtual tools and online resources for my child’s mental health related to COVID-19 and the ongoing pandemic</td>
<td>○ ○ ○ ○</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>