



THE CHILDHOOD EXPERIENCES QUESTIONNAIRE (CHEQ)

This questionnaire was made to better understand the experiences children have had before starting 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. 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.

If you have any questions about the CHEQ or how to fill out the questionnaire, please email us at: cheq@help.ubc.ca.

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 individual 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)

- | | |
|--|--|
| <input type="radio"/> Family Doctor | <input type="radio"/> Optometrist/Ophthalmologist (Vision test) |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> No, my child did not visit a health care professional in the last year |
| <input type="radio"/> Public Health Nurse | |
| <input type="radio"/> Dentist | |
| <input type="radio"/> Audiologist (Hearing test) | |

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
 - COVID-19
 - 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 Head Start
- 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

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

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SECTION 3: NUTRITION

	Never	Once a week or less	A few times a week	Most days	Every day
1. In the last 6 months, how often did your child eat breakfast?	<input type="radio"/>				
2. In the last 6 months, how often did your child eat a meal together with another family member?	<input type="radio"/>				

3. In the last 6 months, how often did your child eat or drink:
(Please note the examples provided are not a complete list)

	Never	Once a week or less	A few times a week	Once a day	More than once a day
Vegetables and fruits (including fresh, frozen, canned or cooked)	<input type="radio"/>				
Whole grain foods (including quinoa, whole grain bread or pasta, oatmeal, brown rice)	<input type="radio"/>				
Protein foods (including eggs, dried or fresh meat/fish, beans, tofu, yogurt, cheese, soy)	<input type="radio"/>				
Water	<input type="radio"/>				
Sugary drinks (including fruit juices or soda/pop)	<input type="radio"/>				
Sugary or salty snacks (including crackers, cookies, candy or chips)	<input type="radio"/>				

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)

- | | |
|--|--|
| <input type="radio"/> None | <input type="radio"/> Feeling too warm/cold |
| <input type="radio"/> Difficulty falling asleep | <input type="radio"/> Growing pains |
| <input type="radio"/> Does not want to sleep alone | <input type="radio"/> Needing help going back to sleep after waking in the night |
| <input type="radio"/> Nightmares/night terrors | <input type="radio"/> Don't know |
| <input type="radio"/> Bed wetting | <input type="radio"/> Other |
| <input type="radio"/> Frequent waking | |
| <input type="radio"/> Disturbed by noise | |

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
- A few times a month
- About once a week
- A few times a week
- Most days or every day

SECTION 6: LANGUAGE AND COGNITION

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

	Not yet	A few times a month or less	About once a week	A few times a week	Most days or every day
Read books or tell stories with your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with your child about pictures, signs and words they experience in daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sing songs, make music, do rhymes or dance with your child?	<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"/>
Collect objects (for example, rocks, shells or cards) with your child?	<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"/>

2. In the last 6 months, how often did your child:

	Not yet	A few times a month or less	About once a week	A few times a week	Most days or every day
Do arts and crafts (for example, weaving, draw pictures, paint or colour)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build things (for example, using blocks, playdough or Lego™)?	<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 to write?	<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"/>
Sort and classify objects (for example stones, toys or blocks) by colour, shape and/or size?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use puzzles, board games or cards?	<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 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:

	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
<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"/>
<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"/>
<u>Their</u> emotions or feelings?	<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"/>
<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"/>

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?

	None	Less than 15 minutes	15 minutes to 1 hour	1 to 2 hours	More than 2 hours
a. Alone	<input type="radio"/>				
b. With another child	<input type="radio"/>				
c. With an adult	<input type="radio"/>				

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 Most of the time
 Some of the time All of the time
 About half 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?

- | | |
|---|--|
| <input type="radio"/> Parental care only | <input type="radio"/> An unlicensed family child care home |
| <input type="radio"/> A relative (other than parent) | <input type="radio"/> An unlicensed care giver in their home |
| <input type="radio"/> A licensed daycare or child care centre | <input type="radio"/> A caregiver in my home |
| <input type="radio"/> A licensed family child care home | <input type="radio"/> Aboriginal Head Start |
| | <input type="radio"/> 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?

- | | |
|---|---|
| <input type="radio"/> Parental care only | <input type="radio"/> An unlicensed family child care home |
| <input type="radio"/> A relative (other than parent) | <input type="radio"/> An unlicensed caregiver in their home |
| <input type="radio"/> A licensed daycare or child care centre | <input type="radio"/> A caregiver in my home |
| <input type="radio"/> Licensed preschool | <input type="radio"/> Aboriginal Head Start |
| <input type="radio"/> A licensed family child care home | <input type="radio"/> 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?

- | | |
|---|---|
| <input type="radio"/> Parental care only | <input type="radio"/> An unlicensed family child care home |
| <input type="radio"/> A relative (other than parent) | <input type="radio"/> An unlicensed caregiver in their home |
| <input type="radio"/> A licensed daycare or child care centre | <input type="radio"/> A caregiver in my home |
| <input type="radio"/> Licensed preschool | <input type="radio"/> Aboriginal Head Start |
| <input type="radio"/> A licensed family child care home | <input type="radio"/> 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?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hours of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

	Never	Once a month or less	A few times a month	Once a week	A few times a week or more
Sports programs (for example, soccer, swimming, skating)	<input type="radio"/>				
Art, music or drama programs	<input type="radio"/>				
Cultural activities programs	<input type="radio"/>				
Story Time program	<input type="radio"/>				
StrongStart program	<input type="radio"/>				
Local Neighbourhood House	<input type="radio"/>				
Public Library	<input type="radio"/>				
Aboriginal Family Drop-in	<input type="radio"/>				
Family Resource Centre (i.e., Family Drop-In Program)	<input type="radio"/>				
Park/Playground	<input type="radio"/>				
Local community/recreation centre	<input type="radio"/>				
Faith-based program	<input type="radio"/>				

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

- No Yes



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

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 safe

Somewhat unsafe

Very safe

Neither unsafe or safe

4. In the last 6 months, on average, how often did your child play outside in their neighbourhood?

Never

4 to 5 days a week

Once a week

6 to 7 days a week

2 to 3 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

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. Does your child self-identify with one or more Métis Nation Homeland(s)?

- Prefer not to answer

c. Does your child self-identify with one or more Inuit Nunangat community/communities?

- Prefer not to answer

d. 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)

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?

- | | |
|--------------------------------------|--|
| <input type="radio"/> 0 to 3 months | <input type="radio"/> More than a year |
| <input type="radio"/> 4 to 6 months | <input type="radio"/> Since birth |
| <input type="radio"/> 7 to 12 months | <input type="radio"/> 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?

- | | |
|--|---|
| <input type="radio"/> Less than high school completion | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> High school completion (or equivalent) | <input type="radio"/> Other |
| <input type="radio"/> Some post-secondary education | _____ |
| <input type="radio"/> Post-secondary certificate or diploma | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Undergraduate degree | |

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

- | | |
|--|---|
| <input type="radio"/> Not applicable | <input type="radio"/> Undergraduate degree |
| <input type="radio"/> Less than high school completion | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> High school completion (or equivalent) | <input type="radio"/> Other |
| <input type="radio"/> Some post-secondary education | _____ |
| <input type="radio"/> Post-secondary certificate or diploma | <input type="radio"/> Prefer not to answer |

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

- | | |
|----------------------------------|--|
| <input type="radio"/> Single | <input type="radio"/> Widowed |
| <input type="radio"/> Common law | <input type="radio"/> Other |
| <input type="radio"/> Married | _____ |
| <input type="radio"/> Separated | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Divorced | |

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

- | | |
|--|--|
| <input type="radio"/> Under \$20,000 | <input type="radio"/> \$100,000 to \$149,999 |
| <input type="radio"/> \$20,000 to \$49,999 | <input type="radio"/> \$150,000 to \$199,999 |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> 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:

Because of the pandemic...	Much less	Less	About the same	More	Much more
...our family plays together	<input type="radio"/>				
...our family eats together	<input type="radio"/>				
...our family is able to access outdoor space	<input type="radio"/>				
...our family is able to be physically active together	<input type="radio"/>				
...our family is able to access healthy foods	<input type="radio"/>				

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

Because of the pandemic...	Much less	Less	About the same	More	Much more
...I feel rested	<input type="radio"/>				
...I have time to take care of myself	<input type="radio"/>				
...I have time to prepare healthy meals	<input type="radio"/>				
...I can support my child's play	<input type="radio"/>				
...I feel connected to my friends/family	<input type="radio"/>				
...I managed my child's behaviour	<input type="radio"/>				

...I had access to
consistent childcare for
my child/children

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...

	Strongly disagree	Disagree	Agree	Strongly agree
Find trustworthy information about how to talk to my child about COVID-19 and the ongoing pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find reliable virtual tools and online resources for my child's physical health related to COVID-19 and the ongoing pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find reliable virtual tools and online resources for my child's mental health related to COVID-19 and the ongoing pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>