



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

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

What is your relationship to this child? 

- Parent
- Foster Parent
- Grandparent
- Both parents completing together
- Other

Clear

Where are you completing this questionnaire? 

- At this child's school
- At home
- At work
- Other

Clear

SECTION 2: PHYSICAL HEALTH AND WELL-BEING

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In general, would you say this child's health is... 

- Excellent
- Very good
- Good
- Fair
- Poor

Clear

In the last 12 months, did this child visit with any of the following health care professionals? (Check all that apply) 

- Family Doctor/Nurse Practitioner
- Public Health Nurse
- Dentist
- No, this child did not visit these health care professionals in the last 12 months

Which barriers did this child or your family face when trying to see a health care professional? (Check all that apply) 

- No barriers
- Did not need to see one
- Transportation
- Cost
- Appointment availability/waiting list
- Not having enough time
- Distance from home/work
- Hours the health care professional was available
- Services are not available in my language/for my culture
- Services are not culturally safe or relevant
- Did not know how to find one/get an appointment
- No access or lost access to health care professional
- Other

In the last 12 months, have there been any stressful events in this 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

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From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) 

- Occupational therapy/Physical therapy
- Speech language intervention
- Visit with another medical specialist
- Counsellor/Therapist
- Supported child development program
- None of the above
- Other

Which barriers did this child or your family face 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
- Appointment availability/waiting list
- Services are not available in my language/for my culture
- Services are not culturally safe or relevant
- Did not know about it
- Was not referred
- No access to these programs in my community
- Other

SECTION 3: NUTRITION

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In the last 6 months, how often did this child eat breakfast? 

- Never
- Once a week or less
- A few times a week
- Most days
- Every day

Clear

In the last 6 months, how often did this child eat a meal together with another family member? 

- Never
- Once a week or less
- A few times a week
- Most days
- Every day

Clear

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

Vegetables (including fresh, frozen, canned or cooked) 

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

[Clear](#)

Fruits (including fresh, frozen, canned or cooked) 

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

[Clear](#)

Sugary drinks (including fruit juices or soda/pop) 

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

[Clear](#)

SECTION 4: SLEEP

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How many hours does this child usually sleep at night? 

- Less than 9 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- More than 13 hours

Clear

SECTION 5: MOTOR SKILLS AND EXPERIENCES

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In the last 6 months, about how many times per week did this child take part in moderate to vigorous physical activity while participating in organized activities (for example, soccer or swimming lessons)? 

- Never
- Once a week or less
- 2-3 times a week
- 4-5 times a week
- 6-7 times a week

Clear

In the last 6 months, how many minutes a day did this child take part in moderate to vigorous 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

[Clear](#)

Over the last 6 months, how often did this 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

[Clear](#)

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

When given the chance, this child likes to take risks when playing outside (for example, climb up as high as they like, play-wrestle or ride a bike really fast).



- Not at all like this child
- A little bit like this child
- More or less like this child
- A lot like this child
- Always like this child

[Clear](#)

In the last 6 months, how often did this 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

[Clear](#)

SECTION 6: LANGUAGE AND COGNITION

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In the last 6 months, how often did you or another adult in this child's household:

Read books or tell stories with this child? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

Clear

Talk with this child about pictures, signs and words they experience in daily life? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

Clear

Sing songs, make music, drum, do rhymes or dance with this child? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

[Clear](#)

In the last 6 months, how often did this child:

Do arts and crafts (for example, weaving, draw pictures, paint or colour)?



- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

[Clear](#)

Build things (for example, using blocks, playdough or Lego™)? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

[Clear](#)

Use pencils or markers to write or draw letters or numbers or pretend to write? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

Clear

Do dress up, pretend play or make believe? 

- Not yet
- A few times a month or less
- About once a week
- A few times a week
- Most days or every day

Clear

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SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

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

How often has this child played with 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

Clear

How often did this 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

Clear

How often do you or another adult involve this 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

[Clear](#)

How often did you talk with this child about:

Their positive interactions with other children (for example, a recent experience sharing with or helping another 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

[Clear](#)

Their negative interactions with other children (for example, a recent experience of fighting with another child or feeling excluded)? 

- 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

[Clear](#)

Their emotions or feelings? 

- 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

Clear

Others' emotions or feelings (for example, another child or adult)? 

- 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

Clear

SECTION 8: SCREEN-TIME

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In the last 6 months, on average, how much time per day did this 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

Clear

SECTION 9: EARLY LEARNING AND CARE

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

From 18 months to under 3 years, what was the child care arrangement you used the most for this 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

Clear

On average, how many hours per week was this 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

Clear

From 3 years to kindergarten entry, what was the child care arrangement you used the most for this 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

[Clear](#)

On average, how many hours per week was this 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

[Clear](#)

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

- No challenges experienced
- Cost
- Availability of spaces
- Being on a waitlist
- 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
- Not applicable
- Other

SECTION 10: GENERAL ACTIVITIES

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In the last 12 months, how often did this child use the following community activities/resources?

	Not available in my community	Never	Once a month or less	A few times a month	Once a week	A few times a week or more
Art, music or drama programs	<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"/>
StrongStart program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Library or Story Time program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Resource Centre (e.g., Family Drop-In Program, Local Neighbourhood House)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Park/Playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local community/recreation centre	<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"/>

Think about the last 12 months, were there any local activities that you wanted to do with this child but couldn't? 

No Yes

Clear



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
- Availability of activities that are culturally safe or relevant
- Didn't know the activity was offered
- Not available in my community
- Other

SECTION 11: EXPERIENCES IN NEIGHBOURHOOD

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In the last five years, how many times has this child moved homes? 

Select...

How long has this 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
- 1-2 years
- 3-4 years
- 5 or more years

Clear

How safe are the parks and places in this child's neighbourhood? 

- Very unsafe
- Somewhat unsafe
- Neither unsafe nor safe
- Somewhat safe
- Very safe

Clear

How many people in your neighbourhood can you count on? This may include things like collecting your mail when away, occasional child minding or for emergencies. 

Select...

SECTION 12: DEMOGRAPHICS

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What is your gender identity? 

- Woman
- Man
- Non-binary person
- Two parents responding together
- Prefer not to answer

Clear

In what way would this child describe themselves? 

- Boy
- Girl
- In another way

Clear

Was this child born in Canada? 

- No
- Yes
- Prefer not to answer

Clear

What is this child's ethnicity? (Check all that apply) 

- Indigenous (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

Is this child First Nations, Inuit, or Métis? (Check all that apply) 

- No
- First Nations
- Inuit
- Métis
- Prefer not to answer

 **If answered 'First Nations':**

For a list of Nations and languages sorted by province/territory that are available to select on the CHEQ, please see the [Indigenous Nations & Languages in Canada](#) resource.

Which First Nation(s) does this child self-identify with?

 **If answered 'Inuit':**

Which Inuit Nunangat community/communities does this child self-identify with?

➔ If answered 'Métis':

Which Métis Nation Homeland(s) does this child self-identify with? *

Please identify this child's first language(s): 

Other first language: 

➔ If answered First Nation, Inuit and/or Métis Language:

Which First Nation, Inuit and/or Métis language?

Does this child currently live in more than one home? 

- No Yes Prefer not to answer

Clear

How many brothers or sisters (including step, adopted, foster or half) does this child have? 

PART 2: PRIVATE INFORMATION

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Part 2: Private Information

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

Using a scale of 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied, please answer the following question: 

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

Select...

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
- Prefer not to answer
- Other

Clear

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
- Prefer not to answer
- Other

[Clear](#)

Which of the following best describes your current marital status? 

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

[Clear](#)

Which of the following is the best estimate of your overall household income in the last 12 months, 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

[Clear](#)

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

- Stay-at-home parent/caregiver
- 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
- Prefer not to answer
- Other

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
- Prefer not to answer
- Other

In the last 12 months, did you worry that food would run out before your family got money to buy more? 

- Never or rarely
- Sometimes
- Often
- Very often
- Prefer not to answer

[Clear](#)

PART 3: COVID-19 Pandemic

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Finish Questionnaire

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 this child's name or any identifying information.

The World Health Organization (WHO) declared COVID-19 as a pandemic in March of 2020. While we are now out of the emergency phase of the pandemic, we would like to know about your feelings and experiences now, compared to before the COVID-19 pandemic.

1. We are interested in how the COVID-19 pandemic has affected your ability to do the following things:

Compared to before 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 feel connected to my friends/family	<input type="radio"/>				
...I had access to consistent child care for my child/children	<input type="radio"/>				

2. Over the last six months, what was your typical level of stress? 

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

[Clear](#)

3. 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

[Clear](#)