CHEQ



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 <u>not</u> be shared with your child's school. Your answers will remain confidential and will only be shared for research purposes.

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.



H20-02241 March 2025

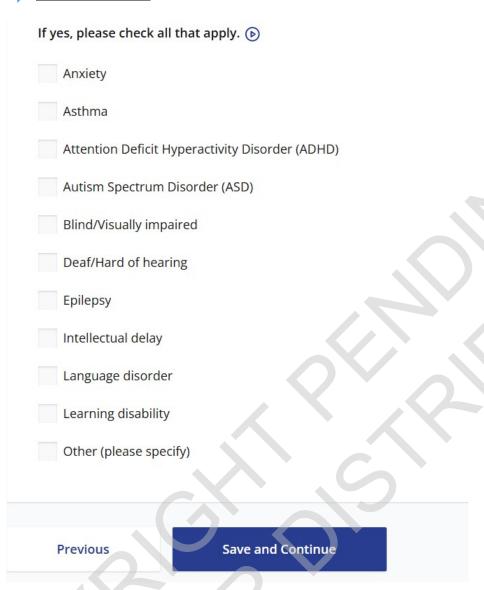
PART 1: CHILDHOOD EXPERIENCES

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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? (b)	
Parent	
Foster Parent	
Grandparent	
Both parents completing together	
Other	
Where are you completing this questionnaire? (5)	
At this child's school	
At home	
At work	
Other	
Save and Continue	

SECTION 2: PHYSICAL HEALTH AND WELL-BEING

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In general, would you say this child's health is 🕞	Clear
Excellent	
Very good	
Good	
Fair	
Poor	
We only ask the following question to provide context for your answers in the survey. To information will not be used for any assessment or service provision purposes.	his
Does your child have any disabilities or health concerns, whether currently diagnosed or not, that might affect their participation in social, academic or physical activities?	
Yes	
No	
Prefer not to answer	

If answered 'Yes':



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In the <u>last 12 months</u> , did this child visit with any of the following health care professionals? (Check all that ⑤	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) (S)	Þ
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	
No barriers	
Other (please specify)	

If you would like help or support, please dial or text 2-1-1 to be connected with local programs and services
Don't know
Parents' separation and/or divorce
Death of a close family member
Prolonged separation from a parent
Birth of a sibling
Major illness, accidents or hospitalization of a family member
Move to a new community
Parental job loss
Natural disaster
Major illness, accidents or hospitalization of your child
Death of a parent/caregiver
My child has not experienced any stressful events
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Page 4 of 18 From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or
Page 4 of 18 From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) (5)
Page 4 of 18 From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) (a) Occupational therapy/Physical therapy
From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) (Speech language intervention
Page 4 of 18 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
From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) (a) Occupational therapy/Physical therapy Speech language intervention Visit with another medical specialist Counsellor/Therapist
From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply) (a) Occupational therapy/Physical therapy Speech language intervention Visit with another medical specialist Counsellor/Therapist Supported child development program

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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
Previous Save and Continue

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	In the <u>last 6 months</u> , how often did this child eat breakfast? (b)	
	Never	
	Once a week or less	
	A few times a week	
	Most days	
	Every day	
	In the <u>last 6 months</u> , how often did this child eat a meal together with another family member? (b)	
	Never	
	Once a week or less	
	A few times a week	
	Most days	
	Every day	
	Prévious Save and Continue	

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
Fruits (including fresh, frozen, canned or cooked) (5)
Never
Once a week or less
A few times a week
Once a day
More than once a day
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
Previous Save and Continue

Less than 9 hours 9 hours 10 hours 11 hours 12 hours More than 13 hours Previous Section 5: Motor Skills and Experiences					Pag
9 hours 10 hours 11 hours 12 hours 13 hours More than 13 hours Previous Save and Continue	How many hours do	s this child usually sleep at nigi	1t?(b)		
10 hours 11 hours 12 hours 13 hours More than 13 hours Previous Save and Continue	Less than 9 hour				
11 hours 12 hours 13 hours More than 13 hours Previous Save and Continue	9 hours				
12 hours 13 hours More than 13 hours Previous Save and Continue	10 hours				
13 hours More than 13 hours Previous Save and Continue	11 hours				
Previous Save and Continue	12 hours				
Previous Save and Continue	13 hours				
Previous Save and Continue	More than 13 ho	rs			
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SECTION 5: MOTOR SKILLS AND EXPERIENCES	Previous	Save and Continue			
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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)? (5)

Never

Once a week or less

2-3 times a week

4-5 times a week

6-7 times a week

In the <u>last 6 months</u> , 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)?	

0.1		4.5
() No	unorganized	activities
O 110	unorganizea	activities

- O Fewer than 15 minutes a day
- 15 to 30 minutes per day
- \bigcirc 31 to 60 minutes per day
- 61 to 120 minutes per day
- O More than 120 minutes per day
- O Don't know

Clear

Over the <u>last 6 months</u>, how often did this child play outdoors?

(D)

- O Never
- Once a week or less
- O 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). (b)
Not at all like this child
A lead to let to the second of
A little bit like this child
More or less like this child
A lot like this child
Always like this child
In the <u>last 6 months</u> , how often did this child have a chance to do this? (b) Clear
Not yet
Less than once a month
A few times a month
About once a week
A few times a week
A lew tillies a week
Most days or every day
Previous Save and Continue
Save and Continue

SECTION 6: LANGUAGE AND COGNITION

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In the <u>last 6 months</u> , how often did you or another adult in this child's household:	•
Read books or tell stories with this child? (6)	
Not yet	
A few times a month or less	
About once a week	
A few times a week	
Most days or every day	
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	
Sing songs, make music, drum, do rhymes or dance with this child? (6)	
Not yet	
A few times a month or less	
About once a week	
A few times a week	
Most days or every day	
Wost days of every day	

In the <u>last 6 months</u>, 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 TM)?
O Not yet
A few times a month or less
○ About once a week
○ A few times a week
O 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
O About once a week
A few times a week
Most days or every day
Clear
Previous Save and Continue

SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

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For the following questions we are asking you to think about the <u>last 6 months</u> :	
How often has this child played with children other than siblings? (b)	ır ,
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	
How often did this child have a <u>close friendship</u> 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	

	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
	O Less than once a month
	○ A few times a month
	O About once a week
	○ A few times a week
	Most days or every day
	Clear
Н	ow often did you talk with this child about:
	<u>Their positive</u> 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)?
	O Not yet
	O Less than once a month
	○ A few times a month
	About once a week
	O 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
O Less than once a month
O A few times a month
About once a week
○ A few times a week
Most days or every day
Clear
Previous Save and Continue

SECTION 8: SCREEN-TIME

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In the <u>last 6 months</u> , on average, how much <u>time per day</u> did this child use an electronic device tablet, smartphone, TV or computer? •	like a ···
None	
Less than 15 minutes	
15 minutes to 1 hour	
1 to 2 hours	
More than 2 hours	
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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	
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	
O 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? \bigcirc
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
O 9 to 15 hours per week
○ 16 to 30 hours per week
O More than 30 hours per week
Clear
Previous Save and Continue

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



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

	Not available in my community	Ne ver	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	0	0	0	0	0	0
Cultural activities programs	0	0	0	0	0	0
StrongStart program	0	0	0	0	0	0
Public Library or Story Time program	0	0	9	0	0	0
Family Resource Centre (e.g., Family Drop-In Program, Local Neighbourhood House)		0	0	0	0	0
Park/Playground	0	0	0	0	0	0
Local community/recreation centre	0	0	0	0	0	0
Faith-based program	0	0	0	0	0	0

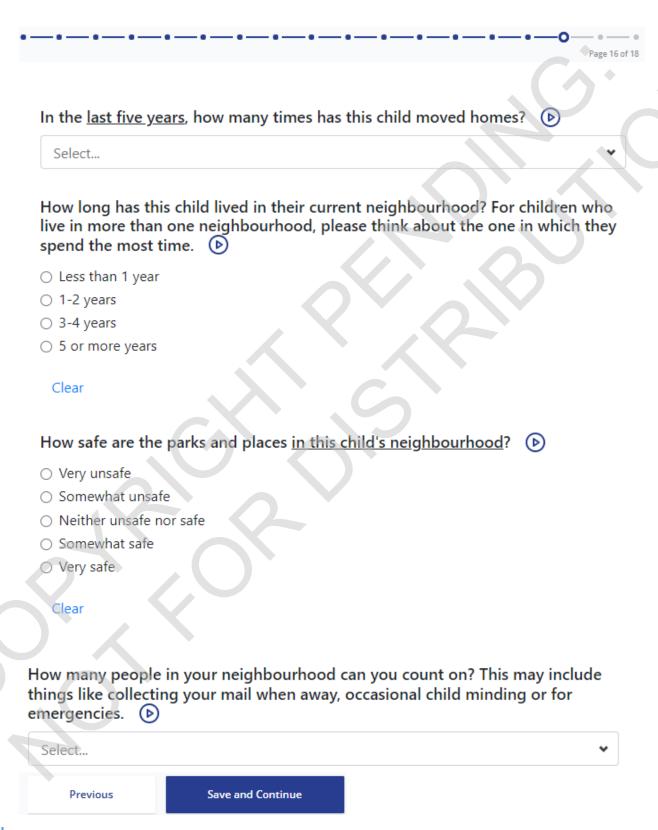
Think about the <u>last 12 months</u>, were there any local activities that you wanted to do <u>with this child</u> but couldn't?

O No O 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
- ☐ Availability of activities that are culturally safe or relevant
- □ Didn't know the activity was offered
- ☐ Not available in my community
- ☐ Other



What is your gender identity? (b)
○ Woman
○ Man
Non-binary person
Two parents responding together
O 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?
Choose or type to search
Choose or type to search
If answered 'Inuit':
Which Inuit Nunangat community/communities does this child self-identify
with?
Choose or type to search ▼
Choose or type to search ▼



March 2025



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 <u>completely dissatisfied</u> and 10 means <u>completely satisfied</u> , please answer the following question: •
All things considered, how satisfied are you with your life as a whole these days?
Select Y
Over the last six months, what was your typical level of stress? (b)
Very high
High
Medium
Low
Very low
Prefer not to answer
Which of the following best describes your highest educational level? (b)
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

If applicable, which of the following best describes the highest educational level for the second parent/caregiver living in the child's home?
O Not applicable
O Less than high school completion
O High school completion (or equivalent)
○ Some post-secondary education
O Post-secondary certificate or diploma
○ Undergraduate degree
○ Graduate or professional degree
O Prefer not to answer
Other
Clear
Which of the following best describes your <u>current</u> marital status?
○ Single
○ Common law
O Married
○ Separated
○ Divorced
○ Widowed
O Prefer not to answer
Other
Clear

Which of the following is the best estimate of your <u>overall household income</u> in the <u>last 12 months</u> , <u>before</u> taxes?
O 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
O 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
☐ On parental leave ☐ Working 30 hours or more a week
☐ Working 30 hours or more a week
 □ Working 30 hours or more a week □ Working less than 30 hours a week
 □ Working 30 hours or more a week □ Working less than 30 hours a week □ Attending school/college/university/job training
 □ 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

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
O Sometimes
○ Often
○ Very often
O Prefer not to answer
Clear
Previous Finish Questionnaire
0,0