

# Kindergarten Parent Survey

Please fill in the circles like this ● or ⊗. Please use a blue or black ballpoint pen. Whenever you are asked about "your child", please answer the question based on your child who is currently enrolled in senior kindergarten.

## SECTION A: CHILD HEALTH & DEVELOPMENT

1. Is your child male or female?    <sub>1</sub> Male    <sub>2</sub> Female
2. What is your child's birth date? \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year
3. What is your child's current height? \_\_\_\_\_
4. What is your child's current weight? \_\_\_\_\_
5. My child: (**mark one**)    <sub>1</sub> Should weigh more    <sub>2</sub> Is about the right weight    <sub>3</sub> Should weigh less
6. Has your child **ever** had:
 

	Yes	No
a. Their vision checked by an optometrist	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
b. Their hearing checked by an audiologist	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
c. Their teeth checked by a dentist	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
d. A flu shot	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

## SECTION B: HEALTHY EATING

	Never or Almost Never	At least once a week but not every day	Once a day	Twice a day	3 or more times a day
7. Eat breakfast?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
8. Eat vegetables?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
9. Eat fruit	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
10. Eat or drink milk products ( <i>white or chocolate milk, cheese, yogurt, milk puddings or milk substitutes such as fortified soy beverages</i> )	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
11. Drink pop or other drinks containing sugar ( <i>including sports drinks flavoured drinks</i> )	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
12. Eat french fries	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
13. Eat chocolate or candy	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
14. Eat meals together with the family	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

## SECTION C: CHILD SAFETY

	Yes	No
15. In the past 12 months was your child injured? (such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months, and were <u>serious enough to require medical attention, by a doctor, nurse or dentist.</u>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>


## SECTION D: PHYSICAL ACTIVITY

16. In the past 12 months, how often has your child	4 or more times per week	1 to 3 times a week	Less than once a week	Less than once a month	Not at All
a. Played sports <b>with</b> a coach or instructor, other than in gym class (e.g., swimming lessons, baseball, hockey, etc.)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. Played sports or done physical activities <b>without</b> a coach or instructor (e.g., biking, skate-boarding, etc.)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c. Walked or biked to school	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

17. On average, how many hours a day does your child watch TV, use the computer or play video games.	5 or more hours per day	4 hours per day	3 hours per day	2 hours per day	One Hour or less
	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

## SECTION E: CHILD CARE

	YES	NO
18. Has your child <b>ever</b> received child care (including attendance in nursery or pre-school programs) on a regular basis (at least once a week) from someone other than a parent? Do not include the occasional use of babysitters.	<input type="radio"/> <sub>1</sub> go to question 19	<input type="radio"/> <sub>2</sub> go to  Section F, question 23

For the next few questions, we are interested in the characteristics of the PRIMARY or MAIN child care arrangement you had during certain age periods. You may have had more than one arrangement but select the one that you consider to be your primary arrangement.

19. Who took care of your child in your PRIMARY child care arrangement? (If your child was NOT in regular child care during a certain age period, mark the NO Child Care column)

Age of Child	NO Child Care	My Caregiver is a certified Early Childhood Educator (at least a college diploma)	My Caregiver has no College or University training in Early Childhood Education
0 to 6 months	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
7 months up to 2 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
2 yrs up to 4 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
4 yrs up to 6 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

20. Where was your PRIMARY child care arrangement? If your child was NOT in regular child care during a certain age period, mark the NO Child Care column.

Age of Child	NO Child Care	Child's Home	Other's Home	Child Care Centre
0 to 6 months	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
7 months up to 2 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
2 yrs up to 4 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
4 yrs up to 6 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

21. How important are each of the following in choosing child care for your child?

	Not at all Important	Somewhat Important	Important	Very Important
a. Location	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Cost	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Centre/Caregiver reputation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Quality of the staff/ caregiver	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Quality of the program/care	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Hours of operation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
h. Available child care subsidy	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
i. Other (please specify) _____				

22. If you could choose any type of child care for your child no matter the costs, what would be your first choice? (mark only one) 1<sup>st</sup> Choice

a. Licensed child-care centre/Nursery school NOT located in a school	<input type="radio"/> <sub>1</sub>
b. Licensed child-care centre/Nursery school located in a school	<input type="radio"/> <sub>2</sub>
c. Licensed home child agency (e.g., care provided in a home but licensed through an agency)	<input type="radio"/> <sub>3</sub>
d. Informal home provider (e.g., neighbour, family member, friend)	<input type="radio"/> <sub>4</sub>

## SECTION F: PRE-KINDERGARTEN EXPERIENCES

23. In the past 12 months, how often has your child participated in the following	At Least Once a Week	At Least Once a Month	At Least 3 or 4 Times a Year	At Least Once a Year	Not at All
a. Children's programs (e.g., drop-ins, Moms and Tots, Ontario Early Years Centre programs, Family Resource Centre programs)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. Literacy/Family reading programs (e.g., library, story times, Cozy Reading)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c. Children's Club (Beavers, Sparks, Boys and Girls Club)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
d. Music, Arts or Dance programs (e.g., music lessons, ballet, art classes)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
e. Attended Even Start summer program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
f. Visited a public library	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
g. Visited a book store	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

## SECTION G: KINDERGARTEN

	YES, At school	YES, At a Location Other than a School	NO, Did not attend a JK program
24. Did your child attend some type of junior kindergarten (JK) program before starting senior kindergarten (SK)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

For each of the following statements, indicate your level of agreement	Strongly Agree	Agree	Disagree	Strongly Disagree
25. My child enjoys going to school	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
26. My child is excited about learning	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
27. The kindergarten schedule meets the needs of <b>my child</b>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
28. The kindergarten schedule meets the needs of <b>our family</b>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
29. As a parent, I feel welcomed in my child's school	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
30. My child feels safe at school	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
31. I feel my child is able to manage the school day	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
32. Overall, I am satisfied with the kindergarten program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
33. My child likes to do school work at home	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

	Never	Once or Twice	More Than Three Times
34. How many times since September 2008 have you:			
a. Attended a general school meeting? (e.g., school council meeting, kindergarten meeting)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Attended a parent-teacher conference?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Attended a school or class event? (e.g., Meet the Teacher night, open house, holiday presentation)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Volunteered in the school? (e.g., field trip, classroom volunteer, fund-raising)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. Used the services of a youth settlement worker or the Halton Multicultural Council	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION H: YOU AND YOUR CHILD

35. In the <b>PAST 7 DAYS</b> , have you or someone close to your child done the following things with your child?	Everyday	Frequently (3-5 times)	Occasionally (1-2 times)	Not at all
a. Played simple math games (cards, counting, puzzles, board games)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Sang songs or said rhymes	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Worked on arts, crafts or drawing with him/her	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Worked on the sounds of letters	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Helped with printing letters, numbers or child's name	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Done household chores together like cooking, cleaning, setting the table, caring for pets, gardening or raking the lawn	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

	Yes	No
36. Have you ever attended a class, workshop, program or event meant to teach you about parenting or to help you in your role as a parent	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

37. Indicate your level of agreement with the following statements	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I feel close to other parents with children the same age	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. I am comfortable asking for advice about parenting	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. I take time out to take care of my own health and well-being	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. I feel supported in parenting by the people closest to me	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

38. Indicate your level of agreement with the following statements. I would like to learn more about parenting my child through...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Attending a workshop or event	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Being part of a small group learning with other parents	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Using a telephone hot-line	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Using the internet	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Reading books	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Face to face discussions with trusted professionals (e.g., doctor, nurse, parent educator)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

39. In the past 12 months, have you seen or heard anything about the following programs	Yes	No
a. Right From The Start	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
b. Nobody's Perfect	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
c. COPE	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
d. Triple P	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
e. Active Parenting	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

## SECTION I: COMBINING WORK AND FAMILY

40. Please indicate if you or your partner's workplace offers the following family supports:	Yes	No	Don't Know
a. Alternative work arrangements (e.g. flex-time, part-time positions, compressed work week, job-sharing, work-at-home)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Child care centre	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Subsidized child care benefits – workplace pays a portion of your child care expenses	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Parenting courses or workshops offered at the workplace during work or lunch hours	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. Parenting information (books, videos, brochures) that is available at the workplace	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION J: YOUR NEIGHBOURHOOD

	At Least Once a Week	At Least Once a Month	At Least 3 or 4 Times a Year	At Least Once a Year	Not at All
41. In the past 12 months, how often have you volunteered in your community (e.g., sport teams, school groups, faith groups, community or ethnic associations)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
42. Do you live walking distance (15 minutes walk or less) to the following:	Yes	No			
a. Public park or athletic field	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
b. Library	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
c. Shopping mall or shopping plaza	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
d. Community centre	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
e. School	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
f. Grocery store	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			

43. Please indicate your level of agreement with each of the following statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
a. People in the neighbourhood get together to discuss community problems	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. There are adults in the neighbourhood my child(ren) can look up to	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c. People in my neighbourhood help each other	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
d. I can count on my neighbours to watch that children are safe	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
e. I feel my neighbourhood is a safe place to bring up children	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
f. When we are away, my neighbours look out for possible trouble	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

	YES	NO	Don't Know
44. Have you heard anything about the Our Kids Network's Hubs in schools across Halton?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
45. Have you visited any of the Our Kids Hubs in schools across Halton?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
46. Have you ever participated in a community activity or event held at a school (e.g., community or information meeting, parenting class, flu shot)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
47. Has your child ever participated in a community activity or event at a school (e.g., beavers, girl guides, sports)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION K: FAMILY SUPPORT

48. In the past 12 months, have you or someone in your immediate family NOT been able to get the services you need because of the following:	YES	NO
a. Wait list is too long	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
b. Couldn't afford the fee	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
c. Didn't know where to find the information about services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
d. Didn't know the services existed	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
e. No service near enough to where I live	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
f. No access to public transportation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
g. No internet access	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
h. Service time not flexible to meet my family's needs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

## SECTION L: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

	Mother	Father	Other (please specify)
49. Are you the child's:	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub> _____

	English	French	Other (please specify)
50. What language do you speak most often at home?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub> _____
51. What language does your child speak most often at home?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub> _____

52. What is your highest level of education? (*mark only one*)

Did not complete High School	<input type="radio"/> <sub>1</sub>
Completed High School	<input type="radio"/> <sub>2</sub>
College diploma or trades Certificate	<input type="radio"/> <sub>3</sub>
University undergraduate Degree	<input type="radio"/> <sub>4</sub>
University graduate Degree	<input type="radio"/> <sub>5</sub>

	Yes	No	
53. Does anyone in your household smoke?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
54. Do you allow anyone to smoke in your home?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
55. Do you allow anyone to smoke in your car?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub> I don't own a car

	Single Parent	Two Parent
56. Which of the following best describes your family?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

	Less than \$30,000	\$30,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	Greater Than \$100,000
57. What is your total household income before taxes?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

58. What is your postal code? \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION!**