

# Kindergarten Parent Survey 2012

**INSTRUCTIONS:** Whenever you are asked about "your child", please answer the question based on your child who is currently enrolled in senior kindergarten. If you have multiple children who are enrolled in senior kindergarten, please complete one survey per child.

1. Which school system is your child currently attending?  
<sub>1</sub> Halton District School Board  
<sub>2</sub> Halton Catholic District School Board

2. Which school does your child attend? \_\_\_\_\_

## SECTION A: CHILD HEALTH & DEVELOPMENT

3. Is your child male or female? <sub>1</sub> Male <sub>2</sub> Female

4. What is your child's birth date? \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

5. What is your child's current height? \_\_\_\_\_ (feet, inches)

6. What is your child's current weight? \_\_\_\_\_ (pounds)

7. My child: (**mark one**) <sub>1</sub> Should weigh less <sub>2</sub> Is about the right weight <sub>3</sub> Should weigh more

	Yes	No	Don't know
8. Did you complete a developmental screen for your child at 18 months ( <i>Nipissing District Developmental Screen</i> )?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

	Yes	No
9. Has your child <b>ever</b> had:		
a. His/her vision checked by an optometrist	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
b. His/her hearing checked by an audiologist	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
c. His/her 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: PHYSICAL ACTIVITY

10. In the past 12 months, how often has your child...	Not at all	Less than once per month	Less than once per week	1 to 3 times per week	4 or more times per week
a. Played sports or participated in physical activities <b>with</b> a coach or instructor, other than in gym class (e.g., swimming, hockey, dance, soccer lessons, 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 participated in physical activities <b>without</b> a coach or instructor (e.g., biking, walking, playing catch, 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>

11. On average, how many hours a day does your child engage in physical activity <b>without</b> an adult's help (e.g., biking, playing catch, tag, or hide and seek, dancing, etc.)?	Less than 1/2 hour per day	1/2 hour per day	1 hour per day	2 hours per day	3 hours per day	4 hours per 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>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>

## SECTION C: HEALTHY EATING

12. In a typical week, how often does your child...	Never	Once per week	Several times a week	Daily
a. 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>
b. 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>

In a typical week, how often does your child...	Not at all	Once per day	2 times per day	3 or more times per day
13. Eat fruits	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>5</sub>
14. Eats vegetables	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>5</sub>

## SECTION D: 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 E: CHILD CARE

	YES	NO
16. 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 17	<input type="radio"/> <sub>2</sub> go to Section F, question 20 →

17. For EACH age period, what was your **PRIMARY** child care arrangement? **You may have had more than one arrangement, but select the one that you consider to be your primary arrangement.** If your child was NOT in regular child care during a certain age period, please use the answer Parent Care only.

Age of Child	Parent care	Licensed care in a centre	Licensed care in someone's home	Paid unlicensed care in someone's home	Unpaid care (e.g., relative or friend)
0 to 12 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>	<input type="radio"/> <sub>5</sub>
13 months to 18 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>	<input type="radio"/> <sub>5</sub>
19 months to 30 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>	<input type="radio"/> <sub>5</sub>
31 months to 44 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>	<input type="radio"/> <sub>5</sub>
45 months to 60 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>	<input type="radio"/> <sub>5</sub>

	Yes	No
18. Does your child attend before and/or after kindergarten licensed care in a school?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

19. What have you found to be the most difficult when looking for a child care arrangement? *Check all that apply.*

- |  |   |
|--|---|
| <input type="radio"/> Lack of information about child care   | <input type="radio"/> Concern about quality of care |
| <input type="radio"/> No special needs services  | <input type="radio"/> Care is not always reliable   |
| <input type="radio"/> Care is too expensive  | <input type="radio"/> Transportation is a problem   |
| <input type="radio"/> Hours do not meet my family's needs  | <input type="radio"/> No spaces available           |
| <input type="radio"/> Building is not accessible   |   |
| <input type="radio"/> Hard to find care when child is not in school – unplanned (e.g., illness, emergency)                   |   |
| <input type="radio"/> Hard to find care when child is not in school – planned (e.g., after school, summer vacation, PD days) |   |
| <input type="radio"/> None, no barriers to finding care  |   |
| <input type="radio"/> Other, please tell us: _____   |   |

## SECTION F: PLAY

20. To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Play makes a difference to my child's development.	<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. Time my child spends playing is also time he/she spends 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>

21. In the <b>PAST 7 DAYS</b> , how often have you...	Not at All	Occasionally (1-2 times)	Frequently (3-5 times)	Every Day (6-7 times)
a. Created opportunities for your child to play by him/herself?	<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. Allowed your child to run around and be loud (e.g., singing, playing drums, playing tag)?	<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. Created opportunities for your child to play outdoors (e.g., go to the park, go for a hike, ride a bike, build snow forts, skip rope, 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>
d. Encouraged your child to use her/his imagination when she/he plays (e.g., play 'make believe', use household items creatively)?	<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. Used everyday situations or chores as an opportunity for play?	<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. Actively participated in your child's play (e.g., got onto the floor, dressed up in costumes, role played)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
g. Arranged opportunities for your child to play with other 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>

## SECTION 6: KINDERGARTEN EXPERIENCES

22. In the past 12 months, how often has your child attended/visited the following:	Not at all	At least once a year	At least 3 or 4 times a year	At least once a month	At least once a week
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)?	<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 culture- or ethnic-based programs (e.g., faith programs, language 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>
d. Children's clubs (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>
e. Music, art 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>
f. Recreation programs (e.g., sports, swimming, skating)?	<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. 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>
h. 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>
i. A bookstore?	<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>

23. How many times since September 2011 have you...	Never	Once or twice	3 or more times
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 meeting?	<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, fundraising)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. Participated in your child's "classroom observation"?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
f. Communicated with your child's teacher/Early Childhood Educator about his/her progress in school?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

	JK, full day, every day in a school	JK, full day, alternating days in a school	JK, ½ day, everyday in a school	JK, in a child care setting	JK, in a private school	Did not attend a JK program
24. What type of kindergarten program did your child attend before starting senior kindergarten (SK)? <i>Check all that apply.</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>	<input type="radio"/> <sub>6</sub>

25. To what extent do you agree/disagree with the following statements?	Strongly disagree	Disagree	Agree	Strongly agree
a. 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>
b. 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>
c. My child has many friends	<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. My child gets along with others his/her own 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>
e. My child's school is a friendly and welcoming place	<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. 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>
g. My child's school building is an inviting place to learn	<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. My child feels accepted by students in his/her 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>
i. My child feels accepted by adults in his/her 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>
j. 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>
k. 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>
l. 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>
m. 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>
n. The kindergarten program helps my child's learning and development	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
o. 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>

	YES	NO	Don't Know
26. Have you ever participated in a community activity or event held at a school (e.g., community information meeting, parenting class, language class, fitness class)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
27. Has your child ever participated in a community activity or event at a school (e.g., language or computer class, Parks and Recreation programs)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
28. Have you heard anything about the Our Kids Network's Hubs in schools?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
29. Have you visited any of the Our Kids Hubs in schools?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION H: YOU AND YOUR CHILD

30. Please indicate how much you agree or disagree with each of the following statements.	Strongly disagree	Disagree	Agree	Strongly agree
a. When my child and I disagree about something, we solve the problem together.	<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. We have simple and consistent rules in our home that my child is expected to follow.	<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. We have daily routines in our home that my child participates in.	<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	Rarely	Sometimes	Often	Always	Don't know
31. Since the beginning of the school year, how often have you done something special with your child that he/she enjoys.	<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>	<input type="radio"/> <sub>6</sub>

## SECTION I: PARENTING AND FAMILY SUPPORT

	<b>Yes</b>	<b>No</b>			
32. Within the past 12 months, have you participated in a program or attended a workshop or discussion on child development, child behaviour or parenting?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			
	<b>Not at all Stressed</b>	<b>Slightly Stressed</b>	<b>Moderately Stressed</b>	<b>Very Stressed</b>	<b>Extremely Stressed</b>
33. The challenges of parenthood and everyday life can affect the way parents feel. All things considered, how “stressed out” have you felt within the last 2 weeks?	<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>Not at all Confident</b>	<b>Slightly Confident</b>	<b>Moderately Confident</b>	<b>Very Confident</b>	<b>Extremely Confident</b>
34. How confident have you felt as a parent over the past six 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>	<input type="radio"/> <sub>5</sub>
35. Please indicate the extent to which you agree or disagree with the following statements.	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	
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 in my life	<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. There are people in my life that make me feel good about my role as a parent	<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. There are people in my life that I can turn to 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>	
g. If I need support as a parent (e.g., babysitting, running errands), there are people in my life I can turn to for help	<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. I go to the Internet (e.g., websites, blogs, Twitter) for information 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>	
36. In the past 12 months, have you seen or heard anything about the following programs:	<b>Yes</b>	<b>No</b>			
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>			
f. Parenting Your 3 to 6 year old	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>			



## SECTION J: YOUR COMMUNITY

	Not at all	At least once a year	At Least 3 or 4 times a year	At least once a month	At least once a week
37. 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>

38. Do you live within walking distance (15 minutes walk or less) of 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>

39. Please indicate your level of agreement with each of the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree	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 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>

## SECTION K: 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)
40. Are you the child's:	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub> _____

	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	Always
41. How long have you lived in Canada?	<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>	<input type="radio"/> <sub>6</sub>

	English	French	Other (please specify)
42. 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> _____
43. 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> _____

	Yes	No
44. Do you or your child's other parent identify as an Aboriginal, Métis, Inuit or First Nations?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

45. 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
46. Does anyone in your household smoke?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
47. Do you allow anyone to smoke in your home?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

	Single Parent	Two Parents	Blended Family (e.g., step-parents, step-siblings)	Extended Family (e.g., grandparents, aunts, uncles)	Other (please specify)
48. Which of the following best describes your 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> _____

	Less than \$17,000	\$17,001 to \$30,000	\$30,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	\$100,001 to \$125,000	\$125,001 to \$150,000	Greater than \$150,000
49. 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>	<input type="radio"/> <sub>6</sub>	<input type="radio"/> <sub>7</sub>	<input type="radio"/> <sub>8</sub>

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

51. Open-ended comment box

**THANK YOU FOR YOUR PARTICIPATION!**