

APPENDIX B

**PRE-SCHOOL HEALTH SURVEY
REGION OF PEEL HEALTH DEPARTMENT**

ID Number _____

Date of Interview ____/____/____
(yyyy/mm/dd)

Interviewer _____

Hello, may I please speak with _____? Hello, my name is _____ and I'm calling on behalf of the Peel Health Unit. We are conducting a random survey of mothers with pre-school children. Did you receive a letter from the Health Department giving you information about this survey?

IF YES, GO TO Question 2

IF NO, GO TO Question 1a

- 1a. Is it all right if I give you the information about the survey now to see if you would like to participate?

IF YES. READ LETTER

IF NO, GO TO QUESTION 1B

- 1b. Is there a better time to call you back?

IF YES, RECORD CALL BACK INFORMATION

IF NO, STOP → THANK YOU VERY MUCH FOR YOUR TIME

SCRIPT FOR LETTER

It is important for the Peel Health Unit to learn more about your experiences as a parent and to learn more about the health issues of pre-school children. Peel Health is asking a random sample of mothers who have given birth in the past three years to help us by answering a 20-minute telephone interview, which is being conducted over the next few months.

Participation in this survey is voluntary and you are free not to answer any question.

If you have any concerns about the survey or wish to find out about the results, please contact Julie Stratton at the Peel Health Department at 905-791-7800 ext 2610. We value your knowledge and ideas and feel that your answers will help us provide more effective services to families living in the Region of Peel.

2. Are you willing to participate in this survey? It will take about 20 minutes of your time.

IF YES, GO TO QUESTION 3

IF NO, STOP → THANK YOU VERY MUCH FOR YOUR TIME

3. Is it convenient for you to answer the questions now?

IF YES,

Please remember that you can refuse to answer any questions or stop the interview at any time if you wish. Your answers to the questions will be completely confidential and no one will be able to link your name to the answers you give.

CONTINUE TO SURVEY.

IF NO,

When would be a better time to call you back?

RECORD CALL BACK INFORMATION

I would like to start by asking you some general questions about your household.

1. Including yourself, how many people (adults and children) live in your household? _____
2. How many of these people are children between the ages of zero and six?
Number _____
3. What is / are the date(s) of birth of your child / these children?

Child	Date of birth (yyyy/mm/dd)
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	

4. What municipality do you live in?
 - 1 Mississauga
 - 2 Brampton
 - 3 Caledon
 - 88 Don't know
 - 99 Refused

PREGNANCY AND HEALTH

5. I would now like to ask you some questions about health issues concerning pregnant women.

In your opinion, is each of the following: The most important thing to do, A very important thing to do, A less important thing to do, or Not important to do.

a) Cut down or stop smoking?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

b) Cut down or stop using alcohol?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

c) Avoid stressful situations?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

d) Eat nutritious food?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

e) Visit a doctor or health professional on a regular basis?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

f) Reduce strenuous physical activity? (Defined as activity that is more than you are used to or results in exhaustion).

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

g) Avoid environmental pollution?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

h) Avoid second-hand smoke?

- 1 The most important thing to do
- 2 A very important thing to do
- 3 A less important thing to do
- 4 Not important to do
- 88 Don't know
- 99 Refused

6. Considering the effects on the baby, do you think it would be very safe, somewhat safe, not very safe, or not at all safe for a pregnant woman to drink each of the following amounts of alcohol?

a) One alcoholic drink each day during the pregnancy?

- 1 Very safe
- 2 Somewhat safe
- 3 Not very safe
- 4 Not at all safe
- 88 Don't know
- 99 Refused

b) Three or four alcoholic drinks each weekend during the pregnancy?

- 1 Very safe
- 2 Somewhat safe
- 3 Not very safe
- 4 Not at all safe
- 88 Don't know
- 99 Refused

c) Two alcoholic drinks on two or three different occasions during the pregnancy?

- 1 Very safe
- 2 Somewhat safe
- 3 Not very safe
- 4 Not at all safe
- 88 Don't know
- 99 Refused

- d) A total of one or two alcoholic drinks during the pregnancy?
- 1 Very safe
 - 2 Somewhat safe
 - 3 Not very safe
 - 4 Not at all safe
 - 88 Don't know
 - 99 Refused

Fetal Alcohol Syndrome

7. I will now read you a series of statements and would like you to classify the statements as TRUE or FALSE.

a) Alcohol use during pregnancy can lead to life-long disabilities in a child.

- 1 True
- 2 False
- 88 Don't know
- 99 Refused

b) Most of the effects of alcohol use on a child usually disappear as the child grows.

- 1 True
- 2 False
- 88 Don't know
- 99 Refused

NOTE: IF RESPONDENT ASKS ABOUT THE RECOMMENDED AMOUNT OF ALCOHOL – REPLY THAT AT PRESENT IT IS RECOMMENDED THAT NO ALCOHOL BE CONSUMED DURING PREGNANCY.

Folic Acid

8. Did you take a vitamin supplement containing folic acid before you became pregnant the most recent time?

- 1 Yes
- 2 No
- 88 Don't know
- 99 Refused

Physical Activity and Reading

I am now going to ask you some questions about activities you or another adult participate in with your (youngest) child.

9. Are there any barriers to your (youngest) child being physically active, such as time, cost, or lack of money?

- 1 Yes
- 2 No → go to Question 11
- 88 Don't know → go to Question 11
- 99 Refused → go to Question 11

10. What are these barriers? [Do not read list] [Check all that apply]

- 1 Time
- 2 Cost
- 3 Lack of money
- 4 Convenience
- 5 Child has physical disability
- 6 Parent has physical activity limitation
- 7 Other → Please specify _____
- 88 Don't know
- 99 Refused

11. How often do you or another adult usually go for a walk with your (youngest) child? [Do not read list] [check one only]

- 1 Never or rarely
- 2 Less than once a month
- 3 Once a month
- 4 A few times a month
- 5 Once a week
- 6 A few times a week
- 7 Daily
- 8 A few times each day
- 88 Don't know
- 99 Refused

12. How often do you or another adult usually go to the park with your (youngest) child? [Do not read list] [check one only]
- 1 Never or rarely
 - 2 Less than once a month
 - 3 Once a month
 - 4 A few times a month
 - 5 Once a week
 - 6 A few times a week
 - 7 Daily
 - 8 A few times each day
 - 88 Don't know
 - 99 Refused
13. How often do you or another adult usually play games with your (youngest) child? [Do not read list] [check one only]
- 1 Never or rarely
 - 2 Less than once a month
 - 3 Once a month
 - 4 A few times a month
 - 5 Once a week
 - 6 A few times a week
 - 7 Daily
 - 8 A few times each day
 - 88 Don't know
 - 99 Refused
14. In your opinion, how physically active is your (youngest) child compared to other children of the same age and sex? Would you say:
- 1 Much more active
 - 2 Moderately more active
 - 3 Equally active
 - 4 Moderately less active
 - 5 Much less active
 - 88 Don't know
 - 99 Refused

Reading

15. Do you or another adult read to your (youngest) child or show him/her pictures or wordless baby books?
- 1 Yes
 - 2 No → go to Question 18
 - 88 Don't know → go to Question 18
 - 99 Refused → go to Question 18

16. How often do you do this? [Do not read list] [check one only]
- 1 Rarely
 - 2 Less than once a month
 - 3 Once a month
 - 4 A few times a month
 - 5 Once a week
 - 6 A few times a week
 - 7 Daily
 - 8 A few times each day
 - 88 Don't know
 - 99 Refused
17. How many months old was he/she when you started to do this (to the nearest month)? _____ 88 Don't know 99 Refused
18. How often does your (youngest) child look at books, magazines or comics, on his/her own? Think about what he/she does at home only, do not include day care or pre-school. [Do not read list]
- 1 Never or rarely
 - 2 Less than once a month
 - 3 Once a month
 - 4 A few times a month
 - 5 Once a week
 - 6 A few times a week
 - 7 Daily
 - 8 A few times each day
 - 88 Don't know
 - 99 Refused

Sun Safety

Now I would like to ask about your (youngest) child and sun exposure.

19. Has any part of your child's body ever been sunburned?
By sunburn we mean any reddening discomfort of your (youngest) child's skin that lasts longer than 12 hours after exposure to the sun.
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused

20. How often do you try to keep your (youngest) child from being in the sun between 11 am and 4 pm? Would you say:
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 6 **Not applicable**
 - 88 Don't know
 - 99 Refused
21. How often does your (youngest) child wear sunglasses with ultra violet (UV) protection when in the sun? Would you say:
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 6 **Not applicable**
 - 88 Don't know
 - 99 Refused
22. How often does your (youngest) child wear protective clothing, including a hat, when in the sun? Would you say:
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 6 **Not applicable**
 - 88 Don't know
 - 99 Refused
23. How often does your (youngest) child use sunscreen with a sun protection factor of 15 or more while in the sun? Would you say:
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 6 **Not applicable**
 - 88 Don't know
 - 99 Refused

Second Hand Smoke

Now I would like to ask you some questions about smoking.

24. Does anyone in this household smoke regularly inside the home?
 1 Yes
 2 No
 88 Don't know
 99 Refused
25. Which of the following best describes the rules or understanding about smoking inside your home including visitors when your children are home? Would you say:
 1 Smoking is not allowed at all
 2 Smoking is allowed sometimes
 3 Smoking is allowed in certain areas of the home
 4 Smoking is allowed, except when children are present
 5 Smokers do whatever they want
 88 Don't know
 99 Refused
26. Which of the following best describes the rules or understanding about people smoking in the VEHICLE you drive in most, or are a passenger in with your children. Would you say:
 1 Smoking is not allowed at all
 2 Smoking is allowed some of the time
 3 Smoking is allowed except when children are present
 4 Smokers do whatever they want
 88 Don't know
 99 Refused

Dental Health

The next set of questions are about your (youngest) child's dental health.

27. Has your (youngest) child ever taken a drink in a bottle to bed?
 1 Yes
 2 No → go to Question 32
 88 Don't know → go to Question 32
 99 Refused → go to Question 32
28. Does your (youngest) child currently take a bottle to bed?
 1 Yes
 2 No → go to Question 31
 99 Refused → go to Question 31

29. How often does your child take a bottle to bed? Would you say:
- 1 Every night
 - 2 A few times per week
 - 3 Once a week
 - 4 Once a month
 - 88 Don't know
 - 99 Refused
30. What do you usually put in the bottle? [Do not read list] [Check all that apply]: → after response Go To Question 32.
- 1 Juice
 - 2 Milk
 - 3 Pop
 - 4 Water
 - 5 Sugar water
 - 6 Formula
 - 7 Other (please specify) _____
 - 88 Don't know
 - 99 Refused
31. At what age did your (youngest) child stop taking a bottle to bed?
Age in months _____ 88 Don't know 99 Refused
32. Does your (youngest) child have any teeth to brush?
- 1 Yes
 - 2 No → go to Question 41
 - 88 Don't know → go to Question 41
 - 99 Refused → go to Question 41
33. How often do you brush your youngest child's teeth or supervise your youngest child when they are brushing their teeth? Would you say:
- 1 All the time
 - 2 Sometimes
 - 3 Rarely
 - 4 Never
 - 88 Don't know
 - 99 Refused
34. Does your child eat or swallow toothpaste?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused

35. Do you have a family dentist?
 1 Yes
 2 No
 88 Don't know
 99 Refused
36. Have you ever taken your (youngest) child to visit the dentist?
 1 Yes
 2 No → go to Question 40
 88 Don't know → go to Question 40
37. Have you had any difficulty or problems getting your (youngest) child to the dentist?
 1 Yes
 2 No → go to Question 39
 88 Don't know → go to Question 39
 99 Refused → go to Question 39
38. What are some of the difficulties or problems you had in getting your (youngest) child to the dentist? [Do not read list] [Check all that apply]:
 1 Transportation
 2 Cost / affordability
 3 Fear
 4 Could not find one
 5 Lack of time
 6 Other (please specify) _____
 88 Don't know
 99 Refused
39. When was the last time your (youngest) child visited a dentist?
 (____/____) 88 Don't know 99 Refused
 (YYYY/ MM)
40. When do you plan to take him/her to the dentist?
 1 Within the next month
 2 Within the next 2-3 months
 3 Within the next 4-6 months
 4 Within the next 6-12 months
 5 More than a year
 6 Don't plan to go
 88 Don't know
 99 Refused

Parenting

The next series of questions are about parenting.

41. When your youngest child breaks the rules or does things that he/she is not supposed to, how often do you:
- a. Ignore it or do nothing? Would you say never, rarely sometimes often or always?
 - 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 88 Don't know
 - 99 Refused
 - b. Raise your voice, scold or yell at him/her?
 - 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 88 Don't know
 - 99 Refused
 - c. Talk to your child calmly about it?
 - 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 88 Don't know
 - 99 Refused
 - d. Use physical punishment such as spanking?
 - 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 99 Refused

- e. Describe alternative ways of behaving that are acceptable?
- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 88 Don't know
 - 99 Refused
- f. Take away privileges or put him/her in his/her room?
- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 Often
 - 5 Always
 - 6 Not applicable
 - 88 Don't know
 - 99 Refused
42. Some parents or caregivers may shake an infant in anger or frustration when they are trying to get it to stop crying. Considering the effects on the health of the baby, would you say it is safe, somewhat safe, or not at all safe to shake an infant?
- 1 Safe
 - 2 Somewhat safe
 - 3 Not at all safe
 - 88 Don't know
 - 99 Refused
43. How would you describe the challenge of balancing work and parenting your young children? Would you say it is:
- 1 Not at all stressful
 - 2 A little stressful
 - 3 Stressful
 - 4 Quite stressful
 - 5 Very stressful
 - 88 Don't know
 - 99 Refused

Child Care

44. Do you currently use childcare such as day-care, babysitting, care by a relative or other caregiver?

- 1 Yes
- 2 No → go to Question 47
- 88 Don't know → go to Question 47
- 99 Refused → go to Question 47

45. Which of the following type of childcare do you use the most?

- 1 Care provided in your home
 - 1.1 By a relative
 - 1.2 By a non-relative
- 2 Care provided outside of the home
 - 2.1 In someone else's home
 - 2.1.1 Licenced
 - 2.1.2 Non-licenced
 - 2.2 At a day-care
 - 2.3 At a nursery school
 - 2.4 Other

- 88 Don't know
- 99 Refused

46. On average, how many hours per week does someone other than yourself care for your child? Hours: _____

Family Meals

The next set of questions are about family meals.

47. How many days in a week does your whole family eat together?

- 1 Everyday
- 2 5-6 days per week
- 3 3-4 days per week
- 4 1-2 days per week
- 5 1-2 times per month
- 6 Rarely or never
- 88 Don't know
- 99 Refused

48. How many days in a week does your child eat breakfast?
- 1 Everyday
 - 2 5-6 days per week
 - 3 3-4 days per week
 - 4 1-2 days per week
 - 5 Rarely or never
 - 88 Don't know
 - 99 Refused

Food Insecurity

In the past 12 months, did you or anyone else in your household:

49. WORRY that there would not be enough food for your family to eat because of a lack of money?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused
50. Not eat the quality or variety of foods that you wanted to eat because of a lack of money?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused
51. Not have enough food for your family to eat because of a lack of money?
- 1 Yes
 - 2 No → go to Question 53
 - 88 Don't know → go to Question 53
 - 99 Refused → go to Question 53

52. How do you cope with feeding your family when this happens?

[Do not read list] [Check all that apply]

- 1 Parent/guardian skips meals or eat less
- 2 Children skip meals or eat less
- 3 Cut down on variety of food family usually eats
- 4 Seek help from relatives
- 5 Seek help from friends
- 6 Seek help from social worker/government office
- 7 Seek help from food bank (emergency food program)
- 8 Use school meal program
- 9 Other (please specify) _____
- 88 Don't know
- 99 Refused

Child Health Issues

I now have a few questions about child health issues.

53. Does your (youngest) child have asthma that has been diagnosed by a health professional?

- 1 Yes
- 2 No → go to Question 57
- 88 Don't know → go to Question 57
- 99 Refused → go to Question 57

54. In the past 12 months, has your (youngest) child had any asthma symptoms?

- 1 Yes
- 2 No
- 88 Don't know
- 99 Refused

55. In the past 12 months, has your (youngest) child had any asthma attacks?

- 1 Yes
- 2 No
- 88 Don't know
- 99 Refused

56. Has your child ever taken prescription medication for asthma?

- 1 Yes
- 2 No
- 88 Don't know
- 99 Refused

The following questions refer to injuries that your (youngest) child might have had in the past 12 months, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which were serious enough to require medical attention by a doctor, nurse or dentist.

57. In the past 12 months, has your (youngest) child had a serious injury?
- 1 Yes
 - 2 No → go to Question 63
 - 88 Don't know → go to Question 63
 - 99 Refused → go to Question 63
58. In the past 12 months, how many times has your (youngest) child been seriously injured?
- _____ times 88 Don't know 99 Refused
59. For the most serious injury, what type of injury did your (youngest) child have? [Do not read list] [Check all that apply]
- 1 Broken or fractured bone
 - 2 Burn or scald
 - 3 Dislocation
 - 4 Sprain or strain
 - 5 Cut, scrape or bruise
 - 6 Concussion
 - 7 Poisoning by substance or liquid
 - 8 Internal injury
 - 9 Dental injury
 - 10 Other (specify) _____
 - 11 Multiple injuries
 - 88 Don't know
 - 99 Refused
60. What part(s) of your child's body was injured? [Do not read list] [Check all that apply].
- 1 Eyes
 - 2 Face or scalp (excluding eyes)
 - 3 Head or neck (excluding eyes and face or scalp)
 - 4 Arms or hands
 - 5 Legs or feet
 - 6 Back or spine
 - 7 Trunk (excluding back or spine) (including chest, internal organs)
 - 8 Shoulder
 - 9 Hip
 - 10 Multiple sites
 - 11 Systemic
 - 88 Don't know
 - 99 Refused

61. Where did the injury happen, for example, at home, on the street, in the playground or at school? [Do not read list] [Check one only]
- 1 Inside own home/apartment
 - 2 Outside home, apartment, including yard, driveway, parking lot or in shared areas related to home such as apartment hallway or laundry room
 - 3 In or around other private residence
 - 4 Inside school / day-care centre or on school / centre grounds
 - 5 At an indoor or outdoor sports facility (other than school)
 - 6 Other building used by general public
 - 7 On sidewalk/street/highway
 - 8 In a playground/park (other than school)
 - 9 Other (specify) _____
 - 88 Don't know
 - 99 Refused
62. Can you describe what happened? For example, was the injury the result of a fall, sports injury or poisoning? [Do not read, but try to get as specific as possible] [Check one only]
- 1 Motor vehicle collision – passenger
 - 2 Motor vehicle collision – pedestrian
 - 3 Motor vehicle collision – riding bicycle
 - 4 Other bicycle accident
 - 5 Fall (excluding bicycle or sports)
 - 6 Sports (excluding bicycle)
 - 7 Physical assault
 - 8 Scalded by hot liquids or foods
 - 9 Accidental poisoning
 - 10 Self-inflicted poisoning
 - 11 Other intentionally self-inflicted injuries
 - 12 Natural/environmental factors (eg. animal bite, sting)
 - 13 Fire/flames or resulting fumes
 - 14 Near drowning
 - 15 Other (specify) _____
 - 88 Don't know
 - 99 Refused

63. In the spring and summer, on average, how many hours per week does your (youngest) child spend at each of the following types of playgrounds with play equipment?
- 1 Backyard playground: _____ hours
 - 2 Public or community playground: _____ hours
 - 3 School playground: _____ hours
 - 4 Day-care centre playground: _____ hours
 - 5 Playground at store or restaurant: _____ hours
 - 6 Do not play on playground equipment → go to Question 67
 - 88 Don't know
 - 99 Refused
64. Do you accompany your (youngest) child to the playground?
- 1 Yes
 - 2 No → go to Question 66
 - 88 Don't know → go to Question 66
 - 99 Refused → go to Question 66
65. Which of the following best describes your regular behaviour when you accompany your (youngest child) to the playground? Do you:
- 1 Stay close enough to catch
 - 2 Stay no more than 5 to 10 feet away
 - 3 Stay more than 10 feet away
 - 4 Do not accompany child to playground
 - 88 Don't know
 - 99 Refused
66. Has your (youngest) child ever suffered a playground injury serious enough that a medical visit was required (eg. doctor's office, emergency room or clinic)?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused
67. When riding or as a passenger on a bicycle, tricycle, wagon, how often does your (youngest) child wear a helmet? Would you say:
- 1 Always
 - 2 Most of the time
 - 3 Rarely
 - 4 Never
 - 5 Does not ride
 - 88 Don't know
 - 99 Refused

Car Seat Safety

The next set of questions are about how your youngest child is restrained in a vehicle.

68. What is your (youngest) child's weight?
 Lbs _____ Oz _____
 Kilograms _____
69. Is your (youngest) child able to pull themselves up to a standing position?
 1 Yes
 2 No
 99 Refused
70. When your (youngest) child travels in a vehicle, how often does he/she travel restrained in a rear facing car seat? Would you say all of the time, most of the time, about half the time, less than half the time, or never or almost never?
 1 all of the time
 2 most of the time
 3 about half the time
 4 less than half the time
 5 never or almost never
 6 never - child should not sit in a rear facing car seat
 7 child does not travel in a vehicle → go to Question 74
 88 don't know
 99 refused
71. When your (youngest) child travels in a vehicle, how often does he/she travel restrained in a forward-facing car seat **or booster seat**? Would you say: all of the time, most of the time, about half the time, less than half the time, or never or almost never?
 1 all of the time
 2 most of the time
 3 about half of the time
 4 less than half the time
 5 never or almost never
 88 don't know
 99 refused

72. When your (youngest) child travels in a vehicle, how often does he/she ride in a back seat rather than the front of the vehicle? Would you say all of the time, most of the time, about half the time, less than half the time, or never or almost never?
- 1 all of the time
 - 2 most of the time
 - 3 about half the time
 - 4 less than half the time
 - 5 never or almost never
 - 88 don't know
 - 99 refused
73. What kind of vehicle does your (youngest) child usually travel in? Is it a:
- 1 Car with back seat
 - 2 Car with no back seat
 - 3 Truck with a back seat
 - 4 Truck with no back seat
 - 5 Van
 - 6 SUV with a back seat
 - 7 SUV with no back seat
 - 8 Other (please specify) _____
 - 88 Don't know
 - 99 Refused

Access to Services and Information

Now I have some questions about services and access to information.

74. Do you have a family physician or paediatrician?
- 1 Yes
 - 2 No → go to Question 77
 - 88 Don't know
 - 99 Refused
75. In the past 12 months, have you had difficulty getting an appointment for your child with your family physician or paediatrician?
- 1 Yes
 - 2 No → go to Question 77
 - 3 Did not need an appointment → go to Question 77
 - 88 Don't know → go to Question 77
 - 99 Refused → go to Question 77

76. Thinking of the most recent time you had difficulty, was it due to [check all that apply]:
- 1 not being able to get or find a family physician
 - 2 the physician's office being a long distance from home
 - 3 the physician's office being closed on evenings, weekends, or holidays
 - 4 having to wait too long to get an appointment
 - 5 other (please specify) _____
 - 88 don't know
 - 99 Refused
77. Have you ever taken your (youngest) child to a walk in clinic? (IF RESPONDENT ASKS: This is a medical office that you do not normally receive care from and where you do not require an appointment)
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused
78. Do you use the Internet?
- 1 Yes
 - 2 No → go to Question 81
 - 88 Don't know → go to Question 81
 - 99 Refused → go to Question 81
79. Have you used the Internet to access health-related information?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused
80. Have you ever used the Internet to find information on parenting?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused

81. Where do you go to find information about parenting or regarding your child's health? Please describe as many sources as you like. [Do not read list] [Check all that apply]
- 1 Doctor
 - 2 Health clinic/hospital
 - 3 Prenatal classes
 - 4 Pharmacy
 - 5 Friends/family
 - 6 Library
 - 7 Newspaper
 - 8 Public health Department
 - 9 Magazine
 - 10 Other (please specify) _____
 - 88 Don't know
 - 99 Refused

Demographics

Finally, I would like to ask you some questions about yourself.

82. What is your date of birth?
Date of birth (yyyy/mm/dd) (____/____/____)
83. What is your current marital status?
- 1 Married → go to Question 85
 - 2 Living common law → go to Question 85
 - 3 Widowed
 - 4 Separated
 - 5 Divorced
 - 6 Single, never married
 - 7 Refused
84. Do you currently have a partner?
- 1 Yes
 - 2 No
 - 99 Refused
85. What language do you speak most often at home?
- 1 English
 - 2 French
 - 88 Other (please specify) _____
 - 99 Refused
86. Were you born in Canada?
- 1 Yes → go to Question 88
 - 2 No → go to Question 87
 - 88 Don't know → go to Question 88
 - 99 Refused → go to Question 88

87. How many years have you lived in Canada _____ years.
88. To which ethnic or cultural groups did your ancestors belong? (For example; French, Scottish, Chinese). [Do not read list] [Check all that apply]
- 1 Canadian
 - 2 French
 - 3 English
 - 4 German
 - 5 Scottish
 - 6 Irish
 - 7 Italian
 - 8 Ukrainian
 - 9 Dutch (Netherlands)
 - 10 Chinese
 - 11 Jewish
 - 12 Polish
 - 13 Portuguese
 - 14 South Asian (eg East Indian, Pakistan, Punjabi, Sri Lankan)
 - 15 Black
 - 16 North American Indian
 - 17 Metis
 - 18 Inuit/Eskimo
 - 19 Other (please specify) _____
 - 88 Don't know
 - 99 Refused
89. What is the highest grade or level of education that you completed? [Do not read list]
- 1 no formal schooling
 - 2 public school - grade _____
 - 3 high school – grade _____
 - 4 some college
 - 5 some university
 - 6 completed college
 - 7 completed university (one degree)
 - 8 postgraduate degree
 - 88 Don't know
 - 99 Refused
90. Are you currently employed?
- 1 Yes
 - 2 No
 - 88 Don't know
 - 99 Refused

If have partner or spouse:

91. What is the highest level of education that your partner or spouse completed? [Do not read list]
- 1 no formal schooling
 - 2 public school - grade _____
 - 3 high school – grade _____
 - 4 some college
 - 5 some university
 - 6 completed college
 - 7 completed university (one degree)
 - 8 postgraduate degree
 - 88 Don't know
 - 99 Refused

Income

92. I will now read you a list. Can you estimate in which of the following groups your household income falls? Is it... [Read list. Start at 1 and read until respondent answers]
- 1 <10,000
 - 2 10,000-19,999
 - 3 20,000-29,999
 - 4 30,000-39,999
 - 5 40,000-49,999
 - 6 50,000-59,999
 - 7 60,000-69,999
 - 8 70,000-79,999
 - 9 80,000+
 - 88 Don't know
 - 99 Refused
93. Including yourself, how many people in total (both children and adults) are supported by your family's income? _____ people
94. What are the first three digits of your postal code? _____

THANK YOU FOR YOUR TIME IN PARTICIPATING IN THIS SURVEY. IF YOU HAVE ADDITIONAL HEALTH RELATED QUESTIONS, PLEASE CONTACT THE HEALTH LINE PEEL AT 905-799-7700 (TOLL-FREE 1-888-919-7800).

