23/05/2016

| NATIONAL 1 YEAR SURVEY |
| MOTHER'S CONTACT FORM |

elfe
Etude Longitudinale
Française depuis
l'Enfance

UPD ⟩ **Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.**

TOC

GENERAL INFORMATION

Resumption 6-8 weeks or maternity unit necessary.

Information collected in maternity unit if 6-8 weeks not completed or at 6-8 weeks

TELNIE
UPD > **ELFE child ID number** | | | | | | |

VAGUE
Wave number
1 no. 1
2 no. 2
3 no. 3
4 no. 4

LANG
Language used by interviewer in interview
1 English
2 Arabic
3 Turkish / Kurdish
4 Soninke
5 Bambara
6 Wolof
7 French

NAISGEM
Twin birth
1 Yes
2 No

<PRENF>
ELFE child first name _____

*SEXE
(Select SEXE variable from FCC maternity unit questionnaire)
ELFE child sex:
1 Boy
2 Girl

PARENT CONTACT DETAILS

<NOMM> Mother's last name	**<NOMP> Father's last name**
<PRENM> Mother's first name	**<PRENP> Mother's first name**

Most recent contact details for mother

<TELM1>	**Tel no.**
<TELM2>	**Tel no.**
<TELM3>	**Tel no.**
<TELM10>	**Tel no. used to get in touch**
TYPTLM	**Phone type used** 1 Land line / 2 Mobile
<EMAILMON>	**Email address 1 Yes / 2 No**
<EMAILM>	**Email address**
<ADR1M>	**Building, floor, apt. number, etc.**
<ADR2M>	**Building**
<ADR3M>	**Street and street number**
<ADR4M>	**Additional address information**
<ADRCPM>	**Mother's postcode**
<ADRCOMM>	**Municipality**

Most recent contact details for father

<TELP1>	**Tel no.**
<TELP2>	**Tel no.**
<TELP3>	**Tel no.**
<ADR1P>	**Building, floor, apt. number, etc.**
<ADR2P>	**Building**
<ADR3P>	**Street and street number**
<ADR4P>	**Additional address information**
<ADRCPP>	**Father's postcode**
<ADRCOMP>	**Municipality**

Most recent contact details for relay person 1

<NOMR>	**Last name of relay person**
<PRENR>	**First name of relay person**
<TELR1>	**Tel no. 1 of relay person**
<TELR2>	**Tel no. 2 of relay person**
<TELR3>	**Tel no. 3 of relay person**
<ADR1R>	**Building, floor, apt. number, etc.**
<ADR2R>	**Building**
<ADR3R>	**Street and street number**
<ADR4R>	**Additional address information**
<ADRCPR>	**Postcode**
<ADRCOMR>	**Municipality**

CONTACTM
Final result of phone contacts:

1) The mother has been contacted and has agreed to take part ⇨ *EFVIT*

2) The mother has been contacted but would like the father to respond to the 1-year questionnaire in her place ⇨ *questionnaire not posed to the mother and the father will be asked to respond to a "Referent Father" questionnaire*

3) The mother is not able to respond (physical / mental / linguistic / impossible, dialogue impossible) (Reasons to be clearly specified) ⇨ *questionnaire not posed to the mother and the father will be asked to respond to a "Referent Father" questionnaire*

4) The mother has not been contacted because she is hospitalized, bedridden or temporarily absent ⇨ *If the person on the phone says unprompted that it will be possible to do the survey at a later date (within the time frame of the wave) make an appointment. Otherwise, try to interview the father, who becomes the "referent father" for this survey. Otherwise end of interview We will contact you in a year for the second birthday of the [ELFE Child]*

5) The mother has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (she says she doesn't have the time, is bedridden, etc.), but accepts that the father be called on as a referent father ⇨ *questionnaire not posed to the mother and the father will be asked to respond to a "Referent Father" questionnaire*

6) The mother has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (she says she doesn't have the time, is bedridden, etc.) and does not agree with the father being called on as a referent father ⇨ *End of interview We will contact you in a year for the second birthday of the [ELFE Child]*

7) The mother has been contacted and abandoned ELFE (definitively refuses) but agrees that the father be called on as a referent father ⇨ *questionnaire not posed to the mother and the father will be asked to respond to a "Referent Father" questionnaire*
REFUSAL *"Can you tell us why you do not want to take part in the ELFE survey?"* _____ (specify)

8) The mother has been contacted and abandoned ELFE (definitively refuses) and does not agree with the father being called on as a referent father **REFUSAL** *"Can you tell us why you do not want to take part in the ELFE survey?"* _____ (specify) ⇨ *End of interview and thank you*

9) The mother cannot be contacted (wrong number, always busy, never answers, etc.: try to contact the father, whether or not he took part in the 2-month survey

10) The mother has not been contacted because the person contacted refuses contact with her

11) The ELFE child has died ⇨ *End of interview and phrase for death*

12) The twin child has died ⇨ *"We are very sorry to have bothered you in these circumstances. Would you nevertheless like to take part in the survey?" If she agrees: EFVITM (careful with the child's first name!). If she refuses: the continuation of the phrase for death*

13) *The mother has died* ⇨ *"We are very sorry to have bothered you in these circumstances. Would you nevertheless like to take part in the survey?" If there is a cohabiting or non-cohabiting father, ask if he will become a referent father. If he refuses: continuation of the phrase for death*

If CONTACTM = 11, 12 and 13
In the event of the death of an ELFE child or the mother:
"We are very sorry to have bothered you in these circumstances. Given the confidentiality of the survey procedures, we could not be aware of the loss; otherwise, naturally we would not have called. The entire ELFE team and myself would like to extend our heartfelt condolences. Naturally, we will make sure that you are not disturbed in the future."

INT: IN THEORY, DO NOT ASK QUESTIONS, DO NOT RESTART THE INTERVIEW BARRING A CONTRARY PERCEPTION OF THE INTERVIEWER TO EXPRESS HIS EMPATHY. NOTE DOWN THE INFORMATION GIVEN BY THE FAMILY (ILLNESS, HOSPITALIZATION, ACCIDENT).

TEXTDEC (text field) _____

ABAND Reason for abandon currently processing _____

TYPAB
Person to be excluded:
1 Definitive exit coded by the interviewer
2 Refuses to participate in the survey received by email

MERBIL
GFK report on the interview of the contact:
1 Busy
2 Doesn't answer
3 Fax / modem, answering machine, invalid numbers, numbers rejected
4 The mother has been contacted and has definitively abandoned the ELFE survey (specify reason)
5 The mother has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (doesn't have the time, is bedridden, etc.) (specify reason)
6 The mother has not been contacted because the person contacted refuses to put the call through to the mother (specify reason)
7 The mother has died
8 The ELFE child has died
9 The twin of the ELFE child has died [be sure that it is really the twin (see the first names indicated at the top right of the screen)]
10 [The two children have died]
11 The mother has not been contacted because she is in hospital, bedridden or absent for the period of the study
12 The mother would like the father to respond to the 1-year questionnaire in her place
13 The mother is unable to respond: Physical / mental / linguistic impossibility, dialogue impossible
16 Make an appointment to carry out interview
17 Interview with the mother
18 Contact appointment
20 Abandon: during the questionnaire
21 Abandon / cancellation on a request from the GFK ISL team leader
22 Abandon / cancellation on a request from INED
23 Abandon technical problem

24 Refuses to continue interview
25 OK, not opposed to participation of the father
26 He does not want to take part; no point contacting him
27 He doesn't speak French   6
28 The father has died
29 Father absent for a long period of time
30 Father absent for a long period of time

INFORMATION ON THE ELFE CHILD

Always asked the MOTHER first.

MANAGING THE <u>FIRST CONTACT WITH THE MOTHER</u> WHO ACCEPTS TO TAKE PART TO DETERMINE THE TYPE OF QUESTIONNAIRE SHE WILL BE ASKED.

EFVIT
Is [ELFE child] alive?
If NAISGEM =1
Are the [ELFE child] and [TWIN child] alive?
1 With you and their father   ⇒ Q Mother Referent Parent
2 With you and not their father   ⇒ INFPER then Q Mother Referent Parent
3 With their father and not you   ⇒ EFVOI
4 You and their father on an alternating basis   ⇒ Q Mother Referent Parent
5 Neither with you or their father (he is with another person or at a non-hospital institution) ⇒ EFVITP

<u>INT</u>: IF WHEN ASKING EFVIT THE INTERVIEWER LEARNS OF THE DEATH OF THE ELFE CHILD AND/OR THEIR TWIN, RETURN TO CONTACTM AND CODE IN APPROPRIATE MANNER

Repeat 6-8 weeks necessary If INFPER at 6-8 weeks = 2,3 or 4 do not ask INFPER but keep it documented in repeat file

If EFVIT =2
INFPER
Can I ask you why [ELFE child] lives with you only and not their father?
1 >The father lives elsewhere (separation or never lived together)
2 The father has died
3 Doesn't know who the father is (including insemination)
4 The mother considers that the biological father is not the child's father
5 [Refuses to answer]

<u>INT</u>: DO NOT LIST. IF THE MOTHER SAYS UNPROMPTED THAT THE FATHER DOES NOT WANT TO RECOG-NIZE THE CHILD, CODE 1 THEN ANSWER "NO" TO FOLLOWING QUESTION

⇒ Q Mother Referent Parent

Repeat 6-8 weeks necessary If RECON at 6-8 weeks =1 do not ask RECON.

If INFPER=1
RECON
Does the child's father recognize [ELFE child]?
1 Yes
2 No

If EFVIT=3

EFVOI

Since our last interview two months after the birth of the [ELFE child], you have seen the child:

1 Every day   ⇒ Q Non-Cohabiting Mother
2 More than once a week   ⇒ Q Non-Cohabiting Mother
3 Once a week   ⇒ Q Non-Cohabiting Mother
4 2 to 3 times a month   ⇒ Q Non-Cohabiting Mother
5 Once a month or less   ⇒ Q Non-Cohabiting Mother
6 Not for a year   ⇒ Q Mother Placed Child without placed child questions

If EFVIT=5

EFVITP

Your child lives:

1 With a member of the family

EFVITPP Specify _____

2 In a nursery
3 In a boarding school-home
4 In a host family
5 In a children's village
6 Other

EFVITPPP If other, specify _____

If EFVIT=5

EFLIEU

Do you see your child:

1 Where he/she lives
2 At your house
3 It depends
4 You haven't seen your child for a year⇒ End of interview: "We will contact you in a year for the second birthday of [ELFE child]"

If EFLIEU≠4

EFVOI2

Have you seen your child:

1 Every day
2 More than once a week
3 Once a week
4 2 to 3 times a month
5 Once a month or less ⇒ End of interview: "We will contact you in a year for the second birthday of [ELFE child]"

Repeat 6-8 weeks necessary If PLAPER at 6-8 weeks = 3,4 or 5 do not ask PLAPER

If ACCHOP=1 ir If EFVOI2= 1, 2, 3 or 4

PLAPER

Do you live with the father of the [ELFE child] in the same house?

1 Yes
2 No, the father lives elsewhere (separation or have never lived together)
3 The father has died
4 Doesn't know who the father is (including insemination)
5 The mother considers that the biological father is not the child's father

⇒ Q Mother Placed Child

<u>INT</u>: DO NOT LIST. IF THE MOTHER SAYS UNPROMPTED THAT THE FATHER DOES NOT WANT TO RECOGNIZE THE CHILD, CODE 1 THEN ANSWER "NO" TO FOLLOWING QUESTION

Repeat 6-8 weeks necessary If PRECON at 6-8 weeks = 1 do not ask PRECON

If PLAPER=2
PRECON
Does the child's father recognize [ELFE child]?
1 Yes
2 No

PEREB
Type of father re-contacted in father questionnaire:
1 Yes
2 No

TYPMERE
Type of questionnaire to ask the mother:
1 Referent mother: the mother lives with the child (all the time or on an alternating basis)
2 Mother non-cohabiting: the father has custody of the child
3 Mother of placed child WITHOUT placed child questions
4 Mother of placed child WITH placed child questions
5 The mother has not been contacted because she is in hospital, bedridden or absent during the period of the study
6 The mother would like the father to respond to the 1-year questionnaire in her place
7 The mother cannot respond: physical / mental / linguistic impossibility, dialogue impossible

The IT determination of the TYPE of FATHER questionnaire is made on the basis of the answers provided during contact and the availability of the contact details of the father.

TYPE of FATHER questionnaire on the basis of the answers of the mother if CONTACTM = 1.

If EFVIT=1
⇒ Questionnaire Cohabiting father
If EFVIT=2 and INFPER=1 or 5 and father phone number available
⇒ Questionnaire Non-cohabiting father
If EFVIT=3 and father phone number available
⇒ Questionnaire Referent father
If EFVIT=4 and father phone number available
⇒ Questionnaire Non-cohabiting father
If EFVIT=5 and PLAPER =1
⇒ Questionnaire Cohabiting father of placed child
If EFVIT=5 and PLAPER =2 and father phone number available
⇒ Questionnaire Non-cohabiting father of placed child
If CONTACTM=2, 3, 4, 5 or 7
⇒ Questionnaire Referent father
If EFVIT=2 and LIENTYPE=7 and SEXE=2 in Questionnaire Mother Referent Parent: same-sex parenting
⇒ Questionnaire Cohabiting father

END of contact with the mother

- At end of contact, validation of all contact details from the contact sheet
- Thank the mother and announce contact with father if contact details available. Depending on the statements of the mother, the interviewer may tick one of these wordings:

CONTACTMP
1 Not opposed to the father's participation
2 He does not want to participate, no use calling him
3 He doesn't speak French   ⇒ If SITUAFAMM=1 or 2, asks the questions of the "referent mother" that have not been asked (same mother questionnaire as if the father was non-cohabiting)
4 The father has died

If SITUAFAMM=1 or 2 and CONTACTMP=2 or 3
"Since the father of [ELFE child] will not take part, do we have the time for me to ask some questions that I would have asked him about your household?" If yes, go back to occupational situation; if not, make an appointment. If refusal, thank the person, announce the next contact, and end.

If SITUAFAMM=1 or 2 and CONTACTMP=4
"We are very sorry to hear about this death. May I ask you some questions that I would have asked him about your household?" If yes, go back to the occupational situation, if not, make an appointment.

- Say that we will be in touch with the mother this year by post or email
- Announce the survey at the second birthday of the child

INFORMATION ON THE INTERVIEW

*DATINTJ
Day of interview |__|__|

DATINTM
Month of interview |__|__|

DATINTA
Year of interview |__|__|__|__|

Q3M
Number of call attempts to contact the mother |__|__|

QUALIT
Quality of the interview indicated by the interviewer
1 Very easy
2 Quite easy
3 Neither easy nor difficult
4 Quite difficult
5 Very difficult

QM
Mother questionnaire
0 Absent
1 Complete
2 Incomplete

AGE1A
UPD > **(Constructed variable) Age of the child in months at the 1-year telephone interview**
|__|__|

FAMILY SITUATIONS AND PARTICIPATION OF PARENTS

MOTHERS CONCERNED:	Definitions
REF with participating cohabitant	1/ Mother as referent parent declares cohabiting father in household (LIENTYP=1 and LIENTYP=2 in household) and is not opposed to his participation. This last participates by answering the "cohabiting father" questionnaire. 2/ It is a cohabiting same-sex-parent couple (LIENTYP=2 and LIENTYP=7, sex=2). The mother as referent parent declares a female partner in the household and is not opposed to her participation. This last participates by answering the "cohabiting father" questionnaire.
REF with non-participating cohabitant	1/ Mother as referent parent declares cohabiting father in household (LIENTYP=1 and LIENTYP=2 in household) and is not opposed to his participation. This last does not take part in the survey and thus does not respond to the part of the questionnaire intended for the "cohabiting father". We thus have the possibility to return to the questionnaire later with the mother 2/ The mother as referent parent declares a cohabiting father in the household (LIENTYP=1 and LIENTYP=2 in household) but is opposed to his participation or says that he does not or cannot respond. Once her questionnaire is completed, ask the mother to answer the questions intended for the "cohabiting father". 3/ It is a cohabiting same-sex-parent couple (LIENTYP=2 and LIENTYP=7, sex=2). The mother as referent parent declares a female partner in the household but is opposed to her participation. Once her questionnaire is completed, ask the mother to answer the questions intended for the "cohabiting father".
REF alone	The mother of the child does not live with the father (no LIENTYP=1 in household), does not declare a partner (no LIENTYP=7, sex=2) and the child lives with her. Start by asking the complete referent questionnaire to the mother. The father will be asked the "non-cohabiting father" questionnaire.
Non-cohabiting mother	The child lives only with their father and the mother has seen them since they were two months old (at least once a month).
Mother of placed child	1/ The child does not live with their parents, they are placed with a member of the family, in a nursery, a host family, etc. and the mother has seen them since they were placed. The "father of a placed child" questionnaire is managed according to the cohabitation with the mother as described above. 2/ The child lives only with their father and the mother has not seen them since they were two months old. The mother responds to a "mother of placed child" questionnaire without the questions specific to the placement.
NB: The "cohabiting mother questionnaire" category does not exist for the ELFE 1-year survey.	

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NATIONAL SURVEY 1 YEAR

MOTHER QUESTIONNAIRE

Contents

LIST AND CIVIL STATUS OF INHABITANTS OF RESIDENCE

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

"To begin with, we are going to talk about your family, your occupational and material situation, and your residence. This questionnaire may seem a little long to you, but it is vital to providing a fill description of the family situation of [ELFE child]."

INT: If necessary: "The parents, grandparents, and all those who live in the household with the child have values, cultures and languages that, depending on the age of each person in the household, make up the child's everyday life. So it is important that we learn about, for example, the country of birth and the nationality and languages spoken in the child's home."

NBNOI
How many people generally live in your household? |__|__|

NOI
Individual rank order: _____

<PRENOM>
What is your (her) first name? _____

SEXE
You are:
1 Male
2 Female

What is your (her) date of birth?
*JNAIS Day (1 to 31, NA=88, DK=99) |__|__|

*MNAIS Month (1 to 12, NA=88, DK=99)
|__|__|

ANAIS Year (1900 to 2012, NA=8888, DK=9999) |__|__|__|__|

AGE Age in number of years passed
|__|__|

LIENTYP
You are (he, she is) the ... of [ELFE child]?
1 Father
2 Mother
3 Brother, sister

4 Half-brother, half-sister on the mother's side
5 Half-brother, half-sister on the father's side
6 Another child with no family connection to [first name of ELFE child]
7 Partner of respondent parent
8 Maternal grandfather, grandmother
9 Paternal grandfather, grandmother
10 Other family connection
11 Other non-family connection
12 [ELFE child]

LNAIS
You were (he, she was) born in...
1 France (metropolitan or FODT)
2 Outside France

If LNAIS=1
*DEPNAIS
In which department or territory?
(Show list of departments and overseas territories)

If LNAIS=2
*PAYSNAIS
In which country?
(Show list of 199 countries)

PAYS25NAIS
In which country?
(Show list of 199 countries)

*PAYSNAISP
In which other country? _____

If (PLAPER of 1 yr =3 or if INFPER of 1 yr =2) and LIENTYP=1 in household at 2 months, do not ask
If CONFIG=2 ask
ADATDEPART
In which year did [first name] stop living regularly in the same residence as [ELFE child]? (2011 or 2012,
NA=8888, DK=9999) |__|__|__|__|

If (PLAPER of 1 yr =3 or if INFPER of 1 yr =2) and LIENTYP=1 in household at 2 months, automatically code
CAUSEDEPART=3
CAUSEDEPART
Is it because [first name] …
1 ... lives DEFINITIVELY in another residence
2 ... lives TEMPORARILY in another residence
3 ... has died
8 [Refuses]
9 [Doesn't know]

Do not ask if ELFE 2 month survey not completed.
If (PLAPER of 1 yr =3 or if INFPER of 1 yr =2) and LIENTYP=1 in household at 2 months, automatically code
CONFIG=2
CONFIG

Does [first name] still live with you? I am going to say the first name and date of birth of all the people who lived with [ELFE child] at the time of the survey that we asked you when [ELFE child] was two months old. For each person, tell me if they are still present, and then tell me if there are other people who I have not mentioned that live habitually in this residence. If necessary: "The parents, grandparents, and all those who live in the household with the child have values, cultures and languages that, depending on the age of each person in the household, make up the child's everyday life. So it is important that we learn about, for example, the country of birth and the nationality and languages spoken in the child's home." 1 Yes, he/she is still present
2 No, he/she no longer lives here (leaving)
3 Entering

NATIO1N
Are you (is he, she)...?
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless

If NATIO1N=3
*NATIO2N
What is your (his/her) nationality?
(Show list of 200 nationalities)

If NATIO1N =1, 2 or 3
*NATIO2N2
Do you (he, she) have dual nationality? (If so, which one?)
(Show list of 200 nationalities)

*NATIO2NP
Specify other nationality if not in list _____

ANARRIV
In which year did you (he, she) settle in metropolitan France? |__|__|__|__|
(NA=8888, DK=9999)

In all cases except LIENTYP=12, ask if non-cohabiting mother or mother of placed child, because in this case the child doesn't live in the same residence as the mother
TYPOLOG
Do you (he, she) live in your residence...?
1 All year or almost
2 Mainly weekends and holidays
3 Mainly in the week
4 A few months a year (including cases of alternating custody)
5 Less often
9 [Doesn't know]

If TYPOLOG=2
JOURAN
How many days a year? (1 to 366, NA=888, DK=999) |__|__|__|

If TYPOLOG=3
JOURSEM

How many days a week? (1 to 7, NA=8, DK=9) |__|

If TYPOLOG=4
MOISAN
How many months a year?   (1 to 12, NA=88, DK=99) |__|__|

If TYPOLOG=5
JOUR2AN
Roughly how many days in the last year? (1 to 366, NA=888, DK=999) |__|__|__|

Do not ask LIENTYP=12 if "non-cohabiting mother" or "mother of placed child" questionnaire
AUTLOG
Do you also live (does he, she live) somewhere else sometimes?
1 Yes
2 No

If AUTLOG = 1
TYPLOGCO
Where?
1 Barracks, camp
2 Boarding school
3 University housing or student house
4 Home for young workers
5 Penitentiary facility
6 Sanatorium, care centre or hospital
7 Retirement home
8 Temporary public works construction site
9 With a family member
10 With their father/mother
11 In a nursery, host family, children's home, other socio-educational centre
12 Individual housing
13 Other

If TYPOLOGCO=13
*TYPLOGCOP
In what other place do you live (he, she live)? _____

If LIENTYP=8 and SEXE=1
MEREPLAN
What language or patois does [first name of maternal GF] use the most often at home?
(Display listof 469 languages)

If LIENTYP=8 and SEXE=2
MEREMLAN
What language or patois does [first name of maternal GM] use the most often at home?
(Display listof 469 languages)

If LIENTYP=9 and SEXE=1
PEREPLAN
What language or patois does [first name of paternal GF] use the most often at home?
(Display listof 469 languages)

If LIENTYP=9 and SEXE=2

PEREMLAN

What language or patois does [first name of paternal GM] use the most often at home?

(Display listof 469 languages)

REGNAIS

UPD> **(Constructed variable) In which region or territory?**

(List)

SEPAR

Is it due to the separation of your couple?

1 Yes

2 No

PLACED CHILD

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	
REF with non-participating cohabitant	NONE	
REF alone	NONE	
Non-cohabiting mother	NONE	
Mother of placed child	ALL	

"Now let's talk about [ELFE child]/[TWIN child]. »

PLACEM
[ELFE child]/[TWIN child] doesn't live with you. Is that because they have been placed?
1 Yes
2 No

If PLACEM=1
PLAC1
I would like to ask you a few questions on the placement of[ELFE child]/[TWIN child]: its length, the place, and the type of measure. Is that OK with you?
1 Yes
2 No

If PLAC1=1
What is the date of the first placement of [ELFE child]/[TWIN child]?

*PLAC2M Month (1 to 12) (NA=88, DK 99) |__|__|

PLAC2A Year (2011 to 2012) (NA=8888, DK 9999) |__|__|__|__|

PLAC3
As part of the placement of [ELFE child]/[TWIN child], have you met with a juvenile court judge?
1 Yes
2 No

PLAC4
Do you know how long the placement of[ELFE child]/[TWIN child] is planned for?
1 Yes
2 No

If PLAC4=1
PLAC4C
At what date or point is it planned?
1 [Give a date – month and year]
2 [Give a number of days]
3 [Give a number of weeks]
4 [Give a number of months]
8 [Refuses]

9 [Doesn't know]

If PLAC4=1
*PLAC4M
Months from end of placement (1 to 12) (NA=88, DK 99)
|__|__|

If PLAC4=1
PLAC5A
Years from end of placement (2011 to 2030) (NA=8888, DK 9999) |__|__|__|__|

Or
If PLAC4=1
PLAC5J
No. of days |__|__ |

Or
If PLAC4=1
PLAC5S
No. of weeks (NA=888, DK 999) min 1 max 99 |__|__|

Or
If PLAC4=1
PLAC5M
No. of months |__|__ |

Who is present at the meetings when you see your child ([ELFE child]/[TWIN child])?
If PLAC4=1
PRESPROF
A professional
1 Always
2 Sometimes
3 Rarely
4 Never

If PLAC4=1
PRESPROC
A loved one
1 Always
2 Sometimes
3 Rarely
4 Never

If PLAC4=1
PRESAUTR
Someone else
1 Always
2 Sometimes
3 Rarely
4 Never

If PLAC4=1
HABFR

Where [ELFE child]/[TWIN child] lives, do they live with brothers or sisters?

1 Yes
2 No

If HABFR=1
HABFRC How many (brothers or sisters live with [ELFE child]/[TWIN child])? |__|__|

FAMILY SITUATION

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

Ask this module to all the people in the household aged 18 and over, starting with the mother? Depending on the filter, some questions concern only the mother.

Questions to ask the mother for herself:
If LIENTYP=1 or LIENTYP=7
(If LIENTYP=1 and LIENTYP=7 the father is more important in this case, so we consider LIENTYP=1)
(Remark on repetition: if at 2 months there was a LIENTYP=1 and not LIENTYP=7 and at 1 year there was a LIENTYP=7 and not LIENTYP=1 and inversely, do not repeat but adapt to the first name of the new entry)
COUPLE1
Are you currently in a couple with [father first name]/[partner first name]?
1 Yes
2 No

If COUPLE1=2
COUPLE2
[But] are you currently in a couple?
1 Yes
2 No

NB: Modification from wave 2: question only for the mother and non-dimensioned grouping of 2 items "Yes with a person living in the residence" and "Yes, father not living in residence".

If COUPLE1=1
MATRICOUPM
Are you "still married"*(if at 2 months ETAMATRI=1)* **/ "still in civil partnership** *(if at 2 months ETA-MATRI=2)* **/ "married or civil partnership"** *(if at 2 months ETAMATRI=1 or 2)* **with [father first name]/[partner first name]?**
1 Yes
2 No

NB: Question added from wave 2, in couple with father or partner.

If COUPLE2=1
MATRICOUPHM
Are you married/in a civil partnership with this person?
1 Yes
2 No

NB: Question added from wave 2, in couple but not with someone who is neither hte father nor the partner of the household.

If COUPLE2=1

PERENF

Is this person the father of the child?

1 Yes

2 No

8 [Refuses]

NB: From wave 2 - 2 months : only asked to mother.

If MATRICOUPM=1 or 2 or MATRICOUPHM=1 or 2 or COUPLE2=2

ETAMATRI

What is your legal marital status?

1 Married or remarried including legally separated

2 Civil partnership

3 Divorced

4 Single

5 Widowed

INT: A CIVIL PARTNERSHIP IS CONSIDERED AS A MARITAL STATUS. IF AFTER READING THE LIST THE PER-SON INTERVIEWED SAYS THEY ARE IN COHABITATION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?" IF THE PERSON DOES NOT UNDERSTAND "SINGLE". YOU CAN SAY "SO YOU ARE... /HE IS... " IF THE RESPONDENT HAS ALREADY TOLD YOU DURING THE CONVERSATION. IF THE PERSON SAYS THEY ARE MARRIED OR IN A CIVIL PARTNERSHIP, ONLY REFER TO MARRIED OR IN A CIVIL PARTNERSHIP

If MATRICOUPM=1 or MATRICOUPHM=1 or ETAMATRI=1 or 2

MARI

In what year were you married or did you form a civil partnership?

|___|___|___|___|

If at 2 months, mother maried or in civil partnership with father:

Wave 1 MATRIPERE=1 and ETAMATRI=1 or 2 / wave 2, 3, 4 [MATRICOUPM=1 or (MATRICOUPHM=1 and PERNF=1)] and ETAMATRI=1 or 2

And at 1 year is no longer in a couple with the father: (COUPLE1=2 with a LIENTYP=1) or [(COUPLE2=1 and PERENF=2) or COUPLE2=2)] or if SEPAR=1 of CONFIG=2 of LIENTYP=1

DIVORC

Has a request for divorce (or legal separation) or a declaration of the dissolution of a civil partnership been filed with the court?

1 Yes

2 Not yet

Questions to be asked to the other 15+ members of the household except the father or the partner.

COUPLE3

Is [first name]he/she (still) in a couple?

1 Yes, with someone who lives in the residence

2 Yes, with someone who doesn't live in the residence

3 No

ETAMATRI3 What is their legal marital status?

1 Married or remarried, including legally separated

2 In a civil partnership

3 Divorced

4 Single

5 Widowed

SITUAFAMM
(Constructed variable) Situation of couple and cohabitation of the mother
- If the current questionnaire is "non-cohabiting mother", only SITUAFAMM=3 or 4 or 6 or 7 are possible.
- If COUPLE1=1 and [for NOI(CONJOINT): LIENTYP=1 and TYPOLOG=1] (the mother is in a couple and co-habits on a permanent basis with the father of the child) SITUAFAMM =1*
- If COUPLE1=1 and [for NOI(CONJOINT): LIENTYP= 1 and TYPOLOG≠1] (the mother is in a couple with the father of the child but on a non-permanent basis) SITUAFAMM =2*
- If COUPLE1=1 and [for NOI(CONJOINT): TYPOLOG=1 and LIENTYP=7] (the mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child" ("Twin child") SITUAFAMM =3*
- If COUPLE1=1 and [for NOI(CONJOINT): TYPOLOG=1 and LIENTYP=7] (the mother says she is in a couple with a person living in the household on a non-permanent basis and this person is not the father of the "ELFE child" ("Twin child") SITUAFAMM =4*
- If COUPLE2=1 and PERENF=1 (the mother is in a couple with the father of the child and he does not live with her) SITUAFAM M=5
- If COUPLE2=1 and PERENF= 2 or 9 (the mother says she is in a couple with a person living in the house-hold and this person is not the father of the child (or Doesn't know)) SITUAFAMM =6
- If COUPLE2=2 (the mother is not in a couple) SITUAFAMM =7

1 The mother is in a couple and cohabits on a permanent basis with the father of the child
2 The mother is in a couple with the father of the child but on a non-permanent basis
3 The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child"
4 The mother says she is in a couple with a person living in the household on a non-permanent basis and this person is not the father of the "ELFE child"
5 The mother is in a couple with the father of the child and he does not live with her
6 The mother says she is in a couple with a person living in the household and this person is not the father of the child (or Doesn't know)
7 The mother is not in a couple

If not completed at 2 months
NOMFAM
[ELFE child] has the last name of…
1 ... their father
2 ... yours
3 ... a composite of the father's name and your name
4 ... another name

NB: Different labels for variables depending on type of respondent

NOMFAM=4
<NOMFAMP> Specify which _____

INT: GIVE THE EXACT NAME AND RELATIONSHIP WITH CHILD
NB: This question added from 01/09

NOMFAM=3
ORDNOM
In which order?
1 The name of the father followed by the name of the mother
2 The name of the mother followed by the name of the father

If SITUAFAMM=3 or 4 and LIENTYP=7 and SEXE=1
ROLEPAR
Does your partner play a parental role for [ELFE child]?
1 Yes
2 No
9 [Doesn't know]

If SITUAFAMM=3 or 4 and LIENTYP=7 and SEXE=1
ROLEPAR
Does your partner play a parental role for [ELFE child]?
1 Yes
2 No
9 [Doesn't know]

SITUATION OF NON-COHABITATION OR NON-PERMANENT COHABITATION BETWEEN THE FATHER AND MOTHER

If SITUAFAMM=2 or 5

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

If SITUAFAMM=2
For what reasons do you not live with the father of [ELFE child] on a permanent basis?
If SITUAFAMM=5
For what reasons do you not live with the father of [ELFE child]?
RAISNVP1 Owing to reasons of health, occupation, education 1 Yes / 2 No
RAISNVP2 You and/or your partner want to keep your independence 1 Yes / 2 No
RAISNVP3 You are with [first name] and in the midst of a separation 1 Yes / 2 No
RAISNVP4 He is in a couple 1 Yes / 2 No
RAISNVP5 He is in the midst of a separation with another person 1 Yes / 2 No
RAISNVP6 You yourself are in the midst of a separation with a former partner 1 Yes / 2 No
RAISNVP7 Owing to other reasons 1 Yes / 2 No

If RAISNVP7=1
*RAISNVPP Specify _____

SEPARATION AND RELATIONSHIP WITH PARTNER

This module is not asked if the father has died or is unknown: if INFPER=2, 3 or 4 (at 2 months and/or 1 year) or PLAPER=3, 4 or 5 (at 2 months and/or 1 year)

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabit-ant	ALL	
REF alone	ALL	
Non-cohabiting mother	- From DESAC1 to QDESACP - JUGSEP and JUGJUG (from 23/05/2012) - and from EXTYPREL to VERSPENS	
Mother of placed child	ALL	

<u>NB</u>: Programming error (corrected with SEPADIVC1 variable) but the following questions have not been correctly filtered (marked with an asterisk) for 9 mothers and 13 fathers whose procedures 2 and 3 of SEPADIV were inverted when transferring the questionnaire. Missing values concerning divorce under way for 11 people.

If (COUPLE1=2 and LIENTYP=1) or ((COUPLE2=1 and PERENF=2) or COUPLE2=2)
SEPARAP
What is your situation regarding the father of [ELFE child]?
1 You were married to him but are now divorced
2 You were married to him but are in the midst of a divorce
3 You were married to him but have not initiated divorce proceedings
4 You were never married to him

PreferSEPADIVC1, corrected version*
SEPADIV
I am going to ask you about your separation with the father:
1 It is under way and you are not married to him
2 It is under way and a divorce hasn't been asked for
3 It is under way and a divorce has been asked for
4 You are divorced

SEPADIVC
I am going to ask you about your separation with the father:
1 It is under way and you are not married to him
2 It is under way and a divorce hasn't been asked for
3 It is under way and a divorce has been asked for
4 You are divorced

If SEPADIV=1 or 2*
JUGSEP
You are now separated from the father of [ELFE child] but have begun proceedings with a family court judge to sort out the terms of the separation?
1 Yes
2 No

NB: ELFE 1 yr - wave 1 - 22/05: question asked to non-cohabitants starting from 23/05 to be able to ask DESAC2

On which date did you begin the divorce/separation proceedings?
If SEPADIV=3 or 4 or JUGSEP=1*
DATPROM Month |___|___|
DATPROA Year |___|___|___|___|

If SEPADIV=3 or 4 or JUGSEP=1*
MEDFAM
Did you have recourse to family mediation to find an agreement?
1 Yes
2 No
9 [Doesn't know]

JUGJUG
Has the family court judge handed down their ruling?
1 Yes
2 No
9 [Doesn't know]

Date of ruling:
If SEPADIV=4 or JUGJUG=1
DATJUGM Month |___|___|
DATJUGA Year |___|___|___|___|

If SEPADIV=4 or JUGJUG=1
JHEBMOD
Which place of residence has the judge decided on for [ELFE child]?
1 Primary residence at your home
2 Primary residence at the father's
3 Alternating residence
4 Other

If JHEBMOD=4
JHEBMODP Specify _____

If SEPADIV=4 or JUGJUG=1
JPENSALI
Has the judge set child support for [ELFE child]?
1 Yes
2 No

If JPENSALI=1
PENSAL
What is the monthly sum of the child support decided on by the judge for [ELFE child]?
DK=99999, no sum set=88888 euros a month |__|__|__|__|__|

If JPENSALI=1
PENSALP
If you have several children, does this child support sum concern:
1 All your children

2 Only [ELFE child]
9 [Doesn't know]

INT: IF ONLY 1 CHILD, CODE ELFE CHILD. IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT

If SEPADIV=4
DESAC1
Do any disagreements remain between you and the father of [ELFE child] about the decisions handed down in the divorce proceedings?
1 Yes
2 No

If DESAC1=1
What do the disagreement(s) concern? 1 Yes / 2 No
QDDESAC1 The amount of child support 1 Yes / 2 No
QDDESAC2 The residence of [ELFE child] 1 Yes / 2 No
QDDESAC3 Visiting rights and housing arrangements 1 Yes / 2 No
QDDESAC4 The sharing of the couple's wealth 1 Yes / 2 No
QDDESAC5 The amount of compensatory allowance 1 Yes / 2 No
QDDESACP Another point of disagreement 1 Yes / 2 No

If QDDESACP=1
QDDESACPP Which? _____

If SEPADIV≠4 and JUGJUG=1
DESAC2
Do any disagreements remain between you and the father of [ELFE child] about the decisions handed down in the divorce proceedings?
1 Yes
2 No

If DESAC2=1
What do the disagreement(s) concern? 1 Yes / 2 No
QDESAC1 The amount of child support 1 Yes / 2 No
QDESAC2 The residence of [ELFE child] 1 Yes / 2 No
QDESACP Another point of disagreement (specify) 1 Yes / 2 No

If QDESACP=1
QDESACPP Specify _____

If SEPADIV=1, 2 or 3 or JUGSEP=2
EXHEBAC
Have you come to an agreement with father of [ELFE child] on their home?
1 Yes
2 No, because we don't agree
3 It's too early to say

If EXHEBAC=1
EXHEBMOD

Where does the child live?
1 Primary residence at your home
2 Primary residence at the father's
3 Alternating residence
4 Other

If EXHEBMOD=4
EXHEBMODP Which? _____

If SEPADIV=1, 2 or 3 and JUGSEP=2
EXPENS
Have you come to an agreement with the father of [ELFE child] on what he will provide you for meeting the needs of this last or the amount of child support?
1 Yes
2 No, because we don't agree
3 It's too early to say

If EXPENS=2 or 3
EXPENS2
Although you do not really agree, does the father of [ELFE child] pay you money to meet the child's needs?
1 Yes
2 No

If EXPENS=1 or EXPENS2=1
EXPENSMON
What is the monthly amount?
DK=99999, no sum set=88888 euros a month |__|__|__|__|__|

If EXPENS=1 or EXPENS2=1
EXPENSMONP
If you have several children, does this amount concern all your children or only [ELFE child]?
1 All your children
2 Only [ELFE child]
9 [Doesn't know]

INT: IF ONLY 1 CHILD, CODE ELFE CHILD. IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT

If EXPENSMONP=1
EXPENSMONPEC
Which other children are concerned by this support? (repeated 20 times)
1 Yes
2 No

NB: ELFE 1 yr - wave 1 - 23/05: Add EXPENSMONP=1 filter as forgotten

EXTYPREL
How would you describe the relations today between you and the father of [ELFE child]?
1 Friendly
2 Indifferent
3 Tense

4 Very tense

If EXTYPREL=3 or 4
EXQDESAC
Are your relations difficult because of [ELFE child]?
1 Yes, mostly
2 Often
3 Rarely
4 Never

If JPENSALI=1 or EXPENS=1 or EXPENS2 =1
PENSALI
Does the father pay the monthly child support set by the judge or decided on by the two of you for [ELFE child]?
1 Regularly
2 Irregularly
3 Never

If PENSALI=1 or 2
VERSPENS
Is the monthly support set by the judge or decided on by the two of you paid:
1 In its entirety
2 In part
3 It depends

INT: "IT DEPENDS" = CHILD SUPPORT PAID IRREGULARLY IN TERMS OF TIME AND AMOUNT

If TYPMERE ne 4 ET SEPADIV=4
TYPDIV
UPD **What type of divorce did the judge rule on?**
1 Divorce by consent
2 Divorce by acceptance of the principle of breakdown
3 Divorce for irretrievable breakdown of the marriage
4 At-fault divorce
9 [Doesn't know]

INT: LIST ANSWERS, ONE ANSWER ONLY

MAINTAINING RELATIONS WITH THE PARTNER WHEN THIS LAST DOES NOT LIVE IN THE HOUSEHOLD

This module is not asked if the father has died or is unknown: if INFPER=2, 3 or 4 (at 2 months and/or 1 year) or PLAPER=3, 4 or 5 (at 2 months and/or 1 year)

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	
REF with non-participating cohabitant	NONE	
REF alone	ALL	
Non-cohabiting mother	NONE	
Mother of placed child	ALL	

If SITUAFAMM=3, 4, 6 or 7) and FINFPER=1 or 5 or SITUAFAMM=5
ENFVOI
Does [ELFE child] see their father?
1 Yes
2 No

If ENFVOI=1
FQVOI
How often?
1 Several times a week
2 Once a week
3 At least once every two weeks
4 Once a month
5 Irregularly

If ENFVOI=1
FQVOIP Specify _____

If ENFVOI=1
OUVOI Where?
1 Mainly at your house
2 Mainly at his house
3 Elsewhere

If ENFVOI=3
OUVOIP Specify _____

EDUCATION

This module concerns all the members of the household aged 2 or over, except FORMINIT, which is asked only to people aged 16 or over

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	For herself only	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)* *Important:* if the cohabitant was a non-respondent at 2 months, the mother is asked about the entire household aged 2 or over, but also the cohabitant for himself and individuals aged 15 and over
REF with non-participating cohabitant	FOR ALL Age >= 2 years	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	FOR ALL Age >= 2 years	
Non-cohabiting mother	FOR ALL Age >= 2 years	
Mother of placed child	FOR ALL Age >= 2 years	If the father does not participate, you have the possibility to return to the questionnaire at a later date with the mother

Note on repeats: if the variables of the module were entered at 2 months, they are updated where necessary.

FILTRE3

The 2 months was not carried out
Case 1: The Education part is asked in its entirety.
The 2 months was carried out
Case 2: The Education part is asked in its entirety for entrants, upgraded for those who were students at 2 months ETUDES=1, and for those who were not, we administer ETUDES and if answer = 2 End.
1 Case 1
2 Case 2

ETUDES
We are now going to talk about the education level of all those living with you.
- between 2 and 16 (excluding): **Is he/she currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?**
- between 16 (including) and 21: **Are you (is he/she) currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?**
- 21 and over: **Are you (is he/she) currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?**
1 Yes
2 No

If ETUDES= 1 and >=16 yrs old
FORMINIT
Is it part of your (his/her) initial training?
1 Yes
2 No

INT: MEANING WITH NO SIGNIFICANT PERIOD OF INTERRUPTION SINCE THE PERSON STARTED THEIR ED-
UCATION EITHER IN TERMS OF DISCPLINE OR LENGTH

If at 1 yr ETUDES=2 and at 2 months ETUDES=2, go to the next module
If ETUDES=2 or FORMINIT=2
ANFINETU
In which year did you (he/she) finish your (his/her) initial studies? |___|___|___|___|
Refuses = 8888, Doesn't know = 9999

If ANFINETU=9999
AGFINETU
How old were you?
          |___|___|
Refuses = 88, Doesn't know = 99

Ask if >=16 yrs old, if not code DIPLOME=1
DIPLOME
What is your (his/her) highest level diploma?
1 No diploma
2 Primary studies certificate or overseas equivalent
3 Certificate of general education, elementary education or overseas equivalent
4 Certificate of professional competence, diploma of occupational studies or diploma of this level (nursing auxiliary, personal carer)
5 Technical or occupational high school diploma (or occupational, or technician or master craftsperson certificate)
6 General high school diploma (series A B C D E ES L S), advanced diploma, legal studies diploma, university access degree or overseas equivalent
7 Diploma of two years' higher education
8 Diploma of over two years' higher education

INT: IF EDUCATION COMPLETED OVERSEAS, PROPERLY ESTABLISH CORRESPONDENCE OF CLASSES

If DIPLOME=1
SCOLARITE
Which class are you in? / At which age did you (he/she) finish school?
1 No school
2 Nursery school
3 First year of elementary school
4 Second year of elementary school
5 Third year of elementary school
6 Fourth year of elementary school
7 Fifth year of elementary school
8 First year of high school
9 Second year of high school
10 Third year of high school
11 Fourth year of high school

12 After fourth year of high school (including certificate of professional competence, diploma of occupational studies)
99 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=4
DIPLOM1E
Last diploma obtained
1 Certificate of professional competence, specialist qualification
2 Diploma of occupational studies, specialist qualification
3 Other diploma and titles at certificate of professional competence or diploma of occupational studies level
9 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=5
DIPLOM2E
Last diploma obtained
1 Technical high school diploma (series F G H SMS STI STL STT STG)
2 Occupational high school diploma
3 Occupational, or technician or master craftsperson certificate
9 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=7
DIPLOM3E
Last diploma obtained
1 Two-year university degree
2 Vocational training certificate or equivalent
3 Two-year social and medical occupations diploma (nurse, etc.)
9 [Doesn't know which two-year higher education diploma]

INT: DO NOT LIST

If DIPLOME=8
DIPLOM4E
Last diploma obtained
1 Undergraduate degree
2 Undergraduate degree from prestigious school
3 Postgraduate degree (Masters)
4 Other doctorate degree excluding medical professions
9 [Doesn't know which post-two-year higher education diploma]

INT: DO NOT LIST

Mother and partner still studying

If ETUDES=1 and LIENTYP= 1 or 2
If ETUDES=1
ETABEC
In which school? (you, your partner)
1 Middle school
2 High school
3 University or other institute of higher education
4 Apprentice training school
5 Correspondence course
6 Continuing education course
7 Other training centre

If ETUDES=1
DIPLEC
To obtain which diploma? (you, your partner)
1 Certificate of general education
2 Certificate of professional competence/diploma of occupational studies
3 Technical or occupational high school diploma
4 General high school diploma (series a, b, c, d, e, es, l, s)
5 Two-year higher education diploma
6 Higher education diploma of over three years
7 Other diploma

If DIPLEC=7
DIPLECAUT
What is this other diploma? (you, your partner) _____

If DIPLEC=6
Which higher education diploma of over three years?
DIPLSEC1 Undergraduate degree 1 Yes / 2 No
DIPLSEC2 Undergraduate degree from prestigious school 1 Yes / 2 No
DIPLSEC3 Doctorate degree (including medicine, pharmacy, dental) 1 Yes / 2 No
DIPLSEC4 Doesn't know 1 Yes / 2 No

MAIN SITUATION REGARDING WORK

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	For herself only	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)* *Important:* if the cohabitant was a non-respondent at 2 months, the mother is asked about the entire household aged 15 or over, but also the cohabitant for himself and individuals aged 15 and over
REF with non-participating cohabitant	FOR ALL Age >= 15 years	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	FOR ALL Age >= 15 years	
Non-cohabiting mother	FOR ALL Age >= 15 years	
Mother of placed child	FOR ALL Age >= 15 years	If the father does not participate, you have the possibility to return to the questionnaire at a later date with the mother

Note on repeats: if the variables of the module were entered at 2 months, they are updated where necessary.

"I am now going to ask you a few questions about the work situation of each person." Age >= 15

If LIENTYP=2
CONGMATPAR
Are you ([First name] is he/she) currently:
1 [On maternity/paternity leave]
2 On parental child-rearing leave
3 On sick leave
4 On leave for training
5 Not on leave (including if on holiday)

SITUAE
Are you ([First name] is he/she) currently a student but also have/has a job? Are you (is he/she) an apprentice under contract or in a paid internship? Or are you (is he/she) unemployed?
1 Also has a job
2 Is an apprentice under contract or in a paid internship
3 Is unemployed (registered or not with the national employment agency)
4 [None of these situations]

INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER WORK, ENTER "OTHER SITUATION". IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP MOST TIME

If at 2 months CONGMATPAR=2, 3, 4 or 5
SITU

When [ELFE child] was 2 months, you were not on maternity leave. What was your situation at that time?
1 You were going to return to your job in the same conditions
2 You were going to return to your job but in different conditions with less work
3 You were going to return to your job but in different conditions with more work
4 You were going to to look for a (another) job (added item)
5 You were an apprentice under contract or in a paid internship
6 you were unemployed
7 You were a homemaker
8 You were on parental leave or with the CLCA free choice of activity supplement
9 You were retired
10 You don't remember

INT: WHAT THE MOTHER INTENDED TO DO AFTER LEAVE

SITUA
You are ([First name] is) currently on [type of leave], but what is your (his/her) occupational situation?
1 Has a job
2 Is an apprentice under contract or in a paid internship
3 Is unemployed (registered or not with the national employment agency)
4 Is a homemaker
5 Is retired, retired from business or in pre-retirement
6 Is inactive with a disability allowance
7 Is in another situation

INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUN-TEER WORK, ENTER "OTHER SITUATION". IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP MOST TIME

If at 2 months ACTIVANTE=1 or 2, do not ask the question
If SITUA≠1 or 2 or SITUAE≠1 or 2
ACTIVANTE
Have you ([First name] has he/she) already worked, even if it was a long time ago?
1 Yes
2 No

If ACTIVANTE=1
On what date did (first name) you (he/she) stop your (his/her) activity the last time?
*DATMDR Month |___|___|
DK=99

DATADR Year |___|___|___|___|

If SITUA=1 or 2 or SITUAE=1 or 2 or ACTIVANTE=1
STATUT1
In your current/last job, are/were you (is/was he.she)...
1 Salaried (excluding salaried head of business or CEO)
2 Independent professional or head of business, CEO, minority manager, partner
3 Unpaid assistant to a member of the family in their work

If STATUT1=1
STATUT2
Are/were ([First name) is/was he/she) a salaried employee in the private sector?
1 Yes

2 No

If STATUT2=1
STATUT3
Are/were you ([First name is/was he/she)?
1 The employee of a private company in the crafts sector or an organization
2 The employee of a private individual

If STATUT2=2
STATUT4
Are/were you ([First name is/was he/she)?
1 A civil servant, i.e. an employee of the state
2 An employee in the public sector but not in the civil service (EPIC HLM OPH public company)

If STATUT1=2
SALARIES
How many employees do/did you ([First name] does/did he/she) employ? |__|__|__|__|__|__|
DK=999999

<u>INT</u>: IF WORKS ALONE, CODE 0

PROFI5
What is your exact occupation?
(Additional list of occupations)

*PROFI6
So what do/did you (does/did he/she) do exactly? _____

PROFI6C2
So what do/did you (does/did he/she) do exactly (anonymous variable)?
_____

PROFI7 is asked if the occupation is not found to question PROFI5 (INSEE occupation list in dropdown menu) or PROFI7 is asked if an INSEE occupation (item ticket in PROFI5), you will need to ask the person for their qualification to code for INSEE socio-occupational category on 2 positions.
If STATUT=1, 2, 3, 4 or 6
PROFI7
What is/was your/the qualification your/the status of (first name)?
1 Manager
2 Technician
3 Foreman, supervisor
4 Employee service staff
5 Qualified worker
6 Unqualified worker
7 Category A of civil service / state
8 Category B of civil service / state
9 Category C of civil service / state
10 Other
11 [None]

If PROFI7=10
*PROFI7B Specify _____

UPD

P8CSP

(Corrected variable) Occupation and socio-occupational category (farmers are coded 10, 11 or 12)

10 Farmer
11 Farmer with small holding
12 Farmer with medium holding
13 Farmer with large holding
21 Self-employed craftsperson
22 Tradesperson or equivalent
23 Head of a business with 10 employees or more
31 Liberal profession
33 Public sector manager
34 Professor scientific occupation
35 Information, arts or entertainment occupation
37 Company administrative commercial executive
38 Company engineer or technical executive
42 School teacher or equivalent
43 Intermediate occupation in healthcare of social work
44 Clergy, religious
45 Intermediate administrative occupation in civil service
46 Intermediate administrative and commercial occupation
47 Technician
48 Supervisor
52 Civilian employee, civil service officer
53 Police or military
54 Company administrative employee
55 Commercial employee
56 Employed in direct service to private individuals
62 Qualified worker, industry
63 Qualified worker, crafts
64 Driver
65 Qualified worker, handling, warehousing and transport
67 Unqualified worker, industry
68 Unqualified worker, crafts
69 Agricultural worker
88 Refuses
99 Doesn't know

If STATUT1=1

TYPEMPLOI

What is/was the type of your (his/her) current or most recent job?

1 Open-ended contract, job with no limit in time, civil servant
2 Fixed-term contract
3 Placed via temp agency
4 Replacement
5 Paid internship at company
6 Assisted employment (government employment scheme)
7 Apprenticeship or vocational training contract
8 Seasonal contract
9 Other type of fixed-term job
10 [No work contract (work without drafted contract)]

If TYPEMPLOI=1 or 2
CDAID
Was it an assisted job (government employment scheme)?
1 Yes
2 No

If TYPEMPLOI=2, 3, 4, 7, 8 or 9
TPSCONT
In D = days W = weeks M = months Y = years
1 [Period in days]
2 [Period in weeks]
3 [Period in months]
4 [Period in years]
9 [Doesn't know]

If TYPEMPLOI=2, 3, 4, 7, 8 or 9
DURCONT
What is/was the period of your (his/her) contract (or temp assignment)? |__|__|

*DATMSIR
Months
|__|__|
Wave 2 starting from 14/09, possibility of adding Doesn't know

DATASIR
Years |__|__|__|__|

People saying they are farmers
SUPH
What is the surface area of your (his.her) holding (in UAA hectares)? |__|__|__|

SUPA
What is the exact area in ares? |__|__|__|

OPA
What is your main agricultural production?
1 Polyculture (plough land crops)
2 Market gardening or horticulture
3 Vines or fruit trees
4 Herbivore livestock (bovines, ovines)
5 Seed-eating livestock (poultry, pigs, etc.)
6 Polyculture - livestock
7 Herbivore livestock and grain-eating livestock
8 Other

If SITUA=1 or 2
EMPL
In your (his/her) current or most recent job, do/did you (he/she) work...?
1 Full time
2 Part time
3 Not applicable (for non-salaried people who consider that this question doesn't apply)

If EMPL=2
EMPLTX
At what rate (%)? |__|__|

If EMPL=2
PQPART
What was the main reason for working part time?
1 To carry out another professional activity, studies or training course
2 For health reasons
3 You didn't find full-time work
4 To take care of your children
5 To have free time or do housework
6 For another reason
9 [Doesn't know]

<u>INT</u>: DO NOT LIST – ONE ANSWER ONLY TO "DIDN'T HAVE CHOICE" QUESTION. FOLLOW UP WITH "WHY DIDN'T YOU HAVE A CHOICE?"

RECHEMPLOI
Are you (is he/she) looking for a (another) job?
1 Yes, for at least a year
2 Yes, for over a year
3 No

HOUSING

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	They are asked questions on: from DE-MENAG to CHAMB5J, STOC, from LOYER to QEMPR, from OPRENO to PRESTRENF, ORDI1 to ORDIL4.	If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents) Important: For the 2 month survey, where parents cohabited, the home was described in part by the REF mother and in part by the cohabiting father. So, if at 2 month the home: 1/ <u>was not described</u>: all questions starting from DATMAR are asked to the mother 2/ <u>was not described in full</u>: questions DATMAR to DEMREZP then CHAMB to the end are asked to the mother
REF with non-participating cohabitant	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother

* "<u>2 months not done</u>" (for housing part) = home not described or not fully described

DEMENAG
Have you moved since the child was two months old?
1 Yes
2 No

When did you move?
If DEMENAG=1
*JDATDEM Date of move |___|___|

MDATDEM Month of move |___|___|
Refuses=88, DK=99

ADATDEM Year of move |___|___|___|___|
From 2011 to 2012. Refuses=8888, DK=9999

When did you move in to this dwelling?
If DEMENAG=2 and 2 months not done
DATMAR Month |___|___|
Refuses=88, DK=99

DATAAR Year |___|___|___|___|
Refuses=8888, DK=9999

If DEMENAG=2 and 2 months not done, father and mother non-cohabiting at 2 months and DATAAR

23/05/2016

>=2009
DEMREZ1
Did you move because of the birth of [child]? / Was it following a move caused by the birth of [child]?
1 Yes
2 No

If DEMENAG=1
What were the reasons for your move?
Or if DEMENAG=2 and 2 months not done or non-participating father at 2 months and DATAAR >=2009
Was there another reason why you moved? (Give one reason maximum)
DEMREZ21 Professional reasons 1 Yes / 2 No
DEMREZ22 Divorce/separation, widowed 1 Yes / 2 No
DEMREZ23 Leaving home of parents or parents-in-law and desire for independence 1 Yes / 2 No
DEMREZ24 Change of environment (to go to the city, the country, the provinces, live in a house of the opposite, etc.) 1 Yes / 2 No
DEMREZ25 To be closer to family or friends 1 Yes / 2 No
DEMREZ26 To have a better-quality or larger home 1 Yes / 2 No
DEMREZ27 To have a smaller home 1 Yes / 2 No
DEMREZ28 For health reasons 1 Yes / 2 No
DEMREZ29 For financial reasons 1 Yes / 2 No
DEMREZ30 Other reasons 1 Yes / 2 No
DEMREZ31 [No, there are no other reasons] 1 Yes / 2 No

If DEMREZ30 = 1
DEMREZP Which? _____

"Now let's talk about where you live.

TYPLOG
What type of dwelling?
1 Individual house
2 Apartment or studio or one room with an independent entry
3 Hotel room
4 A home, accommodation centre, social residence
5 Another collective residence, a community (health centre, hospital, barracks, living community, religious congregation, boarding home, university residence, prison)
6 A caravan or mobile home
7 A home in a place not intended for habitation (street, vehicle, building lobby, makeshift shelter)
8 Another type of residence

INT: LIST UNTIL THE PERSON STOPS YOU. THIS IS THE MAIN RESIDENCE OF THE RESPONDENT.

If TYPLOG=4
TYPLOGP
Is it a…
1 ...sheltered accommodation (living autonomy, common management) or social residence
2 ...maternal centre
3 ...another collective home (collective living) on a permanent basis such as a home for people with disabilities, dependent person
4 ...temporary accommodation centre open all year or seasonally

If TYPLOG=5, 7 or 8
TYPLOGT

23/05/2016

What type of dwelling is it exactly? _____

If TYPLOG=1, 2, 3, 4, 5 or 8
ETAGE
How many floors? |__|__|

If ETAGE > 0
QETAGE
What floor do you live on? |__|__|

<u>INT</u>: IF DUPLEX, MARK THE LOWEST FLOOR. IF BASEMENT, CODE. IF LIVING IN INDIVIDUAL HOUSE OR SAYS OCCUPYING THE WHOLE HOUSE, CODE 200.

If TYPLOG≠7
NPIECES
How many rooms? Count rooms such as the dining room, living room, bedroom, etc. regardless of surface area |__|__|

<u>INT</u>: A COMBINED KITCHEN AND LIVING ROOM COUNTS AS ONE ROOM, UNLESS SEPARATED BY A WALL. DO NOT COUNT ROOMS SUCH AS HALLWAYS, CORRIDORS, BATHROOMS, LAUNDRY ROOMS, TOILETS, VERANDAS, OR ROOMS USED FOR PURELY PROFESSIONAL PURPOSES (WORKSHOP, DOCTOR'S OFFICE, ETC.). COUNT THE KITCHEN ONLY IF LARGER THAN 12 M^2.

CHAMB
If NPIECES >1
Has/does [ELFE child] always had/have their own room?
Or if NPIECES >2 and NAISGEM = 1
Do [ELFE child] and [TWIN child] each have their own room?
1 Yes
2 No

If NPIECES >2 and NAISGEM=1
CHAMB2
Do [ELFE child] and [TWIN child] share (always/still) the same rroom just the two of them?
1 Yes
2 No

If CHAMB=2 or CHAMB2=2
CHAMB4
Does [ELFE child] sleep:
1 In their parents' room
2 In a room with brother/sister
3 In another room (alone or with someone else)

If CHAMB4=3
CHAMB4P
Does he/she sleep…
1 ... in the living room
2 … or in another room

If CHAMB4P=2
CHAMB4PP Which one? _____

If NPIECES >1 and CHAMB4≠1
CHAMB5
Does [ELFE child] sometimes sleep with you in your room?
1 Yes
2 No

If TYPLOG=1, 2, 3, 4, 5 or 8
ESCAL
Is there a staircase inside your dwelling (to climb one or more floors, to go to the basement, etc.)?
1 Yes
2 No

If TYPLOG≠7
SURFACE
What is the surface area of your dwelling in m²? |__|__|__|__|
Doesn't know = 9999

<u>INT</u>: TAKE ACCOUNT OF ALL ROOMS, INCLUDING CORRIDOR, KITCHEN, TOILET, BATHROOM. DO NOT TAKE ACCOUNT OF BALCONIES, TERRACES, BASEMENTS, ATTICS OR PARKING SPACES, OR ROOMS FOR PURELY PROFESSIONAL USE.

If SURFACE=9999
SURFTR
What do you think it measures?
1 Less than 25 m²
2 From 25 to 40 m²
3 From 40 to 70 m²
4 From 70 to 100 m²
5 From 100 to 150 m²
6 150 m² or more
9 [Doesn't know]

<u>NB</u>: Changed in wave 2. Starting from 14/09, addition of Doesn't know

If TYPLOG=1, 2, 6 or 8
STOC
Your household occupies this dwelling as…
1 ...Renters or sub-letters, i.e. paying rent even if the rent is paid by someone outside the household
2 ...First-time buyers
3 ...Non-first-time buyers including undivided co-ownership
4 ...Usufructuary (without bare ownership) including life tenant
5 ...Lodged at no charge, possibly paying service charges
6 ...Occupies the dwelling without the authorization of the landlord or with no legal authorization

If STOC=1 or 5
PROPART
Is the dwelling owned by a private owner?
1 Yes
2 No

If PROPART=1
PROPFAM

Is this person a member of the family?
1 Yes
2 No

If PROPART=2
PROPHLM
Is the owner a social rental housing body (HLM or similar body such as OPAC)?
1 Yes
2 No

If PROPHLM=2
PROPRI
Is it:
1 The employer of a member of the household within the framework of company accommodation
2 An administration, a Social Security organisation, or an association under theEmployers' funds for housing
3 A bank, an insurance company or another company in the public or private sectors
4 Another case

If STOC=1
LOYER
What is your monthly rent (including charges and without your housing benefit entitlements)?

|___|___|___|___|

>1, Doesn't know = 9999

If STOC=2
EMPR
Are you currently paying off a monthly loan for the purchase of your dwelling?
1 Yes
2 No

If EMPR=1
QEMPR
What is the monthly amount (without your housing benefit entitlements)?
>1, Doesn't know = 9999
|___|___|___|___|

If TYPLOG=1 or 2
ANLOG
What year was your dwelling built in? |___|___|___|___|
Doesn't know = 9999

If ANLOG=9999
EPOQ
From which period?
1 After 1989
2 1980-1989
3 1970-1979
4 1950-1969
5 1915-1949
6 Before 1915
9 [Doesn't know]

INT: DO NOT LIST

If EPOQ=9
ANCIEN
Do you think it was built before 1949?
1 Yes
2 No
9 [Doesn't know]

Do the following criticisms apply to your dwelling?
CRITIQ1 It is too small and doesn't have enough rooms 1 Yes / 2 No
If ESCAL = 1
CRITIQ2 There are too many stairs (for exiting or moving around in the dwelling)
1 Yes / 2 No
CRITIQ3 It is difficult or costly to heat 1 Yes / 2 No
CRITIQ4 It is too damp 1 Yes / 2 No
CRITIQ5 There is mould on the walls 1 Yes / 2 No
CRITIQ6 It is noisy (internal or external noise) 1 Yes / 2 No

If CRITIQ6=1
The noise is due to:
BRCIRC Traffic (cars, trains, planes, etc.) 1 Yes / 2 No
BRETA Surrounding establishments (factories, shops, schools, etc.) 1 Yes / 2 No
BRTEC The technical equipment of the dwelling or building (lift, heating, ventilation, etc.) 1 Yes / 2 No
BRVOIS Neighbours (children, dogs, etc.) 1 Yes / 2 No
BRAUT Other things 1 Yes / 2 No

EAUCH
Do you have running hot water in your dwelling?
1 Yes
2 No

SDB
Is there a bathroom or shower room in your dwelling?
1 Yes
2 No

TOIL
Are there toilets inside your dwelling?
1 Yes
2 No

	Changed from 08/06: if TYPLOG= from 3 to 7 then do not ask **And your kitchen?**	*Changed from 08/06: if TYPLOG= from 3 to 7 then do not ask* *If SDB=1* **Yourbathroom?**	**Your living room?**	*This question is not asked if NBPIECES=1 or (CHAMB4P=1 and CHAMB4JP=1) or if CHAMB≠1 and CHAMB≠2* **The child's room?**
How many openings are there in...? (0 to 10; 88 Refuses; 99 Doesn't know)	**CUIOUV** |__|__|	**SDBOUV** |__|__|	**SEJOUV** |__|__|	**PIEOUV** |__|__|
Is there ventilation in...?	*If CUIOUV=0* **CUIVEN** 1 q Yes 2 q No 9 q [Doesn't know]	*If SDBOUV=0* **SDBVEN** 1 q Yes 2 q No 9 q [Doesn't know]	*If SEJOUV=0* **SEJVEN** 1 q Yes 2 q No 9 q [Doesn't know]	*If PIEOUV=0* **PIEVEN** 1 q Yes 2 q No 9 q [Doesn't know]
What is the floor covering in...? Several answers possible 1 Yes 2 No	**CUISOL1** Tiling **CUISOL2** Cement **CUISOL3** Rush **CUISOL4** Cork **CUISOL5** Carpet **CUISOL6** Wood **CUISOL7** Stone **CUISOL8** Plastic (linoleum) **CUISOL9** Sisal **CUISOL10** Other **CUISOLP** Specify: _____	**SDBSOL1** Tiling **SDBSOL2** Cement **SDBSOL3** Rush **SDBSOL4** Cork **SDBSOL5** Carpet **SDBSOL6** Wood **SDBSOL7** Stone **SDBSOL8** Plastic (linoleum) **SDBSOL9** Sisal **SDBSOL10** Other **SDBSOLP** Specify: _____	**SEJSOL1** Tiling **SEJSOL2** Cement **SEJSOL3** Rush **SEJSOL4** Cork **SEJSOL5** Carpet **SEJSOL6** Wood **SEJSOL7** Stone **SEJSOL8** Plastic (linoleum) **SEJSOL9** Sisal **SEJSOL10** Other **SEJSOLP** Specify: _____	**PIESOL1** Tiling **PIESOL2** Cement **PIESOL3** Rush **PIESOL4** Cork **PIESOL5** Carpet **PIESOL6** Wood **PIESOL7** Stone **PIESOL8** Plastic (linoleum) **PIESOL9** Sisal **PIESOL10** Other **PIESOLP** Specify: _____
What is the floor covering in...? Several answers possible 1 Yes 2 No	**CUIMUR1** Tiling **CUIMUR2** Roughcast **CUIMUR3** Panelling **CUIMUR4** Carpet **CUIMUR5** Wood panels **CUIMUR6** Wallpaper **CUIMUR7** Paint **CUIMUR8** Stone **CUIMUR9** Plaster **CUIMUR10** PVC **CUIMUR11** Plastic **CUIMUR12** Tapestry **CUIMUR13** Fibreglass material **CUIMUR14** Other **CUIMURP** Specify: _____	**SDBMUR1** Tiling **SDBMUR2** Roughcast **SDBMUR3** Panelling **SDBMUR4** Carpet **SDBMUR5** Wood panels **SDBMUR6** Wallpaper **SDBMUR7** Paint **SDBMUR8** Stone **SDBMUR9** Plaster **SDBMUR10** PVC **SDBMUR11** Plastic **SDBMUR12** Tapestry **SDBMUR13** Fibreglass material **SDBMUR14** Other **SDBMURP** Specify: _____	**SEJMUR1** Tiling **SEJMUR2** Roughcast **SEJMUR3** Panelling **SEJMUR4** Carpet **SEJMUR5** Wood panels **SEJMUR6** Wallpaper **SEJMUR7** Paint **SEJMUR8** Stone **SEJMUR9** Plaster **SEJMUR10** PVC **SEJMUR11** Plastic **SEJMUR12** Tapestry **SEJMUR13** Fibreglass material **SEJMUR14** Other **SEJMURP** Specify: _____	**PIEMUR1** Tiling **PIEMUR2** Roughcast **PIEMUR3** Panelling **PIEMUR4** Carpet **PIEMUR5** Wood panels **PIEMUR6** Wallpaper **PIEMUR7** Paint **PIEMUR8** Stone **PIEMUR9** Plaster **PIEMUR10** PVC **PIEMUR11** Plastic **PIEMUR12** Tapestry **PIEMUR13** Fibreglass material **PIEMUR14** Other **PIEMURP** Specify: _____

"We are now going to ask you a few questions about your living habits in your home."

If TYPLOG=1, 2, 3 or 6
CHAUFC
Do you have collective heating?
1 Yes
2 No

To heat your home and boil water, you use ...?
If CHAUFC=2
EAUCH1 Town or mains gas 1 Yes / 2 No
EAUCH2 Gas from a bottle or tank 1 Yes / 2 No
EAUCH3 Fuel oil 1 Yes / 2 No
EAUCH4 Petrol 1 Yes / 2 No
EAUCH5 Electricity 1 Yes / 2 No
EAUCH6 Wood 1 Yes / 2 No
EAUCH7 Another source of energy 1 Yes / 2 No

<u>INT</u>: Several answers possible

If EAUCH7=1
EAUCHP Which other source of energy? _____

What do you use to cook?
CUISCH1 Town or mains gas 1 Yes / 2 No
CUISCH2 Gas from a bottle or tank 1 Yes / 2 No
CUISCH3 Fuel oil 1 Yes / 2 No
CUISCH4 Petrol 1 Yes / 2 No
CUISCH5 Electricity 1 Yes / 2 No
CUISCH6 Wood 1 Yes / 2 No
CUISCH7 Another source of energy 1 Yes / 2 No

If CUISCH7=1
CUISCHP Which other source of energy? _____

HOTTE
Do you have an extractor hood and use it?
1 Yes,with a filter that sends air outside
2 Yes, with an outlet towards the exterior
3 No

If TYPLOG=1
GARAG
Do you have a garage attached directly to your house, either on the ground floor or on a lower level?
1 Yes
2 No

"We are now going to talk about any work done recently inside your house."

If TYPLOG=1, 2 or 6
OPRENO
If DEMENAG=2
Have you had any renovations or repairs done in the dwelling since our last telephone interview when [ELFE child] was two months old?

If DEMENAG=1

Have you had any renovations or repairs done in the dwelling since you have lived in it (including terraces)?

1 Yes

2 No

If OPRENO=1

Which ones?

OPRENO1 Sanding of old paint 1 Yes / 2 No

OPRENO2 Wall paint / new wallpaper 1 Yes / 2 No

OPRENO3 Floor covering / polishing / varnish 1 Yes / 2 No

OPRENO4 Plumbing 1 Yes / 2 No

OPRENO5 Change or elimination of lead plumbing and/or lead water connections in street 1 Yes / 2 No

OPRENO6 Repair or change of windows / doors 1 Yes / 2 No

OPRENO7 Wall or ceiling insulation 1 Yes / 2 No

OPRENO8 Construction / knocking out of walls 1 Yes / 2 No

OPRENO9 Other repairs or renovations 1 Yes / 2 No

If OPRENO=1

RENOCH

If DEMENAG=2

Have there been any renovations or repairs in the room where [ELFE child] currently sleeps since the last telephone interview at 2 months?

If DEMENAG=1

Have there been any renovations or repairs in the room where [ELFE child] currently sleeps since you have lived in this dwelling?

1 Yes

2 No

9 [Doesn't know]

If RENOCH=1

Which ones?

QLRENO1 Installation of carpet 1 Yes / 2 No

QLRENO2 Installation of panelling (or wood panels) 1 Yes / 2 No

QLRENO3 Installation of wallpaper or tapestries 1 Yes / 2 No

QLRENO4 Installation of fibreglass material 1 Yes / 2 No

QLRENO5 Wall painting 1 Yes / 2 No

QLRENO6 Installation of plastic coverings 1 Yes / 2 No

QLRENO7 Installation of floor linoleum 1 Yes / 2 No

QLRENO8 Sanding and varnishing of wooden floors 1 Yes / 2 No

QLRENO9 Installation of PVC windows 1 Yes / 2 No

QLRENO10 Installation of wooden floors 1 Yes / 2 No

QLRENO11 Other renovations or repairs 1 Yes / 2 No

If QLRENO11=1

QLRENOP What are the OTHER renovations or repairs (in the room where [ELFE child]currently sleeps)?

_____

If OPRENO=1 or RENOCH=1

PRESTRENF

Was [ELFE child] present in the dwelling during the work?
1 Yes
2 No

If DEMENAG=1 or 2 month not done
LOGHT
Is your dwelling close to a high-voltage overhead line (no more than 1 km)?
1 Yes
2 No
9 [Doesn't know]

If LOGHT=1
LOGHTD
How far in metres? |__|__|__|__|

If DEMENAG=1 or 2 month not done
TRANSHT
Is there an electrical transformer close to your dwelling?
1 Yes, in the street in front of the dwelling
2 Yes, in the building
3 No
9 [Doesn't know]

Is there a cordless landline telephone with a base (DECT) in your dwelling?
TELFIX1 In the room where you work 1 Yes / 2 No / 9 [Doesn't know]
TELFIX2 In your room 1 Yes / 2 No / 9 [Doesn't know]
TELFIX3 In the living room 1 Yes / 2 No / 9 [Doesn't know]

WIFI1
Do you have WiFi in your home (excluding public networks)?
1 Yes, connected on a permanent basis
2 Yes, connected sometimes
3 No
9 [Doesn't know]

ORDI1
At home, do you use a computer for several hours a day?
1 Yes
2 No
9 [Doesn't know]

Where is the central unit of the computer(s)?
If ORDI1 = 1
ORDIL1 It is a laptop 1 Yes / 2 No
ORDIL2 On the floor 1 Yes / 2 No
ORDIL3 On a desk 1 Yes / 2 No
ORDIL4 Other 1 Yes / 2 No

HOUSEHOLD INCOME

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	They are asked the following questions: from CLCA to RFAM, from SALMON to ITOTREV	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)*
REF with non-participating cohabitant	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother

"Now let's look at the income of your household and your living conditions. Let's start with work-related income."

In your household, is there currently one or more people receiving the following income:
RSAL Salary, wage or bonus (including the 13th month - a year-end bonus equal to one month's salary), paid vacations, overtime, daily subsistence allowance, remuneration for temporary employment, secondary activities, salaries of directors who are employees of their companies, profit sharing and holdings1 Yes / 2 No
RNSAL Income from self-employed professional activity (freelance, liberal profession…)?
1 Yes / 2 No
RCHO Unemployment benefits? 1 Yes / 2 No

In your household, is there currently one or more people receiving the following:
RRSA Active solidarity income (RSA)? 1 Yes / 2 No
RBOU One or more stipends? 1 Yes / 2 No
RRET Pensions, early retirement (including old age pension, veteran's pension, survivors' benefits pension)? 1 Yes / 2 No

NB: ELFE 1 Year - starting from wave 2, elimination of early retirement, pensions.

In your household, is there currently one or more people receiving the following capital income:
RIMM Rent and tenant farming (if you rent out houses or land)?
1 Yes / 2 No
RFIN Interest, savings account income, dividends (that your saving accounts or investments can generate, such as a Livret A savings passbook, a PEL savings account to buy property or a PEP tax-free savings account available to those not paying income tax)? 1 Yes / 2 No

"Now let's move on to national health insurance benefits and child benefit.

RMAL Does your household receive illness- or disability-related benefits (AAH allowance for disabled adults, disability allowance, allowance related to dependency, daily subsistence allowance)? 1 Yes / 2 No

RLOG Housing benefit, housing allowance? 1 Yes / 2 No

CLCA Does your household receive the CLCA free choice of activity allowance?
1 Yes
2 No
9 [Doesn't know]

INT: CLCA IS PAID BY THE CHILD BENEFIT AGENCY TO PARENTS HAVING STOPPED THEIR OCCUPATIONAL ACTIVITY OR WORKING PART TIME TO TAKE CARE OF THEIR CHILD AGED UNDER 3.

If SITUAFAMM≠7 and CLCA=1
CLCAPER
Who, through the reduction of their activity, allows your household to benefit from this allowance?
1 You
2 Your partner
3 You and your partner

If CLCA=1
ACLCA
What is the monthly amount of this allowance?
1 €143
2 €247
3 €325
4 €384
5 €430
6 €566
7 Other amount
8 [Refuses]
9 [Doesn't know]
10 [No answer]

INT: LIST, EACH TIME SAYING "IN THE REGION OF..."
NB: Wave 1 – change from 26 June: addition of recommendation

If ACLCA=7
ACLCAP Specify monthly amount |__|__|__|__|__|

Do not ask if ACLCA=4 or 6
CLCMG
Does your household receive the CLCMG free choice of child-minding allowance?
1 Yes
2 No
9 [Doesn't know]

NB: ELFE 1 Year - wave 1: filter changed from 26 June <u>question asked to everyone.</u>

ACLCMGP
Specify:
1 Monthly
2 Annual
8 [Refuses]

9 [Doesn't know]

If CLCMG=1
ACLCMG **What is the monthly or annual amount of this allowance?** |__|__|__|__|__|

RPED
Does your household receive the PAJE infant accommodation benefit?
1 Yes
2 No
9 [Doesn't know]

RFAM
Any other child support (for example, child support supplement, back-to-school allowance)?
1 Yes
2 No
9 [Doesn't know]

RTRA
Not including the people in your household, do you have any parents, family or friends paying you alimony or regular financial aid, including for rent, directly or indirectly?
1 Yes
2 No

What types of aid?
If RTRA=1
TYPTRA1 Rent payment (direct or indirect) 1 Yes / 2 No
If RTRA=1
TYPTRA2 Alimony 1 Yes / 2 No
If RTRA=1
TYPTRA3 Other regular financial aid 1 Yes / 2 No

"Lastly, let's look at your living conditions in terms of finances."

If SITUA=1 or 2 or SITUAE=1 or 2
SALMON
What is the NET monthly or annual amount of your salary (or income from an independent activity)?
                                                                                          |__|__|__|__|__|
If SITUA=1 or 2 or SITUAE=1 or 2
SALMONP
Specify:
1 Monthly
2 Annual
5 [Do not receive salary]
8 [Refuses]
9 [Doesn't know]

If LIENTYP=1 or 7 with SITUA=1 or 2 or SITUAE=1 or 2
SALMONC
What is the NET monthly or annual amount of your partner's salary (or income from an independent activity)? |__|__|__|__|__|

If LIENTYP=1 or 7

SALMONCP
Specify:
1 Monthly
2 Annual
8 [Refuses]
9 [Doesn't know]

TOTREVEN
Taking account of all the types of income or your household, what is the current amount of your net monthly resources? (1 to 99 9999) |__|__|__|__|__|

TOTREVENP
Can you tell me to which group belongs the current amount of your net monthly resources (taking into account all the types of income of your household)?
1 Less than €700 per month
2 From €700 to less than €1,200 a month
3 From €1,200 to less than €1,500 a month
4 From €1,500 to less than €1,800 a month
5 From €1,800 to less than €2,200 a month
6 From €2,200 to less than €2,500 a month
7 From €2,500 to less than €3,000 a month
8 From €3,000 to less than €3,500 a month
9 From €3,500 to less than €4,000 a month
10 From €4,000 to less than €4,500 a month
11 From €4,500 to less than €5,000 a month
12 €5000 a month or more
88 [Refuses]
99 [Doesn't know]

If TOTREVEN is reported

ITOTREV
Does this amount include the income from all the members of the household?
1 Yes
2 No
3 [No, because Doesn't know total income]

NB: If ITOTREV=2, go back and indicate total income on previous screen.

EXTENDED FAMILY

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

If 2 months not done:

1 If in household a LIENTYP=8, sex=2 and not LIENTYP=8, sex=1 ⇒ code VIEMER=1 and ask VIEPER

2 If in household a LIENTYP=8, sex=1 and not LIENTYP=8, sex=2 ⇒ ask VIEMER=1 and code VIEPER=1

3 If in household a LIENTYP=8, sex=2 and not LIENTYP=8, sex=1 ⇒ code VIEMER=1 and VIEPER=1

4 If no LIENTYP=8 ask VIEMER and VIEPER

If 2 months done:

1 If no grandparents living at 2 months: at 2 months no LIENTYP=8, sex=2 and (MBVIE≠1 or MBVIEB≠1) and no LIENTYP=8, sex=1 and (PBVIE≠1 or PBVIEB≠1) ⇒ go to GARDENF

2 Both grandparents living at two months at 2 months : [(MBVIE=1 or MBVIEB=1) ET (PBVIE=1 or PBVIEB=1) or (LIENTYP=8, sex=1 et LIENTYP=8, sex=2] and:
- [1 YR no LIENTYP=8 and not LIENTYP=8 leaving CAUSEDEPART=3] ⇒ ask VIEMER and VIEPER - [1 YR LIENTYP=8, sex 1 and LIENTYP=8, sex 2 in household] ⇒ code VIEMER=1 and VIEPER=1
- [1 YR LIENTYP=8, sex 1 in household and no LIENTYP=8, sex 2 leaving CAUSEDEPART=3] ⇒ ask VIEMER and code VIEPER=1
- [1 YR LIENTYP=8, sex 1 in household and LIENTYP=8, sex 2 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and code VIEPER=1
- [1 YR LIENTYP=8, sex 2 in household and no LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=1 and ask VIEPER
- [1 YR LIENTYP=8, sex 2 in household and LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=1 and code VIEPER=2
- [1 YR LIENTYP=8, leaving CAUSEDEPART=3 AND LIENTYP=8, sex 1 leaving CAUSEDEPART=3] code VIEMER=2 and VIEPER=2

3 Only the grandmother alive at 2 months: (MBVIE=1 or MBVIEB=1) AND (PBVIE≠1 or PBVIEB≠1) OR [LIENTYP=8, sex=2]
- [1 YR no LIENTYP=8, sex 2 and no LIENTYP=8, sex 2 leaving CAUSEDEPART=3] ⇒ ask VIEMER and code VIEPER=2
- [1 YR LIENTYP=8, sex 2 in household] ⇒ code VIEMER=1 and VIEPER=2 - [1 YR LIENTYP=8, sex 2 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and VIEPER=2

4 Only the grandfather alive at 2 months: (PBVIE=1 or PBVIEB=1) AND (MBVIE≠1 or MBVIEB≠1) OR [LIENTYP=8, sex=1]

- [1 YR no LIENTYP=8, sex 1 and no LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and ask VIEPER
- [1 YR LIENTYP=8, sex 1 in household] ⇒ code VIEMER=2 and VIEPER=1
- [1 YR LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and VIEPER=1

VIEMER
Is your mother still alive?
1 Yes
2 No

VIEPER
Is your father still alive?
1 Yes
2 No

Since the birth of [ELFE child], has your mother ...
If VIEMER=1
MJOUE
… **played with them?**
1 Yes
2 No

INT: IF GRANDPARENT STILL ALIVE BUT NO CONTACT WITH FAMILY, CODE "NO"

If VIEMER=1
MREPA
… **given them a meal or taken care of them?**
1 Yes
2 No

If VIEMER=1
MGARDR
… **since the birth of [ELFE child], has your mother minded them regularly?**
1 Yes
2 No

If VIEMER=1 and MGARDR=2
MGARD
… **has she minded them occasionally (in your absence or that of your partner)?**
1 Yes
2 No

If VIEMER=1
MSOUT
… **has she advised or supported you?**
1 Yes
2 No

If VIEMER=1
MAIDM
… **has she helped you with your housework?**
1 Yes
2 No

If VIEMER=1
MAIDF
… **has she helped you financially?**
1 Yes
2 No

Since the birth of [ELFE child], has your father ...
If VIEPER=1
PJOUE
… **played with them?**
1 Yes
2 No

If VIEPER=1
PREPA
… **given them a meal or taken care of them?**
1 Yes
2 No

If VIEPER=1
PGARDR
… **has he minded them regularly?**
1 Yes
2 No

If PGARDR=2
PGARD
… **has he minded them occasionally (in your absence or that of your partner)?**
1 Yes
2 No

If PGARDR=2
PSOUT
… **has he advised or supported you?**
1 Yes
2 No

If PGARDR=2
PAIDM
… **has he helped you with your housework?**
1 Yes
2 No

If PGARDR=2
PAIDF
… **has he helped you financially?**
1 Yes
2 No

TYPE OF CARE

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabit-ant	ALL	
REF alone	ALL	
Non-cohabiting mother	NONE	
Mother of placed child	NONE	

"We are now going to talk about the main type of care used for [ELFE child], and hte, possibly, about another type of care you may also use."
If twin: **"We are now going to talk about the type of care used for [ELFE child] and [Twin child]"**

If NAISGEM=1
MEMGARD
Do you currently use the same type of child care for the two of them during the week from Monday to Friday from 9 am to 6 pm?
1 Yes
2 No

If MEMGARD=1 ⇒ GARDENF and the questions are asked just once (ELFE child)
If MEMGARD=2 ⇒ ask 'Type of care' later for the twin

GARDENF
What is the main type of child care used during the week from Monday to Friday from 9 am to 6 pm?
The formats of the variables differ according to the respondent
1 Yourself
2 Your partner
3 Yourself and your partner
4 The child's grandparents or grandparent (display if VIEMER=1 and/or VIEPER=1)
5 The child's paternal grandparents or grandparent (display if VIEMER=2 and VIEPER=2)
6 A childcare assistant (accredited or non-accredited except grandmother who is a childcare assistant)
7 A crèche
8 Paid home help
9 Other type of care

INT: IF THE MOTHER UNPROMPTED MENTIONS SEVERAL TYPES OF CARE, ASK HER TO CHOOSE THE ONE SHE CONSIDERS AS THE MAIN TYPE. IF THE MOTHER SAYS HER PARTNER IS NOT THE FATHER, YOU SHOULD TELL HER THAT IT IS HER PARTNER SHE IS TALKING ABOUT.

If GARDENF=9
GARDENFP

Specify other type of care _____

If GARDENF=1, 2 or 3
PQGARD1 / PQGARD2
For what main reasons did you choose this type of care for your child? (repeated twice)
1 Other types of care cost too much
2 You don't have another solution
3 Your work hours are incompatible with the hours of child care solutions
4 You want to fully devote yourself to raising your child
5 It is the most beneficial solution for your child
6 You (or your partner) are out of work
7 For another reason

If GARDENF=4, 5, 6, 7, 8 or 9
PQGARD3 / PQGARD4
For what reasons did you choose this type of care? (repeated twice)
1 Other types of care cost too much
2 You don't have another solution
3 Your work hours are incompatible with the hours of child care solutions
4 It is the most beneficial solution for your child
5 For another reason

INT: IF THE MOTHER IS A CHILDCARE ASSISTANT, ASK HER ALL THE SAME FOR WHAT OTHER REASONS SHE DECIDED TO USE CHILD CARE.
NB: Displayed randomly

If GARDENF=4 or 5
If GARDENF=4 or 5 and VIEMER≠1 and VIEPER≠1, don't ask GPARD2
and code 2 if VIEMER=2 and VIEPER=2
If childcare type identical for ELFE child and his/her Twin, ask "Are your children in childcare?"
GPGARD1
Is your child minded by his/her grandparents: paternal?
1 Yes
2 No

GPGARD2
Is your child minded by his/her grandparents: maternal?
1 Yes
2 No

INT: CODE THE TWO AS YES IF THE MATERNAL AND PARENTAL GRANDPARENTS SHARE THE TASK OF MINDING THE CHILD EQUALLY

If GARDENF≠7
LIEUGARD
Are [ELFE child] (and his/her twin) minded at your home (main type of care)?
1 Yes
2 No

If GARDENF=7
CRECHE
It is:
1 ...a company crèche

2 ...a parental crèche
3 ...a municipal crèche at a social centre
4 ...a crèche run by an organization
5 ...a family crèche
6 Other
7 [Doesn't know]

If GARDENF=4, 5, 6, 7 or 9, ask
If LIEUGARD=1, don't ask
TYPTRAN1 / TYPTRAN2
For the journey from your house to the care centre, what type of transport does.do the child/children use? (2 answers possible) (repeated twice)
1 Car
2 Bus, coach
3 Train
4 Tramway
5 Metro, suburban train
6 On foot (possibly held in arms in baby-carrier or in a pram)
7 Bike (in baby-seat)
8 [Not applicable]

NRTRAJ1 / NRTRAJ2
How many times a week? (repeated twice) |__|__|
Doesn't know = 99

TPS1H / TPS2H
How long does the journey take? Hours (repeated twice) |__|__|

TPS1MIN / TPS2MIN
How long does the journey take? Minutes (repeated twice) |__|__|

If GARDENF=1, 2, 3, 4, 5, 6, 7 or 9
NBENF
If GARDENF=6, 7 or 9
How many children attend the care centre?
If GARDENF =1, 2, 3, 4, 5 or 8
How many children are in the care centre with [ELFE child] (if twin and same centre: with the children?)? |__|__|__|
Refuses = 888, Doesn't know = 999

How old was/were your child/children when you first used this type of care solution?
If GARDENF=4, 5, 6, 7, 8 or 9
AGENFM Month |__|__|
Refuses = 88, Doesn't know = 99

If GARDENF=4, 5, 6, 7, 8 or 9
AGENFS Weeks |__|

If GARDENF=4, 5, 6, 7, 8 or 9
TPSLIEUJ
How much time does/do he/she/they spend at this care centre? Number of days per week |__|__|

<u>INT</u>: IF 1.5 DAYS, CODE 1.5; IF DK, CODE 9.9; IF REFUSAL, CODE 8.8

If GARDENF=4, 5, 6, 7, 8 or 9
TPSLIEUJS
And how much time in total in hours?
Refuses = 888, Doesn't know = 999

Would you say that this type of care enables your child (children if twin) to:
If GARDENF=4, 5, 6, 7, 8 or 9
AMBIAN Benefit from a warm environment 1 Yes / 2 No
RYTHME Respect their rhythm 1 Yes / 2 No
HYGIENE Benefit from every guarantee of hygiene and safety 1 Yes / 2 No

COMGARD
Do you use an additional type of child care?
1 Yes
2 No

If COMGARD=1
QLCOM
Which one?
Format of variables differs according to respondent.
1 Yourself
2 His/her grandparents, grandparent
3 His/her paternal grandparents, grandparent
4 Your partner
5 A childcare assistant (accredited or not)
6 A crèche
7 Paid home help
8 Another type of care
9 Daycare centre

<u>NB</u>: 1 Yr wave 1 - starting from 14/05/2012: Daycare centre item added

If QLCOM=8
QLCOMP Specify _____

TPSMAM
Overall, in the week, from Monday to Friday from 9 am to 6 pm, how many hours does your child spend with you? |__|__|__|
Refuses = 888, Doesn't know = 999

<u>NB</u>: Wave 1 - asked if additional type of care Changed from 05/06/2012: Question asked to everyone

If SITUAFAMM≠7
TPSPAP
Overall, in the week, from Monday to Friday from 9 am to 6 pm, how many hours does your child spend with your partner? |__|__|__|
Refuses = 888, Doesn't know = 999

<u>NB</u>: Wave 1 - change from 05/06/2012: Question asked to everyone

If GARDENF=4, 5, 6, 7, 8 or 9
ACCEPT

When you entrust [ELFE child]/[twin child] to the person who looks after them, would you say in general that he/she/they:
1 Accept(s) your departure easily
2 Accept(s) your departure with difficulty
3 It depends
4 [Not applicable]

If GARDENF=4, 5, 6, 7, 8 or 9
HUMEUR
When you pick him/her/them up from this type of care, is/are he/she/they…
1 ...happy to see you
2 ...unhappy (anger, screams, crying)
3 ...express(es) nothing in particular
4 ...it depends
5 [Not applicable]

If GARDENF=4, 5, 6, 7, 8 or 9
RELAT
Do you get on well with the people who look after him/her/them?
1 Yes
2 No
3 It depends
4 [Not applicable]

NB: Question RELAT deleted in wave 2.

Have you ever had a disagreement with the person(s) minding him/her/them (or who take care of him/her/them) about the following:
If GARDENF=4, 5, 6, 7, 8 or 9
DESALI **Food** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
DESSOM **Sleep** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
DESHYG **Hygiene** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
DESAUTR **Other** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

If DESAUTR=1
DESAUTRP **Have you disagreed with them about anything else?** _____

Do you benefit from the following aid for the care of [ELFE child]/[Twin child]:
If GARDENF=4, 5, 6, 7, 8 or 9
AIDEIMPO **Income tax reduction or tax credit independent of the application of the family quotient** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
AIDEMUN **Aid from the municipality** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
AIDEAUTR **Other types of aid** 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

If AIDEAUTRE=1
AIDEAUTRP **Which?** _____

Does your employer propose...?
If SITUA=1 or 2 or SITUAE=1 or 2 and STATUT1=1
SCRECH **A crèche at the workplace or near the workplace** 1 Yes / 2 No / 3 [Doesn't know]
SGARDE **A subsidy for child care** 1 Yes / 2 No / 3 [Doesn't know]
SENTR **Aid from the work council** 1 Yes / 2 No / 3 [Doesn't know]
SCHEC **Universal employment service cheque pre-financed in part by the employer** 1 Yes / 2 No / 3 [Doesn't know]

SMGARD Assistance in choosing and finding care 1 Yes / 2 No / 3 [Doesn't know]
SRESAID A parent club or mutual assistance network 1 Yes / 2 No / 3 [Doesn't know]

If SITUA=1, 2 or SITUAE=1, 2
APELURG
If you are called at work to pick up [ELFE child]/[twin child] due to an emergency (health, temporary unavailability of care, etc.):
1 ...you can go without having to ask for leave
2 ...you can go without having to ask for a half day of leave
3 ...you cannot leave your job
4 Other

If APELURG=4
APELURGP Specify _____

SUFMUN
Do you think the municipality provides sufficient support to families for childcare?
1 Yes
2 No
3 [No opinion]

SUFCAF
Do you think the family allowance office provides sufficient support to families for childcare?
1 Yes
2 No
3 [No opinion]

INT: WELCOME SYSTEM AS WELL AS FINANCIAL SUPPORT

GARBAT
Is the childcare building of [ELFE child]...?
1 An individual house
2 A residential building
3 Other

GARETA
How many floors? |__|__|

If GARETA 99>GARETA>0
GARETAQ
On which floor is the care centre of [ELFE child]? |__|__|

GARETA
On which floor is the care centre of [ELFE child]? |__|__|

GARCONST
Do you know if the building was built:
1 Before 1945
2 After 1945
3 [Doesn't know]

<ADRCRECHE>

Address of the crèche of [ELFE child] _____

<GARNOM>
Name of the crèche _____   66

<GARNUM>
Number |__|__|

<GARRUE>
Street _____

<GARCP>
Postcode _____

<GARCOM>
Municipality _____

HEALTH, DEVELOPMENT AND DIET (LIGHTER QUESTIONNAIRE ASKED ONLY TO MOTHERS NOT COHABITING WITH THE CHILD)

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	
REF with non-participating cohabitant	NONE	
REF alone	NONE	
Non-cohabiting mother	ALL	
Mother of placed child	NONE	

To be asked for each child if twin.

"We are going to ask you a few questions on the health, language and diet of your child and their reactions when they find themselves in a new place or with a person they don't know.

ENFSANT1
According to you, your child is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health
5 [Doesn't know]

REALIM1
How does your child react when placed in a confined or restricted area (e.g. a child car seat, a baby seat, etc.)?
1 He/she mostly accepts it
2 He/she sometimes accepts it
3 He/she generally protests
4 [Doesn't know]

LANGE1
What languages, dialect or patois do you usually use when speaking to [ELFE child] (and [TWIN child])? (repeated 3 times)
(List of 467 languages)

INT: TELL THE RESPONDENT THAT SEVERAL LANGUAGES OR PATOIS ARE POSSIBLE

LANG1EP
Specify which language, dialect or patois (repeated 3 times) _____

LANGDOM1
Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN]child)?

1 Yes
2 No

LANG1DOM1
Which ones?
Language 1: _____
(List of 467 languages)

LANG2DOM1
Which ones?
Language 2: _____
(List of 467 languages)

LANG3DOM1
Which ones?
Language 3: _____
(List of 467 languages)

LANGDOM1P
Specify the language, dialect or patois: _____

ADAPTE1
Does your child adapt easily to new things (e.g. new people, new places, new food)?
1 Always
2 Often
3 Sometimes
4 Almost never
5 [Doesn't know]

ANXEUX1
Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

TRISTE1
Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

AGITE1
In the last few months, have you found that during the day your child has been particularly worked up, unable to keep still?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

MOTIFINQ1
Have you any reason to be concerned about your child?
1 Yes

2 No
3 [Doesn't know]

For what reason(s)?
If MOTIFINQ1=1
QMOTIF11 Sleep 1 Yes / 2 No
QMOTIF21 Crying 1 Yes / 2 No
QMOTIF31 Diet 1 Yes / 2 No
QMOTIF41 Frequent health problems 1 Yes / 2 No
QMOTIF51 Early learning problems 1 Yes / 2 No
QMOTIF61 Difficulties with contact (does you child hide in your arms, communicate by looking in your eyes, smiling, rock constantly, etc.) 1 Yes / 2 No
QMOTIF71 Other 1 Yes / 2 No
QMOTIF91 [Doesn't know] 1 Yes / 2 No

If QMOTIF71=1
QMOTIFP1 Specify _____

To whom have you spoken about these concerns?
If MOTIFINQ1 = 1
AQIPAR11 Partner 1 Yes / 2 No
AQIPAR21 Family members 1 Yes / 2 No
AQIPAR31 Friends 1 Yes / 2 No
AQIPAR41 Professionals 1 Yes / 2 No
AQIPAR51 No-one 1 Yes / 2 No
AQIPAR61 Other 1 Yes / 2 No
AQIPAR91 [Doesn't know] 1 Yes / 2 No

If AQIPAR61=1
AQIPARP1 If other, specify _____

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHIDLCARE SPECIALIST, AN OSTEOPATH, ETC.

If MOTIFINQ1=1
RECUST1
Do you receive support for this problem?
1 Yes
2 No
3 [Doesn't know]

From whom?
If MOTIFINQ1=1 and RECUST1=1
RECUSTQ11 Partner 1 Yes / 2 No
RECUSTQ21 Family member(s) 1 Yes / 2 No
RECUSTQ31 Friend(s) 1 Yes / 2 No
RECUSTQ41 Professional(s) 1 Yes / 2 No
RECUSTQ51 Other 1 Yes / 2 No
RECUSTQ91 [Doesn't know] 1 Yes / 2 No

<u>INT</u>: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANCE IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHIDLCARE SPECIALIST, AN OSTEOPATH, ETC.

If RECUSTQ51=1
RECUSTQP1 If other, specify _____

"I am going to ask you some questions about different types of pre-cooked food and prepared meals found in supermarkets and that [ELFE child] may have eaten, including baby food jars, stewed fruit and preserves."

<u>NB</u>: ELFE 1 Yr - starting from wave 2: Addition of specification "including baby food jars, stewed fruit and preserves"

FQLEG1
When the child is with you, how often do you give them ready-to-eat vegetables?
1 Every meal or almost
2 Regularly
3 As a stopgap solution
4 Never
5 [Doesn't know]

If FQLEG1=1 or 2
FQLEGP1
Is it special food for babies?
1 Practically always
2 Sometimes
3 Rarely
4 [Doesn't know]

FQLEGVI1
When the child is with you, how often do you give them ready-to-eat combinations of vegetables and meat or fish?
1 Every meal or almost
2 Regularly
3 As a stopgap solution
4 Never
5 [Doesn't know]

If FQLEGVI1=1 or 2
FQLEGVIP1
Is it special food for babies?
1 Practically always
2 Sometimes
3 Rarely
4 [Doesn't know]

FQFRUIT1
When the child is with you, how often do you give them ready-to-eat fruits, such as baby food jars, stewed fruits or preserves?
1 Every meal or almost
2 Regularly

3 As a stopgap solution
4 Never
5 [Doesn't know]

If FQFRUIT1=1 or 2

FQFRUITP1

Is it special food for babies?

1 Practically always
2 Sometimes
3 Rarely
4 [Doesn't know]

RFMANG1

If your child doesn't finish his/her plate or refuses to eat and he/she is not ill, what do you do?

1 You insist
2 You propose something else
3 You don't insist
4 It never happens
5 [Doesn't know]

NVALIM1

Since your child has consumed food other than milk, does he/she like this food?

1 He/she accepts it easily
2 It depends on the food
3 He/she often rejects it
4 [Doesn't know]

DEVELOPMENT (LIGHTER QUESTIONNAIRE ASKED ONLY TO MOTHERS OF PLACED CHILDREN)

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	
REF with non-participating cohabitant	NONE	
REF alone	NONE	
Non-cohabiting mother	NONE	
Mother of placed child	ALL	

To be asked for each child if twin.

"We are going to ask you a few questions about the language and health of [ELFE child] and the dialogue and relations you have with him/her when you see him/her.

LANG1ED
Language spoken to child:
Language 1: _____
(List of 467 languages)

LANG2ED
Language spoken to child:
Language 2: _____
(List of 467 languages)

LANG3ED
Language spoken to child:
Language 3: _____
(List of 467 languages)

LANG1EDP
Specify the language, dialect or patois:
Language 1: _____

LANG2EDP
Specify the language, dialect or patois:
Language 2: _____

LANG3EDP
Specify the language, dialect or patois:
Language 3: _____

LANGDOMD

Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN]child)?
1 Yes
2 No

LANG1DOMD
Which ones?
Language 1: _____
(List of 467 languages)

LANG2DOMD
Which ones?
Language 2: _____
(List of 467 languages)

LANG3DOMD
Which ones?
Language 3: _____
(List of 467 languages)

LANG1DOMDP
Specify the language, dialect or patois:
Language 1: _____

LANG2DOMDP
Specify the language, dialect or patois:
Language 2: _____

LANG3DOMDP
Specify the language, dialect or patois:
Language 3: _____

When you meet with [ELFE child]:
ACTIJEUD Do you play little games with the child (hide and seek, itsy-bitsy spider, construction or manipulation games)? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTILECTD Do you read [ELFE child] picture or story books? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTIDESD Do you do drawings with [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTITVD Do you watch television or screens with [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTICALMD Do you spend calm time with [ELFE child], talking to them? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTICHAND Do you sing little songs or nursery rhymes to [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

ACTICORD Do you play games with his/her body (feet, hands) such as tickling, massaging, having him/her jump? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

If ACTIJEUD=3 and ACTILECTD=3 and ACTIDESD=3 and ACTITVD=3 and ACTICALMD=3 and ACTICHAND=3 and ACTICORD=3

ACTIAUTD

Do you do other activities with your child?

1 Yes
2 No
3 [Doesn't know]

If ACTIAUTD=1

ACTIQD Which one(s)? _____

Which of these toys does your child have:
JPOUPD Doll 1 Yes / 2 No
JVOITD Toy car 1 Yes / 2 No
JBALD Ball 1 Yes / 2 No
JLIVD Baby books (in cardboard or cloth) 1 Yes / 2 No
JCONSD Construction games 1 Yes / 2 No
JEVEILD Early learning games such as a play mat… 1 Yes / 2 No
JMUZD Musical instruments 1 Yes / 2 No

JDISD

Does your child have CDs and cassettes to listen to? Does your child have CDs and cassettes to listen to?

1 Yes
2 No

GARDINF1D

Do you ever personally write information in the health booklet of your child, such as their weight, height, minor illnesses or other things?

1 Yes
2 No
3 [Doesn't know]

What kind of information do you note down?
If GARDINF1D = 1
INFPTD Weight or height curves 1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFPMD Minor illnesses 1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFPFD "First times" (first smile, first step, first tooth, etc.) 1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFAUTD Other observations 1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

GARDINF2D

Do you ever write things about your child in a notebook or on the web (blog, Facebook, etc.)?

1 Yes
2 No
3 [Doesn't know]

SUSPOUD

Does your child suck their thumb or fingers?

1 Never
2 Sometimes

3 Often
4 All the time or almost
5 [Doesn't know]

TETINED
Does your child suck a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

SUSAUTD
Does your child suck on anything else, such as a comforter or a piece of fabric?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

CALMENFD
Is it easy or difficult for you to calm your child when they are upset?
1 Very easy
2 In general quite easily
3 Difficult
4 [Doesn't know]

ANXEUXD
Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

TRISTED
Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
9 [Doesn't know]

NB: ELFE 1 Yr - question added 23/05 in wave 1 because forgotten

ENFSANTD
According to you, your child is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health
5 [Doesn't know]

Since your child was two months old, has your family benefited from:

AIDPUERD Help from a childcare worker or an MCP midwife 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDTRD Help from a family worker 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDASSD Support from a social assistant 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDPSYD Support from a psychologist 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDSOCD Support from the child welfare service 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDEDD Support from an educator 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

AIDJUGD Supervision by a juvenile judge 1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

How often do you meet …

If AIDPUERD=1

FQPROD1

...the childcare worker / midwife?

1 More than once a week

2 Once a week

3 2 or 3 times a week

4 Once a month at most

5 [Doesn't know]

If AIDTRD=1

FQPROD2

...the family worker?

1 More than once a week

2 Once a week

3 2 or 3 times a week

4 Once a month at most

5 [Doesn't know]

If AIDASSD = 1

FQPROD3

… **the social assistant?**

1 More than once a week

2 Once a week

3 2 or 3 times a week

4 Once a month at most

5 [Doesn't know]

If AIDPSYD=1

FQPROD4

… **the psychologist?**

1 More than once a week

2 Once a week

3 2 or 3 times a week

4 Once a month at most

5 [Doesn't know]

If AIDSOCD=1

FQPROD5

the child welfare service?

1 More than once a week

2 Once a week

3 2 or 3 times a week

4 Once a month at most

5 [Doesn't know]

If AIDEDD=1
FQPROD6
… **the educator?**
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

If AIDJUGD=1
FQPROD7
… **the juvenile judge?**
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

DSUIVID
When did this support begin (in days, months or years)? (repeated 7 times)
|__|__|__|__|

DSUIVIPD
When did this support begin (in days, months or years)? (repeated 7 times)
1 [Indicates number of days]
2 [Indicates number of months]
3 [Indicates number of years]
4 [Doesn't know]

If AIDASSD=1 or AIDSOCD=1 or AIDEDD=1 or AIDJUGD=1
AEMODD
Is the [CHILD] supported as part of non-institutional educational action as decided on by a juvenile judge or educational assistance at home decided on by the child welfare service?
1 Yes, non-institutional education al action (decided on by a juvenile judge)
2 Yes, educational assistance at home (decided on by child welfare service)
3 No
4 [Doesn't know]

When did this support begin (the beginning may pre-date the birth of the child)?
If AIDASSD=1 or AIDSOCD=1 or AIDEDD=1 or AIDJUGD=1 and AEMODD=1
*DATPRJD Day |__|__|
Refuses = 88, Doesn't know = 99

*DATPRMD Month |__|__|
Refuses = 88, Doesn't know = 99

DATPRAD Year |__|__|__|__|
Refuses = 8888, Doesn't know = 9999

If AIDASSD=1 or AIDSOCD=1 or AIDEDD=1 or AIDJUGD=1 and AEMODD=1
DUREPRISD How long is the support planned for? Number of weeks |__|__|__|
Refuses = 888, Doesn't know = 999

THE CHILD'S PSYCHOMOTOR DEVELOPMENT

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	NONE	
Mother of placed child	NONE	

"We are now going to talk about [ELFE child's] activities. Among the following activities, he/she is probably capable of doing some of them now and will be able to do the others later? Don't be surprised if the child hasn't mastered some of the activities.

SOCA
Is attentive to what happens around them and listens to others.
1 Yes
2 No
3 [Doesn't know]

SOCB
Is interested in his/her reflection. Or used to be.
1 Yes
2 No
3 [Doesn't know]

SOCC
Shows affection to other children.
1 Yes
2 No
3 [Doesn't know]

SOCD
Shows affection: hugs others.
1 Yes
2 No
3 [Doesn't know]

SOCE
Sometimes says no when not in agreement.
1 Yes
2 No
3 [Doesn't know]

SOCF

Wants a doll, teddy bear or comforter to go to bed with. Or used to ask for this when younger.

1 Yes

2 No

3 [Doesn't know]

SOCG

Plays with other children, does things with them.

1 Yes

2 No

3 [Doesn't know]

SOCH

Pretends to do everyday activities such as speaking on the phone or sleeping. Or used to.

1 Yes

2 No

3 [Doesn't know]

AUTOA

Eats a biscuit alone.

1 Yes

2 No

3 [Doesn't know]

AUTOB

Holds a spoon by the handle.

1 Yes

2 No

3 [Doesn't know]

AUTOC

Takes off his/her socks.

1 Yes

2 No

3 [Doesn't know]

AUTOD

Chews food.

1 Yes

2 No

3 [Doesn't know]

AUTOE

Holds a glass or cup to his/her lips and drinks.

1 Yes

2 No

3 [Doesn't know]

AUTOF

Remembers where household objects are kept.

1 Yes

2 No

3 [Doesn't know]

If AUTOB=1

AUTOG

Eats on his/her own with a spoon.

1 Yes

2 No

3 [Doesn't know]

If AUTOG = 1

AUTOH

Which hand does he/she use?

1 Right

2 Left

3 Both

4 [Doesn't know]

If AUTOB=1

AUTOI

Eats with a spoon with no or few spills.

1 Yes

2 No

3 [Doesn't know]

GLOBA

Sits down without help.

1 Yes

2 No

3 [Doesn't know]

GLOBB

Can stand without being held.

1 Yes

2 No

3 [Doesn't know]

GLOBC

Can stand up without being helped.

1 Yes

2 No

3 [Doesn't know]

GLOBD

Gets around furniture or bed holding on or walking.

1 Yes

2 No

3 [Doesn't know]

GLOBE

Walks without being helped.

1 Yes

2 No

3 [Doesn't know]

If GLOBE=1

GLOBF

Throws a ball while standing and doesn't fall over.

1 Yes

2 No

3 [Doesn't know]

82

If GLOBE=1

GLOBG

Runs.

1 Yes

2 No

3 [Doesn't know]

If GLOBE=1

GLOBH

Kicks a ball.

1 Yes

2 No

3 [Doesn't know]

FINA

Takes objects in hands.

1 Yes

2 No

3 [Doesn't know]

FINB

Holds two objects at same time, one in each hand.

1 Yes

2 No

3 [Doesn't know]

FINC

Uses both hands to hold a large object.

1 Yes

2 No

3 [Doesn't know]

FIND

Picks up small objects such as a piece of cereal or a grain of rice using the thumb and another finger.

1 Yes

2 No

3 [Doesn't know]

FINE

Shifts an object from one hand to the other.

1 Yes

2 No

3 [Doesn't know]

FINF

Builds a tower made up of two or more cubes.

1 Yes

2 No

3 [Doesn't know]

FING
Scrawls with a pencil or pen. Or used to.
1 Yes
2 No
3 [Doesn't know]

FINH
Turns the pages of children's book one by one.
1 Yes
2 No
3 [Doesn't know]

FINI
Picks up two small toys with one hand.
1 Yes
2 No
3 [Doesn't know]

FINJ
Uses one hand more than another, prefers to use it.
1 Yes
2 No
3 [Doesn't know]

"We are now going to talk about the language expressed by and understood by your child."

LANG1E
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 1: _____
(List of 467 languages)

LANG2E
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 2: _____
(List of 467 languages)

LANG3E
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 3: _____
(List of 467 languages)

<u>INT</u>: TELL THE RESPONDENT THAT SEVERAL LANGUAGES OR PATOIS ARE POSSIBLE

LANG1EP
Specify the language, dialect or patois:
Language 1: _____

LANG2EP
Specify the language, dialect or patois:

Language 2: _____

LANG3EP
Specify the language, dialect or patois: 84
Language 3: _____

LANGDOM
Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN]child)?
1 Yes
2 No

LANG1DOM
Which ones?
Language 1: _____
(List of 469 languages)

LANG2DOM
Which ones?
Language 2: _____
(List of 469 languages)

LANG3DOM
Which ones?
Language 3: _____
(List of 469 languages)

LANG1DOMP
Specify the language, dialect or patois:
Language 1: _____

LANG2DOMP
Specify the language, dialect or patois:
Language 2: _____

LANG3DOMP

Specify the language, dialect or patois:

Language 3: _____

EXPRA

Can [ELFE child] make a series of identical syllables or sounds (e.g. bababa)?

1 Yes
2 No
3 [Doesn't know]

EXPRB

Can [ELFE child] make a series of different syllables or sounds (e.g. bodaga)?

1 Yes
2 No
3 [Doesn't know]

If EXPRA=2 and EXPRB=2, do not ask and code EXPRC=2

EXPRC

"Babble": can he/she make a series of sounds as if making a sentence. Or did so when younger.

1 Yes
2 No
3 [Doesn't know]

If EXPRA=1 and EXPRB=1

EXPRD

Shows objects.

1 Yes
2 No
3 [Doesn't know]

EXPRE

Can make appropriate mimicry to indicate "Yes, "No' and "I want".

1 Yes
2 No
3 [Doesn't know]

EXPRF

Calls you "Mummy" or "Daddy" or a similar name.

1 Yes
2 No
3 [Doesn't know]

INT: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LAN-
GUAGES SPOKEN IN HOUSEHOLD"

EXPRG

Asks to drink or eat using words or sounds.

1 Yes
2 No
3 [Doesn't know]

INT: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LANGUAGES SPOKEN IN HOUSEHOLD"

For each of the following words, say if the child understands.
EXPRH1 Bottle 1 Yes / 2 No / 3 [Doesn't know]
EXPRH2 Biscuit 1 Yes / 2 No / 3 [Doesn't know]
EXPRH3 Ball 1 Yes / 2 No / 3 [Doesn't know]
EXPRH4 Bed 1 Yes / 2 No / 3 [Doesn't know]
EXPRH5 Bread 1 Yes / 2 No / 3 [Doesn't know]
EXPRH6 Foot 1 Yes / 2 No / 3 [Doesn't know]
EXPRH7 Wait / to wait 1 Yes / 2 No / 3 [Doesn't know]
EXPRH8 Drink / to drink 1 Yes / 2 No / 3 [Doesn't know]
EXPRH9 Sleep / to sleep / go beddy-byes 1 Yes / 2 No / 3 [Doesn't know]
EXPRH10 Give / to give 1 Yes / 2 No / 3 [Doesn't know]
EXPRH11 Look / to look 1 Yes / 2 No / 3 [Doesn't know]
EXPRH12 Goodbye (not with the hand) 1 Yes / 2 No / 3 [Doesn't know]

INT: CODE "YES" EVEN IF THE CHILD UNDERSTANDS THE WORD ONLY IN ONE SITUATION

Does [ELFE child]currently use the following word unprompted?
EXPRI1 Bottle
EXPRI2 Biscuit
EXPRI3 Ball
EXPRI4 Bed
EXPRI5 Bread
EXPRI6 Foot
EXPRI7 Wait / to wait
EXPRI8 Drink / to drink
EXPRI9 Sleep / to sleep / go beddy-byes
EXPRI10 Give / to give
EXPRI11 Look / to look
EXPRI12 Goodbye (not with the hand)

INT: UNPROMPTED MEANS THAT THE CHILD SAYS THE WORD WITHOUT THE WORD BEING SAID (NOT JUST REPETITION OF A WORD HEARD). IF HIS/HER PRONUNCIATION IS DIFFERENT TO THAT OF ADULTS, ANSWER "YES". IF THE MOTHER SAYS THE CHILD DOESN'T SPEAK, CODE "NO"

EXPRIL
In general, does [ELFE child] say these words in French or another language?
1 Generally in French
2 Generally in another language spoken in the household
3 In one or another language indiscriminately
4 [Doesn't know]
If at least two words said in list, do not ask EXPRI1 to 12 and code EXPRJ=1

EXPRJ
Uses at least 2 words in addition to the words "Mummy" and "Daddy".
1 Yes
2 No
3 [Doesn't know]

<u>INT</u>: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LAN-GUAGES SPOKEN IN HOUSEHOLD"

COMPA
Understands "No, no" and stops what he/she is doing at least for a short time.
1 Yes
2 No
3 [Doesn't know]

COMPB
Answers to his/her name, turns round and looks.
1 Yes
2 No
3 [Doesn't know]

COMPC
Imitates some of the sounds you make, or did so when younger.
1 Yes
2 No
3 [Doesn't know]

COMPD
Generally [ELFE child] comes when called.
1 Yes
2 No
3 [Doesn't know]

COMPE
Make a hand gesture to say goodbye.
1 Yes
2 No
3 [Doesn't know]

COMPF
Follows simple orders.
1 Yes
2 No
3 [Doesn't know]

COMPG
Generally [ELFE child] holds out a toy to you when asked.
1 Yes
2 No
3 [Doesn't know]

COMPH
Understands the meaning of "Yes" and "OK".
1 Yes
2 No
3 [Doesn't know]

SUSPOU

Does [ELFE child] suck his/her thumb or fingers?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

TETINE
Does your child suck a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

SUSAUT
Does your child suck on anything else, such as a comforter or a piece of fabric?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

"We are now going to talk about your child's development and your relations, dialogue with him/her..."

CALMENF
Is it easy or difficult for you to calm your child when they are upset?
1 Very easy
2 In general quite easily
3 Difficult
4 [Doesn't know]

CONSENSF
When your child cries, can they be consoled by other adults apart from yourself?
1 Yes, often
2 From time to time
3 Very rarely
4 [Doesn't know]

RESTSEUL
When awake, does your child agree to remain for a short time in a room that you are not in?
1 Yes, often
2 From time to time
3 Very rarely, never even
4 [Never leave him/her alone]
5 [Doesn't know]

REALIM
How does your child react when placed in a confined or restricted area (e.g. a child car seat, a baby seat, etc.)?
1 He/she mostly accepts it
2 He/she sometimes accepts it

3 He/she generally protests
4 [Doesn't know]

ADAPTE

Does your child adapt easily to new things (e.g. new people, new places, new food)?
1 Always
2 Often
3 Sometimes
4 Almost never
5 [Doesn't know]

ANXEUX

Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

TRISTE

Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
9 [Doesn't know]

NB: Wave 1 - 23/05 questioned added because forgotten

AGITE

In the last few months, have you found that during the day your child has been particularly worked up, unable to keep still?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn't know]

MOTIFINQ

Have you any reason to be concerned about your child?
1 Yes
2 No
3 [Doesn't know]

For what reason(s)?
If MOTIFINQ=1
QMOTIF1 **Sleep** 1 Yes / 2 No
QMOTIF2 **Crying** 1 Yes / 2 No
QMOTIF3 **Food** 1 Yes / 2 No
QMOTIF4 **Frequent health problems** 1 Yes / 2 No
QMOTIF5 **Early learning problems** 1 Yes / 2 No
QMOTIF6 **Difficulties with contact (does you child hide in your arms, communicate by looking in your eyes, smiling, rock constantly, etc.)** 1 Yes / 2 No
QMOTIF7 **Other** 1 Yes / 2 No

QMOTIF9 **[Doesn't know]** 1 Yes / 2 No

If QMOTIF7=1
QMOTIFP Other, specify _____

To whom have you spoken about these concerns?
If MOTIFINQ1 = 1
AQIPAR1 Partner 1 Yes / 2 No
AQIPAR2 Family members 1 Yes / 2 No
AQIPAR3 Friends 1 Yes / 2 No
AQIPAR4 Professionals 1 Yes / 2 No
AQIPAR5 No-one 1 Yes / 2 No
AQIPAR6 Other 1 Yes / 2 No
AQIPAR9 [Doesn't know] 1 Yes / 2 No

If AQIPAR6=1
AQIPARP Specify _____

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHILDCARE SPECIALIST, AN OSTEOPATH, ETC.

If MOTIFIN=1
RECUST
Do you receive support for this problem?
1 Yes
2 No
3 [Doesn't know]

From whom?
If RECUST=1
RECUSTQ11 Partner 1 Yes / 2 No
RECUSTQ21 Family member(s) 1 Yes / 2 No
RECUSTQ31 Friend(s) 1 Yes / 2 No
RECUSTQ41 Professional(s) 1 Yes / 2 No
RECUSTQ51 Other 1 Yes / 2 No
RECUSTQ91 [Doesn't know] 1 Yes / 2 No

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHIDLCARE SPECIALIST, AN OSTEOPATH, ETC.

If RECUSTQ5=1
RECUSTQP Specify _____

"We are now going to talk about your child's sleep..."

LITDOR
When you put [ELFE child] to bed, does he/she have problems going to sleep (for example, they call you or cry for a long time)?

1 Always
2 Sometimes
3 Never
4 [Doesn't know]

PRES
Do they require your presence to go to sleep?

1 Yes
2 No
3 [Doesn't know]

DORAV
Do they need a bottle or a dummy bottle to go to sleep?

1 Yes
2 No
3 [Doesn't know]

Is it:

If DORAV = 1

DORAVQ1 A bottle or dummy bottle filled with water 1 Yes / 2 No
DORAVQ2 A bottle or dummy bottle filled with sugared water (syrup or other) 1 Yes / 2 No
DORAVQ3 A bottle or dummy bottle filled with milk 1 Yes / 2 No
DORAVQ9 [Doesn't know] 1 Yes / 2 No

DOUDOU
Does he/she need an object such as a comforter or a dummy?

1 Yes
2 No
3 [Doesn't know]

DODOLIT
Does [ELFE child] go to sleep in their own bed?

1 Yes
2 No
3 [Doesn't know]

If DODOLIT=1
DODOLITV
Do they ever finish the night in your bed?

1 Yes
2 No
3 [Doesn't know]

How much do they sleep at night (on average)?
TPSOMNH Hours: |___|___|
TPSOMNM Minutes: |___|___|___|

INT: DON'T COUNT THE HOURS IN WHICH YOUR CHILD IS AWAKE. IF THE MOTHER DOESN'T KNOW, ASK HER ABOUT LAST NIGHT

REVNUIT
Does your child go through periods of waking up at night?

1 Yes

2 No

If REVNUIT=1

TPSREVM

This week, how many nights has your baby woken up (if the child was ill this week, ask about a week when the child wasn't ill)?

1 Never
2 1 or 2 nights
3 3 to 6 nights
4 Every night

If TPSREVM=2, 3 or 4

NRREVM

How many times did he/she wake up during the night on average?

1 Once a night
2 At least twice a night
3 [Doesn't know]

If REVNUIT=1

RESNUI

Does your child sometimes wake up due to respiratory symptoms?

1 Yes
2 No

If RESNUI=1

NRREV

How many times has he/she woken up in the last 12 months due to respiratory symptoms?

1 Less than one night a month
2 Less than once a week
3 Once or more per week

How much does your child sleep in the DAY (on average)? Add up all the naps taken in the day.

TPSOMJH Hours: |___|___|

TPSOMJM Minutes: |___|___|___|

DIET

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	NONE	
Mother of placed child	NONE	

If no Twin: **"We are going to talk about what [ELFE child] eats: the type of milk he/she drinks, what his/her meals comprise, and so on."**
If Twin: **"We are going to talk about what [ELFE child] and [TWIN child] eat: the type of milk they drink, what their meals are comprised of, and so on. We will start with [ELFE child] and then move on to [TWIN child]"**

What type of milk does your child currently drink?
TYPLAIT1 **Mother's milk** 1 Yes / 2 No
TYPLAIT2 **Follow-up milk** 1 Yes / 2 No
TYPLAIT3 **Growing-up milk** 1 Yes / 2 No
TYPLAIT4 **Skimmed or semi-skimmed cow's milk** 1 Yes / 2 No
TYPLAIT5 **Whole cow's milk** 1 Yes / 2 No
TYPLAIT6 **Other milk: sheep's milk, soya** 1 Yes / 2 No
TYPLAIT7 **Preparation for children allergic to the proteins in cow's milk** 1 Yes / 2 No
TYPLAIT8 **[Doesn't drink milk]** 1 Yes / 2 No

INT: SEVERAL ANSWERS POSSIBLE: TICK AT LEAST TWO BOXES IF COMBINED MILK (BREAST + OTHER MILK). ONCE THE MOTHER SAYS WHICH TYPE OF MILK, ASK HER ONCE "ANY OTHER TYPE?".

NB: ELFE 1 Yr wave 1 - 21/05: addition of growing-up milk. ELFE 1 Yr wave 1 - 29/05: addition of "Doesn't drink milk" item.

If TYPLAIT1=1 and TYPLAIT2= 1 or TYPLAIT3=1 or TYPLAIT4=1 or TYPLAIT5=1 or TYPLAIT6=1 or TYPLAIT7=1 and 2-month interview not done
LAITMAT1
Have you already fed your child exclusively on mother's milk?
1 Yes
2 No

If TYPLAIT1=1 and TYPLAIT2=1 or TYPLAIT3=1 or TYPLAIT4=1 or TYPLAIT5=1 or TYPLAIT6=1 or TYPLAIT7= 1 and LAITMAT1=1 or at 2 months TYPALI=1 or TYPALI2=1
How old was the child (number of months and weeks) when he/she stopped being fed exclusively with mother's milk?
AGEXCLM **Months** |___|___|
AGEXCLS **Weeks** |___|___|

23/05/2016

INT: IF REFUSAL 88 FOR THE NUMBER OF MONTHS AND 8 FOR THE NUMBER OF WEEKS IF DK 99 FOR THE NUMBER OF MONTHS AND 9 FOR THE NUMBER OF WEEKS, IF 8 1/2 MONTHS: ENTER 8 MONTHS AND 2 WEEKS

If 2-month interview not done and TYPLAIT1≠1

LAITMAT2

Have you already fed your child on mother's milk?

1 Yes
2 No

If TYPLAIT≠1 an at 2 months TYPALI=1 or 2 or TYPALI2=1 or 3 or LAITMAT2=1

How old was the child when it definitively stopped being fed with mother's milk?

AGEDEFM	**Months**	|___|___|
AGEDEFS	**Weeks**	|___|___|

INT: IF REFUSAL 88 FOR THE NUMBER OF MONTHS AND 8 FOR THE NUMBER OF WEEKS IF DK 99 FOR THE NUMBER OF MONTHS AND 9 FOR THE NUMBER OF WEEKS, IF 8 1/2 MONTHS: ENTER 8 MONTHS AND 2 WEEKS

"I am going to ask you some questions about different types of pre-cooked food and prepared meals found in supermarkets and that [ELFE child] may have eaten, including baby food jars, stewed fruit and preserves."

FQLEG

When the child is with you, how often do you give them ready-to-eat vegetables?

1 Every meal or almost
2 Regularly
3 As a stopgap solution
4 Never

If FQLEG=1 or 2

FQLEGP

Is it special food for babies?

1 Always or nearly always
2 Sometimes
3 Rarely

FQLEGVI

When the child is with you, how often do you give them ready-to-eat combinations of vegetables and meat or fish?

1 Every meal or almost
2 Regularly
3 As a stopgap measure
4 Never

If FQLEGVI=1 or 2

FQLEGVIP

Is it special food for babies?

1 Always or nearly always
2 Sometimes
3 Rarely

FQFRUIT When the child is with you, how often do you give him/her... ready-to-eat fruit such as baby food jars, stewed fruits or preserves?

1 Every meal or almost
2 Regularly
3 As a stopgap measure
4 Never

If FQFRUIT=1 or 2
FQFRUITP
Is it special food for babies?
1 Always or nearly always
2 Sometimes
3 Rarely

RFMANG
If your child doesn't finish his/her plate or refuses to eat and he/she is not ill, what do you do?
1 You insist
2 You propose something else
3 You don't insist
4 It never happens

HEMANG
Does your child eat every day at around the same time?
1 Yes, every day
2 Yes, except on the weekend
3 No, it depends on the day

NVALIM
Since your child has consumed food other than milk, does he/she like this food?
1 He/she accepts it easily
2 It depends on the food
3 He/she rejects it often
4 [Doesn't know]

What food does your child reject the most often?
If NVALIM=(2 or 3)
REJALIM1 Vegetables 1 Yes / 2 No
REJALIM2 Fruit 1 Yes / 2 No
REJALIM3 Combinations (vegetables/meat or fish) 1 Yes / 2 No
REJALIM4 Eggs 1 Yes / 2 No
REJALIM5 Dairy products 1 Yes / 2 No
REJALIM6 Biscuits 1 Yes / 2 No
REJALIM7 Other 1 Yes / 2 No

THE CHILD'S HEALTH

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	NONE	
Mother of placed child	NONE	

To be asked for each child if twin.

"We are going to talk about [ELFE child's] health."

INTROSENF

For the rest of the questionnaire, we will need information noted in [ELFE child's] health booklet. Would you be able to go and get it for us?

1 [Has the health booklet]

2 [Doesn't have the health booklet (you continue)]

If INTROSENF=1

EXAM4

Has the four-month examination been done? (or medical visit close to this date)

1 Yes

2 No

The date of the examination:

If EXAM4=1

*MDATEX4J Day |__|__|

Refuses = 88, Doesn't know = 99

If EXAM4 = 1

*MDATEX4M Month |__|__|

Refuses = 88, Doesn't know = 99

If EXAM4=1

MDATEX4A Year |__|__|__|__|

Refuses = 8888, Doesn't know = 9999

MDATEX4C Age at four-month visit |__|__|

If EXAM4=1

POIENF4C1

UPD▷   **(Corrected variable) Weight (W)** |__|__|__|__|

Refuses = 88888, Doesn't know = 99999

If EXAM4=1

TAIENF4

Height (H) ⎵⎵⎵ . ⎵ cm

Refuses = 888, Doesn't know = 999

If EXAM4=1
CRAENF4
Cranial perimeter (CP) ⎵⎵⎵ . ⎵ cm

Refuses = 888, Doesn't know = 999

If INTROSENF=1 and EXAM4=1
MESMAL4
Was your child ill at the time of the visit?
1 Yes
2 No
4 [Not applicable, the visit did not take place]
9 [Doesn't know]

If INTROSENF=1
EXAM9
Has the nine-month examination been done?
1 Yes
2 No

Date of examination:
If EXAM9=1
*MDATEX9J Day |__|__|
Refuses = 88, Doesn't know = 99

If EXAM9=1
*MDATEX9M Month |__|__|
Refuses = 88, Doesn't know= 99

If EXAM9=1
MDATEX9A Year |__|__|__|__|
Refuses = 888, Doesn't know= 999

MDATEX9C Age at nine-month visit |__|__|

If INTROSENF=1
POIENF9C1
UPD ⟩ **(Corrected variable) Weight (W)** ⎵⎵⎵⎵⎵
Refuses = 8888, Doesn't know= 9999

If EXAM9=1
TAIENF9 Height (H) ⎵⎵⎵ . ⎵ cm
Refuses = 888, Doesn't know= 999

If EXAM9=1
CRAENF9 Cranial perimeter (CP) ⎵⎵⎵ . ⎵ cm
Refuses = 888, Doesn't know = 999

If INTROSENF=1
MESMAL9
Was your child ill at the time of the visit?
1 Yes
2 No
4 [Not applicable, the visit did not take place]
9 [Doesn't know]

For children for whom a "poor" or "rather" poor state of health was reported at 2 months, place an alert at ENFSANT for the interviewer and add the introductory sentence; if not answered at 2 months, the question is asked directly

"During the 2-month survey you told us that your child's state of wealth was not good. How is he/she today..."

ENFSANT
According to you, your child is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health
5 [Don't know]
6 [No answer]

If health problem reported at 2 months: PBSANT=1 or PBTYP=filled in or MALAD=filled in or PQHO11=1 or PQHO12=1 fall, knock on the head or other accident
*DIAGPB
Is [ELFE child] still being treated for [the pathology in question]? (repeated 4 times)
1 Yes
2 No
3 [Doesn't remember saying that at 2 months]

If DIAGPB=1
*DIAGPBP
Tell us if you have had a more detailed diagnosis since then: (repeated 4 times)
_____

If health problem reported at 2 months
DIAGPBA
Is [ELFE child] treated for any other illness or health problem requiring specialized care?
1 Yes
2 No

If DIAGPBA=1
*DIAGPBAP
Can you tell us which health problem: (repeated 10 times) _____

If no interview at 2 months an no serious illness at 2 months (PBSANT≠1 and PBTYP=empty and MALAD=empty and PQHO11=2 and PQHO12=2)
DIAGPBB

Is [ELFE child] treated for any other illness or health problem requiring specialized care?
1 Yes
2 No

If DIAGPBB=1
*DIAGPBBP
Can you tell us which health problem: (**repeated 10 times**) _____

MEDENF1 / MEDENF2
Which doctor(s) have you seen the most often for your child's health treatment? (2 answers possible)
1 General practitioner (private)
2 Paediatrician (private)
3 Mother-and-infant-protection doctor
4 Hospital doctor
5 Doctor at municipal healthcare centre or dispensary

<u>INT</u>: TWO ANSWERS POSSIBLE. IF MORE THAN TWO ANSWERS GIVEN: "WHAT ARE THE TWO TYPES OF DOCTOR THAT YOU HAVE SEEN THE MOST?" PARENTS CAN CHECK THEIR CHILDREN'S HEALTH BOOKLETS: VISITS BETWEEN 2 AND 4 MONTHS ON AGES 24-25; 4 MONTHS ON PAGES 26-27; 4 TO 9 MONTHS ON PAGES 30-31 AND 32-33; 9 MONTHS ON PAGES 34-35; BETWEEN 9 AND 16 MONTHS ON PAGES 38-39. THEY CAN ALSO TALK ABOUT OTHER DOCTOR'S VISITS THEY REMEMBER THAT ARE NOT MARKED IN THE HEALTH BOOKLET.

Since your child came home from hospital (after birth), how many times have you seen a…
NRGEN General practitioner (private)
        |___|___|
NRPED Paediatrician (private) |___|___|
NRPMI Mother-and-infant-protection doctor
        |___|___|
NRHOSP Hospital doctor |___|___|
DISP Doctor at child welfare service or dispensary
        |___|___|
NBCONSULT Total number of visits |___|___|

If NBCONSULT=1
RFIEVR
Was it because of a fever?
1 Yes
2 No
3 [Doesn't know]

If (NRGEN + NRPED + NRPMI + NRHOSP + DISP) >= 2
NRFIEVR How many cases were because of a fever? |___|___|
Doesn't know = 99

FIEVR
Generally speaking, when your child has a fever, you give him/her:
1 Paracetamol only (Doliprane, Efferalgan)
2 Anti-inflammatory medicine (Advil, Nuréflex)
3 Paracetamol and anti-inflammatory medicine on an alternating basis
4 Other
5 [Has never had a fever]

If FIEVR=4
FIEVRP Specify: _____

"I am now going to read you a list of specialist or emergency doctors. For each one, tell me if [ELFE child] has seen him/her since coming home after birth.
URG Hospital emergency doctor 1 Yes / 2 No
SOS Other emergency doctor (emergency home visit, medical centre, etc.) 1 Yes / 2 No
ORTHO Orthopaedic surgeon 1 Yes / 2 No
If ORTHO = 1
ORTHOP For what reason(s)? 1 Yes / 2 No
CHIRU A surgeon other than an orthopaedic surgeon 1 Yes / 2 No
If CHIRU = 1
CHIRUP For what reason(s)? 1 Yes / 2 No
ORL Ear, nose and throat doctor 1 Yes / 2 No
DERM Dermatologist 1 Yes / 2 No
PNEUMO Pulmonologist 1 Yes / 2 No
ALLERG Allergist 1 Yes / 2 No
ENDOCRINO Endocrinologist 1 Yes / 2 No
CARDIO Cardiologist 1 Yes / 2 No
OPHTAL Ophtalmologist 1 Yes / 2 No
PPSY Child psychiatrist 1 Yes / 2 No
MEDAUTR Other doctor(s) 1 Yes / 2 No
MEDAUTRP Other doctor(s), specify _____
MEDAUCUN [Hasn't seen a doctor] 1 Yes / 2 No

NB: ELFE 1 Yr - starting from wave 2. Deleted: "Other doctor(s)" and "Other doctor(s), specify".

Has [ELFE child] seen any other healthcare professionals since coming home after birth?
KINE Physiotherapist 1 Yes / 2 No
OSTH Osteopath 1 Yes / 2 No
PSY Psychologist 1 Yes / 2 No
PSYM Psychomotor therapist 1 Yes / 2 No
PUER Paediatric nurse 1 Yes / 2 No
INFI Nurse 1 Yes / 2 No
ORTHF Speech therapist 1 Yes / 2 No
ORTHP Orthoptist 1 Yes / 2 No
OPT Optician 1 Yes / 2 No
AUD Hearing-aid specialist 1 Yes / 2 No
PROAUTR Other professional(s) 1 Yes / 2 No
If PROAUTR=1
PROAUTRP Which other professional(s): _____
PROAUCUN [**No other professional**] 1 Yes / 2 No

NB: ELFE 1 Yr - starting from wave 2. Orthoptist item in bold and optician removed.

With your child have you visited a:
CAMPS Centre for early medico-social action 1 Yes / 2 No
CMP Medico-psychology centre or medico-psycho-educational centre 1 Yes/ 2 No

INT:

Since your child was 2 months old, has your family benefited from?
AIDPUER **The help of a paediatric nurse or midwife from a mother-and-infant protection centre** 1 Yes / 2 No
AIDTR **The help of a family worker** 1 Yes / 2 No
AIDASS **The support of a social assistant** 1 Yes / 2 No
AIDED **Support from an educator** 1 Yes / 2 No

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDED=1
FQPROA
How often have you met with these professionals?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDED=1
AEMOD
Is the [CHILD] supported as part of non-institutional educational action as decided on by a juvenile judge or educational assistance at home decided on by the child welfare service?
1 Yes, non-institutional educational action (decided on by a juvenile judge)
2 Yes, educational assistance at home (decided on by the child welfare service)
3 No

CONSURG
If 2-month survey done and CONSURG=1 to 2 months:
Since he/she was two months old, has your child seen an emergency doctor at a hospital (or clinic) without being admitted? (Display information collected at 2 months CONSURG=1 /CONSURGT2 and TYP-ACC2 and the date of the interview.)
INT: CONCERNS VISITS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD
If 2-month survey done and CONSURG≠1 to 2 months or if 2-month interview not done:
Has your child seen an emergency doctor at a hospital (or clinic) without being admitted?
INT: CONCERNS VISITS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn't know]

If CONSURG=1
CONSURGP How many times? |___|___|
Refuses = 88, Doesn't know = 99

MOTCONS1 / MOTCONS2
What was the reason for the visit (repeated 5 times)?
1 Cough
2 Respiratory problem
3 Skin problem
4 Diarrhoea, vomiting, dehydration
5 Suspected urinary infection, kidney infection
6 Faintness, dizziness
7 Convulsions
8 Fever
9 Weight gain
10 Earache
11 Stomach pains

12 Ingestion of medicine
13 Ingestion of cleaning products
14 Burns
15 Cranial trauma (knock or fall on head) <u>with</u> loss of consciousness
16 Cranial trauma (knock or fall on head) <u>without</u> loss of consciousness
17 Wound
18 Other trauma (contusion, fractured limb, finger, etc.)
19 Limping
20 Headaches
21 Crying for no reason
22 Other

INT: LIST IF NECESSARY, MAXIMUM 2 REASONS PER VISIT. IF SEVERAL VISITS, CONCENTRATE ON THE 5 MOST RECENT, FROM THE MOST RECENT TO THE LEAST RECENT. IF THE PARENT DOESN'T KNOW IF THERE WAS A LOSS OF CONSCIOUSNESS, NOTE "WITHOUT LOSS OF CONSCIOUSNESS". ONE REMINDER ONLY: "WERE THERE ANY OTHER REASONS FOR THIS VISIT?"

If MOTCONS=15
PERTCON
The loss of consciousness lasted... (repeated 5 times)
1 Less than 5 minutes
2 5 to 20 minutes
3 20 minutes or more

TYPACC
Was it due to: (repeated 5 times)
1 A road accident (as passenger or pedestrian)
2 Another type of accident

What was the date of the accident? (repeated 5 times)
*DATACJ Day |___|___|

*DATACM Month |___|___|

DATACA Year |___|___|___|___|
Refuses = 88 for the day and the month, 8888 for the year: Doesn't know = 99 for the day and the month, 9999 for the year

HOSP
If 2-month survey done and HOSP=1 to 2 months:
Since your child was two months old, has he/she been admitted to hospital? (Display information collected at 2 months HOSP = 1, NBHOSP, PQHO, PQHOP and the date of the interview.)
INT: CONCERNS VISITS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD
If 2-month survey done and HOSP ≠1 at 2 months or if 2-month interview not done:
Has your child ever been admitted to hospital?
INT: CONCERNS VISITS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn't know]

If HOSP=1
NBHOSP How many times? |___|___|
Refuses = 88, Doesn't know = 99

23/05/2016

"We are now going to talk about that hospital visit / focus on each hospital visit."

<u>INT</u>: HAVE THE RESPONDENT DESCRIBE FROM THE MOST RECENT TO THE LEAST RECENT: MAX. 5 HOPSITAL VISITS, FOR EACH ONE ASK HOSPJ TO HOSPREA

*HOSPJ
Day admitted (repeated 5 times) |___|___|
Refuses = 88, Doesn't know = 99

*HOSPM
Month (repeated 5 times) |___|___|
Refuses = 88, Doesn't know = 99

HOSPA
Year (repeated 5 times) |___|___|___|___|
Refuses = 88, Doesn't know = 99

HOSPJR
Was it a day visit? (repeated 5 times)
1 Yes
2 No

HOSPN
How many nights did he/she spend at the hospital? (repeated 5 times)
|___|___|
Refuses = 88, Doesn't know = 99

HOSPACC
Did the hospital visit result from an accident (fall, intoxication, burn, fingers trapped, near-drowning, insect bite, etc.)? (repeated 5 times)
1 Yes
2 No

TYPACCC
Was it a road accident (as car passenger or as pedestrian)? (repeated 5 times)
1 Yes
2 No

*ACCJ
Day of accident (repeated 5 times) |___|___|
Refuses = 88, Doesn't know = 99

*ACCM Month of accident (repeated 5 times) |___|___|
Refuses = 88, Doesn't know = 99

ACCA Year of accident (repeated 5 times) |___|___|___|___|
Refuses = 88, Doesn't know = 99

ACCTYP
What type of accident? (repeated 5 times)
1 ...fell
2 ...had a knock
3 .. burn

4 ...cut, sting, bite
5 ...intoxication (by ingestion, inhalation or other)
6 ...choked or nearly drowned
7 ...other

INT: LIST. ONE ANSWER ONLY. IF THE PERSON REPORTS SEVERAL TYPES OF ACCIDENT, NOTE THE ONE THAT SEEMS THE MOST INFORMATIVE. HE/SHE FELL, WAS BURNED: CHOOSE BURNED;
HE/SHE FELL, HAD A KNOCK: CHOOSE KNOCK

If ACC1TYP=7
ACCTYPP Specify (repeatd 5 times) _____

What was the damage? (multiple answers)
ACCLES1 Wound, cut 1 Yes / 2 No / 9 Doesn't know
ACCLES2 Burn 1 Yes / 2 No / 9 Doesn't know
ACCLES3 Fracture 1 Yes / 2 No / 9 Doesn't know
ACCLES4 Cranial trauma 1 Yes / 2 No / 9 Doesn't know
ACCLES5 Sprain, dislocation 1 Yes / 2 No / 9 Doesn't know
ACCLES6 Other 1 Yes / 2 No / 9 Doesn't know
If ACC1LES6=1
ACCLESP Specify _____

INT: LIST.

What parts of the body were damaged? (multiple answers)
ACCPART1 Head, neck, face 1 Yes / 2 No / 9 Doesn't know
ACCPART2 Shoulder, arm 1 Yes / 2 No / 9 Doesn't know
ACCPART3 Hand 1 Yes / 2 No / 9 Doesn't know
ACCPART4 Knee, leg, foot 1 Yes / 2 No / 9 Doesn't know
ACCPART5 Other 1 Yes / 2 No / 9 Doesn't know
If ACC1PART5=1
ACCPARTP Specify (repeated 5 times) _____

INT: LIST.

If HOSPACC=1
ACCPC
Did [ELFE child] lose consciousness after the accident? (repeated 5 times)
1 Yes
2 No

If ACC1PC=1
PERTCONN
The loss of consciousness lasted... (repeated 5 times)
1 Less than 5 minutes
2 5 to 20 minutes
3 20 minutes or more

If HOSPJ filled in
CHIR
Was the child operated on in hospital? (repeated 5 times)
1 Yes
2 No

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If CHIR=1
TYPCHIR
What kind of surgical operation? (repeated 5 times) _____

If CHIR=2 and HOSPACC=2
What were the reasons for the hospital admissions (several answers)? (repeated 5 times)
MOTHOSP1 **Asthma attack** 1 Yes / 2 No
MOTHOSP2 **Bronchiolitis** 1 Yes / 2 No
MOTHOSP2 **Bronchitis** 1 Yes / 2 No
MOTHOSP4 **Pneumopathy** 1 Yes / 2 No
MOTHOSP5 **Gastroenteritis, or dehydration** 1 Yes / 2 No
MOTHOSP6 **Urinary infection, kidney infection** 1 Yes / 2 No
MOTHOSP7 **Unwelcome weight gain** 1 Yes / 2 No
MOTHOSP8 **Faintness, dizziness** 1 Yes / 2 No
MOTHOSP9 **Convulsion** 1 Yes / 2 No
MOTHOSP10 **Meningitis** 1 Yes / 2 No
MOTHOSP11 **Fever** 1 Yes / 2 No
MOTHOSP12 **Ear/nose/throat illness** 1 Yes / 2 No
MOTHOSP13 **Skin disease** 1 Yes / 2 No
MOTHOSP14 **Other reason** 1 Yes / 2 No

INT: LIST IF NECESSARY. SEVERAL ANSWERS POSSIBLE.

If MOTHOSP=12
ORL1 / ORL2 / ORL3 / ORL4 / ORL5
Specify the ear/nose/throat infection _____

If MOTHOSP=14
MOTHOSPP
Specify the other reason for hospital admission? (repeated 5 times) _____

If HOSPJ filled in
HOSPREA
During the hospital visit, was he/she in an intensive care unit? (repeated 5 times)
1 Yes
2 No

SCAN
If 2-month survey done and SCAN=1 at 2 months
Since [ELFE child] was two months old, have they had any scans done? (Display information collected at 2 months, SCAN = 1, NBSCAN, PASCAN1_9, and the date of the interview)
INT: CONCERNS SCANS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD A SCAN IS A MEDICAL IMAGING TECHNIQUE THAT PRODUCES 2D IMAGES (ANATOMICAL SECTIONS) OR 3D IMAGES (RELIEF)
If 2-month survey done and SCAN ≠1 at 2 months or if 2-month interview not done:
Has [ELFE child] ever had any scans done?
INT: CONCERNS SCANS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn't know]

If SCAN=1
NBSCAN How many? |___|___|

Of what part of the body?
If SCAN = 1
PASCAN1 Entire body 1 Yes / 2 No
PASCAN2 Head 1 Yes / 2 No
PASCAN3 Chest (lung) 1 Yes / 2 No
PASCAN4 Stomach (abdomen) 1 Yes / 2 No
PASCAN5 Pelvis or hips 1 Yes / 2 No
PASCAN6 Limbs 1 Yes / 2 No
PASCAN9 Doesn't know 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

RADIO
If 2-month survey done and RADIO = 1
Since [ELFE child] was two months old, have they had any x-rays done? (Display information collected at 2 months, RADIO = 1, NBRADIO, PARAD1-9, and the date of the interview)
INT: CONCERNS X-RAYS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD
If 2-month survey done and RADIO ≠ 1 or if 2-month survey not done:
Has [ELFE child] ever had any x-rays?
INT: CONCERNS X-RAYS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn't know]

If RADIO=1
NBRADIO How many x-rays? |___|___|

Of what part of the body?
If SCAN = 1
PARAD1 Entire body 1 Yes / 2 No
PARAD2 Head 1 Yes / 2 No
PARAD3 Chest (lung) 1 Yes / 2 No
PARAD4 Stomach (abdomen) 1 Yes / 2 No
PARAD5 Pelvis or hips 1 Yes / 2 No
PARAD6 Limbs 1 Yes / 2 No
PARAD9 Doesn't know 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

IRM
Since he/she was born, has [ELFE child] had an MRI?
1 Yes
2 No
3 [Doesn't know]

If IRM=1
NBIRM How many? |___|___|

Of what part of the body?

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If IRM = 1
PARIRM1 Head 1 Yes / 2 No
PARIRM2 Other 1 Yes / 2 No
PARIRM9 Doesn't know 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If at 2 months VACBCG≠1 or 2-month not done
VACBCG
Has your child had the BCG vaccination for tuberculosis? Please look at page 90 in the child's health booklet.
1 Yes
2 No
3 [Doesn't know]

INT: THE FIRST BOX IS FOR THE PRIOR IDR NECESSARY WHEN THE BABY IS TWO MONTHS OLD. THIS IS NOT IMPORTANT. THE SECOND BOX IS FOR THE BCG VACCINATION. THE ONLY VACCINE AVAILABLE IS CALLED BCG SSI, THE DOSE FOR THIS AGE BEING 0.05 ML. THE DATE IS TO THE LEFT OF THE BOX.

If VACBCG=1
On what date did he/she receive the BCG vaccination?
*DATJVAC Day |___|___|

*DATMVAC Month |___|___|

DATAVAC Year |___|___|___|___|
Refuses = 88 for the day and the month, 8888 for the year; Doesn't know= 99 for the day and the month, 9999 for the year

If VACBCG=1
AGEVAC (calculated variable) Age of child when BCG vaccinated (calculated variable)
                                                                                         |___|___|

"We are now going to talk about some of the illness or symptoms your child may have had."

If MOT1HOSP=2 or MOT2HOSP=2 or MOT3HOSP=2 or MOT4HOSP=2 or MOT5HOSP=2 automatic entry of BRONCHI if not ask BRONCHI
BRONCHI
Has your child ever had bronchiolitis?
1 Yes
2 No

If BRONCHI=1
EBRONCHI
How many bouts of bronchiolitis?
1 Less than 3
2 3 or more

At what age did the first bout occur?
If BRONCHI=1
BRONCM Months
|___|___|

If BRONCHI=1

BRONCS Weeks |___|

Doesn't know = 99 for number of months 9 for number of weeks. If they say 8 and a half months, enter 8 months and 2 weeks

Has your child had the following symptoms in the last 12 months:

SIFFP

Wheezing in the chest?

1 Yes

2 No

If SIFFP=1

NBSIFFP

How many times?

1 1 to 3 times

2 4 to 12 times

3 More than 12 times

TOUX

Coughing at night while sleeping?

1 Yes

2 No

If TOUX=1

NBTOUX

How many times in the last 12 months?

1 1 to 3 times

2 4 to 12 times

3 More than 12 times

GENRES

Problems breathing?

1 Yes

2 No

If GENRES=1

NBGENRES

How many times in the last 12 months?

1 1 to 3 times

2 4 to 12 times

3 More than 12 times

ENCOMB

Congestion?

1 Yes

2 No

If ENCOMB=1

NBENCOMB

How many times in the last 12 months?

1 1 to 3 times

2 4 to 12 times

3 More than 12 times

Did these respiratory symptoms…

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENBIB

Bother the child in breastfeeding or taking his/her bottle?

1 Yes
2 No
3 [Doesn't know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENURG

Did they require an emergency medical visit?

1 Yes
2 No
3 [Doesn't know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENDOC

Did they require a non-emergency medical visit?

1 Yes
2 No
3 [Doesn't know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1 and MOTHOSP=1, 2 ,3 or 4

SONDHO

Did they receive oxygen (tube in nose) during this visit? (repeated 5 times)

1 Yes
2 No
3 [Doesn't know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

SYMKINE

More generally, did the respiratory symptoms call for chest physiotherapy?

1 Yes
2 No

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

MEDRESP

Has [ELFE child] taken inhaler medicines at home or at hospital to improve his/her breathing at any time over the last 12 months?

1 Yes
2 No
3 [Doesn't know]

If MEDRESP=1

Which ones?

MEDRESPL1 **Adrenaline** 1 Yes / 2 No
MEDRESPL2 **Hypertonic saline aerosols** 1 Yes / 2 No
MEDRESPL3 **AIROMIR** 1 Yes / 2 No
MEDRESPL4 **BECLOMETASONE via nebulization** 1 Yes / 2 No
MEDRESPL5 **BECLOMETASONE via inhalation chamber** 1 Yes / 2 No
MEDRESPL6 **BECLOSPIN via nebulization** 1 Yes / 2 No
MEDRESPL7 **BECOTIDE via inhalation chamber** 1 Yes / 2 No
MEDRESPL8 **BRICANYL via nebulization only** 1 Yes / 2 No
MEDRESPL9 **BUDESONIDE via inhalation chamber** 1 Yes / 2 No

MEDRESPL10 **BUDESONIDE via nebulization** 1 Yes / 2 No
MEDRESPL11 **FLIXOTIDE FLUTICASONE** 1 Yes / 2 No
MEDRESPL12 **FORMOAIR formoterol via inhalation chamber** 1 Yes / 2 No
MEDRESPL13 **PULMICORT via inhalation chamber** 1 Yes / 2 No
MEDRESPL14 **PULMICORT via nebulization** 1 Yes / 2 No
MEDRESPL15 **SALBUTAMOL via inhalation chamber** 1 Yes / 2 No
MEDRESPL16 **SALBUTAMOL via nebulization** 1 Yes / 2 No
MEDRESPL17 **SERETIDE (salmeterol + fluticasone)** 1 Yes / 2 No
MEDRESPL18 **TERBUTALINE via nebulization only** 1 Yes / 2 No
MEDRESPL19 **VENTOLINE via inhalation chamber** 1 Yes / 2 No
MEDRESPL20 **VENTOLINE via nebulization** 1 Yes / 2 No
MEDRESPL21 **Other** 1 Yes / 2 No

If MEDRESP=1
MEDRESPP **Which ones:** _____

INT: NOTE WORD BY WORD

MEDRESPB
Has [ELFE child] taken inhaler orally administered or injectable medicines (other than inhaled medicines) at home or at hospital to improve his/her breathing at any time over the last 12 months?
1 Yes
2 No
3 [Doesn't know]

If MEDRESPB=1
Which ones?
MEDRESPBL1 **AERIUS** 1 Yes / 2 No
MEDRESPBL2 **BETAMETHASONE orally** 1 Yes / 2 No
MEDRESPBL3 **CESLESTENE orally** 1 Yes / 2 No
MEDRESPBL4 **CORTANCYL** 1 Yes / 2 No
MEDRESPBL5 **Dexamethasone, injectable** 1 Yes / 2 No
MEDRESPBL6 **Methylprednisolone, injectable** 1 Yes / 2 No
MEDRESPBL7 **Montelukast orally** 1 Yes / 2 No
MEDRESPBL8 **POLARAMINE (for infants)** 1 Yes / 2 No
MEDRESPBL9 **PREDNISOLONE orally** 1 Yes / 2 No
MEDRESPBL10 **PREDNISONE** 1 Yes / 2 No
MEDRESPBL11 **Singulair orally** 1 Yes / 2 No
MEDRESPBL12 **Solumedrol, injectable** 1 Yes / 2 No
MEDRESPBL13 **SOLUPRED orally** 1 Yes / 2 No
MEDRESPBL14 **ZYRTEC drops** 1 Yes / 2 No
MEDRESPBL15 **Other** 1 Yes / 2 No

INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE

If MEDRESPBL15=1
MEDRESPBP
Specify which medicines were administered orally or injected? _____

More generally, does your child currently take the following medicine an ongoing basis (prescription of over one month):
VITD **Vitamin D (ZYMAD, UVESTEROL, STEROGYL, ZYMADUO FLUOSTEROL)** 1 Yes / 2 No
FLUOR **Fluorine (ZYMAFLUOR, FLUOREX, FLUOR, CRINEX, CALCIFLUOR, ZYMADUO, FLUOSTEROL)** 1 Yes / 2 No

REFLUX **Reflux treatment? Prepulsid, Motilium, Primperan, Azantac, Polysilane Gel, Gaviscon** 1 Yes / 2 No

ANTIAC **Anti-secretory drugs: Raniplex, Inexium, Mopral** 1 Yes / 2 No

VENTO **Disease-modifying treatment for respiratory problems? Ventoline, Becotide, Flixotide, Pulmicort, Bricanyl** 1 Yes / 2 No

FER **Iron: Fumafer, Ferrostrane, Feromiel** 1 Yes / 2 No

HOMEO **Homeopathic treatment** 1 Yes / 2 No

ANTICO **Anti-convulsive drugs (treatment for convulsions, epilepsy)** 1 Yes / 2 No

NATUR **Natural products to help with sleep** 1 Yes / 2 No

ANTIBI

Since birth, has your child ever received antibiotic treatment?

1 Yes
2 No

If ANTIBI=1

NBANTIBI

How many times?

1 Once
2 2 to 3 times
3 More than 3 times
4 [Doesn't know]

NEZMAL

In hte last 12 months, has your child often had a runny or stuffed-up nose or have they sneezed without being ill (cold, throat infection, bronchitis)?

1 Yes
2 No

PBDERM

Has your child ever had a skin rash (red patches, spots, etc.) that are irritating (the child wants to scratch them) and that appear and disappear intermittently?

1 Yes
2 No

ECZEMA

Has your child been diagnosed with eczema?

1 Yes
2 No

If SEXE=1

ENDNAIS

At birth, had both testicles descended into the scrotum?

1 Yes, both
2 No, only one
3 No, neither
4 [Doesn't know]

If ENDNAIS=1, 2 or 3

ENDNAISQ

This observation was made by

1 A doctor

2 Yourself

If ENDNAIS=2, 3 or 4

ENDAUJ

Are both testicles now in place in the scrotum?

1 Yes, both

2 No, only one

3 No, neither

4 [Doesn't know]

If ENDAUJ=1, 2 or 3

ENDAUJQ

This observation was made by

1 A doctor

2 Yourself

TRAUD

Has your child been diagnosed with a hearing problem?

1 Yes

2 No

3 Uncertain (currently being tested)

4 [Doesn't know]

At what age was the hearing problem diagnosed?

If TRAUD=1

TRAUDM

Months |___|___|

If TRAUD=1

TRAUDS Weeks |___|

Doesn't know = 99 for the number of months and 9 for the number of weeks. If the respondent says 8 and a half months, enter 8 months and 2 weeks.

If TRAUD=1

TRAUDC

Is it a congenital hearing problem (i.e. present at birth) or an acquired problem (for example, through an illness)?

1 Congenital

2 Acquired

3 [Doesn't know]

If TRAUD=1

DEGSUR

What is the degree of deafness?

1 Slight

2 Average

3 Severe

4 Profound

5 Uncertain

6 [Doesn't know]

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TRAUDO
Does the hearing problem concern one ear or both?
1 One ear
2 Both
3 [Doesn't know]

What kind of treatment or care is your child receiving?
SUIVAUD1 **Simple treatment** 1 Yes / 2 No
SUIVAUD2 **Medical treatment** 1 Yes / 2 No
SUIVAUD3 **Surgery** 1 Yes / 2 No
SUIVAUD4 **Hearing aid** 1 Yes / 2 No
SUIVAUD5 **Speech therapy** 1 Yes / 2 No
SUIVAUD6 **Other** 1 Yes / 2 No
SUIVAUD7 **No current treatment** 1 Yes / 2 No

<u>INT</u>: LIST. Several answers possible

SUIVAUDP
Specify the other treatment or care _____

QLCHIR
What type of surgery?
1 Adenoids (adenoidectomy)
2 Grommets
3 Implants
4 Other

QLCHIRP **If other specify**_____

Where is [ELFE child's] hearing problem treated?
SUILIE1 **Private consultation** 1 Yes / 2 No
SUILIE2 **Hospital** 1 Yes / 2 No
SUILIE3 **Specialized centre for hearing deficiencies (specialist centre for early medico-social action, early family education support service)** 1 Yes / 2 No
SUILIE4 **Multi-purpose centre (centre for early medico-social action, healthcare centre for children with multiple handicaps, etc.)** 1 Yes / 2 No
SUILIE5 **Other** 1 Yes / 2 No
SUILIE6 **No current place of treatment** 1 Yes / 2 No

SUILIEP **If other, specify** _____

<u>INT</u>: LIST. Several answers possible

LUNET
Does your child wear glasses?
1 Yes
2 No

If LUNET=1
Since what age?
LUNETM In months |___|___|

LUNETS In weeks |___|
Doesn't know = 99 for number of months 9 for number of weeks. If the respondent says 8 and a half
months, enter 8 months and 2 weeks.

If LUNET=1
CACHE
Does he/she sometimes need to wear an eye patch?
1 Yes
2 No

STRAB
Have you or you doctor noticed that your child has a strabismus ("lazy eye")?
1 Yes
2 No

ANYEUX
[But] is your child being treated for a problem [another problem] with his/her eyes?
1 Yes
2 No
3 [Doesn't know]

NB: ELFE 1 Yr - starting from wave 2: question deleted.

If ANYEUX=1 or 3 or LUNET=1 and STRAB=2
Is it:
LACRY A blocked tear duct 1 Yes / 2 No
CATAR A cataract 1 Yes / 2 No
RETINO Retinoblastoma 1 Yes / 2 No
GLAUC Glaucoma 1 Yes / 2 No

NB: ELFE 1 Year - starting from wave 2: LACRY to GLAUC questions deleted.

PBSANTE
**Has your child been diagnosed with a major health problem that we haven't brought up here (chromo-
some or genetic disorder, illness, malformation, for example, sickle-cell anaemia, cystic fibrosis, Down's
syndrome, hypothyroidism or toxoplasmosis)?**
1 Yes
2 No
3 [Doesn't know]

If PBSANTE=1
*PBTYP Which one? _____

INT: NOTE DOWN WORD BY WORD. MAKE THE RESPONDENT SPELL THE WORD IF YOU DON'T FULLY UN-
DERSTAND THE NAME OF THE ILLNESS, WRITE WHAT YOU HEAR

SUISPE

Has specific treatment been proposed to [ELFE child] concerning a family illness?
1 Yes
2 No
3 [Doesn't know]

If SUISPE=1
*MALAD Which illness? _____

THE MOTHER'S HEALTH

NB: NB: the SF-12 questionnaire is a model test including 12 questions. It is used to measure quality of life relative to health. In waves 2, 3 and 4, the reference version of this questionnaire was asked. However, in wave 1, a version that was very similar but slightly different, mainly in the wording of the answers, was used.

Mothers concerned:	Questions asked	Remarks
REF with participating cohab-itant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

"The following questions concern your health, from your point of view. This information will help us to find out more about how you feel in your everyday life."

SANTGE
How would you describe your current state of health?
1 Very good
2 Good
3 Average
4 Poor
5 Very poor
8 [Doesn't want to answer]

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

EFFMOD
Have you for at least six months had a health problem that has limited your capacity to carry out moderate physical efforts such as moving a table, vacuuming or playing bowls?
1 Yes, very limited
2 Yes, slightly limited
3 No, not at all limited

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

MONTER
Have you for at least six months had a health problem that has limited your capacity to climb several flights of stairs?
1 Yes, very limited
2 Yes, slightly limited
3 No, not at all limited

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

ACCOMPH
In the last four weeks, and owing to your state of physical health, have you accomplished as many things as you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

ARRETPH
In the last four weeks, and owing to your state of physical health, have you had to stop doing certain things?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

ACCOMEM
In the last four weeks, and owing to your state of emotional health, have you accomplished as many things as you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

FAIMOINS
In the last four weeks, and owing to your state of emotional health, have you had to stop doing certain things?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

LIMITPH
To what extent has your physical pain limited you in your work or domestic activities?
1 Not at all
2 A little bit
3 Moderately
4 A lot
5 Enormously

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

In the last four weeks, have there been times when:
CALME
You have felt calm and relaxed?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

NRJ
You have felt overflowing with energy?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

TRISTEDEP
You have felt sad and depressed?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

LIMITM
Has your state of physical or emotional health disturbed you in your social life and your relationships with family members, friends or acquaintances?
1 Not at all
2 A little bit
3 Moderately
4 A lot
5 Enormously

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

SF12: complete questionnaire added in wave 2.

"The following questions concern your health, from your point of view. This information will help us to find out more about how you feel in your everyday life."

SF121
Overall, do you think your health is:
1 Excellent

2 Very good
3 Good
4 Fair
5 Poor

NB: New SF-12 question added in waves 2, 3 and 4.

"Here is a list of activities that you may have to perform in your everyday life. For each one, say if your are limited due to your current state of health."

SF122
Moderate physical efforts such as moving a table, vacuuming, playing bowls.
1 Yes, very limited
2 Yes, somewhat limited
3 No, not at all limited

NB: New SF-12 question added in waves 2, 3 and 4.

SF123
Climb several flights of stairs
1 Yes, very limited
2 Yes, somewhat limited
3 No, not at all limited

NB: New SF-12 question added in waves 2, 3 and 4.

"In the last four weeks, owing to your physical state of health:"

SF124
Have you done FEWER THINGS than you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

SF125
Have you had to stop doing certain things?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

"In the last four weeks, and owing to your state of emotional health (such as feeling sad, nervous or depressed):"

SF126

Have you done FEWER THINGS than you would have liked?

1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

<u>NB</u>: New SF-12 question added in waves 2, 3 and 4.

SF127

Haveyou done what you needed to do with less care and attention than usual?

1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

<u>NB</u>: New SF-12 question added in waves 2, 3 and 4.

SF128

In the last four weeks, to what extent has your physical pain limited you in your work or domestic activities?

1 Not at all
2 A little bit
3 Moderately
4 A lot
5 Enormously

<u>NB</u>: New SF-12 question added in waves 2, 3 and 4.

"In the last four weeks, have there been times when:"

SF129

You have felt calm and relaxed?

1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

<u>NB</u>: New SF-12 question added in waves 2, 3 and 4.

SF1210

You have felt overflowing with energy?

1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

<u>NB</u>: New SF-12 question added in waves 2, 3 and 4.

SF1211
You have felt sad and depressed?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

SF1212
In the last four weeks, have there been times when your state of physical or emotional health has disturbed you in your social life and your relationships with family members, friends or acquaintances?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

CONPSY
Before you were pregnant with [CHILD], did you see a psychiatrist, a psychologist, a therapist or a doctor for psychological problems for yourself?
1 Yes
2 No
8 [Doesn't want to answer]

If CONPSY=1
CONPSYAN
What year was your first consultation? |___|___|___|___|
Refuses = 8888, Doesn't know = 9999

INT: IF THE WOMAN DOESN'T REMEMBER, ASK HER ABOUT WHAT AGE SHE HAD, THEN WRITE DOWN IN YEARS

If CONPSY=1
CONPSYTR
During that or those consultation(s) before the birth of [CHILD] were you offered treatment in the form of drugs or therapy?
1 Yes
2 No
8 [Doesn't want to answer]

POIDSP
What is your current weight? |__|__|__|__|
Refuses = 888, Doesn't know = 999

TABA
Do you smoke?
1 Yes

2 No

If TABA=1
NBTABA

How many cigarettes a day on average? |___|___|

EXPTAB

Is your child currently exposed to cigarette smoke?
1 Never or almost never
2 Less than one hour a day
3 1 to 2 hours a day
4 2 to 5 hours a day
5 Over 5 hours a day

SANDENT

How is the state of health of your mouth, teeth and gums?
1 Very good
2 Good
3 Average
4 Poor
5 Very poor

CONDQD

When did you last go to a dentist?
1 Less than a year ago
2 1 to 2 years ago
3 2 to 5 years ago
4 Over 5 years ago
5 You have never been to a dentist

PROTHD

Do you wear a dental prosthesis such as a bridge, braces or implants?
1 Yes
2 No
9 [Doesn't know]

DENTABS

Not counting your wisdom teeth, how many teeth have you lost that have not been replaced (by a bridge, braces, etc.)?
1 None
2 1 to 4
3 5 to 10
4 Over 10
5 All of them
9 [Doesn't know]

NB: ELFE 1 Yr wave 3: replace "apart from" by "not counting".

Have you for yourself seen one of the following healthcare specialists since the last interview when your children was two months old?
CONPRO1 General practitioner 1 Yes / 2 No
CONPRO2 Gynaecologist 1 Yes / 2 No
CONPRO3 Physiotherapist 1 Yes / 2 No
CONPRO4 Psychiatrist 1 Yes / 2 No

CONPRO5 Psychologist 1 Yes / 2 No
CONPRO6 Other specialist 1 Yes / 2 No
CONPRO7 [None, have seen no healthcare specialist] 1 Yes / 2 No

<u>INT</u>: LIST. SEVERAL ANSWERS POSSIBLE

If CONPRO6=1
CONPROP Specify _____

RENSOIN
Since the birth of your child, have you for yourself forgone seeing a doctor or forgone medical treatment (dentist, glasses, etc.) for whatever reason?
1 Yes
2 No

If RENSOIN=1
QLSOIN
What treatment have you forgone (repeated 3 times)?
1 [Has forgone no other treatment]
2 Dental prosthetics (crowns, bridges, braces, implants, etc.)
3 Dental care (fillings, cleaning, extraction, root canal work, etc.)
4 Glasses (lenses, frames)
5 Specialist consultations treatment
6 GP consultations treatment
7 X-rays and other imaging examinations
8 Other

ACCTYPP Specify (repeated 3 times) _____

For each treatment
If QLSOIN1≠1 or QLSOIN2≠1 or QLSOIN3≠1
PQSOIN
What was the main reason you forwent this treatment (repeated 3 times)?
1 For financial reasons
2 Because of the waiting period
3 Because it was too far
4 Because I was nervous about seeing a doctor
5 Because I preferred to wait for things to get better
6 Because I didn't have the time
7 Because it was too complicated
8 For another reason, specify
9 [No reason identified]

PQSOINP Specify (repeated 3 times) _____

INFORMATION ABOUT THE PARENTS' CHILDHOOD

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	

REF with non-participating cohab-itant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

"I am now going to ask you a few questions about your youth."

During your youth, did you have any of the following difficulties?
DIFMATH Difficulties learning mathematics 1 Yes / 2 No / 3 [Refuses]

DIFMATH Difficulties learning how to read 1 Yes / 2 No / 3 [Refuses]

INT: IF THE PARENT HAD DIFFICULTIES BECAUSE FRENCH WASN'T THEIR MOTHER TONGUE, ASK THEM IF THEY HAD THE SAME DIFFICULTIES WITH THEIR MOTHER TONGUE
NB: ELFE 1 Yr - wave 1 - modif 5 July if DIFLIR=1

DIFMATH Difficulties learning how to write without making spelling mistakes 1 Yes / 2 No / 3 [Refuses]
NB: ELFE 1 Yr - wave 1 - modif 5 July if DIFORTH=1
INT: IF THE PARENT HAD DIFFICULTIES BECAUSE FRENCH WASN'T THEIR MOTHER TONGUE, ASK THEM IF THEY HAD THE SAME DIFFICULTIES WITH THEIR MOTHER TONGUE

RLGG Late language skills 1 Yes / 2 No / 3 [Refuses]

DIFORA Difficulties expressing yourself orally or making yourself understood 1 Yes / 2 No / 3 [Refuses]

PBCOM Behavioural problems 1 Yes / 2 No / 3 [Refuses]

If PBCOM=1
PBCOMP What behavioural problems? _____

If DIFLIR=1 or DIFORTH=1 or RLGG=1 or DIFORA=1 or PBCOM=1
CONSPB
Did you see a doctor, a specialist or a medical structure for this/these problem/s?
1 Yes
2 No

If CONSPB=1
QCONSPB Which doctors, specialists or medical structures? (repeated 4 times)
_____

If CONSPB=1 and QCONSPB filled in
FQCONSPB
How often [answer in QCONSPB]? (repeated 4 times)
1 Regularly for a certain amount of time
2 Several times
3 Once

For each person, the FQCONSPBx answer refers to their particular answer in QCONSPBx.

If DIFMATH=1 or DIFLIR=1 or DIFORTH=1 or RLGG=1 or DIFORA=1 or PBCOM=1

SCOLSP

Did you have special schooling?

1 Yes

2 No

If SCOLSP=1

SCOLSPP

Was it:

1 an advanced course (adapted general and professional training)

2 an adaptation class or structure

3 an introductory class (for non-French-speaking students)

4 in another structure

9 [Doesn't know]

If SCOLSPP=4

SCOLSPPP Other structure, specify _____

EDUCATIONAL PRACTICES

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	Wave 1: ALL Waves 2, 3 and 4: from ACRIJEU to ACTIQ and JDIS to JTYPVET	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)* Starting from wave 2, if the cohabitant took part in the previous survey, ask the mother ALL the module apart from the variables from JPOUP to JMUZ, which are asked to the cohabitant.
REF with non-participating cohabitant	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	NONE	

"We are going to talk about your activities with [ELFE child]."

ACTIJEU
Do you play little games with the child (hide and seek, itsy-bitsy spider, construction or manipulation games)?
1 Often
2 From time to time
3 Rarely or never

ACTILECT
Do you read [ELFE child] picture or story books?
1 Often
2 From time to time
3 Rarely or never

ACTIDES
Do you do drawings with [ELFE child]?
1 Often
2 From time to time
3 Rarely or never

ACTITV
Do you watch television or screens with [ELFE child]?
1 Often
2 From time to time
3 Rarely or never

INT: SCREEN = COMPUTER, GAME CONSOLE

ACTICALM

Do you spend calm time with [ELFE child] talking with him/her?

1 Often

2 From time to time

3 Rarely or never

ACTICHAN

Do you sing little songs or nursery rhymes to [ELFE child]?

1 Often

2 From time to time

3 Rarely or never

ACTICOR

Do you play games with his/her body (feet, hands) such as tickling, massaging, having him/her jump?

1 Often

2 From time to time

3 Rarely or never

If ACTIJEU=3 and ACTILECT=3 and ACTIDES=3 and ACTITV=3 and ACTICALM=3 and ACTICHAN=3 and ACTI-COR=3

ACTIAUT

Do you do activities with your child?

1 Yes

2 No

If ACTIAUT=1

ACTIQ Which ones? _____

Among the various toys I am going to list, which ones does [ELFE child] have?

JPOUP Doll 1 Yes / 2 No

JVOIT Toy car 1 Yes / 2 No

JBAL Ball 1 Yes / 2 No

JLIV Baby books (in cardboard or cloth) 1 Yes / 2 No

JCONS Construction games 1 Yes / 2 No

JEVEIL Early learning games such as a play mat… 1 Yes / 2 No

JMUZ Musical instruments such as a xylophone or little piano 1 Yes / 2 No

JDIS

Does your child haveCDs or cassettes to listen to?

1 Yes

2 No

GARDINF1

Do you ever write down information in your child's health booklet?

1 Yes

2 No

If GARDINF1=1

What kind of information?

GINFPT Weight and height curves 1 Yes / 2 No

GINFPM Little illnesses 1 Yes / 2 No

GINFPF Your child's first smiles, first steps, first teeth, etc.… 1 Yes / 2 No

GARDINF2
Do you ever write things about your child in a notebook or on the web (blog, Facebook, etc.)?
1 Yes
2 No

FETENF
Have you organised a ceremony or a party for your child since he/she was born, apart from for their first birthday?
1 Yes
2 No

If FETENF=1
QUELFET
Can you tell us which ceremony or party? _____

"We are now going to talk about some of the everyday care provided to [ELFE child]."

<u>INT</u>: QUESTIONS IN TWO GOES, NOTE THE NUMBER OF TIMES IN THE BOX AND CHECK THE RELEVANT TIME UNIT

In general, how often …
1 [Give a time period per days]
2 [Give a time period per week]
3 [Give a time period per month]
4 [Refuses]
5 [Doesn't know]
6 [Never]

FQBAIN
Does he/she have a bath?
Frequency |__|__|
Refuses = 88, Doesn't know = 99, Never = 0

If FQBAIN≠0, 88, 99
RBAIN
Rhythm
1 Per day
2 Per week
3 Per month

FQCHEV
Does he/she have their hair washed?
Frequency |__|__|
Refuses = 88, Doesn't know = 99, Never = 0

If FQCHEV≠0, 88, 99
RCHEV
Rhythm
1 Per day
2 Per week
3 Per month

FQONG

Does he/she have their nails cut?
Frequency |__|__|
Refuses = 88, Doesn't know = 99, Never = 0

If FQONG≠0, 88, 99
RONG
Rhythm
1 Per day
2 Per week
3 Per month

FQDENT
Does he/she have their gums or teeth cleaned?
Frequency |__|__|
Refuses = 88, Doesn't know = 99, Never = 0

If FQDENT≠0, 88, 99
RDENT
Rhythm
1 Per day
2 Per week
3 Per month

"For the following activities, would you say that:"

POT
You put your child on his/her potty?
1 Never
2 From time to time
3 Often
4 All the time

BAIN
You give your child a bath
1 You like giving them a bath
2 You do it because you have to
3 You avoid doing it yourself

COUP
You cut your child's nails
1 You like cutting their nails
2 You do it because you have to
3 You avoid doing it yourself

COUP
You blow your child's nose
1 You like blowing their nose
2 You do it because you have to
3 You avoid doing it yourself

COUP
You change your child's nappy
1 You like changing their nappy
2 You do it because you have to

3 You avoid doing it yourself

COUP

You treat them for an irritation (buttocks, head, eyes, etc.)
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

COUP

You feed your child
1 You like feeding your child
2 You do it because you have to
3 You avoid doing it yourself

COUP

Generally speaking, to dress [ELFE child]:
(Conditional display of items 1 and 2 depending on sex of child)
1 ...You prefer "little girl" clothes
2 ...you prefer "little boy" clothes
3 ...You prefer clothes that suit girls and boys alike
4 ...You are indifferent to these considerations

23/05/2016

VALUES AND AFFILIATIONS

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	ALL	
REF with non-participating cohabitant	ALL	
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	ALL	

"We would now like to ask you a few questions about your affiliations, i.e. your membership in organizations and your social awareness, and a few questions about school. These questions will give us a better idea of the social environment of the child and how your values and ideas are transmitted to him/her. Naturally, you can refuse to answer these questions."

I am going to list some organizations. Can you tell me if you are a member or not of the following:

PARELE
A parent-teacher organization
1 Yes
2 No
8 [Refuses]

If PARELE=1
PARELEAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

CULTU
A cultural or musical organization
1 Yes
2 No
8 [Refuses]

If CULTU=1
CULTUAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

ASFAM

A family organization

1 Yes

2 No

8 [Refuses]

If ASFAM=1

ASFAMAR

Are you:

1 ...a simple member

2 ...or do you have a position of responsibility

8 [Refuses]

LOCPRO

An organization of tenants, homeowners or co-homeowners?

1 Yes

2 No

8 [Refuses]

If LOCPRO=1

LOCPROAR

Are you:

1 ...a simple member

2 ...or do you have a position of responsibility

8 [Refuses]

SYNDIC

A trade union or a professional organization

1 Yes

2 No

8 [Refuses]

If SYNDIC=1

SYNDICAR

Are you:

1 ...a simple member

2 ...or do you have a position of responsibility

8 [Refuses]

HUMA

A humanitarian organization

1 Yes

2 No

8 [Refuses]

If HUMA=1

HUMAAR

Are you:

1 ...a simple member

2 ...or do you have a position of responsibility

8 [Refuses]

SOLID

A socially-minded organization or one that defends human rights

1 Yes

2 No
8 [Refuses]

If SOLID=1
SOLIDAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

RELIG
A religious or parish group
1 Yes
2 No
8 [Refuses]

If RELIG=1
RELIGAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

SPORT
A sports organization or sports club
1 Yes
2 No
8 [Refuses]

If SPORT = 1
SPORTAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

ENVIR
An environmental organization
1 Yes
2 No
8 [Refuses]

If ENVIR=1
ENVIRAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

QUART
A neighbourhood or local-area organization
1 Yes
2 No
8 [Refuses]

If QUART=1

QUARTAR

Are you:

1 ...a simple member

2 ...or do you have a position of responsibility

8 [Refuses]

ELECT

Are you signed up to an open digital network such as Facebook, Twitter or LinkedIn?

1 Yes

2 No

8 [Refuses]

ELECTF

Are you signed up to a closed digital network such as an alumni network or a professional intranet?

1 Yes

2 No

8 [Refuses]

ECOVAL

Do you think that schools properly recognize the qualities of students?

1 Absolutely

2 Mostly

3 Mostly not

4 Not at all

5 [No opinion]

8 [Refuses]

ECOMER

Do you yourself think you succeeded at school as you deserved to?

1 Absolutely

2 Mostly

3 Mostly not

4 Not at all

5 [No opinion]

8 [Refuses]

ECOFREQ

Here is a situation that parents may be faced with. Please tell me what you think: The local primary school of a certain family has a poor reputation. After discussing the matter, the parents decide to send their children to a school with a better reputation in a different neighbourhood. In your opinion, are the parents:

1 Absolutely right to do so

2 Somewhat right

3 Somewhat wrong

4 Absolutely wrong

8 [Refuses]

9 [Doesn't know]

VOTE
Since you have been old enough to vote, you have voted…
1 In all the elections
2 In almost all the elections
3 In some elections
4 None
5 [Not applicable]
8 [Refuses]

I am now going to talk about a number of institutions that play a major economic and social role in France today. For each one, can you tell me how much trust you have in them in general:
CONFECO School 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFMED The media 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFPOL Political institutions 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFREL Religious institutions 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFARM The army 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFSEC Social Security 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

CONFJUD The judiciary 1 Considerable trust / 2 A Certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]

23/05/2016

LOCAL AREA, NEIGHBOURHOOD

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)*
REF with non-participating cohabitant	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	NONE	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother

"We are now going to talk about your neighbourhood and the services available there, as well as how you get around."

When you yourself do the following activities, where do you generally do them?
MEDEC Going to the doctor, pharmacy, etc. 1 Mainly in the neighbourhood or village / 2 Mainly outside the neighbourhood or village / 3 Half and half / 4 You don't

CAFE Going to a café or restaurant 1 Mainly in the neighbourhood or village / 2 Mainly outside the neighbourhood or village / 3 Half and half / 4 You don't

ESPVERT Going for a walk, using green spaces, sports facilities, etc. 1 Mainly in the neighbourhood or village / 2 Mainly outside the neighbourhood or village / 3 Half and half / 4 You don't

SPECT Going to see a film, concert, etc. 1 Mainly in the neighbourhood or village / 2 Mainly outside the neighbourhood or village / 3 Half and half / 4 You don't

RENCAMI Meeting friends 1 Mainly in the neighbourhood or village / 2 Mainly outside the neighbourhood or village / 3 Half and half / 4 You don't

<u>INT</u>: THE PURPOSE OF THESE QUESTIONS IS PURELY TO MEASURE HOW INTEGRATED HTE PARENTS ARE IN THEIR LOCAL AREA OR NEIGHBOURHOOD, INDEPENDENTLY OF WHAT COULD EXPLAIN THEIR INTEGRATION (LACK OR EXISTENCE OF POSSIBILITIES, DELIBERATE CHOICE BY THE PARENTS, ETC.)

If RENCAMI=1, 2 or 3
FQAMI
How often do you see friends?
1 At least once a week
2 Two or three times a month
3 Several times a year but less than once a month
4 Only for special occasions

"We are now going to focus on your opinion of the environment of your dwelling and your neighbourhood."

For the following criteria, tell us what you think about the situation of your neighbourhood or village:

QUALAIR **The air quality in your neighbourhood (dust, pollution, odours, etc.) is**… 1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

SECUQ **The security in your neighbourhood (the risk of being robbed, attacked, etc.) is**… 1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

ENTRUE **The maintenance of roads and highways and public spaces is**… 1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

RELATH **Your relations with the inhabitants are**… 1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

SERVI **The leisure and cultural services are**… 1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

TRANSQ
Is your neighbourhood or village accessible by public transport?
1 Yes
2 No

If TRANSQ=1
UTILTR
Do you use public transport?
1 Yes
2 No

If UTILTR=1
PRATR
Do you find the public transport useful?
1 Yes, very
2 Yes, rather
3 No, not much
4 No, not at all

CULTURAL GOODS IN THE HOUSEHOLD

Mothers concerned:	Questions asked	Remarks
REF with participating cohabitant	NONE	*If SITUAFAMM=1 (cohabiting parents) OR (SITUAFAMM=3 with LIENTYP=7 of SEXE=2) (same-sex parents)*
REF with non-participating cohabitant	ALL	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother
REF alone	ALL	
Non-cohabiting mother	ALL	
Mother of placed child	NONE	If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother

"We are going to talk about the equipment in your household, including televisions and computers

TV
Do you have one or more television sets?
1 Yes
2 No

If TV=1
NBTV
How many? |___|___|
Refuses = 88, Doesn't know = 99

Do you own at home …
If TV=1
MAGN A VCR 1 Yes / 2 No
DVD A DVD/Dvix player 1 Yes / 2 No
VIDEO A game console that hooks up to the TV (Playstation) 1 Yes / 2 No
CABL A paid subscription to a cable operator, TPS, Canalsat, Canal+, etc. 1 Yes / 2 No

MUSIQC
Do you own one or more pieces of equipment for listening to music?
1 Yes
2 No

If MUSIQC=1
What kind?
QMUSIQC1 An MP3 player, iPod, audio USB key 1 Yes / 2 No
QMUSIQC2 A cassette player 1 Yes / 2 No
QMUSIQC3 A HiFi system 1 Yes / 2 No
QMUSIQC4 A portable radio-cassette player 1 Yes / 2 No
QMUSIQC5 Other 1 Yes / 2 No

NB: ELFE 1 Yr - starting from wave 2: Other item deleted.

If QMUSIQ5=1

QMUSIQP Specify _____

DISC

Do you have any CDs, records or cassettes?

1 Yes
2 No

If DISC=1

NBDISC

If so, how many?

1 Between 1 and 29
2 Between 30 and 99
3 Between 100 and 199
4 200 or more
9 [Doesn't know]

ORDI

Do you have one or more computers?

1 Yes
2 No

If ORDI=1

NBORDI How many? |___|___|

Refuses = 88, Doesn't know = 99

Is your house equipped with…

If ORDI=1

IMPR A printer? 1 Yes / 2 No
WEBC A webcam? 1 Yes / 2 No
GRAV A CD/DVD burner? 1 Yes / 2 No
SCANN A scanner? 1 Yes / 2 No
CDEDU Cultural or educational software or CD-ROMs? 1 Yes / 2 No
INTER An internet connection? 1 Yes / 2 No

At home, do you have...?
ENCY One or more encyclopaedias? 1 Yes / 2 No
DICO One or more dictionaries? 1 Yes / 2 No
ART One or more reproductions of art works (posters, sculptures, etc.)? 1 Yes / 2 No

LIVRE

Do you have any books?

1 Yes
2 No

If LIVRE=1

NBLIVRE

If so, how many?

1 Between 1 and 29
2 Between 30 and 99
3 Between 100 and 199
4 200 or more
9 [Doesn't know]

BD

Do you have any comic books or graphic novels?
1 Yes
2 No

If BD=1
NBBD
If so, how many?
1 Between 1 and 29
2 Between 30 and 99
3 Between 100 and 199
4 200 or more
9 [Doesn't know]

ABON
Are you (or is your partner) subscribed to a newspaper or magazine?
1 Yes
2 No

If ABON=1
QABON Which one(s)? _____

FINACT
To conclude, is there an activity or leisure activity that you don't currently practice but would like to?
1 Yes
2 No

If FINACT=1
FINACTP Which one? _____

END