29/03/2016

NATIONAL 2 MONTH SURVEY

Administered in 2011

FATHER'S CONTACT FORM

[Pre-filled information collected in maternity unit]

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.**

GENERAL INFORMATION

<TELNIE>
ELFE child ID number |__|__|__|__|__|__|

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

NAISGEM
Twin birth
1 Yes
2 No

RANGALEA
Twin birth order (generated randomly: used for the random selection of one of the twins)
|__|__|__|__|__|__|

<PRENF>
ELFE child first name _____

<SEXE>
ELFE child sex
1 Boy
2 Girl

PARENT CONTACT DETAILS

<NOMM> Mother's last name **<MERPREN>** Mother's first name	**<PERNOM>** Father's last name **<PERPREN>** Father's first name
Mother's contact details	Father's contact details

<TELM1>	**Tel no.**		**<TELP1>**	**Tel no.**
<TELM2>	**Tel no.**		**<TELP2>**	**Tel no.**
<TELM3>	**Tel no.**		**<TELP3>**	**Tel no.**
<EMAILMON>	**Email address 1 Yes / 2 No**		**<TEL10P>**	**Tel no. used to get in touch with the father**
<EMAILM>	**Email address**		**<EMAILP>**	**Email address**
<INTDOM>	**Internet access at home** 1 Yes / 2 No		**<ADR1P>**	**Stairway, floor, apartment, etc.**
<ADR1M>	**Stairway, floor, apartment, etc.**		**<ADR2P>**	**Building**
<ADR2M>	**Building**		**<ADR3P>**	**Street number and street**
<ADR3M>	**Street number and street**		**<ADR4P>**	**Additional address information**
<ADR4M>	**Additional address information**		**<ADRCPP>**	**Father's postcode**
<ADRCPM>	**Mother's postcode**		**<ADRCOMP>**	**Municipality**
<ADRCOMM>	**Municipality**		**<CODGEOP>**	**Father's municipality of residence (INSEE code)**
<CODGEOM>	**Mother's municipality of residence (INSEE code)**		**REGP**	**Father's region of residence (INSEE code)**
REGM	**Mother's region of residence (INSEE code)**			

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>	**Stairway, floor, apartment, etc.**
<ADR2R>	**Building**
<ADR3R>	**Street number and street**
<ADR4R>	**Additional address information**
<ADRCPR>	**Postcode**
<ADRCOMR>	**Municipality**

REGMUDA

UPD Mother's region of residence (UDA code):

1 Paris region
2 North
3 East
4 Paris basin, east
5 Paris basin, west
6 West
7 South-west
8 South-east
9 Mediterranean

REGPUDA

UPD Father's region of residence (UDA code):

1 Paris region
2 North
3 East
4 Paris basin, east
5 Paris basin, west
6 West
7 South-west
8 South-east
9 Mediterranean

INFORMATION ON THE INTERVIEW

*DATINTJ
Day of interview |__|__|

DATINTM
Month of interview |__|__|

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

AGE2M
(Constructed variable) Age of the child in months at the 2-month telephone interview |__|__|

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

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

END

NATIONAL 2 MONTH SURVEY

Administered in 2011

FATHER QUESTIONNAIRE

Etude Longitudinale
Française depuis
l'Enfance

Contents

LIST AND CIVIL STATUS OF INHABITANTS OF DWELLING

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

The variables from NOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the ELFE child and their possible twin

With:

NOI=1 for the ELFE child and NOI=2 for the twin, then the first name, sex, date of birth, link=12 and department of birth, each value corresponding to the NOI of the child concerned.

In this way, the ELFE child is present in all types of questionnaire whether or not they live with the interviewed parent.

With "referent father" questionnaires, the wording is as follows:
INTRODUCTION: **"We are going to start by talking about [ELFE child's] family. We will begin with the list of people who live here on a regular basis and quickly describe them:**

Obviously there is..."

Display variables NOI to NATIO1N already coded for the ELFE child (and where applicable the twin) and validation by the interviewer

Then **"Now let's move on to the people who live here on a regular basis. Let's start with you"**

With "Non-cohabiting Father" or "Non-cohabiting Father of Placed Child" questionnaires

INTRODUCTION: **"We are going to start by talking about your family and I am going to check some information about [ELFE child] with you."**

Display variables NOI to NATIO1N already coded for the ELFE child (and where applicable the twin) and validation by the interviewer Then **"Let's make a list of the people who habitually live here, starting with yourself."**
****

For the "cohabiting father" or "cohabiting father of placed child" questionnaires, all the information on the make-up of the household are taken from the mother questionnaire, so there are no questions on the make-up of the household. The questionnaire is filled in automatically as some variables may subsequently serve as filters.

MTYPPERE1
Type of father (mother interview)
1 Referent father
2 Cohabiting father
3 Non-cohabiting father
4 Co-habiting father of placed child
5 Non-cohabiting father of placed child
6 Cohabiting father (same-sex parenting)
7 "Cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
8 (Same-sex parenting) "Cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
9 "Non-cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
10 Cohabiting father without the twin questions
11 (Same-sex parenting) Cohabiting father without the twin questions
12 Non-cohabiting father without the twin questions

MTYPPERE
Type of father (mother interview)
1 Referent father
2 Cohabiting father
3 Non-cohabiting father
4 Co-habiting father of placed child
5 Non-cohabiting father of placed child

For the respondent, the questions are worded with "you", "your", etc.

Go from NOI(i) up to PAYSNAIS(i) for each person living here on a regular basis

Add the following recommendation for justifying the make-up of the household Screen displayed starting from the SEXE question through to the AUTLOG question.

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 currently live in the dwelling you live in, including yourself?

|__|__|

NOI
Individual rank order: _____

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

SEXEC1
UPD **(Corrected variable) You (he/she) are (is)...**
1 Male
2 Female

What is your (his/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 2011, NA=8888, DK=9999) |__|__|__|__|
⇨ *See end of chapter for constructed variable*

LIENTYP
You are (he/she is) the ... of [ELFE child]?
1 Father
2 Mother *(Filter if the mother does not live with the father except for bedridden mother, refusal, long-term absence))*
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 [ELFE child]: child of partner, stepchild of a parent
7 Partner of mother or father
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 Another country

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

If LNAIS=2 (if another country)
*PAYS25NAIS
UPD **(Corrected variable) In which country?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*PAYSNAISP
In which other country? _____

Go from NATIO1N(i) to TYPLOGCOP (i) for each person living here on a regular basis.

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

*NATIO25N1

UPD (Corrected variable) **What is your (his/her) nationality?**

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If NATIO1N=1, 2 or 3

NATIODBL

Do you (he/she) have dual nationality?

1 Yes
2 No

If NATIODBL=1

*NATIO25N2

UPD (Corrected variable) **If you have dual nationality, what is your other nationality?**

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*NATIO2NP

Specify other nationality: _____

If LIENTYP=9 and SEXE=1

PEREPLAN

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

(Display list of languages and ad hoc code)

If LIENTYP=9 and SEXE=2

PEREMLAN
What language or patois does [first name of paternal GM] use the most often at home?
(Display list of languages and ad hoc code)

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

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

If there is a LIENTYP=9 and sex=1
PEREPBIO
Is [first name] your:
1 Biological, adoptive or legal father
2 Or a person that you consider as the grandfather of the child

INT: BY LEGAL, WE MEAN THE ONE WHO RECOGNIZED YOU LEGALLY

If there is a LIENTYP=9 and sex=2
PEREMBIO
Is [first name] your:
1 Biological, adoptive or legal mother
2 Or a person that you consider as the grandmother of the child

INT: BY LEGAL, WE MEAN THE ONE WHO RECOGNIZED YOU LEGALLY

Do not ask for LIENTYP=12 if "non-cohabiting father of placed child" ("non-cohabiting father" and EFVIT≠4).
For all members of the household
TYPOLOG
Do you (does he/she) live here...?
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 (are you (is) ([First name]) present)?
(1 to 366, NA=888, DK=999) |__|__|__|

If TYPOLOG=3
JOURSEM
How many days a week (are you (is) ([First name]) present)?
(1 to 7, NA=8, DK=9) |__|

If TYPOLOG=4
MOISAN

How many days a month in the last year (are you (is) ([First name]) present)?
(1 to 12, NA=88, DK=99) |__|__|

If TYPOLOG=5
JOUR2AN
Roughly how many days in the last year (are you (is) ([First name]) present)?
(1 to 366, NA=888, DK=999) |__|__|__|

For LIENTYP=12 if referent father and for all other household members
AUTLOG
Do you also live (does he/she live) somewhere else sometimes?
1 Yes
2 No

For LIENTYP=12 if referent father and for all other household members
If AUTLOG=1 (if the person lives in another dwelling)
TYPLOGCO
Where (do you (does he/she([First name])) live from time to time)?
For LIENTYP=12 if EFVIT=4 (the child lives alternately with his/her parents) add "Not at your house or at his mother's"
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

<u>INT</u>: LIST IF NECESSARY.

If TYPOLOGCO=13
*TYPLOGCOP
Other, specify: _____

AGE
UPD (Constructed variable) Age in number of years passed |__|__|

REGUDANAIS
UPD **In which region or territory (UDA code)? _____**

AGE18ARRIV
UPD **Age arriving in France before 18?**
0 No
1 Yes

DURARRIV
UPD **Time since arriving in France at the time of the birth of [ELFE child]?**
0 <2
2 2-4
5 5-9
10 10-14
15 15-19
20 20-24
25 25 and over

REGNAIS
UPD **(Constructed variable) In which region or territory?**
00 Territory/territories other than France
01 Guadeloupe
02 Martinique
03 French Guiana

04	La Réunion
06	Mayotte
11	Île-de-France
21	Champagne-Ardenne
22	Picardie
23	Haute-Normandie
24	Centre
25	Basse-Normandie
26	Bourgogne
31	Nord-Pas-de-Calais
41	Lorraine
42	Alsace
43	Franche-Comté
52	Pays de la Loire
53	Bretagne
54	Poitou-Charentes
72	Aquitaine
73	Midi-Pyrénées
74	Limousin
82	Rhône-Alpes
83	Auvergne
91	Languedoc-Roussillon
93	Provence-Alpes-Côte d'Azur
94	Corse

PLACED CHILD

Questionnaire concerned: "Non-cohabiting father of placed child"

This part concerns the ELFE child.

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

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

If PLAC1=1
What is the date of the first placement of [ELFE child]?
*PLAC2M
Month (1 to 12) (NA=88, DK 99) |__|__|

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

APLAC2M **(Constructed variable) Age in months on first placement** |__|__|

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

PLAC4
Do you know how long the placement of [ELFE 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]

INT: INDICATE IF THE INTERVIEWEE GIVES A DATE OR A NUMBER OF MONTHS OR WEEKS

Date (month and year)
*PLAC4M
Month (1 to 12) (NA=88, DK 99) |__|__|

PLAC5A
Year (2000 to 2009) (NA=8888, DK 9999) |__|__|__|__|

APLAC4
(Constructed variable) Age in months at expected end of placement |__|__|

Or duration:
PLAC5J
No. of days: |__|__|
Or
PLAC5S
No. of weeks: (NA=888, DK 999) min 1 max 99 |__|__|
Or
PLAC5M
No. of months: |__|__|

When you see [ELFE child):

PRESPROF
Is a professional present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

PRESPROC
Is a loved one present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

PRESAUTR
Is someone else present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

HABFR
Where [ELFE 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])? |__|__|

FAMILY SITUATION

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

"Let's go back to your family situation."

If age>=15
COUPLE
Are you (is he/she) currently in a couple?
1 Yes, with someone who lives in the dwelling
2 Yes, with someone who doesn't live in the dwelling
3 No

If COUPLE1=1
CONJOINT (Display the people and take the NOI corresponding to the first name given)
With whom? |_____|

If COUPLE=2 and father concerned and mother not part of the household
MERENF
Is it the mother of [ELFE child] ([TWIN child])?
1 Yes
2 No

SITUAFAMP
Family situation of the father

When the referent mother said she was in a couple with the father (SITUAFAMM=1 or 2) or with a partner (SITU-AFAMM=3 with partner in household), the code of the family situation of the father question was taken from the code of the family situation of the mother:

 1 or 2 if mother's family situation = 1 or 2,

 1 if the mother's family situation = 3 with partner in household.

If SITUAFAMM=1 (mother Q)
OR if COUPLE=1 and ((CONJOINT=NOI and TYPOLOG(NOI)=1 and LIENTYP(NOI)=2)) (father Q)
1   The father is in a couple and cohabits on a permanent basis with the mother of the child or it is a partner (same-sex couple)

If SITUAFAMM=2 (mother Q)
OR if COUPLE=1 and ((CONJOINT=NOI and TYPOLOG(NOI)<>1 and LIENTYP(NOI)=2)) (father Q)
2 The father is in a couple with the mother of [ELFE child] but on a non-permanent basis

If COUPLE=1 and [for NOI(CONJOINT): TYPOLOG=1 and LIENTYP≠2]*
3 The father says he is in a couple with a person living in the household on a permanent basis and this person is not the mother of [ELFE child] ([TWIN child])

If COUPLE=1 and [for NOI(CONJOINT): TYPOLOG≠1 and LIENTYP≠2]*
4 The father says he is in a couple with a person living in the household on a non-permanent basis and this person is not the mother of [ELFE child] ([TWIN child])

If SITUAFAMM=5 (mother Q)
OR (COUPLE=2 and MERENF=1) (father Q)
5 The father is in a couple with the mother of the child and he doesn't live with her

If COUPLE=2 and MERENF=2
6 The father says he is in a couple with a person not living in the household and this person is not the mother of [ELFE child]

If COUPLE1=3
7 The father says he is not in a couple

ETAMATRI
What is your legal marital status (or the legal marital status of [First name])? Are you (is he/she)?
1 Married or remarried including legally separated
2 Civil partnership
3 Divorced
4 Single
5 Widowed
6 Married or civil partnership

<u>INT</u>: A CIVIL PARTNERSHIP IS CONSIDERED AS A MARITAL STATUS. IF AFTER READING THE LIST THE PERSON INTERVIEWED SAYS THEY ARE IN A COHABITATION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?". IF THE PERSON DOES NOT UNDERSTAND, CODE "SINGLE"

If ETAMATRI=1 or 2
MARI
In what year were you (was he/she) married or did you (he/she) form a civil partnership?
Consistency: if PACSE, MARI must be >= 1999
Year of marriage, of civil partnership (1960 to 2011, DK: 9999) |___|___|___|___|

For LIENTYP = 1 and COUPLE = 1 or 2 and ETAMATRI = 1 or 2
MATRICONJ
Are you married or in a civil partnership with the person you are in a couple with?
1 Yes
2 No

SIBLINGS OUTSIDE THE HOUSEHOLD

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

"We are now going to talk about any other children you may have had."

ADFRAT
If LIENTYP=7 and SEXE=2 (same-sex couple)
Have you had other children, whether still living or not?   Do not count the children living in your household.
For fathers:
Have you had other children with a person other than the mother of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.
1 Yes
2 No ⇒   ENFADOPT

NBNOIDFRA
How many (whether still living or not)? |__|

NOIDFRA
Individual rank order: _____

<PRENDFRA>
Starting with the eldest, what is the first name of each of these children: _____

SEXEDFRA
[PRENDFRA] is (was)...
1 A man
2 A woman

LOGDFRA
Does [PRENDFRA] live:
1 In an individual dwelling
2 With another member of the family   => LODGFAFRA
3 In a medical institution
4 Other   => LOGINDFRA
5 He is dead   ⇒ ANDECDFRA
9 [Doesn't know]

If LOGDFRA=2
LOGFADFRA
Does [PRENDFRA] live:
1 With their mother
2 With their father (filtered item)
3 With another family member

If LOGDFRA=4
LOGINDFRA
Does [PRENDFRA] live:
1 In a nursery
2 In a boarding school-home
3 In a host family
4 In a children's village

5 Another, specify

INT: LIST.

If LOGDFRA=5
ANDECDFRA
In what year did [PRENDFRA] die? |__|__|__|__|

Move on to next child

If LOGDFRA≠5
DNADFRA
What is the year of birth of [PRENDFRA]? |__|__|__|__|

*DNMDFRA
What is the month of birth of [PRENDFRA]? |__|__|

PAYSDFRA
Where does [PRENDFRA] live?
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

If over 14
ACTIVDFRA
[PRENDFRA] currently:
1 …has a job
 2 …is an apprentice under contract or on a paid internship
3 ... is a student, pupil, in training or in an unpaid internship
4 …is unemployed (registered with the national employment agency or not)
5 Other situation
9 [Doesn't know]

If ACTIVDFRA=3 ask NIVEAUDFRA, if not go to COUPLEDFRA
NIVEAUDFRA
What class or year of studies is he/she currently in?
(Code based on list)

INT: LIST IF NECESSARY. ONE ANSWER ONLY. IF THERE ARE TWO REGISTRATIONS AT UNIVERSITY OR IF REGISTERED AT UNIVERSITY WHILE STILL AT SCHOOL, DESCRIBE THE MAIN STUDIES HERE. FOR STUDENTS WHO DON'T YET HAVE THEIR SECOND-SESSION RESULTS, TAKE LAST YEAR'S CLASS

If age>=16
COUPLEDFRA
Is [PRENDFRA] in a couple?
1 Yes
2 No
9 [Doesn't know]

ENDFRA
Does [PRENDFRA] have any children?

1 Yes
2 No
9 [Doesn't know]

NBENDFRA
How many? |__|

If referent father and at least one LIENTYP in (3, 4, 5) or NOIDFRA ≥1
ENFADOPT
Are any of the brothers, sisters, half-brothers or half-sisters of [ELFE child] adopted?
1 Yes
2 No ⇒ Next module

If ENFADOP=1
ADOPT1
Adopted child 1 |_____|

ADOPT2
Adopted child 2 |_____|

EXTENDED FAMILY

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

"Now let's talk about your parents and the grandparents of [ELFE child] [TWIN child]."

(GDPARDOM and MENDOMGP were initially asked in the Household Composition part - following the pilot)

If at least one LIENTYP in (8,9)
If cohabiting father
The mother of [ELFE child] (and [TWIN child]) told me [first name of LIENTYP=8], [first name of LIENTYP=9] lived in this dwelling.
If referent or non-cohabiting father
You told me that [first name of LIENTYP=8] [first name LIENTYP=9] lived in this dwelling.

GDPARDOM
Would you say that it is he/she/them who live(s) with you?
1 Yes
2 No

If GDPARDOM =2
MENDOMGP
So you live with your mother (or your father or your parents or the mother of your partner or the father of your partner or the parents of your partner – depending on filter)?
1 Yes
2 No

Generation of GPPATERD (situation of paternal grandparents in dwelling)
If no LIENTYP = 9 (No maternal grandparents (biological or otherwise) in dwelling) ⟹ GPPATERD=0
If PEREMBIO=1 and PEREPBIO=1 (Both biological grandparents in dwelling) ⟹ GPPATERD=1
If PEREMBIO=1 and PEREPBIO=2 (Maternal biological in dwelling and social grandfather) ⟹ GPPATERD=2
If PEREPBIO=1 and PEREMBIO=2 (biological grandfather and social grandmother) ⟹ GPPATERD=3
If PEREPBIO=2 and PEREMBIO=2 (Both paternal grandparents social) ⟹ GPPATERD=4
If PEREMBIO=1 and PEREPBIO='blank' (Only biological paternal grandmother) ⟹ GPPATERD=5
If PEREMBIO=2 and PEREPBIO='blank' (Only social paternal grandmother) ⟹ GPPATERD=6
If PEREPBIO=1 and PEREMBIO='blank' (Only biological paternal grandfather) ⟹ GPPATERD=7
if PEREPBIO=2 and PEREMBIO='blank' (Only social paternal grandfather) ⟹ GPPATERD=8

GPPATERD=0 ⟹ VIEMER
GPPATERD=1 ⟹ ELEV
GPPATERD=2 ⟹ VIEPERB
GPPATERD=3 ⟹ VIEMERB
GPPATERD=4 ⟹ VIEMERB
GPPATERD=5 ⟹ VIEPER
GPPATERD=6 ⟹ VIEMERB
GPPATERD=7 ⟹ VIEMER
GPPATERD=8 ⟹ VIEMER

"Now let's talk about your parents."

If GPPATERD in (3, 4, 6)
VIEMERB
Is your biological mother still alive?
1 Yes ⇒ MBCOUP
2 No ⇒ MBDECE
8 [Doesn't want to talk about it] ⇒ VIEPERB
9 [Doesn't know] ⇒ VIEPERB

If GPPATERD in (0, 7, 8)
VIEMER
Is your mother still alive?
1 Yes ⇒ MBCOUP
2 No ⇒ MBDECE
8 [Doesn't want to talk about it] ⇒ VIEPERB
9 [Doesn't know] ⇒ VIEPERB

<u>INT</u>: BY MOTHER WE MEAN BIOLOGICAL OR ADOPTIVE MOTHER OR ANY OTHER PERSON CONSIDERED AS THE MOTHER

If VIEMERB=2 or VIEMER=2
MBDECE
In what year did she die? (1950 to 2010) |__|__|__|__| ⇒ MBANAIS
(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

If VIEMERB=1 or VIEMER=1, ask MBCOUP
If GPPATERD in (3, 6, 7, 8), do not ask wording 1: we know the biological mother does not live with the biological father
MBCOUP
Is she in a couple?
1 Yes, with your father
2 Yes, with someone else
3 No
9 [Doesn't know]

If VIEMERB=1 or VIEMER=1
In what year was she born (or how old is she)?
MBANAIS
Year (1900 à 1990) Doesn't know (9999) |___|___|___|___|

MBAGE
Age (0 to 120) Doesn't know (999) |___|___|___|

If VIEMERB=2 or VIEMER=2
MBAGEDC
How old was she when she died? (0 to 120) Doesn't know (999) |___|___|___|

MBLIEU
Was she born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

If MBLIEU=2 (if another country)

*MBPAYS25

UPD > **(Corrected variable) In which country?**

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*MBPAYSP

Other country, specify _____

MBFRANC

Is/was she:

1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If MBFRANC=3

*MBNATION5

UPD > **(Corrected variable) What is/was her nationality?**

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If MBFRANC =1, 2 or 3

MBNATIONDBL

Does/did she have dual nationality?

1 Yes
2 No

If MBNATIONDBL=1

*MBNATION25

UPD > **(Corrected variable) If she has/had dual nationality, what is/was the other nationality?**

1 European Union
2 Turkey

3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*MBNATIONP2
Other nationality, specify _____

If VIEMERB=1 or VIEMER=1 or (VIEMERB=2 or VIEMER=2)
MBSITUA
Currently, she.../ What was her last occupational situation? She...
1 … has/had a job
2 … is/was retired or retired from business or in pre-retirement
3 … is/was in another situation (unemployment, homemaker, etc.)
9 … [Doesn't know]

If MBSITUA=2, 3 or 4
MBACTIVANTE
Has she worked or did she ever work, even a long time ago?
1 Yes
2 No

If MBSITUA =1 or MBACTIVANTE=1
MBPROFI5
What is/was her (last) occupation? _____
(Automatic coding)
If DK, code undetermined occupation

INT: CODE THE PROFESSION

If MBPROFI5 not coded
MBPROFI6C2
 UPD **In other words, what kind of work does/did she do exactly? (What is/was her (last) occupation?) (Corrected) _____**

MBCSP
Grandmother occupation code
(Display socio-occupational list)

MBLANG
What language or patois does/did she use the most often at home?
(Display list of languages)

INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE THE MOTHER EXPRESSES / EXPESSED HERSELF

MBLANGP
Other language, specify _____

If GPPATERD in (2, 4, 8) and MBCOUP≠1
If GPPATERD in (2, 4, 8) and MBCOUP=1, filter and VIEPERB=1
VIEPERB
Is your biological father still alive?
1 Yes ⇒ PBCOUP
2 No ⇒ PBDECE
8 [Doesn't want to talk about it] ⇒ ELEV
9 [Doesn't know] ⇒ ELEV

If GPPATERD in (0, 5, 6) and MBCOUP≠1
If GPPATERD in (0, 5, 6) and MBCOUP=1, filter and VIEPERE=1
VIEPER
Is your father still alive?
1 Yes ⇒ MBCOUP
2 No ⇒ MBDECE
8 [Doesn't want to talk about it] ⇒ ELEV
9 [Doesn't know] ⇒ ELEV

<u>INT</u>: BY FATHER WE MEAN BIOLOGICAL OR ADOPTIVE FATHER OR ANY OTHER PERSON CONSIDERED AS THE FATHER

If VIEPERB=2 or VIEPERE =2
PBDECE
In what year did he die? (1950 to 2010) |___|___|___|___| ⇒ PBANAIS
(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

If VIEPERB=1 or VIEPERE=1, ask PBCOUP
(If VIEPERB=1 or VIEPERE =1 and GPPATERD in (2, 5) or VIEMERB=2 or VIEMER=2, do not ask wording 1) we know the bio-logical father does not live with the biological mother)
(If MBCOUP=1, filter and PBCOUP=1)
PBCOUP
Is he in a couple?
1 Yes, with your mother
2 Yes, with someone else
3 No
9 [Doesn't know]

If VIEPERB=1 or VIEPERE =1
In what year was he born (or how old is he)?
PBANAIS
Year (1900 à 1990) Doesn't know (9999) |___|___|___|___|

PBAGE
Age (0 to 120) Doesn't know (999) |___|___|___|

If VIEPERB=2 or VIEPERE =2
PBAGEDC
How old was he when he died? (0 to 120) Doesn't know (999) |___|___|___|

PBLIEU
Was he born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

If PBLIEU=2 (if another country)
*PBPAYS25
UPD > **(Corrected variable) In which country?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*PBPAYSP
Other country, specify _____

PBFRANC
Is/was he:
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If PBFRANC=3
*PBNATION5
UPD > **(Corrected variable) What is/was his nationality?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If PBFRANC =1, 2 or 3
PBNATIONDBL
Does/did he have dual nationality?
1 Yes
2 No

If PBNATIONDBL =1

*PBNATION25

UPD > **(Corrected variable) If he has/had dual nationality, what is/was the other nationality?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*PBNATIONP2
Other nationality, specify _____

If VIEPERB=1 or VIEPERE =1
PBSITUA
Currently, he.../ What was his last occupational situation? He...
1 … has/had a job
2 … is/was retired or retired from business or in pre-retirement
3 … is/was in another situation (unemployment, homemaker, etc.)
9 … [Doesn't know]

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 PBSITUA=2 or 3 or 4
PBACTIVANTE
Has he worked or did he ever work, even a long time ago?
1 Yes
2 No

If PBSITUA =1 or PBACTIVANTE=1
PBPROFI5
What is/was his (last) occupation? _____
(Automatic coding)
If DK, code undetermined occupation

INT: CODE THE PROFESSION

If PBPROFI5 not coded
PBPROFI6C2
UPD > **In other words, what kind of work does/did he do exactly? (What is/was his (last) occupation?) (Correct-ed) _____**

PBCSP
Grandfather occupation code
(Display socio-occupational list)

PBLANG

What language or patois does/did he use the most often at home?
(Display list of languages)

<u>INT</u>: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE THE FATHER EXPRESSES / EXPESSED HIMSELF

*PBLANGP
Other language, specify _____
If PBCOUP=2 (mother-in-law alive) ⇒ BPANAIS
In what year was she born (or how old is she)?
BMANAIS
Year (1900 to 1990) Doesn't know (9999) |___|___|___|___|

BMAGE
Age (0 to 120) Doesn't know (999) |___|___|___|

BMLIEU
She was born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

If BMLIEU=2 (if another country)
*BMPAYS25
UPD (Corrected variable) **In which country?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*BMPAYSP
Other country, specify _____

BMFRANC
Is she?
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If BMFRANC=3
*BMNATION5

UPD (Corrected variable) What is/was her nationality?

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If BMFRANC =1, 2 or 3
BMNATIONDBL
Does/did she have dual nationality?
1 Yes
2 No

If BMNATIONDBL=1
*BMNATION25

UPD (Corrected variable) If she has/had dual nationality, what is/was the other nationality?

1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*BMNATIONP2
Other nationality, specify _____

BMSITUA
Currently, she...
1 … has/had a job
2 … is/was retired or retired from business or in pre-retirement
3 … is/was in another situation (unemployment, homemaker, etc.)
9 … [Doesn't know]

If BMSITUA=2 or 3 or 4
BMACTIVANTE
Has she worked or did she ever work, even a long time ago?
1 Yes
2 No

If BMSITUA =1 or BMACTIVANTE=1
BMPROFI5
What is/was her (last) occupation?
(Automatic coding)
If DK, code undetermined occupation

<u>INT</u>: CODE THE PROFESSION

If BMPROFI5 not coded
BMPROFI6C2
UPD > **What kind of job does/did she have exactly? (corrected)** _____

BMCSP
Mother-in-law occupation code
(Display socio-occupational list)

BMLANG
What language or patois does she use the most often at home?
(Display list and codes)

*BMLANGP
Other language, specify _____

If MBCOUP=2 (father-in-law alive)
In what year was he born (or how old is he)?

BPANAIS
Year (1900 to 1990) Doesn't know (9999) |___|___|___|___|

BPAGE
Age (0 to 120) Doesn't know (999) |___|___|___|

BPLIEU
Was he born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

If BPLIEU=2 (if another country)
*BPPAYS25
UPD > **(Corrected variable) In which country?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America

11 Other
12 Not reported

*BPPAYSP
Other country, specify _____

BPFRANC
Is he?
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If BPFRANC=3
*BPNATION5
UPD ⟩ **(Corrected variable) What is/was his nationality?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If BPFRANC =1, 2 or 3
BPNATIONDBL
Does/did he have dual nationality?
1 Yes
2 No

If BPPNATIONDBL=1
*BPNATION25
UPD ⟩ **(Corrected variable) If he has/had dual nationality, what is/was the other nationality?**
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*BPNATIONP2
Other nationality, specify _____

BPSITUA
Currently, he...
1 ...has/had a job
2 ...is/was retired or retired from business or in pre-retirement
3 ...is/was in another situation (unemployment, homemaker, etc.)
9 ...[Doesn't know]

INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER WORK, ENTER "OTHER SITUATION".

If BPSITUA=2 or 3 or 4
BPACTIVANTE
Has he worked or did he ever work, even a long time ago?
1 Yes
2 No
If BPSITUA =1 or BPACTIVANTE=1
BPPROFI5
What is/was his (last) occupation?
(Automatic coding) (If DK, code undetermined occupation)

INT: CODE THE PROFESSION

If BPPROFI5 not coded
BPPROFI6C2
UPD > **What kind of job does/did he have exactly? (Corrected) _____**

BPCSP
Grandfather occupation code
(Display socio-occupational list)

BPLANG
What language or patois does he use the most often at home? _____
(Display list of languages)

*BPLANGP
Other language, specify _____

Among the following people, who raised you personally from the age of 0 to 18?
For example, you may answer that you were raised by "both your parents" then "your mother alone"? From 0 to 18, you personally were raised by...
ELEV1 Both your parents living together 1 Yes / 2 No
ELEV2 Your mother alone 1 Yes / 2 No
ELEV2 Your father alone 1 Yes / 2 No
ELEV4 The husband or partner of your mother (possibly several consecutive husbands or partners) 1 Yes / 2 No
ELEV5 The wife or partner of your father (possibly several consecutive wives or partners) 1 Yes / 2 No
ELEV6 Other family members 1 Yes / 2 No
ELEV7 A host family 1 Yes / 2 No
ELEV8 In a foster home 1 Yes / 2 No
ELEV9 None 1 Yes / 2 No

<u>INT</u>: LIST – SEVERAL ANSWERS POSSIBLE

If MENDOMGP not 1
AGEAUTDO
At what age did you begin living in a dwelling other than that of your parents? |__|__|
(Check age: The age entered must not be higher than the age of the person being interviewed)

RETPAR
Did you return to live with your parents on a long-term basis?
(Changed on 01/06/2011: "ever" replaced by "on a long-term basis")
1 Yes
2 No

If RETPAR=1
AGERETPAR
How old were you? |__|__|
If RETPAR=1
TEMRETPAR **For how long?** |___|___|

TEMRETPARA **W=in weeks, M=months, Y= years** |___|

If MENDOMGP = 1
ADDUR
Have you ever lived in a dwelling other than that of your parents on a long-term basis?
1 Yes
2 No

If ADDUR = 1
AGEADDUR
How old were you when you began living in a dwelling other than that of your parents?
|__|__|
<u>INT</u>: RECALL THE AGE OF THE INTERVIEWEE

If ADDUR = 1
PBFADDUR
Do you live with them for financial reasons?
1 Yes
2 No

The following questions are asked to the interview, concerning the maternal grandparents of [ELFE child] [TWIN child] taking account of their situation, whether they live in the same household or not.
- Paternal grandmother
- Paternal grandfather

Ask if the paternal grandmother is alive and whether she lives in dwelling or not

- Grandparents alive not in dwelling
If GPPATERD=1 or ((VIEMERB=1 or VIEMER=1) and (VIEPERB=1 or VIEPERE =1))
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother to play?

- Grandmother alive not in dwelling
If (GPPATERD in (2,5) or (VIEMERB=1 or VIEMER=1)) and (VIEPERB<>1 or VIEPERE<>1)

Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother to play?

- Grandmother in dwelling, grandfather not
If (GPPATERD in (2,5) and (VIEPERB=1 or VIEPERE=1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother who lives with you to play?

- Grandfather in dwelling, grandmother not
If (GPPATERD in (3,7) and (VIEMERB=1 or VIEMER =1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother who doesn't live with you to play?

- Grandparents in dwelling
If (GPPATERD =4 and VIEMERB<>1 and VIEMER<>1 and VIEPERB <>1 and VIEPERE<>1
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother who doesn't live with you to play?
For each of the following roles, tell me whether you would prefer "Yes, often", "Yes, from time to time" or "No"

MPPEDU
Play an educational role (transmit knowledge)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

MPPOCUP
Take care of him/her/them (minding, meals, care, etc.)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

MPPVAL
Transmit values
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

MPPJEU
Play with him/her/them
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

MPPSOUT
Advise and support you
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

<u>INT</u>: FOR EACH OF THE FOLLOWING ROLES, TELL ME WHETHER YOU WOULD PREFER "YES, OFTEN", "YES, FROM TIME TO TIME" OR "NO"

Ask if the paternal grandfather is alive and whether he lives in dwelling or not

- Grandparents alive not in dwelling
If GPPATERD=1 or ((VIEMERB=1 or VIEMER=1) and (VIEPERB=1 or VIEPERE =1))
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather to play?

- Grandfather alive, not in dwelling
If (GPPATERD in (2,5) or (VIEPERB=1 or VIEPERE=1)) and (VIEMERB<>1 or VIEMER<>1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather to play?

- Grandfather in dwelling, grandmother not
If (GPPATERD in (2,5) and (VIEMERB=1 or VIEMER =1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who lives with you to play?

- Grandfather not in dwelling, grandmother in dwelling
If (GPPATERD in (3,7) and (VIEPERB=1 or VIEPERE=1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who doesn't live with you to play?

- Grandparents in dwelling
If (GPPATERD =4 and VIEMERB<>1 and VIEMER<>1 and VIEPERB <>1 and VIEPERE<>1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who doesn't live with you to play?

For each of the following roles, tell me whether you would prefer "Yes, often", "Yes, from time to time" or "No"

PPPEDU
Play an educational role (transmit knowledge)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

PPPOCUP
Take care of him/her/them (minding, meals, care, etc.)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

PPPVAL
Transmit values
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

PPPJEU

Play with him/her/them

1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

PPPSOUT

Advise and support you

1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

INT: FOR EACH OF THE FOLLOWING ROLES, TELL ME WHETHER YOU WOULD PREFER "YES, OFTEN", "YES, FROM TIME TO TIME" OR "NO"

"We are now going to ask you a few questions about the other members of your family."

FRER

Do you have any living brothers or sisters, including half-brothers and half-sisters?

1 Yes
2 No
9 [Doesn't know]

If FRER=1

NBFRER

How many in all? (1 to 15, 0 by default) |__|__|

ARRGPVI

Does/do[ELFE child] ([TWIN child] have living great grandparents on the mother's and father's side?

1 Yes
2 No
9 [Doesn't know]

If ARRGPVI=1

NBARRGMP1

How many great grandparents on your (paternal) side in all? (1 to 15, 0 by default) |__|__|

NBARRGMP2

How many great grandparents on the mother's (maternal) side in all? (1 to 15, 0 by default) |__|__|

EDUCATION

Questionnaires concerned: "Cohabiting Father" or "Cohabiting father of placed child" if SITUAFAMP=1 or 3 (same-sex couple with LIENTYP=7, SEXE=2 in the make-up of the household reported by the mother) Use the answers given by the mother concerning her, then ask him questions and then the rest of the family members; **"Referent father", "Non-cohabiting father", "Non-cohabiting father of placed child". (If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.)**

"We are now going to talk about the education of all those living with you (aged 2 and over)."

ETUDES
Are you (is he/she) currently in school, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?
1 Yes
2 No ⇒ ANFINETU

If ETUDES =1 and age ≥16
FORMINIT
Is it part of your (his/her) initial training?
1 Yes ⇒ DIPLOME
2 No

If ETUDES=2 or FORMINIT=2 (the person is no longer following their initial studies)
ANFINETU
In which year did you (he/she) finish your (his/her) initial studies?
(NA=8888, DK=9999) |__|__|__|__|

If ANFINETU=9999 (Doesn't know)
AGFINETU
At what age did you (he/she) finish your (his/her) initial studies?
(NA=88, DK=99) |__|__|

If age≥2
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
5 Technical or occupational high school diploma or diploma of this level
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
If DIPLOME=1 and ETUDES=2 **"Which year were you/was he/she in when you/he/she finished school?"**
If DIPLOME=1 and ETUDES=1 **Which year were you/was he/she in?"**
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
Specify type of certificate of professional competence, diploma of occupational studies
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
What type of high-school diploma?
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
What type of two-year higher education diploma?
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

What type of two-year-plus higher education diploma?

1 Undergraduate degree (BA, etc.)

2 Undergraduate degree from prestigious school

3 Postgraduate degree (Masters, etc.), Ph.D (medicine, pharmacy, dental)

4 Other doctorate degree excluding medical professions

9 [Doesn't know which post-two-year higher education diploma]

INT: DO NOT LIST

If ETUDES=1 and LIENTYP in (1, 2)

ETABEC

In which establishment were you enrolled?

1 Middle school (only if under 18)

2 High school (only if under 20)

3 University or other institute of higher education

4 Apprentice training school

5 Correspondence course

6 Continuing education course

7 Other training centre

INT: DO NOT LIST

DIPLEC

To obtain which diploma?

1 Certificate of general education (only if under 18)

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 Three-year higher education diploma

7 Other, specify

INT: DO NOT LIST

If DIPLEC =7

DIPLECAUT

Which other diploma?

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

INT: LIST - SEVERAL ANSWERS POSSIBLE

SUPPLEMENT ON EDUCATION

Questionnaires concerned: "referent father", "non-cohabiting father", "father of placed child"

REDOUB
Did you ever have to redo a year in school?
1 Yes
2 No

If REDOUB =1
Which class(es)?
PRIMA In primary school 1 Yes / 2 No
COLL In middle school 1 Yes / 2 No
LYCE In high school 1 Yes / 2 No
ESUP In higher education 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If ETUDES=2 for LIENTYP =1
RETUD
After your initial studies, have you returned to your studies?
1 Yes
2 No

If RETUD=1
ARETUD
At what age (did you return to your studies after your initial studies)? |__|__|

DURETUD
For how long (did you return to your studies after your initial studies)? |__|__|

TPSETUD
In W=weeks, M=months or Y=years |__|

INT: IF SEVERAL RETURNS, CONSIDER THE MOST RECENT

If LIENTYP =1
FORPRO
Have you taken a qualifying professional training course (with a diploma at the end)?
1 Yes
2 No

INT: ONLY COMPLETED COURSES COUNT

If FORPRO=1
AFORPRO
At what age (did you take a professional training course)? |__|__|

TFORPRO
For how long (did you take a professional training course)? |__|__|

TFORPROP
In W=weeks, M=months or Y=years |__|

INT: IF SEVERAL RETURNS, CONSIDER THE MOST RECENT

MAIN SITUATION REGARDING WORK

Questionnaires concerned: "cohabiting father" or "cohabiting father of placed child" if SITUAFAMP=1 or 3 (same-sex couple with LIENTYP=7, SEXE=2 in the make-up of the household reported by the mother) Use the answers given by the mother concerning her, then ask him questions and then the rest of the family members; **"referent father", "non-cohabiting father", "non-cohabiting father of placed child" (if the cohabiting father or the cohabiting father of placed child is not participating, return to the work questionnaire later with the mother)**

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

Age >= 15 years

If LIENTYP=1

CONGMATPAR

Are you (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]

If ETUDES=1

SITUAE

If LIENTYP =1

(First name) You told me that you're currently a student, but do you also have a job? Are you an apprentice under contract or in a paid internship? Or are you unemployed?

If LIENTYP =2

(First name) is currently a student, but does she also have a job? Is she an apprentice under contract or in a paid internship? Or is she unemployed?

If LIENTYP <>(1,2)

(First name) is currently a student, but does he/she also have a job? Is he/she an apprentice under contract or in a paid internship? Or is he/she unemployed?

You told me that you / [First name] are/is currently a student but do you (does he/she) also have a job? Are you (is he/she) an apprentice under contract or in a paid internship? Or are you (is he/she) unemployed?

1 …has a job
2 …is an apprentice under contract or on a paid internship
3 Is (are) unemployed (registered with the national employment agency or not)
4 [None of these situations]

<u>INT</u>: 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

SITUA

If CONGMATPAR =1 and LIENTYP =1

You are currently on paternity leave, but what is your (his) occupational situation?

If CONGMATPAR =2 and LIENTYP =1

You are currently on parental child-rearing leave, but what is your occupational situation?

If CONGMATPAR =3 or 4 and LIENTYP =1

You are currently on leave, but what is your occupational situation?

If CONGMATPAR =5 and LIENTYP =1

What is your current occupational situation?

If CONGMATPAR =1 and LIENTYP =2

(First name) is currently on maternity leave, but what is her occupational situation?
If CONGMATPAR =2 and LIENTYP =2
(First name) is currently on parental child-rearing leave, but what is her occupational situation?
If CONGMATPAR =3 or 4 and LIENTYP =2
(First name) is currently on leave, but what is her occupational situation?
If CONGMATPAR =5 and LIENTYP =2
What is her current occupational situation?
LIENTYP≠1 or 2
(First name) What is her current occupational situation?
*1 …*has a job
2...is an apprentice under contract or on a paid internship
3 …is unemployed (registered with the national employment agency or not)
4...is a homemaker
5...is retired or retired from business or in pre-retirement
6...is economically inactive with a disability pension
7...is in another situation

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 SITUA =3, 4, 5, 6 or 7 OR SITUAE =3 or 4
ACTIVANTE
Have you (has he/she) already worked, even if it was a long time ago?
1 Yes
2 No

If ACTIVANTE = 1
On what date did you (he/she) stop your (his/her) activity the last time?
DD/MM/YYYY (from 01/01/1960 to 31/12/2011)
*DATMDR Month (From 1 to 12) |__|__|

DATADR Year |__|__|__|__|

If SITUA=1 or 2 or SITUAE =1 or 2 or ACTIVANTE=1 (For all those who work or have already worked)
STATUT1
In your/his/her current or last job, are/were you (is/was he/she):
1 An employee (except for salaried business head or CEO)
2 An independent professional, salaried business head, CEO, minority director, partner
3 Unpaid assistant to a member of the family in their work

INT: LIST.

If STATUT1 =1
STATUT2
Are/were (is/was he/she) a salaried employee in the private sector?
1 Yes
2 No

If STATUT2 =1
STATUT3

Are/were you (is/was he/she)?
1 An employee of a private company, a self-employed tradesperson, an organization
2 An employee of a private individual

If STATUT2 =2
STATUT4
Are/were you (is/was he/she)?
1 An employee in the civil service, i.e. the state, a regional authority, a public hospital
2 An employee in the public sector but not the civil service (a state-owned industrial and commercial establishment, a social housing entity (HLM), public housing office (OPH), public enterprise)

If STATUT1 =2
SALARIES
How many employees do you (does he/she) employ?
0 None
1 Under 10
2 10 or more

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

If SITUA=1 or 2 or SITUAE=1 or 2 or ACTIVANTE=1
PROFI5
What is your (her) main or last occupation? _____

If occupation not found in PROFI5
PROFI6C2
UPD▷ **In other words, what kind of work does/did she do exactly? (What is/was her (last) occupation?) (Corrected)** _____

Profi7 is asked if the occupation is not found in question Profi5 (which implies that Profi6 is asked to obtain information on the occupation)
Profi7 is also asked if the same INSEE occupation name (item ticked in Profi5) may correspond to several INSEE codes (2 positions) depending on the person's qualification.
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
What is/was your/the qualification your/the status of (first name)? _____

P8CSP
Occupation and socio-occupational category
(Drop-down socio-occupational menu)

For all those working apart from family carers/assistants.

STATUT=1
TYPEMPLOI
What is/was the type of your (his/her) current or most recent job? IF NONE OF THE LISTED WORDINGS CHOSEN: "WHAT TYPE OF JOB DO YOU (DOES HE /SHE) HAVE?"
1 Open-ended contract (including "Nouvelle embauche" contract), job without limit duration, holder of public office 2 Fixed-term contract
2 Fixed-term contract ………………………………………………………………………………
3 Placed via temp agency
4 Replacement
5 Paid internship at company
6 Assisted job (government scheme such as an employment support contract (CAE), "contrat d'avenir", CES employment contract for the long-term unemployed, SEJE occupational support for young people)
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
8 [Doesn't want to talk about it]
9 [Doesn't know]

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

TPSCONT
In D=days, W= weeks, M= months, Y= years |__|

On which date did you (he/she) sign this contract?
MM/YYYY (from 01/2007 to 12/2011)
***DATMSIR Month** (1 to 12) 99 if DK |__|__|

DATASIR Year |__|__|__|__|

People saying they are farmers

SUPH
What is the surface area of your (his/her) holding (in UAA hectares)? |__|__|__|

If less than 5 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

SITUA=1, 2 or SITUA=1,2

EMPL

In your (his/her) main job, do/did you (he/she) work...?

1 Full time ⇒ ADATE1EMP
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 (%)?

(from 10 to 97) |__|__|

INT: POSSIBLE VALUES FROM 10% TO 97%, QUARTER TIME = 25%, HALF TIME = 50%, THREE-FIFTHS = 60%, FOUR-FIFTHS = 80%

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]

INT: DO NOT LIST, ONE ANSWER ONLY. IF "DIDN'T HAVE CHOICE" ANSWER, FOLLOW UP WITH "WHY DIDN'T YOU HAVE A CHOICE?"

RECHEMPLOI

Are you (is he/she) looking for a (another) job?

1 Yes, for less than a year
2 Yes, for over a year
3 No

"Let's go back to your occupational situation."

If SITUA=1,2 or SITUAE=1,2 or ACTIVANTE=1

A1EMP

In which year, during or after completing your education, did you get your first job (fixed-term or open-ended, temp) or your first small paid job?

Code 0000 if never worked |__|__|__|__|
INT: STATE YEAR IN FOUR DIGITS - EX: 2010. CODE 0 IF NEVER WORKED. DISPLAY YEAR OF BIRTH AS REMINDER

If A1EMP not 0
INTERI
Have you ever had one or more temp jobs? (If TYPEMPLOI=3, "Have you had one or more other temp jobs?")
1 Yes
2 No

ACDD
Have you ever had a fixed-term contract? (If TYPEMPLOI=2, "Have you had another fixed-term contract?")
1 Yes
2 No

ACDI
Have you ever had an open-ended contract? (If TYPEMPLOI=1, "Have you had another open-ended contract?")
1 Yes
2 No

PTBOULO
Have you ever had a small paid job (events, babysitting, working with members of your family or any other kind of small job)?
1 Yes
2 No

If INTER=1
You told me that you had already had a temp job (If TYPEMPLOI=3 "You told me that you already had another temp job").
AGINT
How old were you or in what year did you get your first temp job?
|__|__| or |__|__|__|__|

DURINT
Since you have worked, how much time IN TOTAL have you spent in temp work (in weeks, months or years)?
|__|__|

TPSINT
In W=weeks, M=months or Y=years |__|

If ACDD=1
You told me that you had already had a fixed-term contract (If TYPEMPLOI=2 "You told me that you already had another fixed-term contract").
AGCDD
How old were you or in what year did you get your FIRST fixed-term contract?
|__|__| or |__|__|__|__|

DURCDD
Since you have worked, how much time IN TOTAL have you worked on fixed-term contracts (in weeks, months or years)? |__|__|

TPSCDD
In W=weeks, M=months or Y=years |__|

If ACDI=1

You told me that you had already had an open-ended contract (If TYPEMPLOI=1 "You told me that you already had another open-ended contract").

AGCDI

How old were you or in what year did you get your FIRST open-ended contract? |__|__| or |__|__|__|__|

DURCDI

Since you have worked, how much time IN TOTAL have you worked on open-ended contracts (in weeks, months or years)? |__|__|

TPSCDI

In W=weeks, M=months or Y=years |__|

If PTBOULO=1

You told me that you had already done small paid jobs.

AGPTBO

How old were you or in what year did you get your FIRST small paid job?

   |__|__| or |__|__|__|__|

DURPTBO

Since you have worked, how much time IN TOTAL have you spent in small paid jobs (in weeks, months or years)?

   |__|__|

TPSPTBO

In W=weeks, M=months or Y=years |__|

If A1EMP not 0

PERCHOM

Have you had periods of unemployment?

1 Yes

2 No

If PERCHOM =1

AGCHOM

How old were you or in what year were you FIRST unemployed?

   |__|__| or |__|__|__|__|

If PERCHOM =1

DURCHOM

How much time in TOTAL have you been unemployed (in weeks, months or years)? |__|__|

TPSCHOM

In W=weeks, M=months or Y=years |__|

HOUSING

Questionnaires concerned: "cohabiting father", "cohabiting father of placed child, "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis *(If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP=7, SEXE=2)* use the answers given by the mother (greyed-out questions) then ask rest of module.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

"Now let's talk about where you live."

TYPLOG
What type of dwelling?
1 An individual house
2 Apartment or studio or one room with an independent entry
3 A 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   ⇒ NPIECES
7 A home in a place not intended for habitation (street, vehicle, building lobby, makeshift shelter) ⇒ Next module
8 Another type of residence

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

If TYPOLOG=4
TYPLOGP
Is it:
1 Sheltered accommodation (living autonomy, common management) or social residence
2 A maternal centre
3 Another collective home (collective living) on a permanent basis such as a home for people with disabilities, dependent persons
4 Temporary accommodation centre open all year or seasonally

INT: LIST.

If TYPLOG= 5, 7 or 8
TYPLOGT
What type of dwelling is it exactly? _____

INT: NOTE PRECISELY

If TYPLOG = 1, 2, 3, 4, 5 or 8 ask ETAGE
ETAGE
How many floors?
0 to 99 |__|__|

If ETAGE <>0 ask QETAGE
QETAGE

What floor do you live on?
0 to 99 |__|__|

INT: IF DUPLEX, MARK THE LOWEST FLOOR.

If TYPOLOG=7
NPIECES
How many rooms?
Count rooms such as the dining room, living room, bedroom, etc. regardless of surface area
(Number of rooms from 1 to 99) |__|__|

INT: 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
Does [ELFE child] have his/her own room (alone in room)?
NPIECES >1 and there is a twin
Do the twins each have their own room?
1 Yes
2 No

If CHAMB=2 and there is a twin
CHAMB2
Do the twins share the same room just the two of them?
1 Yes
2 No

CHAMB3
If NPIECES>1 and no twin
 Does [ELFE child] sometimes sleep with you in your room?
If NPIECES>1 and twins
Do the twins sometimes sleep with you in your room?
1 Yes
2 No

If PIEGE=1 (maternity variable)
PIEGEINS
Have you installed the dust sensor that was given to you at the maternity unit?
1 Yes
2 No
3 [Did not receive at maternity unit]

If PIEGEINS=1
PIEGERENV
Have you already sent it back?
1 Yes
2 No

INT: IDENTIFY ADDRESS OF LABORATORY THE SENSOR IS SENT BACK TO IN THE EVENT THAT THE PRE-STAMPED ENVELOPE HAS BEEN LOST

If PIEGERENV=2
Don't forget to do so when it is time.
0 VALIDATE

If PIEGEINS=2
PIEGEPOS
 Is it still possible for you to install it and send it back to us?
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 TYPOLOG=7
SURFACE
What is the surface area of your dwelling in m²?
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.
Surface area in m² (square metres) (Doesn't know, code 9999) |__|__|__|__|

If SURFACE=9999 (DK)
SURFTR
What do you think it measures?
(Wording [DK] added starting from wave 2 – 14/09)
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]

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 (if tenant or lodged at no charge)
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 the Employers' funds for housing

3 A bank, an insurance company or another company in the public or private sectors

4 Other situation

If TYPLOG=1 or 2

ANLOG

What year was your dwelling built in?

(From 1800 to 2012; 9999 if "DK") |___|___|___|___|

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]

When did you move into the dwelling?

*DATMAR

Month (1 to 12) (88 Refuses; 99 DK) |___|___|

DATAAR

Year (1950 to 2010; 88 Refuses; 99 Doesn't know) |___|___|

INT: SPECIFY THE MONTH ONLY IF THE ARRIVAL DATE WAS LESS THAN A YEAR AGO. IF NEVER LEFT THIS DWELLING, IT IS THE DATE OF BIRTH OF THE INTERVIEWEE AND THE MONTH

What was your previous address?

*NUMPRE

Number (0 to 9999) |__|__|__|__|

*RUEPRE
Street (maximum 60 characters) _____

*BATPRE
Building (maximum 60 characters) _____

*COMPLPRE
Additional address information (maximum 50 characters _____

*CPPRE
Postcode (from 01000 to 99000) |__|__|__|__|__|

*VILPRE
Municipality (maximum 60 characters) _____

INT: IF YOU NEED TO: "TO MEASURE ENVIRONMENTAL EXPOSURE DURING AND AFTER THE PREGNANCY, WE WILL GEO-LOCATE THE DWELLINGS. SO THE ADDRESSES ARE ESSENTIAL"

DEMPREV
Did you move because of the birth of [child]?
1 Yes
2 No

Do the following criticisms apply to your dwelling?
CRITIQ1 It is too small or doesn't have enough rooms   1 Yes / 2 No
Ask 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

INT: ASK IN SUB-QUESTIONS

If CRITIQ6= 1
The noise is due to:
BRCIRC Traffic (cars, trains, planes, etc.) 1 Yes / 2 No
BRETA Surrounding establishments (plants, 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

INT: ASK IN SUB-QUESTIONS

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

If NPIECES'>1 and CHAMB=2 and no twin
SALON
Does [ELFE child] sleep in the living room?
1 Yes
2 No

"Now we are going to describe..."

	Changed from 08/06/2011: if TY-PLOG= from 3 to 7 then do not ask **Your kitchen?**	*Changed from 08/06/2011: if TY-PLOG= from 3 to 7 then do not ask* *If SDB=1* **Your bathroom?**	**Your living room?**	*If NPIECES=1 or SALON=1 don't ask* *If CHAMB<>1 and CHAMB2<>2 don't ask* *(If the referent mother cohabiting with the father has returned to the questionnaire because the father is not partici-pating, it is the room that that child sleeps in that was described, whether or not he/she has their own room)* **The child's room?**
How many openings are there in...? (1) (0 to 10; 88 Refuses; 99 Doesn't know) INT: OPENINGS GIVING DIRECTLY ON TO THE EXTERIOR (FOR EXAMPLE, WINDOWS)	**CUIOUV** |__|__|	**SDBOUV** |__|__|	**SEJOUV** |__|__|	**PIEOUV** |__|__|
Is there ventilation in...?	*If CUIOUV=0* **CUIVEN** 1 Yes 2 No 9 [DK]	*If SDBOUV=0* **SDBVEN** 1 Yes 2 No 9 [DK]	*If SEJOUV=0* **SEJVEN** 1 Yes 2 No 9 [DK]	*If PIEOUV=0* **PIEVEN** 1 Yes 2 No 9 [DK]

What is the floor covering in...? Several answers possible 1 Yes 2 No <u>INT</u>: DO NOT LIST. SEVERAL ANSWERS POSSIBLE	**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 <u>INT</u>: DO NOT LIST. SEVERAL ANSWERS POSSIBLE	**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

If CHAUFC=2
UPD > **To heat your home and boil water, you use ...?**
EAUCHC1 **Town or mains gas** 1 Yes / 2 No
EAUCHC2 **Gas from a bottle or tank** 1 Yes / 2 No
EAUCHC3 **Fuel oil** 1 Yes / 2 No
EAUCHC4 **Petrol** 1 Yes / 2 No
EAUCHC5 **Electricity** 1 Yes / 2 No
EAUCHC4 **Wood** 1 Yes / 2 No

EAUCHC7 **Another source of energy** 1 Yes / 2 No

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

INT: ASK IN SUB-QUESTIONS 1 Yes / 2 No

UPD⟩ **What do you use to cook?**
CUISCHC1 **Town or mains gas** 1 Yes / 2 No
CUISCHC2 **Gas from a bottle or tank** 1 Yes / 2 No
CUISCHC3 **Fuel oil** 1 Yes / 2 No
CUISCHC4 **Petrol** 1 Yes / 2 No
CUISCHC5 **Electricity** 1 Yes / 2 No
CUISCHC6 **Wood** 1 Yes / 2 No
CUISCHC7 **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

INT: LIST.

If TYPOLOG=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."
(Greyed-out part if non-cohabiting father or non-cohabiting father of placed child.)

If TYPLOG= 1, 2 or 6
OPRENO
Did you do any renovations or repairs in the dwelling during the pregnancy of [first name of ELFE child's mother].
If so, which?
1 Yes
2 No
If OPRENO=1
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 the 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 and CHAMB=1
RENOCH
During your pregnancy, were there any renovations or repairs in the room where [ELFE child] sleeps?
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

INT: ASK IN SUB-QUESTIONS

If QLRENO11=1
QLRENOP
What are the OTHER renovations or repairs (in the room where [ELFE child] currently sleeps)?
_____

INT: PRECISELY NOTE THE ANSWER

If OPRENO=1 and CHAMB=1 and twins
RENOCH2
And during your pregnancy, were there any renovations or repairs in the room of [TWIN child]?
1 Yes
2 No
9 [Doesn't know]

If RENOCH2=1
Which ones?
QLRENO21 **Installation of carpet** 1 Yes / 2 No
QLRENO22 **Installation of panelling (or wood panels)** 1 Yes / 2 No
QLRENO23 **Installation of wallpaper or tapestries** 1 Yes / 2 No
QLRENO24 **Installation of fibreglass material** 1 Yes / 2 No
QLRENO25 **Wall painting** 1 Yes / 2 No
QLRENO26 **Installation of plastic coverings** 1 Yes / 2 No
QLRENO27 **Installation of floor linoleum** 1 Yes / 2 No
QLRENO28 **Sanding and varnishing of wooden floors** 1 Yes / 2 No
QLRENO29 **Installation of PVC windows** 1 Yes / 2 No
QLRENO210 **Installation of wooden floors** 1 Yes / 2 No

QLRENO211 Other renovations or repairs 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If QLRENO211=1
QLRENOP2
What are the OTHER renovations or repairs (in the room where [TWIN child] currently sleeps)?
_____

INT: PRECISELY NOTE THE ANSWER

If OPRENO=1 or RENOCH=1 or RENOCH2=1
PRESTR
Was [first name of ELFE child's mother] present in the dwelling during the work?
1 Yes
2 No

If PRESTR=1
PARTTR
Did she take part in the work?
1 Yes
2 No
9 [Doesn't know]

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? |__|__|__|__|

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]

INT: LIST.

TELFIX1 to ORDI1 part not asked if non-cohabiting father or non-cohabiting father of placed child.

In your home, does [first name of ELFE child's mother] have a cordless landline telephone with a base (DECT)?

TELFIX1 In the room where she works 1 Yes / 2 No / 9 [Doesn't know]
TELFIX2 In her room 1 Yes / 2 No / 9 [Doesn't know]
TELFIX3 In the living room 1 Yes / 2 No / 9 [Doesn't know]

INT: IF THE PERSON ASKS, SAY THAT WORK HERE IS MEANT IN ITS BROADEST SENSE, INCLUDING NON-PROFESSIONAL WORK SUCH AS ADMINSITRATIVE TASKS, ACCOUNTS, ETC.

WIFI1

In your home, does [first name of ELFE child's mother] have a WiFi connection (excluding public networks)?

1 Yes, connected on a permanent basis

2 Yes, connected sometimes

3 No

9 [Doesn't know]

ORDI1

In your home, does she use a computer for several hours a day?

1 Yes

2 No

9 [Doesn't know]

If ORDI1=1

Where is the central unit of the computer(s)?

ORDIL1 It is a laptop 1 Yes / 2 No

ORDIL2 On the floor 1 Yes / 2 No

ORDIL2 On a desk 1 Yes / 2 No

ORDIL4 Other 1 Yes / 2 No

INT: LIST if necessary. Several answers possible.

"I'm now going to ask you a few precise questions about the use of pesticides in your dwelling in the last 12 months."

Ask if TYPLOG=1, otherwise go to PLANTEXT filter

ARBRES

Have you maintained fruit trees at your home in the last 12 months?

1 Yes

2 No

POTAGER

Have you maintained a vegetable garden at your home in the last 12 months?

1 Yes

2 No

If ARBRE=1 or POTAGER=1

PESPOT

Have pesticides been used at your home in the last 12 months to treat your fruit trees or vegetable garden (weeds, insects, disease, other)?

1 Yes

2 No

INT: IF NECESSARY, SAY WHAT PESTICIDE MEANS: "THE WORD 'PESTICIDES' REFERS TO CHEMICAL SUBSTANCES DESIGNED TO REPEL, DESTROY OR FIGHT AGAINST PESTS AND UNDESIRABLE PLANT AND ANIMAL SPECIES CAUSING DAMAGE TO FOODSTUFFS, FARMING PRODUCE, WOOD, WOOD PRODUCTS, AND PET FOOD."

If PESPOT=1

APPLPOT

Who applied this treatment?

1 Yourself

2 Your partner or someone in your family

3 A professional

29/03/2016

<u>INT</u>: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GAR-DEN (WEEDS, INSECTS, DISEASE, OTHER).

If PESPOT=1
BUTPOT
To treat what mainly?
1 Insects
2 Weeds
3 Moss, lichen
4 Diseases
5 Snails, slugs
6 Other
9 [Doesn't know]

<u>INT</u>: LIST IF NECESSARY. WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

If BUTPOT=6
BUTPOTP
Specify if other purposes: _____

If PESPOT=1
FQPOT
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

<u>INT</u>: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GAR-DEN (WEEDS, INSECTS, DISEASE, OTHER).

If PESPOT=1
FORMPOT
Which form were the pesticides used in mainly?
1 Spray / aerosol or liquid + sprayer
2 Liquid + watering can
3 Pellets or powder
4 Other
9 [Doesn't know]

<u>INT</u>: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GAR-DEN (WEEDS, INSECTS, DISEASE, OTHER).

Si FORMPOT=4
FORMPOTP What other form these pesticides were used in mainly?? _____

Ask if TYPLOG=1,2 or 5, otherwise go to PLANTINT filter
PLANTEXT
At your home in the last 12 months, have you maintained a lawn, a path, bushes or other outdoor plant or flow-ers (including on a balcony/terrace)?
1 Yes

2 No

If PLANTEXT=1

PESPLAN

Have pesticides been used at your home in the last 12 months to treat your lawn, paths, bushes, flowers or other outdoor plants (including on a balcony/terrace)?

1 Yes
2 No
9 [Doesn't know]

If PESPLAN=1

APPLPLAN

Who applied this treatment?

1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR LAWN, PATHS, BUSHES, FLOWER OR OTHER OUTDOOR PLANTS (INCLUDING ON A BALCONY/TERRACE).

If PESPLAN=1

BUTPLAN

To treat what?

1 Insects
2 Weeds
3 Moss, lichen
4 Diseases
5 Snails, slugs
6 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR LAWN, PATHS, BUSHES, FLOWER OR OTHER OUTDOOR PLANTS (INCLUDING ON A BALCONY/TERRACE).

If BUTPLAN=6

BUTPLANP

Specify for other purposes: _____

If PESPLAN=1

FQPLAN

How much in the last 12 months?

1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

If PESPLAN=1

FORMPLAN

Which form were the pesticides used in mainly?

1 Spray / aerosol or liquid + sprayer
2 Liquid + watering can
3 Pellets or powder
4 Other
9 [Doesn't know]

If FORMPLAN=4
FORMPLANP
Specify which other form: _____

Ask if TYPLOG not 6, otherwise go to INSVOL filter
PLANTINT
Have you maintained plants inside your home in the last 12 months?
1 Yes
2 No

If PLANTINT=1
PESINT
Have pesticides been used in the last 12 months to treat your indoor plants?
1 Yes
2 No

If PESINT=1
BUTINT
To treat what?
1 Insects
2 Diseases
3 Other
9 [Doesn't know]

INT: LIST IF NECESSARY - WE ARE TALKING ABOUT PESTICIDES USED TO TREAT INDOOR PLANTS AT HOME

If BUTINT=3
BUTINTP
Specify for other purposes _____

If PESINT=1
FQINT
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

If PESINT=1
FORMINT
Which form were the pesticides used in mainly?

1 Spray / aerosol or liquid + sprayer
2 Liquid + watering can
3 Pellets or powder
4 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT INDOOR PLANTS AT HOME

If FORMINT=4
FORMINTP
Specify which other form: _____

INSVOL
In the last 12 months, have pesticides been used at your home against flying insects such as flies, mosquitoes, bees, wasps, hornets or moths?
1 Yes
2 No

If INSVOL=1
FQVOL
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME AGAINST FLYING INSECTS

If INSVOL=1
FORMVOL
Which form were the pesticides used in mainly?
1 Spray
2 Electric or non-electric diffuser
3 Spiral
4 Mothballs
5 Traps
6 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME AGAINST FLYING INSECTS

If FORMVOL = 6
FORMVOLP
Specify which other form: _____

INSRAM
In the last 12 months, have pesticides been used at your home against crawling insects such as ants, cockroaches, or spiders?
1 Yes
2 No

If INSRAM=1

FQRAM

How much in the last 12 months?

1 Once or twice a year

2 Three to 11 times a year

3 One to three times a month

4 One to six times a week

5 Once a day or more

9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST CRAWLING INSECTS

If INSRAM=1

FORMRAM

Which form were the pesticides used in mainly?

1 Spray / electric or non-electric diffuser

2 Liquid gel

3 Pellets or powder

5 Traps

6 Other

9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST CRAWLING INSECTS

If FORMRAM= 6

FORMRAMP

Specify which other form: _____

TRAITRON

In the last 12 months, have pesticides been used at your home against rodents such as mice, rats or moles?

1 Yes

2 No

If TRAITRON=1

APPLRON

Who applied this treatment?

1 Yourself

2 Your partner or someone in your family

3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If TRAITRON=1

FQRON

How much in the last 12 months?

1 Once or twice a year

2 Three to 11 times a year

3 One to three times a month

4 One to six times a week

5 Once a day or more

9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If TRAITRON=1

FORMRON

Which form were the pesticides used in mainly?

1 Pellets
2 Traps
3 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If FORMRON=3

FORMRONP

Specify which other form: _____

TRAITTER

In the last 12 months, have pesticides been used at your home to protect beams and wood against termites, wood-boring beetles or dry rot?

1 Yes
2 No

If TRAITTER=1

APPLTER

Who applied this treatment?

1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT

If TRAITTER=1

FQTER

How much in the last 12 months?

1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT

If TRAITTER=1

FORMTER

Which form were the pesticides used in mainly?

1 Spray
2 Liquid (syringe or brush)
3 Spray
4 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT

If FORMTER=4

FORMTERP

Specify which other form: _____

ANIMAU

Do you have pets?

1 Yes

2 No

If ANIMAU=1

TRAITPUC

In the last 12 months, have you used any pesticides to treat your pets against fleas and ticks?

1 Yes

2 No

If TRAITPUC=1

APPLPUC

Who applied this treatment mainly?

1 Yourself

2 Your partner or someone in your family

3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If TRAITPUC=1

FQPUC

How much in the last 12 months?

1 Once or twice a year

2 Three to 11 times a year

3 One to three times a month

4 One to six times a week

5 Once a day or more

9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If TRAITPUC=1

FORMPUC

Which form were the pesticides used in mainly?

1 Spray

2 Bath or immersion

3 Collar

4 Shampoo

5 Powder

6 Pipette

7 Other

9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If FORMPUC=7

FORMPUCP

 Specify which other form: _____

If ANIMAU=1
What pets do you have? (multiple choices)
ANIMAUL1 **Cat** 1 Yes / 2 No
ANIMAUL2 **Dog** 1 Yes / 2 No
ANIMAUL3 **Birds** 1 Yes / 2 No
ANIMAUL4 **Hamster, rabbit, guinea pig** 1 Yes/ 2 No
ANIMAUL5 **Other** 1 Yes / 2 No

TRAITPOU
In the last 12 months, have any pesticides been used at your home to treat against lice or scabies (on you or your children)?
1 Yes
2 No

If TRAITPOU=1
APPLPOU
Who applied this treatment?
1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES

If TRAITPOU=1
FQPOUC
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: LIST. WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES

HOUSEHOLD INCOME

Questionnaires concerned:
"cohabiting father", "cohabiting father of placed child, "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis *(If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP=7, SEXE=2)* ask all the module except for the greyed-out questions asked to the mother.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

"Now let's look at the income of your household and your living conditions."

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 holdings?
1 Yes
2 No

RBOU
Grants?
1 Yes
2 No

RNSAL
Income from self-employed professional activity (freelance, liberal profession…)?
1 Yes
2 No

RCHO
Unemployment benefits?
1 Yes
2 No

RRET
Pensions, early retirement? (including old age pension, veteran's pension, survivors' benefits pension)
1 Yes
2 No

RMAL
Illness- or disability-related benefits? (AAH allowance for disabled adults, disability allowance, allowance related to dependency, daily subsistence allowance not related to maternity)
1 Yes
2 No

RLOG
Housing benefits, housing allowance?
1 Yes
2 No

RPED

Infant accommodation benefit (PAJE)?

1 Yes

2 No

RFAM

Any other child support? (for example, child support supplement, family support benefit, back-to-school allowance)

1 Yes

2 No

RRSA

Active solidarity income (RSA)?

1 Yes

2 No

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, a PEP tax-free savings account available to those not paying income tax, sustainable development passbook)?

1 Yes

2 No

RTRA

Alimony, regular financial aid from parents, family or friends including for rent, directly or indirectly?

1 Yes   ⇒ TYPTRA

2 No   ⇒ SALMON if SITUA=1, 2, 3 or 7 otherwise PAYVAL

If RTRA=1

What type of aid?

TYPTRA1 **Payment (direct or indirect) of rent** 1 Yes / 2 No

TYPTRA2 **Alimony** 1 Yes / 2 No

TYPTRA3 **Other regular financial aid** 1 Yes / 2 No

If for NOI=1 we are talking about the non-cohabiting referent or non-referent parent: SITUA=1, 2 or SITUAE=1, 2

SALMON

What is the NET monthly or annual amount of your salary (or income from an independent activity)?

0 to 99,999 + (DK) + (NA) + (REF) |__|__|__|__|__|

<u>INT</u>: THIS IS THE NET SALARY (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX (INCLUDING MATERNAL LEAVE PAYMENTS)

SALMONP

Specify:

1 Monthly

2 Yearly

If the referent father has a partner or not, the mother of ELFE child or not, in SITUA=1 or 2 OR in SITUAE=1 or 2
SALMONC
What is the NET monthly or annual amount of your partner's salary (or income from an independent activity)?
0 to 99,999 + (DK) + (NA) + (REF) |__|__|__|__|__|

INT: THIS IS THE NET SALARY (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX (INCLUDING MATERNAL LEAVE PAYMENTS)

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

If RPED=1
CLCA
Does your household receive the CLCA free choice of activity allowance?
1 Yes
2 No

If CLCA=1
ACLCA
What is the monthly or annual amount of this allowance?
0 to 99,999 + (DK) + (NA) + (REF) |__|__|__|__|__|

ACLCAP
Specify
1 Monthly
2 Yearly
8 [Refuses]
9 [Doesn't know]

If RPED=1
CLCMG
Does your household receive the CLCMG free choice of child-minding allowance?
1 Yes
2 No

If CLCMG=1
ACLCMG
What is the monthly or annual amount of this allowance?
0 to 99,999 + (DK) + (NA) + (REF) |__|__|__|__|__|

ACLCMGP
Specify:
1 Monthly
2 Yearly
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?

0 to 99,999 + (DK) + (NA) + (REF) |__|__|__|__|__|

<u>INT</u>: THIS IS NET INCOME (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX. IF THE INCOME FLUCTUATES, TAKE THE AVERAGE.

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]

PAYVAL

Generally speaking, do you think people are paid what they deserve in France?

1 Absolutely
2 Somewhat
3 Not really
4 Not at all
5 [No opinion]

If SITUA=1, 2 or SITUAE=1, 2
PAYMER

Do you think you yourself are paid what you deserve?

1 Absolutely
2 Somewhat
3 Not really
4 Not at all
5 [No opinion]

LIVING CONDITIONS

Questionnaires concerned:
 "cohabiting father", "cohabiting father of placed child, "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis *(If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP=7, SEXE=2)* ask all the module except for the greyed-out questions asked to the mother.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

If STOC = 1
LOYER
What is your monthly rent, service charges included?
€ /month (0 to 9,999) |__|__|__|__|

"We are now going to look at any loans your household may have contracted."

CRED
Do you yourself or a member of the household currently have a loan, including revolving credit?
1 Yes
2 No ⇒ PROJ

Why did you take out the loan?
PQCRED1 Property loan 1 Yes / 2 No
PQCRED2 Consumer credit 1 Yes / 2 No
PQCRED3 Other 1 Yes / 2 No

<u>INT</u>: ASK IN SUB-QUESTIONS

What is the monthly or annual amount of the reimbursements?
If PQCRED=1
IMOM Property loans (per month) |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn't know")
OR **IMOAN Property loans (per year)** |__|__|__|__|__| year (0 to 99998 ; 99999 if "Doesn't know")

If PQCRED=2
CONSM Consumer credit |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn't know")
OR **CONSAN Consumer credit** |__|__|__|__|__| year (0 to 99998 ; 99999 if "Doesn't know")

If PQCRED=3
AUTM Other |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn't know")
OR **AUTAN Other** |__|__|__|__|__| year (0 to 99998 ; 99999 if "Doesn't know")

<u>INT</u>: BY YEAR OR MONTH, WE MEAN WHETHER THE INTERVIEWEE WANTS TO EXPRESS THE SUM INB MONTHLY OR YEARLY TERMS

PROJ

Without having to borrow, in the last 12 months have you on one or more occasion spent a considerable sum (equal to over one month's income) on property or capital goods?
1 Yes
2 No ⇒ DEC

If PROJ=1
Was it for:
PQPROJ1 **A property purchase** 1 Yes / 2 No
PQPROJ2 **A capital goods purchase** 1 Yes / 2 No
PQPROJ3 **Other** 1 Yes / 2 No
PQPROJ4 **None** 1 Yes / 2 No

If PQPROJ=2 ⇒ DEC

INT: ASK IN SUB-QUESTIONS

DEPLIE
Were these expenses related to the birth of [ELFE child] / [TWIN child]?
1 Yes
2 No ⇒ DEC

DEC
In the last 12 months, have you or someone in the household had a bank overdraft?
1 Yes, very often (at least once a month)
2 Yes, often (more than twice in the year)
3 Yes, but only once or twice in the year
4 No
8 [Doesn't want to answer]
9 [Doesn't know]

RENT
In the last 12 months, have you come into an outstanding amount of money <u>equal to over one month's income</u>? (an inheritance, a donation, the sale of on-financial goods, a lottery win, etc.)
1 Yes, and linked to the arrival of the child
2 Yes, but not linked to the arrival of the child
3 No
8 [Doesn't want to answer]

"We would also like to hear your opinion about the living standard of your household."

ACTFI
Currently, for the household, would you say that financially:
1 You are comfortable
2 Things are OK
3 Things are tight, we have to pay attention
4 Things are difficult
5 You can't get by without going into debt
8 [Doesn't want to answer]

FUTFI
In the ten coming years, do you think the living standard of the household will:

1 Improve considerably
2 Improve slightly
3 Remain the same
4 Worsen slightly
5 Worsen considerably
9 [Doesn't know]

ECOFUT
Generally speaking, do you think the social and economic situation of the country will:
1 Improve considerably
2 Improve slightly
3 Remain the same
4 Worsen slightly
5 Worsen considerably
9 [Doesn't know]

Owing to money problems, have you in the last 12 months been unable to pay by yourself on time:
PFACT
Electricity, gas, water or telephone bills
1 Yes
2 No
9 [Doesn't know]

PEMPR
Property loan reimbursements
1 Yes
2 No
9 [Doesn't know]

PACH
Consumer credit or other loan reimbursements
1 Yes
2 No
9 [Doesn't know]

PLOY
Rent and service charges
1 Yes
2 No
9 [Doesn't know]

PVERS
Tax payments (income tax, local taxes)
1 Yes
2 No
9 [Doesn't know]

INT: IF LOAN REPAYMENT PLAN OBTAINED, CODE THAT THERE HAVE BEEN DIFFICULTIES (YES)

Do the financial resources of your household allow you to:

FITEMP

Keep your house at the correct temperature?

1 Yes

2 No

FIVAC

Pay for a week's holiday away from home once a year?

1 Yes

2 No

FIMEU

Replace end-of-life furniture?

1 Yes

2 No

FIVET

Buy new clothes (rather than used clothes)?

1 Yes

2 No

FIVIA

Eat meat, chicken or fish every two days?

1 Yes

2 No

FIREC

Have family or friends over for a drink or dinner at least once a month?

1 Yes

2 No

FICAD

Give presents to the family or friends at least once a year?

1 Yes

2 No

FICHAU

Own two good pairs of shoes for each adult in the household?

1 Yes

2 No

REPA

In the last two weeks, have you or a member of the household had to go a whole day without having at least one complete meal due to a lack of money?

1 Yes

2 No

SITUATION OF COUPLE

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

"We would like to ask you a few questions about your relationship with the mother of [ELFE child] ([TWIN child])."

If SITUAFAMP=1 or 2
DEBRELP
In what year did your relationship with the mother of [ELFE child] ([TWIN child]) begin?
Year (1960 to 2011) |__|__|__|__|

If SITUAFAMP=1 or 2
DEBTOITP
In what year did you start living together in the same dwelling? |__|__|__|__|

<u>INT</u>: TAKE INTO ACCOUNT COUPLES LIVING WITH PARENTS OR WITH FLATMATES

If SITUAFAMP=2

For what reasons do you not live with the mother of [ELFE child] ([TWIN child]) on a permanent basis?
RAISNVP1 **Owing to professional 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

<u>INT</u>: ASK IN SUB-QUESTIONS

If RAISNVP7=1
*RAISNVPP
What are the other reasons? (Maximum 50 characters) _____

"Referent father questionnaire"

VUPER
Since his/her (their) birth, has/have [ELFE child] ([TWIN child]) seen his/her (their) mother?
1 Several times a week
2 Once a week
3 At least once every fortnight
4 Once
5 Never

"We would like to ask you a few questions about your current situation with your partner who is not the mother of [ELFE child] ([TWIN child])."

If SITUAFAMP=3, 4 or 6
DEBRELC
In what year did the relationship begin? |__|__|__|__|

If SITUAFAMP =4 or 6

For what reasons do you not live with your current partner on a permanent basis?
RAISNVC1 **Owing to professional reasons of health, occupation, education** 1 Yes / 2 No
RAISNVC2 **You and/or your partner want to keep your independence** 1 Yes / 2 No
RAISNVC3 **You are with [first name] and in the midst of a separation** 1 Yes / 2 No
RAISNVC4 **He is in a couple** 1 Yes / 2 No
RAISNVC5 **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
RAISNVC7 **Owing to other reasons** 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If PLAC4=1
*RAISNVCP Specify which (Maximum 50 characters) _____

If SITUAFAMP=3 or 4
DEBTOITC
In what year did you start living together in the same dwelling? |__|__|__|__|

INT: TAKE INTO ACCOUNT COUPLES LIVING WITH PARENTS OR WITH FLATMATES

If SITUAFAMP=6
VECU6MC
Have you in the past lived with your current partner for a period of at least 6 months in the same dwelling?
1 Yes
2 No

If VECU6MC=1 then ask VECDEBC and VECFINC
VECDEBC
Starting when (from which year)? |___|___|___|___|

VECFINC
Until when (which year)? |___|___|___|___|

If MATRICONJ=1 and RAISNVC3=1
DIVORCJ
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 No, not yet

INT: THE REQUEST HAS BEEN FILED BY THE LAWYER

THE CHILD'S HEALTH

Questionnaires concerned: "referent father"

If no twin: **"We are going to talk about the health of [ELFE child] since he/she came home.**
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?"
If twin: **"We are going to talk about the health of [ELFE child] and [TWIN child] since they came home. We will begin with [ELFE child] and then move on to [TWIN child].**
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?"

ENFSANT
According to you, [ELFE child] is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health

SAGEF
Since the child left the maternity unit, have you had a visit from a midwife at your house (once or more)?
1 Yes
2 No

SAGEFTYP
Does the mother know what type of midwife visited the house?
1 Yes
2 No

If SAGEFTYP=1
Was it:
SAGEFTYP1 A midwife who came to your house one or two days after you left the maternity unit following your hospitalization (we sometimes talk about home hospitalization)? 1 Yes / 2 No
SAGEFTYP2 A freelance midwife you contacted yourself? 1 Yes / 2 No
SAGEFTYP3 A midwife from a mother-and-child protection organization? 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

NBVISSF
How many times have the midwife visited you? |__|__|

INT: ENTER THE TOTAL NUMBER OF VISITS IF SEVERAL PROFESSIONALS CONCERNED

If in the maternity medical file the exit year of the child is NA / DK / EMPTY and non-transferred child
On what date did [ELFE child] leave the maternity unit? (You will find this information on page 10 of the health booklet)
*DATSJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

DATSA

Year (2011 or 2012) |__|__|__|__|

AGESE (Constructed variable) Age of child in days when leaving maternity unit |__|__|

If in the maternity medical file the exit year of the child is NA / DK / EMPTY and non-transferred child
On what date did [ELFE child] leave the neonatal unit? (You will find this information on page 10 of the health booklet)
*DATSTJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

DATSTA
Year (2011 or 2012) |__|__|__|__|

AGESET (Constructed variable) Age of child in days when leaving neonatal unit |__|__|

If in the maternity medical file the exit weight of the child is NA / DK / EMPTY and non-transferred child
POIDSSORTIEC2
> UPD > **(Corrected variable) How much did the child weigh when leaving? (g)**
(Modification wave 2 from 14/09/2011 - threshold lowered to 1.950 kg instead of 2 kg)
(1,950 to 9999) |__|__|__|__|

INT: YOU WILL FIND THIS INFORMATION ON PAGE 10 OF THE HEALTH BOOKLET. NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS AND 625 GRAMS, NOTE 3.625 If DK, note 9,999; if refusal, note 8,888; if child not weighed, note 0

If in the maternity medical file the exit weight of the child is NA / DK / EMPTY and non-transferred child
POIDSSORTIETC2
> UPD > **(Corrected variable) How much did the child weigh on leaving**
(Modification wave 2 from 14/09/2011 - threshold lowered to 1.950 kg instead of 2 kg)
Kg (1.950 to 9.999) |__|__|__|__|

INT: YOU WILL FIND THIS INFORMATION ON PAGE 10 OF THE HEALTH BOOKLET. NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS AND 625 GRAMS, NOTE 3.625 IF DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

PUERPMI
Since leaving the maternity unit, have you had any visits from a paediatric nurse from a mother-and-child protection organization?
1 Yes, one visit
2 Yes, several visits
3 No, no visits

CONSUL
Since [ELFE child] left the maternity (or neonatal) unit, have you taken them to see a doctor (including at A&E)?
1 Yes, once
2 Yes, several times
3 No, not yet, but you have made an appointment with a doctor ⟹ DATJVIB
4 No, not yet, and you haven't made an appointment with a doctor ⟹ HOSP

If CONSUL=1 or 2
On what date was [ELFE child's] (first) doctor's visit?
You can look at pages 18-19 in the health booklet.

*DATJVI
Day (1 to 31) (NA=88, DK 99) |__|__|

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

DATAVI
Year (2011 to 2012; 88 Refuses; 99 Doesn't know) |__|__|__|__|

<u>INT</u>: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER

AGEVI
Constructed variable: How old was he/she on this (first) doctor's visit (days)?
(Days) |__|__|

If CONSUL=1 or 2
POIENF1C2
UPD> **(Corrected variable) What was the child's weight on the date of this (first) doctor's visit?**
Kg (2.000 to 9.999) |__|__|__|__|

<u>INT</u>: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS 625, NOTE 3.625. IF DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

TAIENF1
What was the child's height on the date of this (first) doctor's visit?
|__|__| (1 to 99), |__| cm (0 to 9)

<u>INT</u>: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF CENTIMETRES (CM) WITH A DECIMAL, E.G.: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

CRAENF1
What was the child's cranial perimeter on the date of this (first) doctor's visit?
|__|__| (1 to 99), |__| cm (0 to 9)

<u>INT</u>: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF CENTIMETRES (CM) WITH A DECIMAL, E.G.: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

QIPR

Who did you see on this first visit?

(From wave 3 on: addition of items 8 and 9 maternity unit paediatrician and hospital paediatrician => previous items 8 and 9 become 10 and 11) (From wave 3 on: deletion of maternity unit doctor item, item 5)

1 A freelance paediatrician
2 A general practitioner
3 A mother-and-child protection doctor
4 Hospital emergency unit
5 A maternity-unit doctor
6 A home emergency doctor
7 Other
8 A maternity-unit paediatrician
9 A hospital paediatrician
10 Another freelance or hospital specialist
11 Other

INT: LIST.

If QIPR=10 or 11
*QIPRP
Specify with whom: _____

What was the reason for the visit? (DO NOT LIST)
DEBSUR
The beginning of regular treatment (including vaccination)
1 Yes
2 No

CONTR
A check-up recommended by the maternity unit
1 Yes
2 No

INQ
You were concerned about the child's health
1 Yes
2 No

PROBS
A health problem
(Addition at end of the specification "Occurring after leaving the maternity unit", 06/06)
1 Yes
2 No

SUIVI
Treatment requested by doctors for a health problem occurring at birth or diagnosed in the neonatal period/during pregnancy
(*Variable added on 06/06)*
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)
1 Yes
2 No

If SUIVI=1
*PROBSNP
Specify the problem occurring at birth: _____
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)

If INQ=1 or if PROBS=1
Can you tell me what you were concerned about?
(From wave 3: addition of constipation (item 7) and thrush (item 13) => and "shock" item became 14 and "Other" 15)
PREOC1 **Needed advice on the diet of [ELFE child]** 1 Yes / 2 No
PREOC2 **Weight problem** 1 Yes / 2 No / 9 [Doesn't know]
PREOC3 **Jaundice (doctors also refer to it as icterus)** 1 Yes / 2 No / 9 [Doesn't know]
PREOC4 **Regurgitation** 1 Yes / 2 No / 9 [Doesn't know]
PREOC5 **Colic** 1 Yes / 2 No / 9 [Doesn't know]
PREOC6 **Diarrhoea** 1 Yes / 2 No / 9 [Doesn't know]
PREOC7 **Constipation** 1 Yes / 2 No / 9 [Doesn't know]
PREOC8 **Respiratory problem** 1 Yes / 2 No / 9 [Doesn't know]
PREOC9 **Dizziness** 1 Yes / 2 No / 9 [Doesn't know]
PREOC10 **Fever** 1 Yes / 2 No / 9 [Doesn't know]
PREOC11 **Cold, rhinitis, stuffed-up nose** 1 Yes / 2 No / 9 [Doesn't know]
PREOC12 **Conjunctivitis, blocked tear duct** 1 Yes / 2 No / 9 [Doesn't know]
PREOC13 **Thrush** 1 Yes / 2 No / 9 [Doesn't know]
PREOC14 **Shock, trauma** 1 Yes / 2 No / 9 [Doesn't know]
ACCLES6 **Other** 1 Yes / 2 No / 9 Doesn't know

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOC15=1
*PREOCP
Specify (maximum 30 characters) _____

If PREOC14=1
CONSURGT
Was it a blow to the head (cranial trauma)?
1 Yes
2 No ⟹ HOSP
9 Doesn't know ⟹HOSP

If CONSURGT=1
TYPACC
Was it:
1 A traffic accident
2 Another type of accident

If CONSURGT=1
When did the accident happen?
*DATACJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

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

AGEC **(Constructed variable) Age of child in days on date of accident leading to medical visit** |__|__|

If CONSUL=1 ⇒ go to HOSP
If CONSUL=2 ⇒ DATJVI2
On what date was [ELFE child's] LAST doctor's visit?
You can look at pages 18-19 in the health booklet.
*DATJVI2
Day (1 to 31) (NA=88, DK 99) |__|__|

*DATMVI2
Month (1 to 12) (NA=88, DK 99) |__|__|

DATAVI2
Year (2011 to 2012) (NA=8888, DK 9999) |__|__|__|__|

AGEVI2
Constructed variable: Age of child on this LAST doctor's visit
(Days) |__|__|

POIENF2C2
UPD > **(Corrected variable) What was the child's weight on the date of this last doctor's visit?**

Kg (2.000 to 9.999) |__ |__|__|__|

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS 625, NOTE 3.625. IF DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

TAIENF2
What was the child's height on the date of this last doctor's visit?
|__|__| (1 to 99), |__| cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER EXAMPLE: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

CRAENF2 **What was the child's cranial perimeter on the date of this last doctor's visit?**
|__|__| (1 to 99), |__| cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER EXAMPLE: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

If CONSUL = 2 and QIPR ≠ 4
(Several visits and we only know that the first was not at an emergency service)
CONSURG
For [ELFE child], have you ever visited an emergency service at a hospital or clinic without the child being hospitalized?
1 Yes

2 No ⟹ HOSP

If CONSURG=1
CONSURGT2
In at least one case, was it a visit following a blow to the head or a fall (cranial trauma)?
1 Yes
2 No ⟹ HOSP
9 [Doesn't know] ⟹ HOSP

If CONSURGT2=1
TYPACC2
Was it:
1 A traffic accident
2 Another type of accident

If CONSURGT2=1
When did the accident happen?
*DATACJ2
Day (1 to 31) (NA=88, DK 99) |__|__|

*DATACM2
Month (1 to 12) (NA=88, DK 99) |__|__|

DATACA2
Year (2011 to 2012) (NA=8888, DK 9999) |__|__|__|__|

AGECU (Constructed variable) Age of child in days on date of accident leading to medical visit |__|__|

If CONSUL=3
What date is this first medical visit planned for?
*DATJVIB
Day (1 to 31) (NA=88, DK 99) |__|__|

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

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

AGEVIB (Constructed variable) Age of child in days on date of first planned medical visit |__|__|
If CONSUL=3
QIPRB
Who did you make an appointment with for this first visit?
[From wave 3, elimination of item 5 (doctor in maternity unit) and addition of items 8 and 9 (maternity-unit paedia-trician and hospital paediatrician)]
1 A freelance paediatrician
2 A general practitioner
3 A mother-and-child protection doctor
4 Hospital emergency unit
5 A maternity-unit doctor
6 A home emergency doctor
7 Other
8 A maternity-unit paediatrician
9 A hospital paediatrician

10 Another freelance or hospital specialist
11 Other

If QIPRB=10 or 11
*QIPRBP
Specify which (Maximum 30 characters) _____

For what reason did you make this appointment?
DEBSURB
The beginning of regular treatment (including vaccination)
1 Yes
2 No

CONTRB
A check-up recommended by the maternity unit
1 Yes
2 No

INQB
You were concerned about the child's health
1 Yes
2 No

PROBSB
A health problem
(Addition at end of the specification "Occurring after leaving the maternity unit", 06/06)
1 Yes
2 No

SUIVIB
Treatment requested by doctors for a health problem occurring at birth or diagnosed in the neonatal period/during pregnancy
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)
1 Yes
2 No

If SUIVIB=1
*PROBSNBP
Specify the problem occurring at birth: _____
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)

If INQB=1 or PROBSB=1
Can you tell me what you were concerned about?
(From wave 3: addition of constipation (item 7) and thrush (item 13) => and "shock" item became 14 and "Other" 15)
PREOC1 Needed advice on the diet of [ELFE child] 1 Yes / 2 No
PREOC2 Weight problem 1 Yes / 2 No / 9 [Doesn't know]
PREOC3 Jaundice (doctors also refer to it as icterus) 1 Yes / 2 No / 9 [Doesn't know]
PREOC4 Regurgitation 1 Yes / 2 No / 9 [Doesn't know]
PREOC5 Colic 1 Yes / 2 No / 9 [Doesn't know]

PREOC6 **Colic** 1 Yes / 2 No / 9 [Doesn't know]
PREOC7 **Regurgitation** 1 Yes / 2 No / 9 [Doesn't know]
PREOC8 **Respiratory problem** 1 Yes / 2 No / 9 [Doesn't know]
PREOC9 **Dizziness** 1 Yes / 2 No / 9 [Doesn't know]
PREOC10 **Fever** 1 Yes / 2 No / 9 [Doesn't know]
PREOC11 **Cold, rhinitis, stuffed-up nose** 1 Yes / 2 No / 9 [Doesn't know]
PREOC12 **Conjunctivitis, blocked tear duct** 1 Yes / 2 No / 9 [Doesn't know]
PREOC13 **Thrush** 1 Yes / 2 No / 9 [Doesn't know]
PREOC14 **Shock, trauma** 1 Yes / 2 No / 9 [Doesn't know]
PREOCB15 **Other** 1 Yes / 2 No / 9 Doesn't know

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOCB15=1
*PREOCBP
 Other, specify clearly (Maximum 30 characters) _____

For all children

HOSP
Since coming home, has [ELFE child] been hospitalized? (including day admission)
1 Yes
2 No ⇒ VACBCG

If HOSP=1
NBHOSP
How many times has [ELFE child] been hospitalized?
 (1 to 30) |__|__|

TPSHOS
Since coming home, how many days in all has he/she been hospitalized?
 (1 to 70) |__|__|

INT: COMING HOME CORRESPONDS TO LEAVING THE MATERNITY UNIT OR LEAVING THE NEONATAL UNIT FOR CHILDREN HOSPITALIZED DIRECTLY AFTER BIRTH VIA TRANSFER FROM THE MATERNITY UNIT

If HOSP=1
For what reasons was he/she hospitalized?
PQHO1 **Fever (38° or +) with no other symptoms** 1 Yes / 2 No
PQHO2 **Bronchitis** 1 Yes / 2 No
PQHO2 **Bronchiolitis** 1 Yes / 2 No
PQHO4 **Cold, throat infection** 1 Yes / 2 No
PQHO5 **Pneumopathy** 1 Yes / 2 No
PQHO6 **Diarrhoea, gastroenteritis** 1 Yes / 2 No
PQHO7 **Urinary infection** 1 Yes / 2 No
PQHO8 **Other infection** 1 Yes / 2 No
PQHO9 **Surgery** 1 Yes / 2 No
PQHO10 **Dizziness** 1 Yes / 2 No
PQHO11 **A fall on the head, blow to the head** 1 Yes / 2 No
PQHO12 **Other accident** 1 Yes / 2 No
PQHO13 **Weight or diet problem** 1 Yes / 2 No
PQHO14 **Other** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE IF SEVERAL HOSPITALIZATIONS (FQHOSP>1) ASK THE PARENT TO LIST THE REASONS FOR EACH ONE

If PQHO8=1
PQHOINF
Specify other infection (maximum 50 characters) _____

If PQHO14=1
*PQHOP
What are the other reasons for hospitalization? (maximum 50 characters) _____

If PQHO11=1 or PQHO12=1
TYPACCB
Was it:
1 A traffic accident
2 Another type of accident

If PQHO11=1 or PQHO12=1
When did the accident happen?
*DATACBJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

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

AGECH **(Constructed variable) Age of child in days on date of accident leading to hospitalization**
                                                                              |__|__|

For all children

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
9 [Doesn't know]

If VACBCG=1
When?
*DATJVAC
Day (1 to 31) (NA=88, DK 99) |__|__|
*DATMVAC
Month (1 to 12) (NA=88, DK 99) |__|__|

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

AGEVAC
Constructed variable: Age of child when vaccinated for BCG:
(Number of days) |__|__|

SCAN

Has [ELFE child]had one or more scans since he/she left the maternity unit?

1 Yes

2 No ⇒ ECHO

9 [Doesn't know] ⇒ ECHO

INT: A SCAN IS A MEDICAL IMAGING TECHNIQUE THAT PRODUCES 2D IMAGES (ANATOMICAL SECTIONS) OR 3D IMAGES (RELIEF)

If SCAN=1

NBSCAN

How many x-rays (since he/she left the maternity unit)? |__|__| (1 to 20)

If SCAN=1

Of what part of the body?

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** 1 Yes / 2 No

PASCAN6 **Limbs** 1 Yes / 2 No

PASCAN9 **Doesn't know** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

ECHO

Has [ELFE child] had a hip scan?

1 Yes

2 No

RADIO

Has he/she had any x-rays (since leaving the maternity unit)?

1 Yes

2 No ⇒ PBAUTR

9 [Doesn't know] ⇒ PBAUTR

If RADIO=1

NBRADIO

How many x-rays (since he/she left the maternity unit)? |__|__| (1 to 20)

If RADIO=1

Of what part of the body?

PARAD1 **Entire body** 1 Yes / 2 No

PARAD2 **Head** 1 Yes / 2 No

PARAD3 **Chest (lungs)** 1 Yes / 2 No

PARAD4 **Stomach (abdomen)** 1 Yes / 2 No

PARAD5 **Pelvis** 1 Yes / 2 No

PARAD6 **Limbs** 1 Yes / 2 No

PARAD9 **Doesn't know** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If HOSP=1
PBAUTR
Apart from these problems, which led to hospitalization, has [ELFE child] had any other health problems since coming home?
1 Yes ⇒ QPROB
2 No ⇒ REFLU

INT: THIS INFORMATION MAY BE FOUND IN THE HEALTH BOOKLET BY THE RESPONDENT

If HOSP=2
PBSANT
Has [ELFE child] had any other health problems since coming home?
1 Yes ⇒ QPROB
2 No ⇒ REFLU
INT: THIS INFORMATION MAY BE FOUND IN THE HEALTH BOOKLET BY THE RESPONDENT

If PBSANT=1 or PBAUTR=1
Which one(s)?
(From wave 3, addition of Item 6 "Newborn colic" and Item 13 "Thrush")
QPROB1 A fever of 38°C or higher 1 Yes / 2 No
QPROB2 Bronchiolitis 1 Yes / 2 No
QPROB3 Another respiratory problem 1 Yes / 2 No
QPROB4 Diarrhoea 1 Yes / 2 No
QPROB5 Constipation 1 Yes / 2 No
QPROB6 Newborn colic 1 Yes / 2 No
QPROB7 Urinary infection 1 Yes / 2 No
QPROB8 Gastroesophageal reflux 1 Yes / 2 No
QPROB9 Weight problem 1 Yes / 2 No
QPROB10 Dizziness 1 Yes / 2 No
QPROB11 Cold, rhinitis, stuffed-up nose 1 Yes / 2 No
QPROB12 Conjunctivitis, blocked tear duct 1 Yes / 2 No
QPROB13 Thrush 1 Yes / 2 No
QPROB14 Other 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

(From wave 3, addition of Item 6 "Newborn colic" and Item 13 "Thrush")

If QPROB3=1
*QPROBR
What other respiratory problem? _____

If QPROB14=1
*QPROBP
 Other, specify clearly: _____

REFLU
Does [ELFE child] take any treatment for reflux such as a gel, a particular milk or medicine (including anti-reflux or comfort milks)?
(Addition of "including anti-reflux or comfort milks" from wave 2 on)
1 Yes ⇒ REFLU 1 à REFLU 15
2 No ⇒ VITA

INT: IF ANTI-REFLUX OR COMFORT MILKS, CODE YES

If REFLU=1
What kind of anti-reflux treatment?
REFLU1 **Medical prescription of anti-reflux or comfort milk** 1 Yes / 2 No
REFLU2 **MagicMix (added in bottle)** 1 Yes / 2 No
REFLU3 **Gumilk (added in bottle)** 1 Yes / 2 No
REFLU4 **Gélopectose (added in bottle)** 1 Yes / 2 No
REFLU5 **Polysilane gel** 1 Yes / 2 No
REFLU6 **Gaviscon** 1 Yes / 2 No
REFLU7 **Primperan** 1 Yes / 2 No
REFLU8 **Peridys** 1 Yes / 2 No
REFLU9 **Motilium or Dompéridone** 1 Yes / 2 No
REFLU10 **Prépulsid** 1 Yes / 2 No
REFLU11 **Raniplex** 1 Yes / 2 No
REFLU12 **Mopral** 1 Yes / 2 No
REFLU13 **Inexium** 1 Yes / 2 No
REFLU14 **Azantac** 1 Yes / 2 No
REFLU15 **Other treatment** 1 Yes / 2 No

INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HIM

If REFLU 15=1
REFLUP
Other reflux treatments, specify clearly: _____

INT: RATHER THAN READING THE LIST, THE INTERVIEWER TICKS THE ANSWERS GIVEN BY THE FATHER. IF THE FA-THER DOESN'T REMEMBER, THE INTERVIEWER READS THE LIST OF MEDICINE NAMES TO HELP HIM.

VITA
Does [ELFE child] take vitamin D or fluorine?
1 Yes
2 No
9 [Doesn't know]

INT: IF THE FATHER SAYS "NEITHER VITAMINS NOR FLUORINE", ASK HIM AGAIN BY READING THE NAMES OF THE MEDICINES ("ARE YOU SURE? OFTEN IT CAN BE UVESTEROL, ZYMAD, ETC.")

If VITA=1
What kind of product?
VITAPR1 **Uvesterol** 1 Yes / 2 No
VITAPR2 **ZymaD** 1 Yes / 2 No
VITAPR3 **Stérogyl** 1 Yes / 2 No
VITAPR4 **Zymaduo** 1 Yes / 2 No
VITAPR5 **Fluosterol** 1 Yes / 2 No
VITAPR6 **Fluorex** 1 Yes / 2 No
VITAPR7 **Zymafluor** 1 Yes / 2 No
VITAPR8 **Zymafluor** 1 Yes / 2 No
VITAPR9 **Fluor Crinex** 1 Yes / 2 No
VITAPR10 **Other medicine** 1 Yes / 2 No

29/03/2016

INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HIM

If VITAPR10=1
VITAPRP
Other medicine, specify clearly _____

Is [ELFE child] currently taking other treatments on an ongoing basis (prescription of over a month)?
AUTTRAI
No other treatment
1 Yes
2 No

If AUTTRAI=1
AUTTRAI1 Vitamin K 1 Yes / 2 No
AUTTRAI2 Foldine 1 Yes / 2 No
AUTTRAI3 Fumafer, Ferostrane, Feromiel 1 Yes / 2 No
AUTTRAI4 Antibiotics 1 Yes / 2 No
AUTTRAI5 Anti-convulsive 1 Yes / 2 No
AUTTRAI6 Other medicine 1 Yes / 2 No

INT: IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HER

If AUTTRAI6=1
AUTTRAIP
Other medicine, specify clearly _____

ALERLAI
Has a doctor diagnosed an allergy to cow's milk proteins?
1 Yes
2 No

If ALERLAI=1
Did the diagnosis concern:
ALDIAG1 The symptoms 1 Yes / 2 No
ALDIAG2 A skin test (Diallertest or other) 1 Yes / 2 No
ALDIAG3 A blood sample 1 Yes / 2 No
ALDIAG9 Doesn't know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

"I'm now going to ask you some precise questions on respiratory symptoms."

SIFFL
Has [ELFE child] has any wheezing in the chest?
1 Yes
2 No

TOUX
Has he/she coughed at night when sleeping?
1 Yes
2 No

GENRES
Have you noticed he/she has had difficulty breathing?
1 Yes
2 No

ENCOMB
Have you noticed any congestion?
1 Yes
2 No

From RESNUI to GENHOS, if a single symptom, replace "These respiratory symptoms" by [name of symptom]

If SIFFL=1 or if TOUX=1 or if GENRES=1 or if ENCOMB=1, if not go to PBDERM
RESNUI
Have these respiratory symptoms woken him/her up at night?
1 Yes
2 No

If RESNUI=1
FQNUI
How many times on average (have these symptoms woken him/her up at night)?
1 Less than 1 night a week
2 One or more nights a week
9 [Doesn't know]

GENBIB
In your opinion, have these respiratory symptoms bothered him/her from breastfeeding or taking his/her bottle?
1 Yes
2 No

GENDOC
Have these symptoms required a medical visit?
1 Yes
2 No

GENHOS
Have these symptoms required hospitalization?
1 Yes
2 No

If GENHOS =1
SONDHO
Did he/she receive oxygen (tube in nose) during this hospital visit?
1 Yes
2 No

If SIFFL=1 or if TOUX=1 or if GENRES=1 or if ENCOMB=1
Currently, would you say [ELFE child] has:
AGENE
A respiratory problem?
1 Yes
2 No

ASIFL
Wheezing?
1 Yes
2 No

ATOUX
A cough?
1 Yes
2 No

AENC
Congestion?
1 Yes
2 No

If AGENE=1 or ASIFL=1 or ATOUX=1 or AENC=1, ask RESDUR
RESDUR
Would you say that it / that at least one of these symptoms has lasted more than a week?
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

DORDOS
Do you usually put [ELFE child] to sleep on his/her back?
1 Always⇒ REVNUI
2 Often
3 Sometimes
4 Never

DORVEN
Do you put him/her to sleep on his/her stomach?
1 Always⇒ REVNUI
2 Often
3 Sometimes
4 Never

DORCOT
Do you put him/her to sleep on his/her side?
1 Always
2 Often
3 Sometimes
4 Never

REVNUI
Currently, does [ELFE child] wake you (you or your partner) up at night?
1 Every night or almost

2 Around one in two nights

3 Sometimes

4 Never or hardly ever

INT: LIST.

PBSANT2

Has your child been diagnosed with a major health problem that we haven't brought up here (chromosome or genetic disorder, illness, malformation, for example, sickle-cell anaemia, cystic fibrosis, Down's syndrome, hypo-thyroidism or toxoplasmosis)?

1 Yes

2 No

9 [Doesn't know]

If PBSANT2=1

*PBTYP

Which one? (Maximum 50 characters) _____

INT: NOTE DOWN WORD FOR WORD. MAKE THE RESPONDENT SPELL THE WORD IF YOU DON'T FULLY UNDER-STAND 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

9 [Doesn't know]

If SUISPE=1

*MALAD

What kind of illness? (maximum 30 characters) _____

└─ └─┴─┴─┘ kg (2.000 to 9.999)

BEING A PARENT

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father" from LANG1E to LANG3E and RELIGIMP to QLMUSUL, **"father of placed child"** from LANG1E to LANG3E and RELIGIMP to QLMUSUL

"Now let's talk about you as a parent."

What languages, dialect or patois do you use when speaking to [ELFE child] (and [TWIN child])?
LANG1E
Language 1 (Display list of languages)

LANG1EP
Other language 1: _____

LANG2E
Language 2 (Display list of languages)

LANG2EP
Other language 2: _____

LANG3E
Language 3 (Display list of languages)

LANG3EP
Other language 3: _____

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

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

If LANGDOM=1
LANG1DOM
Language 1 (Display list of languages)

LANG1DOMP
Other language 1: _____

LANG2DOM
Language 2 (Display list of languages)

LANG2DOMP
Other language 2: _____

LANG3DOM
Language 3 (Display list of languages)

LANG3DOMP
Other language 3: _____

29/03/2016

ANNAIS

Have you announced the birth of the child (children)?

1 Yes

2 Not yet, but it's planned

3 No, it isn't planned   ⇒ PHOFIL

9 [Doesn't know]   ⇒ PHOFIL

INT: LIST. IT MAY BE A CARD, OR ANOTHER TRADITION OR CUSTOM

 How did you or are you going to announce the birth?

(Wave 2: starting on 01/09, addition of "or a social media site (Facebook, etc.)")

(Starting from wave 3: addition of "Face to face" (item 6) => other =7 instead of 6)

ANNAISP By letter 1 Yes / 2 No

ANNAISS By text message 1 Yes / 2 No

ANNAIS1 By email 1 Yes / 2 No

ANNAIST By telephone 1 Yes / 2 No

ANNAISB On a blog or social media site (Facebook) 1 Yes / 2 No

ANNAISV Face to face 1 Yes / 2 No

ANNAISA Another way 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE – VALUES 1 Yes / 2 No

If ANNAISM=6

*CANNAISP

Which other way? _____

If ANNAISP=1 or ANNAISI=1

NBPNAIS

To how many people?

(1 to 999) |__|__|__|

PHOFIL

Do you, your or your partner photograph or film [ELFE child] (and [TWIN child])?

1 Never   ⇒ SEXDES

2 From time to time

3 Often

If PHOFIL=2 or 3

ALBPAP

Do you put the photos in an album?

1 Yes

2 No

3 Intend to

If PHOFIL=2 or 3

ALBNUM

Do you put these photos in a digital album, i.e. a file on your computer?

1 Yes

2 No

3 Intend to

If PHOFIL=2 or 3
MONPHO
Do you show them to other people?
1 Yes
2 No

If MONPHO=1
To whom?
QUIPHO1 **Grandparents** 1 Yes / 2 No
QUIPHO2 **Brothers and sisters of your children [first names of ELFE children]** 1 Yes / 2 No
QUIPHO3 **Other family members** 1 Yes / 2 No
QUIPHO4 **Friends** 1 Yes / 2 No
QUIPHO5 **Other people** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE FOR TWINS

Before or during the mother's pregnancy, personally, did you want:
SEXDES1 **A boy** 1 Yes / 2 No
SEXDES2 **A girl** 1 Yes / 2 No
SEXDES3 **You didn't have a preference** 1 Yes / 2 No
SEXDES9 **Doesn't know** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE ONLY IF TWINS

SEXDEM
Did you ask to know the sex of [ELFE child] (and [TWIN child]) before the birth?
1 Yes
2 No

CHOIX
Who chose the name of [ELFE child] (and [TWIN child])?
1 You mainly
2 Mainly the mother
3 The mother and you
4 Another person

INT: NOTE PRECISELY AND STATE RELATIONSHIP WITH CHILD. IF THE PERSON SAYS "ANOTHER FAMILY MEMBER", ASK: "FROM YOUR FAMILY OR THE CHILD'S FATHER'S FAMILY?"

If CHOIX=4
*CHOIXP
Other person, clearly specify (maximum 50 characters) _____

Does the choice of the name of [ELFE child] (and [TWIN child]) refer to...
REF1 **No-one in particular** 1 Yes / 2 No
REF2 **Someone in the mother's family**   1 Yes / 2 No
REF3 **Someone in your family**   1 Yes / 2 No
REF4 **A famous person (media, film, music, politics, etc.)** 1 Yes / 2 No
REF5 **Religion, the culture of the parents or the meaning of the first name** 1 Yes / 2 No
REF6 **Other** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE ONLY IF TWINS IF THE PERSON SAYS "A CHARACTER FROM A FILM, SONG OR TV SERIES", CODE "FAMOUS PERSON"

Si REF6=1
*REFP
Other, clearly specify (maximum 50 characters) _____

OCUP
Before you had your first child, had you ever taken care of a baby?
1 No, never
2 Yes, from time to time
3 Yes, often

If OCUP=2 or 3
Was it:
QIOCUP1 Your brother or sister 1 Yes / 2 No
QIOCUP2 Other children in your family, children of friends or neighbours 1 Yes / 2 No
QIOCUP3 A baby you looked after as a babysitter 1 Yes / 2 No
QIOCUP4 Children you looked after as part of your occupational activity (at a creche, hospital, etc.) 1 Yes / 2 No
QIOCUP5 Other children 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

RELIGIMP
How important is religion in your life?
1 Very important
2 Important
3 Quite important
4 Slightly important
5 Not very important
6 [None]
8 [Refuses]

INT: LIST.

OFFIC
Do you go to religious services, apart from baptisms, marriages, funerals, etc.?
1 Never
2 A few times a year
3 At least once a month
4 At least once a week

*ACRELI
What is your current religion?
1 [None]
2 Christian (catholic, protestant, orthodox, evangelical, etc.)
3 Muslim
4 Jewish
5 Buddhist
6 Hindu
7 [Other]
8 [Doesn't want to answer]
9 [Doesn't know]
INT: LIST IF NECESSARY

If ACRELI=2
*ACCHRET
Can you specify?
1 Catholic
2 Protestant
3 Orthodox
4 Other
6 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST

If ACRELI=3
*ACMUSUL
Can you specify?
1 Sunni
2 Shia
3 [Other]
5 [No further precision]
 9 [Doesn't know]

INT: DO NOT LIST

INRELI
Do you want to give ([ELFE child] (and [TWIN child]) religious education?
1 Yes
2 No
9 [Doesn't know]

INT: EXAMPLE OF RELIGIOUS EDUCATION: SUNDAY SCHOOL, KORANIC SCHOOL

If INRELI =1
*LRELI
Which?
1 Christian (catholic, protestant, orthodox, evangelical, etc.)
2 Muslim
3 Jewish
4 Buddhist
5 Hindu
6 [Other religion]
8 [Doesn't want to answer]
9 [Doesn't know]

If QLRELI=1
*QLCHRET
Can you specify?
1 Catholic
2 Protestant
3 Orthodox
4 [Other]
6 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST. SAY "CAN YOU SPECIFY?"ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FUTHER PRECI-SIONS. IF THE PERSON UNPROMPTED SAYS "I'M CATHOLIC", "I'M PROTESTANT" "I'M ORTHODOX" TO THE PREVI-OUS QUESTION, CODE DIRECTLY.

If QLRELI=2
*QLMUSUL
Can you specify?
1 Sunni
2 Shia
3 [Other]
5 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST. SAY "CAN YOU SPECIFY?"ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FUTHER PRECI-SIONS. IF THE PERSON UNPROMPTED SAYS "I'M SUNNI", "I'M SHIA" TO THE PREVIOUS QUESTION, CODE DIRECTLY.

29/03/2016

ORGANIZATION OF DAY-TO-DAY ACTIVITIES

Questionnaires concerned: "cohabiting father" *if SITUAFAMP=1 ask from CHANGB to MEDB*, **"referent father or non-cohabiting father"** *if SITUAFAMP=3 ask from CHANGB to MEDB*

Since [ELFE child] (and [Twin child]) left the maternity unit, can you tell me who has been responsible during the week…

CHANGB
…for changing [ELFE child] (and [TWIN child])?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

MANGB
…feeding them (if breastfed, fill in "Not applicable")?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

COUCHB
... for putting them to bed?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

LAVB
... for washing or bathing them?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

PROMB
... for putting them to bed?
1 Always you
2 Most often you
3 You and your partner

4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

NUITPLEU
... for getting up at night if they cry?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

MEDB
Since you left the maternity unit, can you tell me who has been responsible for taking them to the doctor?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

Questionnaires concerned: "cohabiting father" or "cohabiting father of placed child" *if SITUAFAMP=1 ask from VAISS to SAFTACE***, "referent father", "non-cohabiting father" or "non-cohabiting father of placed child"** *if SITU-AFAMP=3 ask from VAISS to SAFTACE*

And now, concerning the division of household tasks and the organization of everyday life in the week, can you tell me...
VAISS
... who does the washing up or fills the dishwasher?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

COURSES
 ... who does the food shopping?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

REPAS

... who prepares meals?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

LINGE
... who does the laundry?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

MENAGE
... who does the housework?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

REPAR
… who does odd jobs inside and outside the dwelling? Or who does the repairs?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

SAFTACM
Concerning household tasks, are you happy with the division of tasks between you and your partner?
1 Very satisfied
2 Rather satisfied
3 Rather dissatisfied
4 Very dissatisfied
8 [Refuses]

SAFTACE
Concerning child care, are you happy with the division of tasks between you and your partner?
1 Very satisfied
2 Rather satisfied
3 Rather dissatisfied
4 Very dissatisfied
8 [Refuses]

Questionnaires concerned: "cohabiting father", "referent father", "non-cohabiting father"

For the following activities,

BAIN

Bathing your [ELFE child] ([TWIN child]), would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

COUP

Cutting their nails, would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

MOUCH

Blowing their nose, would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

TOILCH

Changing their nappies, would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

SOIN

Taking care of them for irritations (buttocks, head, eyes), would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

MANGE

Blowing their nose, would you say that:

1 You like doing it
2 You do it because you have to
3 You avoid doing it yourself
4 [Not applicable]

Who or how were you informed of the care (health, bed, food) to be given to your child (children)?
INFDOC A doctor, a paediatric nurse, a midwife 1 Yes / 2 No
If LIENTYP(i)=8 and SEXE(i)=2 or VIEMERB=1 or VIEMER=1
INFMER Your mother 1 Yes / 2 No
If INFCONJ≠2 to 4 or RECON=1 or LIENTYP=7 or FC_PLAPER≠2 to 5 or PLARECON=1
INFCONJ The father of [ELFE child] / [twins], your partner 1 Yes / 2 No
if LIENTYP(i)=9 and SEXE(i)=2 or MCJVIV=1
INFGM The grandmother of [ELFE child] / [twins] 1 Yes / 2 No
INFMEM Another family member or a friend 1 Yes / 2 No

INFGRO **A group of parents** 1 Yes / 2 No
INFCRE **Staff at the creche, the childminder, the nursery school assistant** 1 Yes / 2 No
INFVOI **Neighbours** 1 Yes / 2 No
INFLIV **A book, the press** 1 Yes / 2 No
INFTV **A TV programme, the radio, a website** 1 Yes / 2 No
INFEXP **Your personal experience** 1 Yes / 2 No
INFAUT **Other** 1 Yes / 2 No
INFAUC **No information received** 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If INFLIV=1
What type of book or magazine have you read?
TYPINF1 A specialized, general-public book (e.g.: Dr. Spock) 1 Yes / 2 No
TYPINF2 A medical book 1 Yes / 2 No
TYPINF3 A woman's magazine, a baby magazine 1 Yes / 2 No
TYPINF4 Documentation provided by mother and child protection, the maternity unit, the doctor 1 Yes / 2 No
TYPINF5 Other 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If twins: **"We are now going to talk about [ELFE child] alone, and later we will talk about [TWIN child]."**

CHANT
Do you sing songs with [ELFE child]?
1 Every day
2 From time to time
3 Never

If twins: **"We are now going to talk about [ELFE child] alone."**

CHANT
Do you sing songs with [ELFE child]?
1 Every day
2 From time to time
3 Never

PARL
Do you talk to [ELFE child]?
1 Every day
2 From time to time
3 Never

PEAUN
Did you have the opportunity to hold your child against your body, skin to skin, at birth?
1 Yes
2 No

PEAUP
Today, from time to time, do you hold your child against you, skin to skin?
1 Yes
2 No

REGARD
Does [ELFE child] look for your gaze?

1 Every day
2 From time to time
3 Never

SOURIR

Does he/she smile at you?
1 Every day
2 From time to time
3 Never

PLEUR

In your opinion, [ELFE child] cries:
1 Rarely
2 Often
3 Very often

PQPLEUR

When he/she cries, do you know why?
1 Rarely
2 Yes, from time to time
3 Yes, in general

CALMPL

When he/she cries without being hungry, he/she manages to calm down:
1 Fairly often by himself/herself, including with a dummy
2 Only if you or your partner stay be his/her side without taking him/her in your arms
3 Only if you or your partner takes him/her in your arms
4 Never cries or hardly ever

ECOLAG

At what age would you like your child (children) to go to school?
1 I haven't thought about it
2 At two
3 At two-and-a-half
4 At three
5 Later
9 [I don't know]

INT: DO NOT LIST

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

SHBB1 SHBB2 SHBB3

What do you wish for the most for [ELFE child] (and [TWIN child])? Choose the three most important things from the following:
Items presented randomly
1 Social success
2 A good love life
3 An interesting job
4 Passionate leisure activities
5 A calm life |__| |__| |__|
6 A big family

7 A lot of friends
8 A fairer world
9 Good health
10 Other

INT: LIST ALL THE ITEMS THEN NOTE THE MOST IMPORTANT THINGS BY ORDER OF IMPORTANCE

If 1SHBB=10 or 2SHBB=10 or 3SHBB=10
*SHBBP
What is this other thing?
1 The FIRST most important, specify_____
2 The SECOND most important, specify_____
3 The THIRD most important, specify_____

INT: NOTE DOWN WORD BY WORD

PSOC
And concerning his/her/their occupation and social situation, do you think the position of [ELFE child] (and [TWIN child]) will be:
1 Much higher than that of your family
2 A little higher
3 Comparable
4 A little lower
5 Much lower than that of your family
9 [I don't know]

HARMONY WITHIN THE COUPLE

Questionnaires concerned *only if SITUAFAMP=1, 2* **"cohabiting father", "cohabiting father of placed child", "referent father" if mother not taking part**

"Some couples experience a certain amount of stress with the arrival of a child, be it before, during or just after the birth."

DISAG
Before [Mother first name] was pregnant with [ELFE child] (and [TWIN child]), did you have any arguments with her about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISAG= 3 or 4
PBAGC
Before the pregnancy of [Mother first name], did she insult you or say harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISAG= 3 or 4
PBAGM
Before the pregnancy of [Mother first name], did you insult her or say harmful things to her?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

DISPG
And during her pregnancy, did you have any arguments with her about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISPG= 3 or 4
PBPGC
Again during her pregnancy, did she insult you or say harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISPG= 3 or 4

PBPGM

During her pregnancy, did you insult her or say harmful things to her?

1 Never

2 Rarely

3 Sometimes

4 Often

8 [Refuses]

DISAN

And since the birth of [ELFE child] (and [TWIN child]), have you had any arguments with her about everyday life, friends, children, or occupational life?

1 Never

2 Rarely

3 Sometimes

4 Often

8 [Refuses]

If DISAN= 3 or 4

PBANC

Again since the birth of [ELFE child] (and [TWIN child]), has she insulted you or said harmful things to you?

1 Never

2 Rarely

3 Sometimes

4 Often

8 [Refuses]

If DISAN= 3 or 4

PBANM

Since the birth of [ELFE child] (and [TWIN child]), have you insulted or said harmful things to her?

1 Never

2 Rarely

3 Sometimes

4 Often

8 [Refuses]

THE CHILD'S DIET SINCE BIRTH

Questionnaire concerned: "referent father", "non-cohabiting father with child in alternating custody"

If no Twin: **"We are now going to talk about the diet of [ELFE child] since birth: breastfed or not, the frequency of meals, etc."**

If Twin: **"We are going to talk about the diet of [ELFE child] (and [TWIN child]) since birth: whether they are breastfed or not, the frequency of their meals, etc. We will begin with [ELFE child] and subsequently talk about [TWIN child]."**

NBBIB
How many times do you give the child a bottle per 24 hours?
(1 to 50; 88 Refuses; 99 Doesn't know) |___|___|

STERIL
Do you sterilize the bottles?
1 Sometimes
2 Never
3 Always

AJFARI
Do you ever add infant cereals to the milk? We are talking about [ELFE child].
1 Yes
2 No

EAU
What kind of water do you give to [ELFE child] when preparing the bottle or quenching their thirst?
1 Tap water only   => BOIS
2 Bottled water only (mineral or spring)
3 Both (tap water and bottled water)
4 Doesn't drink water

If EAU=2 or 3
EAUMARQ
Do you have a habitual brand?
1 Yes
2 No

If EAUMARQ=1
EAUMARQP
Which one?
1 Evian
2 Cristalline
3 Aquarel
4 Hépar
5 Les Abatilles
6 Mont-Roucous
7 Pierval
8 Plancoët
9 Saint Alban
10 Thonon
11 Valvert

12 Vittel
13 Volvic
14 Other
15 Aix les bains
16 Luchon
17 Wattwiller

If EAUMARQP=14

EAUMARQPP

Specify the habitual brand: _____

AUTBOIS

Do you give other drinks to [ELFE child]?
1 Yes
2 No

If AUTBOIS=1
What kind?
TYPBOIS1 Flavoured water, herbal tea 1 Yes / 2 No
TYPBOIS2 Fruit or vegetable juices 1 Yes / 2 No
TYPBOIS3 Other drinks 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If TYPBOIS3=1
TYPBOISP

Which other drink(s)? (Maximum 50 characters)

TPSBIB

Currently how long does a bottle feed last?
1 Under 15 minutes
2 15 to 30 minutes
3 Over 30 minutes
9 [Doesn't know]

RYTHAL

Usually, at what frequency do you feed [ELFE child]?
1 On demand (you only feed him/her when they so demand)
2 You feed him/her at regular times but in general only when he/she is awake…
3 You wake him/her up to feed him/her

NUIAL

Do you ever feed them at night(11 pm to 6 am)?
1 Yes, when they ask
2 Yes, even when they don't ask
3 No, even when they ask
4 No, because they don't ask
5 [Other]

PEUALI

What do you do when he/she doesn't breastfeed much or doesn't finish the bottle, when not ill?
1 You insist
2 You try again a little later on

3 You don't insist
4 It never happens
5 [Other]

If PEUALI=5
PEUALIP
What do you do? (maximum 50 characters) _____

SUSPOU
Does [ELFE child] suck his/her thumb , fingers or fist?
1 Never
2 Sometimes
3 Often
4 All the time or almost

TETINE
Does/he she suck on a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost

If TETINE=2, 3 or 4
TETAUT
At night, does he/she suck on a dummy dipped in something other than water?
1 Never
2 Sometimes
3 Often
4 All the time or almost

INT: FOR EXAMPLE, IN HONEY

"Let's talk about your diet when you were born."

MERLAI
Were you breastfed by your mother?
1 Yes
2 No
9 [Doesn't know]

HEALTH OF FATHER OR PARTNER

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "father of placed child"

SS1

Which social security scheme covers your healthcare costs?
1   General scheme and other schemes connected to general scheme (civil servants, state workers, local authority agents, approved healthcare professions, artists, religions, Alsace-Moselle, war invalids, beneficiaries of disabled adult allowance, holders of Social Security invalidity pensions)
2   MSA scheme for agricultural workers (MSA, AMEXA, ASA, GAMEX, AAEXA - including those of Alsace-Moselle)
3   The RSI social security scheme for the self-employed (RSI, AMPI, RAM: self-employed tradespeople, shopkeepers, manufacturers, liberal professions, doctors setting their own fees)
4   Another scheme: EDF/GDF, SNCF, Mines, RATP, career military, student
5   Basic universal health cover (CMU)
6   State medical aid
7   Non-French scheme
8   [No scheme - is not covered]
9   [Doesn't know]

If SS1≠9
SSB
Is it:
1   Your own social security scheme
2   That of your partner
3   That of another person
9   [Doesn't know]

SS2

Do you "still benefit (*if SS2 documented YES in maternity unit*) from supplementary health coverage, i.e. supplementary health insurance, an insurance policy, or a provident fund that reimburses your healthcare in addition to social security?
1   Yes
2   No
9   [Doesn't know]

If SS2 =1
SS3
Is it "still" (*if SS3 documented YES in maternity unit*) basic universal health cover (CMU)?
1   Yes
2   No
9   [Doesn't know]

SANTGE

How would you describe your current state of health?
1   Very good
2   Good
3   Average
4   Poor
5   Very poor

LIMIT
Have you been limited for at least 6 months by a health problem in activities that people do regularly, excluding the classic limitations related to a pregnancy?
1 Yes, extremely limited
2 Yes, limited
3 No, not at all
9 [Doesn't know]

MALCHR
Do you suffer from a chronic health problem or illness?
1 Yes
2 No ⇒ HOPMER

INT: A CHRONIC ILLNESS IS AN ILLNESS THAT HAS LASTED (OR WILL LAST) A LONG TIME AND/OR REOCCURS (OR WILL REOCCUR) REGULARLY

If MALCHR=1 ask SECU
SECU
Is it an illness for which you are covered by social security for 100% of healthcare costs? (illnesses such as diabetes, severe high blood pressure, multiple sclerosis, a serious immune system deficiency, an incapacity, a handicap, etc.)
1 Yes
2 No

POIDSP
How much do you weigh (in kg)?
kg (0.250) |__|__||__|

INT: IF DK, CODE 999. IF REFUSAL, CODE 888 KG

TAILLEP
What is your height (in cm)?
cm (0.220) |__|__||__|

INT: EXAMPLE: IF HE MEASURES 1.75M, CODE 175CM IF HE MEASURES 1.50M, CODE 150CM IF DK, CODE 999. IF REFUSAL, CODE 888 CM

TABA
Do you smoke?
1 Yes
2 No

If TABA=1
NBTABA
How many cigarettes a day on average?
(1 to 60) |__|__|

EXPTAB
Is your child currently exposed to cigarette smoke?
1 Never or hardly ever
2 Less than one hour a day
3 1 to 2hours a day
4 2 to 5 hours a day
5 Over 5 hours a day

Have you suffered or do you suffer from:

ASTHM

Asthma

1 Yes

2 No

9 [Doesn't know]

ECZEM

Eczema

1 Yes

2 No

9 [Doesn't know]

RHUM

Hay fever

1 Yes

2 No

9 [Doesn't know]

How much do you sleep at night? (Approximate number of hours)

TPSNUIH

Hours (0 to 16) |__|__|

AND

TPSNUIM

Minutes (0 to 60) |__|__|

INT: IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT LAST NIGHT.

CODE THE NUMBER OF HOURS AND MINUTES: IF 6 HOURS CODE 6 HOURS AND 0 MINUTES

And in the day, be it the morning or afternoon, how much time do you sleep or rest in general? (Approximate number of hours)

TPSJH

Hours (0 to 16) |__|__|

AND

TPSJM

Minutes (0 to 60) |__|__|

INT: IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT LAST NIGHT.

CODE THE NUMBER OF HOURS AND MINUTES: IF 6 HOURS CODE 6 HOURS AND 0 MINUTES

If SOMME (TPSNUIH; TPSJH)>24

Active warning: "The number of hours slept is too high. Change TPSNUIH or TPSJH."

"There are moments in life when one feels better or worse, and this is particularly true with the arrival of a baby. We would like to know how you feel."

BBL1

In the past week, you were able to laugh and look on the bright side of things.

1 As much as usual

2 Not quite as much

3 Really a lot less these days

4 Absolutely not

8 [Refuses]

BBL2

Again in the past week, you have felt confident and happy thinking about the future.

1 As much as usual
2 Not quite as much
3 Really a lot less these days
4 Absolutely not
8 [Refuses]

BBL3

And, again in the past week, you blamed yourself without reason for being responsible when things go wrong.

1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, never
8 [Refuses]

BBL4

And, again in the past week, you have felt worried or concerned without reason.

1 No, not at all
2 Almost never
3 Yes, sometimes
4 Yes, very often
8 [Refuses]

BBL5

And, again in the past week, you have felt afraid or panicked for no real reason.

1 Yes, very often
2 Yes, sometimes
3 No, not very often
4 No, not at all
8 [Refuses]

BBL6

And, again in the past week, you have felt overwhelmed by events.

1 Yes, most of the time, you feel incapable of coping with situations
2 Yes, sometimes, you have not felt as capable of coping as usual
3 No, you have been able to cope with most situations
4 No, you have felt as capable as usual
8 [Refuses]

BBL7

And, again in the past week, you have felt so unhappy that you have had problems sleeping.

1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, never
8 [Refuses]

BBL8

And, again in the past week, you have felt sad or not very happy.

1 Yes, most of the time
2 Yes, sometimes

3 Not very often
4 No, never
8 [Refuses]

BBL9

And, again in the past week, you have felt so unhappy that you have cried.
1 Yes, most of the time
2 Yes, very often
3 Only from time to time
4 No, never
8 [Refuses]

BBL10

And, again in the past week, have you thought about harming yourself?
1 Yes, very often
2 Sometimes
3 Almost never
4 Never
8 [Refuses]

INT: IF YOU NEED TO, SAY: "THIS IS A STANDARD QUESTIONNAIRE ASKED COMMONLY TO ADDRESS THE QUESTION OF BABY BLUES. IT MAY SEEM A LITTLE LONG, BUT WE NEED TO ASK ALL THE QUESTIONS"

HOUSEHOLD CARE-GIVING AND RESPONSIBILITIES

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

"We are now going to talk about care-giving in your household and the social aid that your family may benefit from."

HANDIC1E
Are there any handicapped people in your household?
1 Yes
2 No ⇒ PROC1
8 [Doesn't want to answer]

If HANDIC1E=1
Who?
*HANDIC2E1 First person NOI |_____|
*HANDIC2E2 Second person NOI |_____|
*HANDIC2E3 Third person NOI |_____|
*HANDIC2E4 Fourth person NOI |_____|
*HANDIC2E5 Fifth person NOI |_____|
*HANDIC2E6 Sixth person NOI |_____|

PROC1
Is there anyone in your household (partner, children, etc.) whose state of health concerns you or has concerned you a lot lately?
1 Yes
2 No ⇒ PROC2

if PROC1=1
Who?
*SANTPROC11 First person NOI |_____|
*SANTPROC12 Second person NOI |_____|
*SANTPROC13 Third person NOI |_____|
*SANTPROC14 Fourth person NOI |_____|
*SANTPROC15 Fifth person NOI |_____|
*SANTPROC16 Sixth person NOI |_____|

PROC2
And outside your household (parents, friends, etc.) is there anyone whose state of health concerns you or has concerned you a lot lately?
1 Yes
2 No ⇒ FASTHM

If PROC2=1
Who?
SANTPROC21 Your mother 1 Yes / 2 No
SANTPROC22 Your father 1 Yes / 2 No
SANTPROC23 The father of your child (children) 1 Yes / 2 No
SANTPROC24 The mother of the father of your child (children) 1 Yes / 2 No
SANTPROC25 The father of the father of your child (children) 1 Yes / 2 No
SANTPROC26 One of your brothers and sisters, half-brothers and half-sisters 1 Yes / 2 No
SANTPROC27 One of the brothers and sisters of the father of your child (children) 1 Yes / 2 No

SANTPROC28 Another member of your family (your grandparents or those of the father, uncles, etc.) 1 Yes / 2 No

SANTPROC29 A close friend 1 Yes / 2 No

SANTPROC210 Other 1 Yes / 2 No

<u>INT</u>: DO NOT LIST - TWO ANSWERS POSSIBLE – VALUES 0 NO / 1 YES. THE "OTHER" MUST BE USED ON AN EXCEPTIONAL BASIS ONLY

If "referent father" and there is a LIENTYP=3, 4 or 5, or ADFRAT=1 otherwise, go to AIDPUER

FASTHM

Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from asthma?

1 Yes

2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household)

*QFASTHM1 First person   NOI/ NOIDFRA |_____|

*QFASTHM2 Second person   NOI/NOIDFRA |_____|

*QFASTHM3 Third person   NOI/NOIDFRA |_____|

*QFASTHM4 Fourth person   NOI/NOIDFRA |_____|

*QFASTHM5 Fifth person   NOI/NOIDFRA |_____|

*QFASTHM6 Sixth person   NOI/NOIDFRA |_____|

FECZEM

Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from eczema?

1 Yes

2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household)

*QFECZEM1 First person   NOI/ NOIDFRA |_____|

*QFECZEM2 Second person   NOI/NOIDFRA |_____|

*QFECZEM3 Third person   NOI/NOIDFRA |_____|

*QFECZEM4 Fourth person   NOI/NOIDFRA |_____|

*QFECZEM5 Fifth person   NOI/NOIDFRA |_____|

*QFECZEM6 Sixth person   NOI/NOIDFRA |_____|

FRHUMF

Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from hay fever?

1 Yes

2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

*QFRHUMF1 First person   NOI/ NOIDFRA |_____|

*QFRHUMF2 Second person   NOI/NOIDFRA |_____|

*QFRHUMF3 Third person   NOI/NOIDFRA |_____|

*QFRHUMF4 Fourth person   NOI/NOIDFRA |_____|

*QFRHUMF5 Fifth person   NOI/NOIDFRA |_____|

*QFRHUMF6 Sixth person   NOI/NOIDFRA |_____|

If "referent father" and (LIENTTYP in (3, 4, 5) or ADFRAT=1) and under 18 years old then ask

Does your family benefit for [ELFE child] ([TWIN child]) or one of their brothers, or sisters:

AIDPUER From the assistance of paediatric nurse or midwife from mother-and-child protection at your home 1 Yes / 2 No

AIDTR From the assistance of a family worker 1 Yes / 2 No

AIDASS From the support of a social worker 1 Yes / 2 No
AIDPSY From the support of a psychologist 1 Yes / 2 No
AIDED From the support of an educator 1 Yes / 2 No
If AIDPUER =1 and/or AIDTR=1 and/or AIDASS =1 and/or AIDED=1
AIDSOC From the support of the child welfare service 1 Yes / 2 No
AIDJUG From the supervision of a juvenile judge 1 Yes / 2 No

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDPSY=1 or AIDED=1 or AIDSOC=1 or AIDJUG=1 then ask
Who benefits? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household and aged under 18)
*ENFAIDJUG1 First person   NOI/ NOIDFRA |_____|
*ENFAIDJUG2 Second person   NOI/NOIDFRA |_____|
*ENFAIDJUG3 Third person   NOI/NOIDFRA |_____|
*ENFAIDJUG4 Fourth person   NOI/NOIDFRA |_____|
*ENFAIDJUG5 Fifth person   NOI/NOIDFRA |_____|
*ENFAIDJUG6 Sixth person   NOI/NOIDFRA |_____|

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDPSY=1 or AIDED=1 or AIDSOC=1 or AIDJUG=1 then ask
FQPROA
How often do you see these professionals?
1 More than once a week
2 Once a week
3 2 to 3 times a month
4 Once a month or less

If ENFAIDJUG= 12 [ELFE child] or [TWIN child]
DSUIVI
How long has this supervision lasted? |__|__|
DSUIVIP
 D=number of days, M=number of months, Y=number of years |__|

If AIDASS =1 or AIDSOC=1 or AIDED=1 or AIDJUG=1
AEMOD
Is/are [ELFE child] or [TWIN child] (or one of their brothers or sisters or half-brothers or half-sisters) supervised 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, by a juvenile judge (measure taken by a juvenile judge)   ⇒ DATPRJ
2 Yes, by the child welfare service (measure taken by the child welfare service) ⇒ DATPRJ
3 No   ⇒ ACHARGE

If TYPEMPLOI =1 or 2
*ENFAIDEDU1 First person   NOI/ NOIDFRA |_____|
*ENFAIDEDU2 Second person   NOI/NOIDFRA |_____|
*ENFAIDEDU3 Third person   NOI/NOIDFRA |_____|
 *ENFAIDEDU4 Fourth person   NOI/NOIDFRA |_____|
*ENFAIDEDU5 Fifth person   NOI/NOIDFRA |_____|
*ENFAIDEDU6 Sixth person   NOI/NOIDFRA |_____|

If AEMOD = 1 or 2 and LIENTYP=12 [ELFE child] or [TWIN child]
Date of start of supervision (the start may pre-date the birth of the child)?

*DATPRJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

DATPRA
Year (2010, 2011, 2012) (NA=8888, DK 9999) |__|__|__|__|

DUREPRIS
Planned duration of supervision?
No. of weeks (NA=888, DK 999) min 1 max 99 |__|__|

ACHARGE
Do you or another member of your household regularly provide financial assistance to people not belonging to your household, including a living allowance or the direct or indirect payment of rent?
Don't include Christmas or birthday presents
1 Yes
2 No ⇒ Next module

If ACHARGE=1
What type of aid?
TYPAIDE1 **The direct or indirect payment of rent** 1 Yes / 2 No
TYPAIDE2 **A living allowance** 1 Yes / 2 No
TYPAIDE3 **Other financial assistance** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPAIDE= 3
TYPAIDEP
Is this other financial assistance:
1 Regular
2 Occasional

TYPE OF CARE

Questionnaire concerned: "referent father"

"Lastly, let's talk about child-minding and [ELFE child] ([TWIN child])."

GARDID
For you, what is the "ideal" type of childcare for your child (your twins)?
1 You and their mother
2 Another family member
3 A nursery assistant
4 A crèche
5 An employee at home
9 [Doesn't know]

INT: INSIST ON THE "IDEAL" ASPECT

GARDREG1
Currently, does someone other than yourself mind [ELFE child] (and/or [TWIN child])?
1 Yes
2 No

If GARDREG1=1 and twins
GARDREG1J
Are the twins minded by someone other than yourself
1 Yes, both of them
2 No, only [ELFE child] is minded
3 No, only [TWIN child] is minded

If GARDREG1=1 and INFPER≠2 to 4 or FC_RECON=1 or FC_PLAPER≠2 to 5 or FC_PLARECON=1
GARDPER
Is this other person the mother of the child (of your children)?
1 Yes
2 No   ⇒ TYPGARD

If GARDPER=1 then ask
GARDPER1
Is he/she minded by someone other than you and the mother?
1 Yes   ⇒ TYPGARD
2 No

If GARDREG1=2 or GARDPER1=1
GARDREG2
Do you think he/she/they will soon have to be regularly minded by someone other than yourself?
1 Yes
2 No

If GARDREG1J=2 or 3
GARDREG2J
Do you think [ELFE child] (OR [TWIN child])will soon have to be regularly minded by someone other than yourself?
1 Yes
2 No

If GARDREG2=2, ask PQGARD, otherwise go to à RENS
For which main reasons do you want to mind your child (children) yourself? (2 answers possible)
PQGARD1 **Another care solution would cost more** 1 Yes / 2 No
PQGARD2 **You don't have another solution** 1 Yes / 2 No
PQGARD3 **Your working hours are not compatible with the hours
of childcare services** 1 Yes / 2 No
PQGARD4 **You want to fully devote yourself to the education of your
child (children)** 1 Yes / 2 No
PQGARD5 **It is the most beneficial solution for your child** 1 Yes / 2 No……………
PQGARD6 **You don't have a job** 1 Yes / 2 No ⇒ Next module
PQGARD7 **Another reason (specify)** 1 Yes / 2 No

If GARDPER=7 then ask
*PQGARDDP
Specify this other reason. _____

If GARDREG2=1 or GARDREG2J=1 otherwise go to DEMAND
RENS
Have you searched for information on or undertaken procedures for the care of your child (children)?
1 Yes, before the birth
2 Yes, since the birth
3 No ⇒ TYPGARD

INT: PROCEDURES MEANS VISITING THE TOWN HALL, ORGANIZATIONS OR MOTHER AND CHILD PROTECTION SER-VICES

If GARDREG2=1 or GARDREG2J=1 ask DEMAND otherwise go to INFGARD
DEMGARD
Where are you currently at in terms of your requests for childcare?
1 You have just started seeking information or have made the initial contacts
2 You are actively looking for childcare or you have submitted a request and are waiting for an answer
3 You have found a childcare service

Who did you ask for information?
INFGARD1 **Your network of acquaintances** 1 Yes / 2 No
INFGARD2 **A crèche** 1 Yes / 2 No
INFGARD3 **A nursery assistant** Yes / 2 No
INFGARD4 **Mother and Child Protection** 1 Yes / 2 No
INFGARD5 **Family allowance office** 1 Yes / 2 No
INFGARD6 **Mother and Child Protection** 1 Yes / 2 No
INFGARD7 **An organization** 1 Yes / 2 No
INFGARD8 **Other information resource** 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If INFGARD8 =1
*INFGARDP
Which other information resource? _____

ACINF
Have you been able to access all the necessary information?
1 Yes

2 No

If GARDREG1=1 or GARDREG2=1 or GARDREG2J=1
If GARDREG1=1
"What type of care?"
If GARDREG2=1 or GARDREG2J=1
"What will the type of care be?"
TYPGARD1 A crèche 1 Yes / 2 No
TYPGARD2 A nursery assistant 1 Yes / 2 No
TYPGARD3 An employee at home 1 Yes / 2 No
TYPGARD4 Grandparents 1 Yes / 2 No
TYPGARD5 Another member of the family 1 Yes / 2 No
TYPGARD6 Other 1 Yes / 2 No

<u>INT</u>: LIST - SEVERAL ANSWERS POSSIBLE

GARDAUT
Since the birth, when you have had to go out for a moment, was/were [ELFE child] (and [TWIN child]) minded by another person other than you or the mother?
1 Yes, by a member of your family
2 Yes, by a person not from your family
3 No

ENFCOM
Do you take public transport with [ELFE child] (and [TWIN child])?
1 Never
2 From time to time
3 Often

END