

NATIONAL 2 MONTH SURVEY
Administered in 2011
MOTHER'S CONTACT FORM

[Pre-filled information collected in maternity unit]



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

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GENERAL INFORMATION

<TELNIE>

ELFE child ID number

|_|_|_|_|_|_|_|

<IDSI>

IS ID

|_|_|_|_|_|_|_|

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

NOMFAM

What is the [ELFE child]'s last name today?

- 1 ... the father's name
- 2 ... the mother's name
- 3 ... composite of both parents' names
- 4 ... another name

NOMFAMO

In which order?

- 1 The father's name then the mother's name
- 2 The mother's name then the father's name

PARENT CONTACT DETAILS

<p><NOMM> Mother's last name <PRENM> Mother's first name</p>	<p><NOMP> Father's last name <PRENP> Father's first name</p>																																																				
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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 ELFE CHILD

Always interview MOTHER first

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

EFVIT

Is [ELFE child] alive?

If NAISGEM =1

Do [ELFE child] and ([TWIN child]) live...?

- | | |
|---|--|
| 1 With you and their father | ⇒ Q Mother referent parent |
| 2 With you and not their father | ⇒ INFPER then Q Mother referent parent |
| 3 With their father and not you | ⇒ EFVOI |
| 4 You and their father on an alternating basis | ⇒ Q Mother referent parent |
| 5 Neither with you or their father (he is with another person or at a non-hospital institution) | ⇒ EFVITP |
| 6 [The child/children has/have not left hospital] | ⇒ MOTIFH |
| 7 (If NAISGEM =1) [One of the twins has not left hospital] | ⇒ EFVITJ |

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

If EFVIT=7

EFVITJ

Is it:

- 1 [ELFE child first name]
- 2 [TWIN child first name]

⇒ ACCHOP

Question about the health of [ELFE child] hospitalized since birth

MOTIFH

For what reasons is he/she in hospital? _____

SERVICE

Which type of hospital unit? _____

ETABLIS

Is it in the same establishment they were born in?

- 1 Yes
- 2 No

If EFVIT=2

INFPER

Can I ask you why [ELFE child] lives with you only and not their father?

- 1 The father lives elsewhere (separation or never lived together)
- 2 The father has died
- 3 Doesn't know who the father is (including insemination)
- 4 The mother considers that the biological father is not the child's father
- 5 [Refuses to answer]

⇒ Q Referent mother Parent

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

If INFPER=1

RECON

Does the child's father recognize [ELFE child]?

- 1 Yes
- 2 No

If EFVIT=3

EFVOI

Since your child was born, you have seen him/her...?

- | | |
|-------------------------------|---|
| 1 Every day | ⇒ Q Non-cohabiting mother |
| 2 More than once a week | ⇒ Q Non-cohabiting mother |
| 3 Once a week | ⇒ Q Non-cohabiting mother |
| 4 Once or twice in last month | ⇒ Q Non-cohabiting mother |
| 5 Not since the birth | ⇒ Q Mother of placed child without placed child questions |

If EFVIT=5

EFVITP

Your child lives:

- 1 With a family member

EFVITPP

Specify _____

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

EFVITPPP If other, specify _____

If EFVIT=5

EFLIEU

Do you see your child:

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

If EFLIEU≠4

EFVOI3

Have you seen your child:

- 1 Every day
- 2 More than once a week
- 3 Once a week
- 4 Once or twice in the last month ⇒ End of interview: "We will contact you in a year for the first birthday of [ELFE child]"

If EFVIT=6 or 7

ACCHOP

Do you consent to answer questions on your household, occupational activity and health?

1 Yes ⇒

If EFVIT =6 ⇒ Q Mother of placed child (without placed child questions)

If EFVIT =7 and EFVITJ =1 ⇒ Q Mother of placed child (without placed child questions) + twin child questions in their entirety

If EFVIT =7 and EFVITJ =2 ⇒ Q Referent mother without twin child questions

2 No ⇒ End of interview: "We will contact you in a year for the first birthday of [ELFE child]"

If ACCHOP=1

If EFVOI2= 1, 2 or 3

PLAPER

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

1 Yes

2 No, the father lives elsewhere (separation or never lived together)

3 The father has died

4 Doesn't know who the father is (including insemination)

5 The mother considers that the biological father is not the child's father

⇒ Q Mother of placed child

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

If PLAPER=2

PRECON

Has the child's father recognized [ELFE child]?

1 Yes

2 No

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

If EFVIT=1

⇒ Questionnaire Cohabiting father

If EFVIT=2 and INFPER=1 or 5 and father phone number available

⇒ Questionnaire Non-cohabiting father

If EFVIT=3 and father phone number available

⇒ Questionnaire Referent father

If EFVIT=4 and father phone number available

⇒ Questionnaire Non-cohabiting father

If EFVIT=5 and PLAPER =1

⇒ Questionnaire Non-Cohabiting father of placed child

If EFVIT=5 and PLAPER =2 and father phone number available

⇒ Questionnaire Non-Cohabiting father of placed child

If CONTACTM=6, 7 or 8

⇒ Questionnaire Referent father

If EFVIT=2 and LIENTYPE=7 and SEXE=2 in Questionnaire Referent mother Parent: same-sex parenting

⇒ Questionnaire Cohabiting father

If EFVIT=7

⇒ EFVITJ =1et SITUAFAMM=1 or 2 Questionnaire Cohabiting father of placed child

(without placed child questions) + twin questions in their entirety

If EFVIT=7

⇒ EFVITJ =1 and SITUAFAMM=3 and LIENTYPE=7, SEXE=2 same-sex parenting: Questionnaire Cohabiting father of placed child (without placed child questions) + twin questions in their entirety

If EFVIT=7

⇒ EFVITJ =1 and SITUAFAMM≠1 or 2 and Tel no. of father available Questionnaire Non-cohabiting father of placed child (without placed child questions) + twin questions in their entirety

If EFVIT=7

⇒ EFVITJ =2 and SITUAFAMM=1 or 2 Q Cohabiting father without twin questions

If EFVIT=7

⇒ EFVITJ =2 and SITUAFAMM=3 and LIENTYPE=7, SEXE=2 same-sex parenting Q Cohabiting "father" without twin questions

If EFVIT=7

⇒ EFVITJ =2 and SITUAFAMM≠1 or 2 and Tel no. of father available Non-cohabiting father without twin questions

END of contact with the mother

- Ask the mother if the questionnaire on diet diversity is possible on the Internet. If yes, validate email address.
- At end of contact, validation of all contact details from the contact sheet.
- Thank the mother and announce contact with father if contact details available. Depending on the statements of the mother, the interviewer may tick one of these wordings:

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
MOTHER QUESTIONNAIRE



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LIST AND CIVIL STATUS OF INHABITANTS OF RESIDENCE

Questionnaires concerned: "mother referent", "non-cohabiting mother", "mother of placed child" (with or without placed child questions)

The variables from NBNOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the ELFE child, a possible twin and the mother

The variables from NBNOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the father if EFVIT=1 or PLAPER=1

With:

- One child:

NOI=1 for the ELFE child, NOI= 3 for the mother and NOI= 4 for the father (if the father is present)

- Twins, regardless of different configurations:

NOI=1 for the ELFE child, NOI= 2 for the twin, NOI=3 for the mother and NOI= 4 for the father (if the father is present)

Then for each NOI: the first name, sex, date of birth, the LIEN=12 (for ELFE children) LIEN=2 for the mother, LIEN=1 for the father, the department of birth, the country of birth, the nationality.

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

⇒ With "Referent mother" 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 NBNOI 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"

Display variables NBNOI to NATIO1N already coded for the mother

⇒ With "Non-cohabiting Mother" or "Mother of Placed Child" questionnaires

INTRODUCTION: "We are going to start by talking about [ELFE child's] family.

First I'm going to check the information you gave us in the maternity unit. Your child/children is/are well"

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

Then

"We will begin with the list of people who live here on a regular basis and quickly describe them, starting with yourself"

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 generally live in your household?

|_|_|

NOI

Individual rank order: _____

<PRENOM>

What is your (her) first name? _____

SEXEC1

UPD (Corrected variable) You (he/she) are (is):

- 1 Male
- 2 Female

What is your (her) date of birth?

***JNAIS Day** (1 to 31, NA=88, DK=99)

|_|_|

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

|_|_|

ANAIS Year (1900 to 2011, NA=8888, DK=9999)

|_|_|_|_|

⇒ See end of chapter for constructed variable

LIENTYP

You are (he, she is) the ... of [ELFE child]?

(IT consistency test, e.g. a sole father, a sole partner, etc.)

- 1 Father
- 2 Mother
- 3 Brother, sister
- 4 Half-brother, half-sister on the mother's side
- 5 Half-brother, half-sister on the father's side
- 6 Another child with no family connection to [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 not in list _____

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 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=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=2 and LIENTYP=8 and SEXE=1

MEREPBIO

Is [first name] your father:

- 1 Biological, adoptive or legal
- 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 LIENTYP=2 and LIENTYP=8 and SEXE=2

MEREMBIO

Is [first name] your mother:

- 1 Biological, adoptive or legal
- 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 mother" or "Mother of placed child" or if EFVIT#4, and automatic coding for the other situations

For all members of the household:

TYPOLOG

Do you (he, she) live in your residence...?

- 1 All year or almost
- 2 Mainly weekends and holidays
- 3 Mainly in the week
- 4 A few months a year (including cases of alternating custody)
- 5 Less often
- 9 [Doesn't know]

INT: IF SOMEONE HAS LIVED IN THE HOUSEHOLD FOR LESS THAN A YEAR, ASK WHAT THEIR PLANS ARE

If TYPOLOG=2

JOURAN

How many days a year? (1 to 366, NA=888, DK=999)

|_|_|_|

If TYPOLOG=3

JOURSEM

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

|_|

If TYPOLOG=4

MOISAN

How many months a year? (1 to 12, NA=88, DK=99)

|_|_|

If TYPOLOG=5

JOUR2AN

Roughly how many days in the last year? (1 to 366, NA=888, DK=999)

|_|_|_|

Do not ask LIENTYP=12 if "non-cohabiting mother" or "mother of placed child" questionnaire

AUTLOG

Do you also live (does he, she live) somewhere else sometimes?

- 1 Yes
- 2 No

If AUTLOG=1 (if the person lives in another dwelling)

TYPLOGCO

Where?

- 1 Barracks, camp
- 2 Boarding school
- 3 University housing or student house
- 4 Home for young workers
- 5 Penitentiary facility
- 6 Sanatorium, care centre or hospital
- 7 Retirement home

- 8 Temporary public works construction site
- 9 With a family member
- 10 With their father/mother
- 11 In a nursery, host family, children's home, other socio-educational centre
- 12 Individual housing
- 13 Other

INT: LIST IF NECESSARY

If TYPOLOGCO=13

***TYPLOGCOP**

In what other place do you live (he, she live)? _____

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

30/03/2016

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

Questionnaires concerned: Mother 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 INTERVIEW GIVES A DATE OR A NUMBER OF MONTHS OR WEEKS

*PLAC4M

Months from end of placement (1 to 12) (NA=88, DK 99)

|_|_|

PLAC5A

Years from end of placement (2011 to 2030) (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

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 mother", "non-cohabiting mother", "mother of placed child"

Ask this section to all the people in the household aged 15 and over, starting with the mother. Depending on the filter, some questions concern only the mother.

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

(If LIENTYP=1 and LIENTYP=7 the father is more important in this case, so we consider LIENTYP=1)

COUPLE1

Are you currently in a couple with [father first name] (if LIENTYP=1) or [partner first name] (if LIENTYP=7)?

- 1 Yes
- 2 No

COUPLE2

If COUPLE1=2

But are you currently in a couple?

If no LIENTYP=1 or LIENTYP=7

Are you currently in a couple?

- 1 Yes
- 2 No

If COUPLE2=1 and no LIENTYP=1

PERENF

Is this person the father of the child?

- 1 Yes
- 2 No
- 8 Refuses to answer

SITUAFAMM

Situation of couple and cohabitation of the mother

If COUPLE1=1 and LIENTYP(i)=1 with a TYPOLOG(i)=1

1 The mother is in a couple and cohabits on a permanent basis with the father of the child

If COUPLE1=1 and LIENTYP(i)=1 with a TYPOLOG(i)≠1

2 The mother is in a couple with the father of the child but on a non-permanent basis

If COUPLE1=1 and LIENTYP(i)=7 with a TYPOLOG(i)=1

3 The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child" ("Twin child")

If COUPLE1=1 and LIENTYP(i)=7 with a TYPOLOG(i)≠1

4 The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child" ("Twin child")

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If COUPLE2=1 and PERENF=1

5 The mother is in a couple with the father of the child and he doesn't live with her

If COUPLE2=1 and PERENF= 2 or 9

6 The mother says she is in a couple with a person not living in the household and this person is not the father of the child (or doesn't know)

If COUPLE2=1

7 The mother is not in a couple

NB: The mother may live with the father but not be in a couple with him

ETAMATRI

What is your legal marital status?

- 1 Married or remarried including legally separated
- 2 Civil partnership
- 3 Divorced
- 4 Single
- 5 Widowed
- 6 Married or civil partnership

INT: 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".

QMARIPACS

V1: IF MATRIPERE=1 AND SITUAFAMM=1, 2, 5 / if MATRICONJ=1

V2.3.4.: IF MATRICOUPM=1 OR MATRICOUPHM=1

(Constructed variable) The mother is married or in a civil partnership with the person that she is in a couple with

- 1 Yes
- 2 No

MARI

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

|_|_|_|_|_|_|_|

Consistency: if PACSE MARI must be >= 1999

Year of marriage, of civil partnership (1960 to 2011, DK=9999)

For household members under 15 apart from the father or partner

COUPLE3

Is he/she [first name] 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

ETAMATRI3

What is their legal marital status?

- 1 Married or remarried including legally separated
- 2 Civil partnership
- 3 Divorced
- 4 Single

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5 Widowed

INT: 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".

SIBLINGS OUTSIDE THE HOUSEHOLD

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

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

If INFPER≠(3,4) and if PLAPER≠(4,5)

AFRAT

Have you had other children with the father of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.

- 1 Yes
- 2 No ⇒ ADFRAT

NBNOIFRA

How many (other children with the father of [ELFE child] [TWIN child], whether still living or not)?

|__|

NOIFRA

Individual rank order: _____

<PRENFRA>

Starting with the eldest, what is the first name of each of the other children you have had with the father of [ELFE child] [TWIN child], whether still living or not? _____

For each child, ask questions SEXEFRA to NBENFRA depending on the case.

SEXEFRA

[PRENFRA] is (was)...

- 1 Male
- 2 Female

LOGFRA

Does [PRENFRA] live:

- 1 In an individual dwelling
- 2 With another member of the family => LOGFAFRA
- 3 In a medical institution
- 4 Other => LOGINFRA
- 5 He/she is dead => ANDECFA
- 9 [Doesn't know]

If LOGFRA=2

Filter with their father/mother if SITUAFAMM =1 or 2

LOGFAFRA

With another member of the family, specify:

- 1 With their father
- 2 With their mother
- 3 With another family member

If LOGFRA=4

LOGINFRA

Other, specify:

- 1 In a nursery
- 2 In a boarding school-home
- 3 In a host family
- 4 In a children's village
- 5 He/she is dead
- 6 Other

If LOGFRA=5

ANDECFA

In what year did [PRENFRA] die? Move on to next child

If LOGFRA not 5

DNAFRA

What is the year of birth of [PRENFRA]?

|_|_|_|_|

***DNMFRA**

What is the month of birth of [PRENFRA]?

|_|_|

PAYSFRA

Where does [PRENFRA] live?

- 1 France (metropolitan or FODT)
- 2 Outside France
- 9 [Doesn't know]

If over 14

ACTIVFRA

He/she currently:

- 1 Has a job (if over 16)
- 2 Is an apprentice under contract or in a paid internship (if over 14).
- 3 Is a student, pupil, in training or in an unpaid internship
- 4 Is unemployed (registered with the employment office) - (if over 16)
- 5 Other situation
- 9 [Doesn't know]

If ACTIVFRA=3 ask NIVEAUFRA, if not go to COUPLEFRA

NIVEAUFRA

What class or year of studies is he/she currently in?

(Code based on list)

If under 16 and LOGFRA not 5

COUPLEFRA

Is [PRENFRA] in a couple?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If under 16 and LOGFRA not 5

ENFRA

Does [PRENFRA] have any children?

- 1 Yes
- 2 No
- 9 [Doesn't know]

NBENFRA

How many (children does [PRENFRA] have)?

|_|_|

If INFPER not (3,4) and if PLAPER not (4,5)

ADFRAT

Have you had other children with another person other than the father of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.

- 1 Yes
- 2 No => ADFRATP

NBNOIDFRA

How many (children with another person other than the father of [ELFE child] [TWIN child], whether still living or not)?

|_|

NOIDFRA

Individual rank order: _____

<PRENDFRA>

Starting with the eldest, what is the first name of each of the other children you have had with a person other than the father of [ELFE child] [TWIN child], whether still living or not? _____

For each child, ask questions SEXEFRA to NBENFRA depending on the case.

SEXEDFRA [PRENDFRA] is (was)...

- 1 Male
- 2 Female

LOGDFRA

Does [PRENDFRA] live:

- 1 In an individual dwelling
- 2 With another member of the family => LODGFADFRA
- 3 In a medical institution
- 4 Other => LOGINDFRA
- 5 He/she is dead => ANDECDFRA
- 9 [Doesn't know]

If LOGDFRA=2

LOGFADFRA

With another member of the family, specify:

- 1 With their father
- 2 With their mother (filtered item)
- 3 With another family member

If LOGDFRA=4

LOGINDFRA

Other, specify:

- 1 In a nursery
- 2 In a boarding school-home
- 3 In a host family
- 4 In a children's village
- 5 He/she is dead
- 6 Other

If LOGDFRA=5

ANDECFRA

In what year did [PRENDFRA] die?

|_|_|_|_|

Move on to next child

If LOGDFRA not 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 Outside France
- 9 [Doesn't know]

If over 14

ACTIVDFRA

He/she currently:

- 1 Has a job (if over 16)
- 2 Is an apprentice under contract or in a paid internship (if over 14).
- 3 Is a student, pupil, in training or in an unpaid internship
- 4 Is unemployed (registered with the employment office) - (if over 16)
- 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)

If under 16 and LOGDFRA not 5

COUPLEDFRA

Is [PRENDFRA] in a couple?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If under 16 and LOGFRA not 5

ENDFRA

Does [PRENFRA] have any children?

- 1 Yes
- 2 No
- 9 [Doesn't know]

NBENDFRA

How many (children does [PRENFRA] have)?

|_|_|

If INFPER not (3,4) and if PLAPER not (4,5)

ADFRATP

Does the father of [ELFE child] ([TWIN child]), have any other children, whether still living or not? Do not count the children living in your household.

- 1 Yes
- 2 No
- 9 [Doesn't know]

If ADFRATP=1

NBENDFRAP

How many (other children of the father living elsewhere than with you or who are dead)?

|_|

If at least 1 LIENTYP in (3, 4, 5) or NBNOIFRA do not 'blank' or DNOIFRA do not 'blank'

ENFADOPT

Are any of the brothers, sisters, half-brothers or half-sisters of [ELFE child] ([TWIN child]) adopted?

- 1 Yes
- 2 No ⇒ Next module

If PLAC4=1

ADOPT1

Adopted child 1 |_____|

ADOPT2

Adopted child 2 |_____|

EXTENDED FAMILY

Questionnaires concerned: "referent mother", "non-cohabiting mother", "mother 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)

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

GPMATERD generation (maternal grandparents living at dwelling of ELFE child ([TWIN child]))

If no LIENTYP = 8 (No maternal grandparents (biological or otherwise) in dwelling) ⇒ **GPMATERD=0**

If MEREMBIO=1 and MEREPBIO=1 (both biological grandparents in dwelling) ⇒ **GPMATERD=1**

If MEREMBIO=1 and MEREPBIO=2 (maternal biological grandmother and paternal social grandfather in dwelling) ⇒ **GPMATERD=2**

If MEREMBIO=1 and MEREMBIO=2 (maternal biological grandfather and paternal social grandmother in dwelling) ⇒ **GPMATERD=3**

If MEREMBIO=2 and MEREMBIO=2 (both maternal social grandparents in dwelling) ⇒ **GPMATERD=4**

If MEREMBIO=1 and MEREPBIO='blank' (biological maternal grandmother only in dwelling) ⇒ **GPMATERD=5**

If MEREMBIO=2 and MEREPBIO='blank' (social maternal grandmother only in dwelling) ⇒ **GPMATERD=6**

If MEREPBIO=1 and MEREMBIO='blank' (biological maternal grandfather only in dwelling) ⇒ **GPMATERD=7**

If MEREPBIO=2 and MEREMBIO='blank' (social maternal grandfather only in dwelling) ⇒ **GPMATERD=8**

If GPMATERD= 0 ⇒ **VIEMER**

If GPMATERD=1 ⇒ **ELEV**

If GPMATERD=2 ⇒ **VIEPERB**

If GPMATERD=3 ⇒ **VIEMERB**

If GPMATERD=4 ⇒ **VIEMERB**

If GPMATERD=5 ⇒ **VIEPER**

If GPMATERD=6 ⇒ **VIEMERB**

If GPMATERD=7

If GPMATERD=8 ⇒ VIEMER

If GPMATERD in (3, 4, 6)

VIEMERB

Is your biological mother still alive?

- 1 Yes ⇒ MBCOUP
- 2 No ⇒ MBDECE
- 3 Doesn't want to talk about it VIEPERB
- 9 [Doesn't know] ⇒ VIEPERB

If GPMATERD 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

INT: BY MOTHER WE MEAN BIOLOGICAL OR ADOPTIVE MOTHER OR ANY OTHER PERSON CONSIDERED AS THE MOTHER

If VIEMERB=2 or VIEMER=2, ask MBDECE

MBDECE

In what year did she die? |__|__|__|__| ⇒ MBAGEDC
(NA=8888, DK=9999, check against year of birth of the mother of [ELFE child])

If VIEMERB=1 or VIEMER=1, ask MBCOUP

If GPMATERD 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

MBANAIS

In what year was she born? (from 1900 to 1990) Doesn't know (9999) |__|__|__|__|

MBAGE

How old is she? (From 0 to 120) Doesn't know (9999) |__|__|__|

If VIEMERB=2 or VIEMER=2, ask MBDECE

MBAGEDC

How old was she when she died? (From 0 to 120) Doesn't know (999) |__|__|__|

MBLIEU

Was she born in:

- 1 France (metropolitan or FODT)

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- 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

***MBNATIONS**

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 (What was her last occupation), 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]

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 MBSITUA=2 or 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

MBPROF15

What is/was her (last) occupation?

(Automatic coding)

If DK, code undetermined occupation

INT: CODE THE OCCUPATION

If MBPROF15 is not coded

MBPROF16C2

UPD In other words, what kind of work does/did she do exactly?

(What is/was her (last) occupation?) (Corrected) _____

INT: NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE

MBCSP

Grandmother occupation code

(Display list of occupations)

MBLANG

What language or patois does/did she use the most often at home?

(Display list of languages and ad hoc code)

INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE YOUR MOTHER EXPRESSED HERSELF AT THE TIME OF HER DEATH

***MBLANGP**

Other language, specify: _____

If GPMATERD in (2, 4, 8) and MBCOUP≠1

If GPMATERD in (2, 4, 8) and MBCOUP=1 then 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 GPMATERD in (0, 5,6) and MBCOUP≠1

If GPMATERD in (0, 5,6) and MBCOUP=1 then filter and VIEPER=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

INT: BY FATHER WE MEAN BIOLOGICAL OR ADOPTIVE FATHER OR ANY OTHER PERSON CONSIDERED AS THE FATHER

If VIEPERB=2 or VIEPER =2, ask PBDECE

PBDECE

In what year did he die?

|_|_|_|_|_|_| ⇒ PBAGEDC

(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

If VIEPERB=1 or VIEPER =1, ask PBCOUP (If VIEPERB=1 or VIEPER=1 and GPMATERD in (2, 5) do not ask wording 1) we know the biological father does not live with the biological mother)

If MBCOUP=1, pre-fill automatically PBCOUP=1 and filter

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 VIEPER =1

In what year was he born (or how old is he)? We are talking about the (biological) father of the mother (maternal grandfather).

PBANAIS

In what year was he born? (From 1900 to 1990) Doesn't know (9999)

|_|_|_|_|

PBAGE

How old is he? (0 to 120) Doesn't know (999)

|_|_|_|_|

If VIEPERB=2 or VIEPER =2

PBAGEDC

How old was he when he died? (0 to 120) Doesn't know (999)

|_|_|_|_|

PBLIEU

He was born in:

- 1 France (metropolitan or FODT)
- 2 Another country
- 9 [Doesn't know]

If PBLIEU=2 (If another country)

***BPAYS25**

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

***BPAYSP**

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

***PBNATIONS**

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

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- 8 Eastern/Central Europe
- 9 Asia
- 10 South/Central America
- 11 Other
- 12 Not reported

If PBFRENC = 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 VIEPER =1) or (VIEPERB=2 or VIEPER =2)

PBSITUA

Currently (What was his last occupation), 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

PBPROFIS

What is/was his (last) occupation?

(Automatic coding)

If DK, code undetermined occupation

INT: CODE THE OCCUPATION

If PBPROFI5 not coded

PBPROFI6C2

UPD In other words, what kind of work does/did he do exactly? (What is/was his (last) occupation?)
(Corrected) _____

INT: NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE

PBSCP

Grandfather occupation code

(Display list of occupations)

PBLANG

What language or patois does/did he use the most often at home?

(Display list of languages and ad hoc code)

INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE YOUR FATHER EXPRESSED HERSELF AT THE TIME OF HIS DEATH

***PBLANGP**

Other language, specify: _____

"Now let's talk about your mother-in-law."

If PBCOUP=2 (mother-in-law alive)

BMANAIS

In what year was she born?

(1900 to 1990) Doesn't know (9999)

|_|_|_|_|_|_|_|

BMAGE

How old is she? (18 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

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- 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

***BMNATIONS**

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 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

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- 8 Eastern/Central Europe
- 9 Asia
- 10 South/Central America
- 11 Other
- 12 Not reported

***BMNATIONP2**

Other nationality, specify: _____

If PBCOUP=2

BMSITUA

Currently (What was her last occupation), 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

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 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

BMPROFIS

What is/was her (last) occupation?

(Automatic coding)

If DK, code undetermined occupation

INT: CODE THE OCCUPATION

If BMPROFIS not coded

BMPROF6C2

 What kind of job does/did she have exactly? (corrected) _____

BMCSP

Mother-in-law occupation code

(Display list of occupations)

BMLANG

What language or patois does she use the most often at home?

(Display list of languages and ad hoc code)

***BMLANGP**

Other language, specify: _____

"Now let's talk about your father-in-law."

If MBCOUP=2 (father-in-law alive)

In what year was he born (or how old is he)?

BPANAIS

In what year was he born? (1900 to 1990) Doesn't know (9999)

|_|_|_|_|_|_|_|

BPAGE

How old is he? (0 to 120) Doesn't know (999)

|_|_|_|_|_|

BPLIEU

He was born in:

- 1 France (metropolitan or FODT)
- 2 Another country
- 9 [Doesn't know]

If BPLIEU=2 (If foreign 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/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 BPFRANC=3

***BPNATIONS**

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

- 1 European Union
- 2 Turkey
- 3 Morocco
- 4 Algeria

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- 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 BPFANC = 1, 2 or 3

BPNATIONDBL

Does/did he have dual nationality?

- 1 Yes
- 2 No

If BPPNATIONDBL=1

***BPNATION25**

 **(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: _____

If MBCOUP=2

BPSITUA

Currently (What was his last occupation), 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 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 OCCUPATION

If BPPROFI5 not coded

BPPROFI6C2

UPD What kind of job does/did he have exactly? (corrected) _____

BPCSP

Father-in-law occupation code

(Display list of occupations)

BPLANG

What language or patois does he use the most often at home?

(Display list of languages and ad hoc code)

***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

ELEV3 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

INT: 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

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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?

(years)

|_|_|

INT: 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.

- Maternal grandmother
- Maternal grandfather

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

- Grandparents alive not in dwelling

If GPMATERD=1 or ((VIEMERB=1 or VIEMER=1) and (VIEPERB=1 or VIEPER=1))

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

- Grandmother alive not in dwelling

If (GPMATERD in (2,5) or (VIEMERB=1 or VIEMER=1)) and (VIEPERB<>1 or VIEPER<>1)

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

- Grandmother in dwelling, grandfather not

If (GPMATERD in (2,5) and (VIEPERB=1 or VIEPER=1))

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

- Grandfather in dwelling, grandmother not
If (GPMATERD 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 maternal grandmother who doesn't live with you to play?

- Grandparents in dwelling
If (GPMATERD =4 and VIEMERB<>1 and VIEMER<>1 and VIEPERB<>1 and VIEPER <>1

Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandmother who doesn't live with you to play?

MMMEDU

Play an educational role (transmit knowledge)

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

MMMOCUP

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]

MMMVAL

Transmit values

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

MMMJEU

Play with him/her/them

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

MMMSOUT

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"

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

- Grandparents alive not in dwelling

If (GPMATERD=1 or ((VIEMERB=1 or VIEMER=1) and (VIEPERB=1 or VIEPER =1))

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

- Grandfather alive not in dwelling

If (GPMATERD in (2,5) or (VIEPERB=1 or VIEPER =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 maternal grandfather to play?

- Grandfather in dwelling, grandmother not

If (GPMATERD 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 maternal grandfather who lives with you to play?

- Grandfather not in dwelling, grandmother in dwelling

If (GPMATERD in (3,7) and (VIEPERB=1 or VIEPER =1)

Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandfather who doesn't live with you to play?

- Grandparents in dwelling

If (GPMATERD =4 and VIEMERB<>1 and VIEMER<>1 and VIEPERB<>1 and VIEPER <>1)

Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandfather who doesn't live with you to play?

PMMEDU

Play an educational role (transmit knowledge)

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

PMMOCUP

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]

PMMVAL

Transmit values

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

PMMJEU

Play with him/her/them

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

PMMSOUT

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"

If no LIENTYP=9 or LIENTYP(i)=9 and SEXE(i)=1

MCJVIV

Is the mother of the father of [ELFE child] ([TWIN child]) still alive?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If no LIENTYP=9 or LIENTYP(i)=9 and SEXE(i)=2

PCJVIV

Is the father of the father of [ELFE child] ([TWIN child]) still alive?

- 1 Yes
- 2 No
- 9 [Doesn't know]

The following questions are asked to the interview, concerning the paternal grandparents of [ELFE child] [TWIN child] who do not live in the household.

- Paternal grandmother
- Paternal grandfather

If paternal grandmother alive and paternal grandparents not living in dwelling

If (MCJVIV=1 and PCJVIV=1) or (MCJVIV=1 and PCJVIV=2 or DK)

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?

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]

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

If paternal grandfather alive and paternal grandparents not living in dwelling

If (MCJVIV=1 and PCJVIV=1) or (MCJVIV=2 or DK and PCJVIV=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?

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 ARRGPI=1

NBARRGMP1

How many great grandparents on your (maternal) side in all?

(1 to 15, 0 by default, 99 if DK)

|_|_|

If ARRGPI=1

NBARRGMP2

How many great grandparents on the father's (paternal) side in all?

(1 to 15, 0 by default, 99 if DK)

|_|_|

EDUCATION

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

If the mother is in a couple with the father of the child and permanently cohabits with him or if she is in a couple with a woman on a permanent basis, ask her only about herself

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

For other cases, ask all the people in the household aged 2 and over

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

Ask this module to all household members aged 2 and over, except FORMINIT, which is to be asked to people aged 16 and over

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

"We are now going to talk about your education."

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

"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

>=16 and if ETUDES =1

FORMINIT

Is it part of your (his/her) initial training?

1 Yes ⇒ DIPLOME

2 No

INT: MEANING WITH NO SIGNIFICANT PERIOD OF INTERRUPTION SINCE THE PERSON STARTED THEIR EDUCATION EITHER IN TERMS OF DISCIPLINE OR LENGTH

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

How old were you? (NA=88, DK=99)

|_|_|

DIPLOME

What is your (his/her) highest level diploma?

- 1 No diploma
- 2 Primary studies certificate or overseas equivalent
- 3 Certificate of general education, elementary education or overseas equivalent
- 4 Certificate of professional competence, diploma of occupational studies or diploma of this level (nursing auxiliary, personal carer)
- 5 Technical or occupational high school diploma (or occupational, or technician or master craftsperson certificate)
- 6 General high school diploma (series A, B, C, D, E, ES, L, S), advanced diploma, legal studies diploma, university access degree or overseas equivalent
- 7 Diploma of two years' higher education
- 8 Diploma of over two years' higher education

INT: LIST. 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

- 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

- 1 Technical high school diploma (series F, G, H, SMS, STI, STL, STT, STG)

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- 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

- 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

- 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
- 5 [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 school?

- 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

INT: DO NOT LIST

DIPLECAUT1

Specify: _____

If DIPLEC=6 :

Which three-year higher education diploma?

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 mother", "non-cohabiting mother", "mother of placed child"

If LIENTYP=2

REDOUB

Did you ever have to redo a year in school?

- 1 Yes
- 2 No

IF REDOUB =1

Which year(s)?

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: ASK IN SUB-QUESTIONS

If ETUDES=2 for LIENTYP =2

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 initial studies)?

|_|_|

DURETUD

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

|_|_|

TPSETUD

In W=weeks, M=months or Y=years:

|_|

INT: IF SEVERAL RETURNS, CONSIDER THE MOST RECENT

If LIENTYP =2

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 AFOPRO=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 COURSES, CONSIDER THE MOST RECENT

MAIN SITUATION REGARDING WORK

Questionnaires concerned: "referent mother" or "mother of placed child"

If the mother is in a couple with the child and permanently cohabits with him or if she is in a couple with a woman on a permanent basis, ask her only about herself

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

For other cases, ask all the people in the household aged 2 and over

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered

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

For LIENTYP=2 (or 1 if cohabiting father not taking part)

CONGMATPAR

(First name), are you 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 household individual is a student

SITUAE

If LIENTYP =2 (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 =1 (First name) is currently a student, but does he also have a job? Is he an apprentice under contract or in a paid internship? Or is he 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?

- 1 Has(have) a job
- 2 Is (are) an apprentice under contract or in a paid internship
- 3 Is (are) unemployed (registered with the national employment agency or not)
- 4 [None of these situations]

INT: LIST UNTIL THE PERSON STOPS YOU.

DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT.

IF VOLUNTEER WORK, ENTER "OTHER SITUATION".

IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP MOST TIME

If household individual is not a student

SITUA

If CONGMATPAR =1 and LIENTYP=2 You are currently on maternity/paternity leave, but what is your/his/her occupational situation?

If CONGMATPAR =2 and LIENTYP=2 You are currently on parental child-rearing leave, but what is your occupational situation?

If CONGMATPAR =3 or 4 and LIENTYP=2 You are currently on leave. What is your occupational situation?

If CONGMATPAR =5 and LIENTYP=2 What is your current occupational situation?

If CONGMATPAR =1 and LIENTYP=1 (First name) is currently on maternity/paternity leave. But what is his occupational situation?

If CONGMATPAR =2 and LIENTYP=1 (First name) is currently on parental leave. But what is his occupational situation?

If CONGMATPAR =3 or 4 and LIENTYP=1 (First name) is currently on leave. What is his occupational situation?

If CONGMATPAR =5 and LIENTYP=1 What is his current occupational situation?

LIENTYP≠1 or 2 (First name) What is his/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, CODE "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

(First name) 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 (first name) you (he/she) stop your (his/her) activity the last time?

DD/MM/YYYY (from 01/01/1960 to 31/12/2011)

***DATMDR Month (1 to 12)**

|_|_|

DATADR Year

|_|_|_|_|

Current status or last job, depending on case.

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 current/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

(First name) Are/were you (is/was he/she) a salaried employee in the private sector?

- 1 Yes
- 2 No

If STATUT2 =1

STATUT3

(First name) 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

(First name) 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

(First name) How many employees do/did you (he/she) employ?

- 0 None
- 1 Under 10
- 2 10 or more

INT: IF WORKS ALONE, CODE 0

If SITUA=1 or 2 or SITUAE 1 or 2 or ACTIVANTE=1 (For all those who work or have already worked)

PROFI5C

UPD What is/was your (his/her) exact occupation? (corrected)
(Additional list of occupations)

INT: IF THE MOTHER SAYS SHE ALREADY ANSWERED THIS QUESTION IN THE MATERNITY UNIT, TELL HER IT IS FOR "TECHNICAL" REASONS THAT THE QUESTION IS BEING ASKED AGAIN

If occupation not found in PROF15

***PROFI6C1**

UPD If mother: **In other words, what kind of work do/did you do exactly? (What is/was your (last) occupation?) (Corrected)** _____

Other person in household: **In other words, what kind of work does/did he/she do exactly? (What is/was his/her (last) occupation?) (Corrected)** _____

INT: DO NOT REENTER THE NAME OF THE OCCUPATION.

NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE.

IF YOU HESITATED BETWEEN SEVERAL NAMES, SAY WHY

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

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- 8 Category B of civil service / state
- 9 Category C of civil service / state
- 10 Other
- 11 [None]

If PROF17=10

***PROFI7B**

Specify _____

P8CSP

Occupation and socio-occupational category

(Automatic coding)

For all those working apart from family carers/assistants.

STATUT1=1

TYPEMPOI

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

- 1 Open-ended contract (including "Nouvelle embauche" contract), job without limit duration, holder of public office
- 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)]

INT: IF NONE OF THE LISTED WORDINGS CHOSEN: "WHAT TYPE OF JOB DO YOU (DOES HE /SHE) HAVE?"

If TYPEMPOI =1 or 2

CDAID

(First name) is/was it an 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)?

- 1 Yes
- 2 No

If TYPEMPOI=2, 3, 4, 7,8 or 9

DURCONT

What is the period of your (his/her) contract (or temp assignment) (first name)? |__|__|

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) If DK code 99 |__|__|

DATASIR

Year |__|__|__|__|

People saying they are farmers

SUPH

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

If less than 5 hectares

SUPA

What is the exact area in ares (first name)? |__|__|__|

OPA

What do you produce mainly?

- 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

EMPL

In your (his/her) current or most recent job, do/did you (he/she) work...?

- 1 Full time ⇒ **RECHEMPLOI**
- 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 (%)? (10 to 97) |__|__|

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

PQPART

What is 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

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"). How old were you or in what year did you get your **FIRST** fixed-term contract?

AGCDD

How old were you or in what year?

|_|_|

DURCDD

Since you have worked, how much time **IN TOTAL** have you spent 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"). How old were you or in what year did you get your **FIRST** open-ended?

AGCDI

How old were you or in what year?

|_|_|

DURCDI

Since you have worked, how much time **IN TOTAL** have you spent on open-ended contract (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. How old were you or in what year did you get your **FIRST** small paid job?

AGPTBO

How old were you or in what year?

|_|_|

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?

|_|_|_|_|

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

|_|

PROFI6C3

UPD In other words, what kind of work does/did he do exactly? (What is/was his/her (last) occupation?) (Corrected) _____

HOUSING

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

If the mother is in a couple with the father of the child and permanently cohabits with him or if she is in a couple with a woman on a permanent basis, ask her only the greyed-out questions.

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

For other cases, ask the entire module

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

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

TYPLOG

What type of dwelling is it?

- 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)
⇒ TYPLOGT then following module
- 8 Another type of residence

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

If TYPLOG=4

TYPLOGP

Is it:

- 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 in the building? 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 BASEMENT, CODE. IF LIVING IN INDIVIDUAL HOUSE AND SAYS OCCUPYING THE WHOLE HOUSE, CODE 200.

If TYPLOG not 7

NPIECES

How many rooms in the dwelling?

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 M2.

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 [ELFE child] and [TWIN child] 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 PIEGPOU=1

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 TYPLOG not 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 Another case

If TYPLOG=1 or 2

ANLOG

What year was your dwelling built in? (From 1800 to 2011; 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 MM (1 to 12; 88 Refuses; 99 Doesn't know)

|_|_|

DATAAR Year YYYY (1950 to 2012; 88 Refuses; 99 Doesn't know)

|_|_|_|_|_|_|_|

INT: 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 (01000 to 99000)

|_|_|_|_|_|_|_|

***VILPRE**

Municipality (maximum 60 characters): _____

INT: IN THE EVENT OF REFUSAL "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

Poser If ESCAL = 1

CRITIQ2 There are too many stairs (for exiting or moving around in the dwelling) 1 Yes / 2 No

CRITIQ3 It is difficult or costly to heat 1 Yes / 2 No

CRITIQ4 It is too damp 1 Yes / 2 No

CRITIQ5 There is mould on the walls 1 Yes / 2 No

CRITIQ6 It is noisy (internal or external noise) 1 Yes / 2 No

If CRITIQ6= 1

The noise is due to:

BRCIRC Traffic (cars, trains, planes, etc.) 1 Yes / 2 No

BRETA Surrounding establishments (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 in 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... "

	<p><i>Changed from 08/06/2011: if TY-PLOG= from 3 to 7 then do not ask</i></p> <p>Your kitchen?</p>	<p><i>Changed from 08/06/2011: if TYPLOG= from 3 to 7 then do not ask If SDB=1</i></p> <p>Your bathroom?</p>	<p>Your living room?</p>	<p><i>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 participating, it is the room that that child sleeps in that was described, whether or not he/she has their own room)</i></p> <p>The child's room?</p>
<p>How many openings are there in...? (0 to 10 ; 88 Refuses; 99 Doesn't know)</p>	<p>CUIOUV _ _ </p>	<p>SDBOUV _ _ </p>	<p>SEJOUV _ _ </p>	<p>PIEOUV _ _ </p>
<p>Is there ventilation in...?</p>	<p><i>If CUIOUV=0</i> CUIVEN 1 q Yes 2 q Non 9 q [DK]</p>	<p><i>If SDBOUV=0</i> SDBVEN 1 q Yes 2 q Non 9 q [DK]</p>	<p><i>If SEJOUV=0</i> SEJVEN 1 q Yes 2 q Non 9 q [DK]</p>	<p><i>If PIEOUV=0</i> PIEVEN 1 q Yes 2 q Non 9 q [DK]</p>

<p>What is the floor covering in...? Several answers possible</p> <p>1 Yes 2 No</p>	<p>CUISOL1 Tiling CUISOL2 Cement CUISOL3 Rush CUISOL4 Cork CUISOL5 Carpet CUISOL6 Wood CUISOL7 Stone CUISOL8 Plastic (linoleum) CUISOL9 Sisal</p> <p>UPD CUISOLC10 Other 1 Yes / 2 No</p> <p>CUISOLP Specify: _____</p>	<p>SDBSOL1 Tiling SDBSOL2 Cement SDBSOL3 Rush SDBSOL4 Cork SDBSOL5 Carpet SDBSOL6 Wood SDBSOL7 Stone SDBSOL8 Plastic (linoleum) SDBSOL9 Sisal</p> <p>UPD SDBSOLC10 Other 1 Yes / 2 No</p> <p>SDBSOLP Specify: _____</p>	<p>SEJSOL1 Tiling SEJSOL2 Cement SEJSOL3 Rush SEJSOL4 Cork SEJSOL5 Carpet SEJSOL6 Wood SEJSOL7 Stone SEJSOL8 Plastic (linoleum) SEJSOL9 Sisal</p> <p>UPD SEJSOLC10 Other 1 Yes / 2 No</p> <p>SEJSOLP Specify: _____</p>	<p>PIESOL1 Tiling PIESOL2 Cement PIESOL3 Rush PIESOL4 Cork PIESOL5 Carpet PIESOL6 Wood PIESOL7 Stone PIESOL8 Plastic (linoleum) PIESOL9 Sisal</p> <p>UPD PIESOLC10 Other Other 1 Yes / 2 No</p> <p>PIESOLP Specify: _____</p>
<p>What is the floor covering in...? Several answers possible</p> <p>1 Yes 2 No</p>	<p>CUIMUR1 Tiling CUIMUR2 Roughcast CUIMUR3 Panelling CUIMUR4 Carpet CUIMUR5 Wood panelling CUIMUR6 Wallpaper CUIMUR7 Paint CUIMUR8 Stone CUIMUR9 Plaster CUIMUR10 PVC CUIMUR11 Plastic CUIMUR12 Tapestry CUIMUR13 Fibreglass material CUIMUR14 Other</p> <p>CUIMURP Specify: _____</p>	<p>SDBMUR1 Tiling SDBMUR2 Roughcast SDBMUR3 Panelling SDBMUR4 Carpet SDBMUR5 Wood panelling SDBMUR6 Wallpaper SDBMUR7 Paint SDBMUR8 Stone SDBMUR9 Plaster SDBMUR10 PVC SDBMUR11 Plastic SDBMUR12 Tapestry SDBMUR13 Fibreglass material SDBMUR14 Other</p> <p>SDBMURP Specify: _____</p>	<p>SEJMUR1 Tiling SEJMUR2 Roughcast SEJMUR3 Panelling SEJMUR4 Carpet SEJMUR5 Wood panelling SEJMUR6 Wallpaper SEJMUR7 Paint SEJMUR8 Stone SEJMUR9 Plaster SEJMUR10 PVC SEJMUR11 Plastic SEJMUR12 Tapestry SEJMUR13 Fibreglass material SEJMUR14 Other</p> <p>SEJMURP Specify: _____</p>	<p>PIEMUR1 Tiling PIEMUR2 Roughcast PIEMUR3 Panelling PIEMUR4 Carpet PIEMUR5 Wood panelling PIEMUR6 Wallpaper PIEMUR7 Paint PIEMUR8 Stone PIEMUR9 Plaster PIEMUR10 PVC PIEMUR11 Plastic PIEMUR12 Tapestry PIEMUR13 Fibreglass material PIEMUR14 Other</p> <p>PIEMURP Specify: _____</p>

"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 CHAUGC=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 Oil** 1 Yes / 2 No
- EAUCHC5 Electricity** 1 Yes / 2 No
- EAUCHC6 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 Oil** 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 TYPLOG=1

GARAG

Do you have a garage attached directly to your house, either on the ground floor or on a lower level?

- 1 Yes
- 2 No

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

If TYPLOG=1, 2 or 6

OPRENO

Did you do any renovations or repairs in the dwelling during your pregnancy. 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
- 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 et 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 repairs or renovations 1 Yes / 2 No

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 repairs or renovations 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If QLRENO211=Yes

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

Were you in the dwelling during the work?

- 1 Yes
- 2 No

If PRESTR=1

PARTTR

Did you 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]

Is there a cordless landline telephone with a base (DECT) in your dwelling?

TELFIX1 In the room where you work 1 Yes / 2 No / 9 [Doesn't know]

TELFIX2 In your room 1 Yes / 2 No / 9 [Doesn't know]

TELFIX3 In the living room 1 Yes / 2 No / 9 [Doesn't know]

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

WIFI1

Do you have WiFi in your home (excluding public networks)?

- 1 Yes, connected on a permanent basis
- 2 Yes, connected sometimes
- 3 No
- 9 [Doesn't know]

ORDI1

At home, do you use a computer for several hours a day?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If ORDI1=1

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

ORDIL1 It's a laptop 1 Yes / 2 No

ORDIL2 On the floor 1 Yes / 2 No

ORDIL3 On a desk 1 Yes / 2 No

ORDIL4 Other 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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

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. "

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

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If PESPOT=1

APPLPOT

Who applied this treatment mainly?

- 0 Yourself - Mother
- 2 Your partner or someone in your family
- 3 A professional

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

BUTPOT

To treat what mainly?

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

INT: 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 for 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]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (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 Granules or powder
- 4 Other
- 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 FORMPOT=4

FORMPOTP

Specify 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 flowers (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 mainly?

- 0 Yourself - Mother
- 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 mainly?

- 1 Insects
- 2 Weeds
- 3 Moss, lichen
- 4 Disease
- 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

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- 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 Granules 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 mainly?

- 1 Insects
- 2 Disease
- 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

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- 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?

- 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?

- 1 Spray
- 2 Electric or non-electric diffuser
- 3 Spiral
- 4 Mothballs
- 5 Traps
- 6 Other
- 9 [Doesn't know]

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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 mainly?

- 0 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 mainly?

- 0 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

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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?

- 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?

- 0 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

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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

- ANIMAU1** Cat 1 Yes / 2 No
ANIMAU2 Dog 1 Yes / 2 No
ANIMAU3 Bird 1 Yes / 2 No
ANIMAU4 Hamster, rabbit, guinea pig 1 Yes / 2 No
ANIMAU5 Others 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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 mainly?

- 0 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

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9 [Doesn't know]

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

HOUSEHOLD INCOME

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

If the mother is in a couple with the father of the child and permanently cohabits with home or if she is in a couple with a woman on a permanent basis, ask her only the **greyed-out** questions

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

For other cases, ask the entire module

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

"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

Does your household receive 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 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 SITUA=1o2 or SITUAE=1o2 of respondent

SALMON

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

|_|_|_|_|_|_|_| 0 to 99,999 + (DK) + (REF)

INT: 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
- 8 [Refuses]
- 9 [Doesn't know]

If SITUA=1o2 or SITUAE=1o2 of the partner of the respondent (LIENTYP=1 or 7t)

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) + (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?

This is net income (minus social security contributions and supplementary social security contributions) before tax. If the income fluctuates, take the average.

|_|_|_|_|_|_|_| (1 to 99 9998)

INT: IF DK, CODE 99 999; IF REFUSAL, CODE 88 888

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=1o2 or SITUAE=1o2 of respondent

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: "referent mother", "mother of placed child" or non-cohabiting mother"

If the mother is in a couple with the father of the child and permanently cohabits with home or if she is in a couple with a woman on a permanent basis, ask her only the greyed-out questions

If SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)

For other cases, ask the entire module

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

If STOC = 1

LOYER

What is your monthly rent, service charges included? |__|__|__|__| € /month (0 to 9999)

"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

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) |__|__|__|__| an (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")

INT: 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

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 equal to over one month's income? (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

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- 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

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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

EXPOSURE AND ENVIRONMENT / PREGNANCY HISTORY

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

"Now let's look at the circumstances of the arrival of your pregnancy and some of the aspects of your pregnancy."

INTENF

Before you were pregnant with [ELFE child] ([TWIN child]), did you personally want to have a child (another child) one day?

- 1 Yes
- 2 No
- 3 Wasn't sure
- 9 [Doesn't know]

INT: DO NOT LIST

If SITUAFAMM=1, 2 and 5

INTPER

Couples don't always have the same desires concerning the number of children and the time of their arrival. Just before you got pregnant, did the father of [ELFE child] ([TWIN child]) want another child?

- 1 Yes
- 2 No
- 3 He wasn't sure
- 9 [Doesn't know]

If [INTENF = 2 or 9] ask METHC otherwise go to TPSAES

METHC

When you got pregnant, were you using a method to avoid getting pregnant?

- 1 Yes
- 2 No
- 3 [Not applicable]

If METHC=1

QMETHC

Was it:

- 1 Oral contraceptive
- 2 IUD
- 3 Male contraception
- 4 Implant
- 5 Another technique

If QMETHC=1

PMETHC

Was it a mini-pill?

- 1 Yes
- 2 No

If METHC=1

TMETHC

How long had you avoided getting pregnant?

|_|_|

TMETHCP (W=weeks, M=months, Y=years)

|_|

If METHC=2

METHC2

And did you use one before?

- 1 Yes ⇒ NBAMET
- 2 No ⇒ PORT

When the pregnancy began, since when had you stopped using a contraceptive method?

(Include methods such as withdrawal, temperature, Ogino method, etc.)

NBAMET years |_|_| (0 to 40; 88 Refuses, 99 DK)

And **NBMMET** months |_|_| (0 to 12 ; 88 Refuses; 99 DK)

And **NBSMET** weeks |_|_| (0 to 50 ; 88 Refuses; 99 DK) ⇒ then PORT

If INTENF= 1 or 3

How long did you have to wait before getting pregnant?

It took (approximately):

TPSAES years |_|_| (0 to 40, DK=99, Refuses=88 and unplanned pregnancy=77)

Et **TPSMES** months |_|_| (0 to 12, DK=99, Refuses=88 and unexpected pregnancy=77)

Et **TPSSES** weeks |_|_| (0 to 52, DK=99, Refuses=88 and unplanned pregnancy=77)

INT: IN THE EVENT OF MISCARRIAGES, COUNT THEM IN THE TIME PERIOD.

IF THE INTERVIEWEE SAYS "DIDN'T WAIT, WAS PREGNANT IMMEDIATELY", DON'T ASK TPSAES, TPSMES OR TPSSES. FILL IN ALL FIELDS.

If TPSAES and TPSMES and TPSSES <>unplanned pregnancy

Wave 2: from 01/09: filter if period less than 3 months = 12 weeks

FAUS

During this [TPSAES/ TPSMES/TPSSES] period [or "When you tried to get pregnant and the start of your pregnancy", if DK or Refuses for TPSAES/ TPSMES/ TPSSES], did you have any miscarriages?

- 1 Yes
- 2 No

If FAUS=1

NBFAUS

How many (miscarriages)? (0 to 10, DK, Refuses)

|_|_|

If INTENF=1 or 3 or METHC=2

CONSLT

To make the pregnancy possible, did you, your partner or you and your partner consult a doctor?

- 1 Yes, you alone
- 2 Yes, your partner only
- 3 Yes, both of us
- 4 No, neither one of us ⇒ PORT
- 8 [Doesn't want to answer] ⇒ PORT

MED

Did the conception of [ELFE child] ([TWIN child]) occur following medical treatment or surgery?

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- 1 Yes
- 2 No

If MED=1

MEDP

Did you become pregnant through:

- 1 In vitro fertilization with ICSI (= treatment whereby sperm is injected into the ovum)
- 2 "Regular" in vitro fertilization
- 3 Artificial insemination (AID= with the sperm of a donor or AIH = with your partner's sperm)
- 4 Hormonal stimulation only, without IVF or ICSI or artificial insemination
- 5 After an operation
- 6 After your partner received treatment or an operation
- 7 Another technique or medicine
- 8 [Doesn't want to answer]

"We are now going to move on to another subject and talk about your mobile phone use and occupational activity during your pregnancy."

PORT

Do you have a mobile phone?

- 1 Yes
- 2 No

TELPORT

Did you use a mobile phone during your pregnancy?

- 1 Yes
- 2 No

"We are going to talk about ALL the calls you MADE and RECEIVED PER MONTH on your mobile phone during your pregnancy."

If TELPORT=1

What is the approximate duration of the calls you MADE PER MONTH (call plan and otherwise) on your mobile phone during your pregnancy?

PTELPORT (hours per month) (999 if DK)

|__|__|__|

PTELPORTM (minutes per month) (99 if DK)

|__|__|

If TELPORT=1

And what is the approximate duration of the calls you RECEIVED PER MONTH on your mobile phone during your pregnancy?

RTELPORT (hours per month) (999 if DK)

|__|__|__|

RTELPORTM (minutes per month) (99 if DK)

|__|__|

If PORT=1

UTELPORT

Do you use your phone when travelling in cars, on foot or on trains?

- 1 Yes
- 2 No

If PORT=1

INTERPORT

Do you use the internet on your mobile phone?

- 1 Yes
- 2 No

If PORT=1

UKIT

Do you use a hands-free kit or an earpiece?

- 1 Yes
- 2 No

If UKIT=1

UKITP

What proportion of your time on the phone do you use them? (hands-free kit or earpiece)

- 1 Less than a quarter of the time (<25%)
- 2 Less than half of the time (>25% et <50%)
- 3 Half the time or more (≥50%)
- 4 Always (100%)
- 9 [Doesn't know]

INT: LIST

If SITUA =1 or SITUAE=1 or ACTIVANTE=1, otherwise go to the "Couple situation" module

TRGR

Did you work during your pregnancy?

- 1 Yes
- 2 No => Next module

If TRGR=1 and if PROF15 filled in

VALPROFESS

Were you OK [PROF15]?

- 1 Yes
- 2 No

If VALPROFESS=1 fill in PROFESSG automatically with [PROF15]

If VALPROFESS=2

PROFESSG

What was your exact occupation during your pregnancy? _____

INT: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL

TACHEG

What were your precise tasks during your pregnancy? (Classifying files, sending mail, telephone, cash register, product labelling, assistant at automatic cash registers, etc.) _____

INT: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL. ONE REMINDER ONLY

RFIX

When you worked (regardless of the duration) during your pregnancy, did you have a fixed workplace?

- 1 Yes
- 2 No ⇒ POST

INT: A FIXED WORKPLACE, I.E. WITHOUT CONTINUOUS TRAVEL (LESS THAN 50% OF YOUR WORK TIME)

TRGRDOM

Was it at home?

- 1 Yes => TELFIX4 to ORDIL2 then next module
- 2 No

INT: TICK IF THE PERSON HAS ALWAYS WORKED AT HOME

***ACTPEG**

What is the main business activity of the company you worked at during your pregnancy (supermarket, IT maintenance and repair, care, hotel, etc.)? _____

INT: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL

What was your work address during your pregnancy?

***TRNOM**

Company name _____

***TRNUM**

Number (1 to 997) _____

***TRRUE**

Street name (maximum 50 characters) _____

***TRCP**

Postcode (de 01000 à 97500) _____

***TRCOM**

Municipality (maximum 30 characters)

On what date did you start working at this address(month, year)?

***DATMTR Month (01 to 12; 88 Refuses; 99 Doesn't know) _____**

DATATR Year (1950 to 2011) _____

DELAITR

(Constructed variable) Time in days between the day you started working at this address and the conception date _____

NBHTR How many hours a week on average did you spend at your workplace during your pregnancy?

Hours per week (1 to 70) ||

INT: SPECIFY THAT EXTERIOR TRAVEL IS TO BE DEDUCTED

WNUIT

Did you work at night?

- 1 Yes
- 2 No

HNUIT

Did your working hours vary?

- 1 Yes
- 2 No

POST

Was your work station adapted during your pregnancy?

- 1 Yes
- 2 No => TELFIX4

INT: ADAPTED WORK STATION NOT ADAPTED WORKING HOURS

If POST=1 otherwise go to TELFIX4

DATPAM

How many months into your pregnancy were you?

Months (1 to 9) (88 Refuses; 99 DK) ||

INT: IF LESS THAN ONE, CODE 0

Was it because of:

RISINF

A risk of infection (toxoplasmosis, CMV, rubella, VZV, parvovirus B19, HIV, tuberculosis, hepatitis)?

- 1 Yes
- 2 No
- 9 [Doesn't know]

RISCH

A chemical risk?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If RISCH=1

Specify (if possible) if it was related to:

RISCHP1 Benzène 1 Yes / 2 No

RISCHP2 Polycyclic hydrocarbons 1 Yes / 2 No

RISCHP3 Other solvents 1 Yes / 2 No

RISCHP4 Arsenic 1 Yes / 2 No

RISCHP5 Mercury 1 Yes / 2 No

RISCHP6 Lead 1 Yes / 2 No

RISCHP7 Other metals (chrome, nickel, beryllium, cadmium, selenium, cyanide) 1 Yes / 2 No

RISCHP8 Pesticides 1 Yes / 2 No

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RISCHP9 Silicium 1 Yes / 2 No

RISCHP10 Medicines and other care products (chemotherapy, antivirals, anaesthetics) 1 Yes / 2 No

RISCHP11 Other 1 Yes / 2 No

RISCHP99 Doesn't know 1 Yes / 2 No

If RISCHP=6

PLOMP

Was the lead surveillance realized as part of your job?

- 1 Yes
- 2 No
- 9 [Doesn't know]

RISPHY

Was it because of physical risks such as radiation, noise, etc.?

- 1 Yes
- 2 No

INT: WE ARE TALKING ABOUT A WORK STATION ADAPTATION DURING YOUR PREGNANCY

If RISPHY=1

Specify (if possible). Was it:

RISPHYP1 Ionizing radiation 1 Yes / 2 No

RISPHYP2 Non-ionizing radiation (MRI, etc.) 1 Yes / 2 No

RISPHYP3 Work in a hyperbaric environment 1 Yes / 2 No

RISPHYP4 Noise 1 Yes / 2 No

RISPHYP5 Vibrations 1 Yes / 2 No

RISPHYP6 Extreme temperatures 1 Yes / 2 No

RISPHYP7 Other 1 Yes / 2 No

RISPHYP9 Doesn't know 1 Yes / 2 No

If RISPHYP=1

CATRI

Were you classified in a category?

- 1 Category A
- 2 Category B
- 3 In another category
- 9 [Doesn't know]

INT: WE ARE TALKING ABOUT IONIZING RADIATION

If RISPHYP=1

SUIVIRI

Did you receive dosimetric monitoring?

- 1 Monthly
- 2 Quarterly
- 3 [None]

RISFAT

Was it because of physical effort such as carrying loads?

- 1 Yes
- 2 No

RISAUT

For other reasons?

- 1 Yes
- 2 No

INT: WE ARE TALKING ABOUT A WORK STATION ADAPTATION DURING YOUR PREGNANCY

If RISAUT=1

***RISAUTP**

If yes, specify (maximum 50 characters)

If TRGR=1 (do not ask if RFIX=2)

TELFIX4

Was there a cordless landline telephone with a base (DECT) in your workplace?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If TRGR=1 (do not ask if RFIX=2)

WIFI2

Did you have WiFi in your workplace (excluding public networks)?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If TRGR=1 (do not ask if RFIX=2)

ORDI2

In your workplace, did you use a computer for several hours a day?

- 1 Yes
- 2 No
- 9 [Doesn't know]

If ORDI2=1

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

ORDIL21 It was a laptop 1 Yes / 2 No

ORDIL22 On the floor 1 Yes / 2 No

ORDIL23 On a desk 1 Yes / 2 No

ORDIL24 Other 1 Yes / 2 No

If TRGRDOM =2 then ask

If RFIX =1 **During your pregnancy, what public transport did you use for your job?**

If RFIX =2 **During your pregnancy, how did you commute?**

TVOIT Car 1 Yes / 2 No

TDROU Motorized two-wheeler 1 Yes / 2 No

TBUS Bus, coach 1 Yes / 2 No

TTRAIN Train 1 Yes / 2 No

TTRAM Tram 1 Yes / 2 No

TMETRO Metro, regional rail system 1 Yes / 2 No

TVELO Bike 1 Yes / 2 No

TPIED On foot 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If RFIX=1 During your pregnancy, for your job, how long did you spend...

If RFIX=2 During your pregnancy, for your commutes, how much time did you spend...

(DK and refusal possible)

If TVOIT=1

In a car

VOITHJ |__|__| h **VOITMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

VOITHS |__|__| h **VOITMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TDROU=1

On a motorized two-wheeler

DROUHJ |__|__| h **DROUMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

DROUHS |__|__| h **DROUMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TBUS=1

On a bus, coach

BUSHJ |__|__| h **BUSMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

BUSHS |__|__| h **BUSMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TTRAIN=1

On a train

TRAINHJ |__|__| h **TRAINMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

TRAINHS |__|__| h **TRAINMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TTRAM=1

On a tram

TRAMHJ |__|__| h **TRAMMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

TRAMHS |__|__| h **TRAMMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TMETRO=1

On a metro, regional rail system

METROHJ |__|__| h **METROMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

METROHS |__|__| h **METROMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TVELO=1

On a bike

VELOHJ |__|__| h **VELOMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

VELOHS |__|__| h **VELOMS** |__|__| minutes per week (00h05mn to 36h59mn)

If TPIED=1

On foot

PIEDHJ |__|__| h **PIEDMJ** |__|__| minutes per day (00h05mn to 06h59mn)

OR

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PIEDHS |__|__| h **PIEDMS** |__|__| minutes per week (00h05mn to 36h59mn)

INT: LET THE INTERVIEWEE DECIDE ON PER DAY OR PER WEEK. DON'T TAKE OCCASIONAL JOURNEYS INTO ACCOUNT

MATERNITY LEAVE

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

"We are now going to talk about your maternity leave, if you took leave, as well as your occupational projects in the coming months."

If CONGMATPAR≠1

CONGMAT

Were you on maternity leave?

- 1 Yes, but not anymore
- 2 No

INT: BY MATERNITY LEAVE, WE MEAN LEAVE FROM WORK RELATED TO THE BIRTH OF A CHILD

If CONGMAT=2

ACTIV

At the end of your pregnancy, were you (in the last 2 months)?

- 1 Working ⇒ DATMCT
- 2 Unemployed ⇒ Next module
- 3 A student, on a training course ⇒ Next module
- 4 On parental leave ⇒ Next module
- 5 A homemaker ⇒ Next module
- 6 Other ⇒ Next module

If CONGMATPAR=1 or CONGMAT=1

(If DATMDR and DATADR filled in, the programme pre-enters by date of interruption of activity)

On which date did you stop working, including sick leave?

DD/MM/YYYY (from 2009 to 2011)

*DATMCE

|_|_|

DATECE

|_|_|_|_|

DELAICE

(Constructed variable) Period in days between the date the person stopped working and the date of conception

|_|_|

If CONGMATPAR =1 or CONGMAT=1

On which date did you/will you return to work?

DD/MM/YYYY (from 2009 to 2015; Doesn't know; Not returning to work)

*DATMREPC

|_|_|

DATAREPC

|_|_|_|_|

DELAIREPC (Constructed variable) Period in days between the date the person returned to work and the date of birth of the child

|_|_|

If CONGMATPAR =1 or CONGMAT=1

NBCONG

How many weeks was your maternity leave initially planned for?

Number of weeks: (1 to 97, Refuses=98; Doesn't know=99)

|_|_|

If CONGMATPAR=1 or CONGMAT=1

CONGIN

During your maternity leave, did you receive or are you receiving a daily allowance, a salary, or income from an occupational activity?

- 1 Yes, with full pay
- 2 Yes, without full pay
- 3 No
- 9 [Doesn't know] ⇒ Next module

If ACTIV=1

On which date did you stop working before the birth?

DD/MM/YYYY (from 2009 to 2011)

***DATMCT**

|_|_|

DATACT

|_|_|_|_|

DELAICT (Constructed variable) Period in days between the date the person stopped working and the date of conception

|_|_|

If ACTIV=1

On which date did you/will you return to work?

DD/MM/YYYY (from 2009 to 2015; Doesn't know; Not returning to work)

***DATMRT**

|_|_|

DATART

|_|_|_|_|

DELAIRT (Constructed variable) Period in days between the date the person returned to work and the date of birth of the child (for economically active mothers in the last two months of the pregnancy)

|_|_|

INTENTION OF RETURNING TO WORK

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

If CONGMATPAR=1

(IT programming filter error in wave 1 – omitted to indicate that it concerns the NOI 3; for wave 1, this variable is empty)

SITU

What is your current situation or what will it be in the coming days and weeks?

- 1 You will return to work in the same conditions
- 2 You will return to work but in different conditions, with more work
- 3 You will return to work but in different conditions, with less work
- 4 You will look for an(other) job (item added)
- 5 Apprentice under contract or in training
- 6 Unemployed
- 7 Homemaker
- 8 On parental leave or CLCA free choice of activity supplement
- 9 Retired
- 99 [You don't know]

INT: WHAT THE MOTHER INTENDS TO DO AFTER LEAVE

If CONGMAT=1 and (SITUA=1 or 2 or SITUAE=1 or 2)

SITU1

What is your situation now relative to your situation before maternity leave?

- 1 You have returned to work in the same conditions
- 2 You have returned to work but in different conditions, with more work
- 3 You have returned to work but in different conditions, with less work
- 4 You are looking for another job

INT: LIST - WHAT THE MOTHER IS DOING CURRENTLY

If SITU=7

SITUTPS

For how long?

- 1 One year (or less)
- 2 Over one year
- 9 [Doesn't know]

If SITU=8

CONG

Is it leave?

- 1 Full time
- 2 Part time
- 9 [Doesn't know]

If CONG=2

CONGTX

At what rate (%)? (10 to 97)

|_|_|

If INFCONJ ≠ 2 to 4 or RECON=1 or PLAPER ≠ 2 to 5 or PLARECON=1

If (INFCONJ=1 and RECON=2) or (PLAPER=1 and PLARECON=2)

CONGPAT

Has/will the father of [ELFE child] ([TWIN child]) taken/take paternity leave?

- 1 Yes, already taken
- 2 No, but will take
- 3 No, will not take
- 4 Is not entitled to paternity leave
- 9 [Doesn't know]

If CONGPAT=1 or 2

How long was or will be the leave period? Number of days, weeks or months

CONGPJ Days (1 to 21, Doesn't know)

|_|_|

OR

CONGPS Weeks (1 to 3, Doesn't know)

|_|_|

OR

CONGM Months (1 to 36, Doesn't know)

|_|_|

SITUATION OF COUPLE

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

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

If SITUAFAMM=1, 2 or 5

DEBRELP

In what year did your relationship with the father of [ELFE child] ([TWIN child]) begin?

Year (1960 to 2011)

|_|_|_|_|

If SITUAFAMM=1 or 2

DEBTOITP

In what year did you start living together in the same dwelling?

|_|_|_|_|

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

If SITUAFAMM≠1 or 2 and INFCONJ≠3 or 4

VECU6MP

Have you in the past lived with the father of [ELFE child] ([TWIN child]) for a period of at least 6 months in the same dwelling?

1 Yes

2 No

If VECU6MP=1 then ask VECDEBP and VECFINP

VECDEBP

Starting when (from which year)?

|_|_|_|_|

VECFINP

Until when (which year)?

|_|_|_|_|

If VECU6MP =2

REL6MP

Have you in the past had a relationship of at least 6 months with the father of [ELFE child] ([TWIN child])?

1 Yes

2 No

If REL6MP=1

MRELATP

How long did the relationship last?

(In months) (6 to 11)

|_|_|_|

OR

ARELATP

How long did the relationship last?

(In years) (0 to 50)

|_|_|_|

If SITUAFAMM =2

For what reasons do you not live with the father of [ELFE child] on a permanent basis?

If SITUAFAMM = 5

For what reasons do you not live with the father of [ELFE child]?

RAISNVP1 Owing to reasons of health, occupation, education 1 Yes / 2 No

RAISNVP2 You and/or your partner want to keep your independence 1 Yes / 2 No

RAISNVP3 You are with [first name] and in the midst of a separation 1 Yes / 2 No

RAISNVP4 He is in a couple 1 Yes / 2 No

RAISNVP5 He is in the midst of a separation with another person 1 Yes / 2 No

RAISNVP6 You yourself are in the midst of a separation with a former partner 1 Yes / 2 No

RAISNVP7 Owing to other reasons 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If RAISNVP7=1

***RAISNVP**

What are the other reasons? (Maximum 50 characters) _____

If SITUAFAMM= 3, 4, 6 or 7 and ((INFCONJ ≠2 to 4 or RECON=1) OR PLAPER ≠3 to 5 or PLARECON=1)) then ask

If (INFCONJ=1 and RECON=2) or (PLAPER=1 and PLARECON=2) then filter

POSREL

"Can we ask you a few questions about your relationship with the father of [ELFE child] ([TWIN child])?"

1 Yes ⇒ **VUPER**

2 No

If POSREL=2

REPREL

For what reason do you not want to answer the questions about your relationship with the father of [ELFE child] ([TWIN child])?

1 You don't know anything about him ⇒ **DEBRELC**

2 You are in conflict, you have split up ⇒ **DEBRELC**

3 He doesn't want you to talk about the relationship ⇒ **DEBRELC**

4 Another reason ⇒ **DEBRELC**

INT: DO NOT LIST

If REPREL=5

***REPQL**

Which? (maximum 50 characters) _____

If POSREL=1

VUPER

Since his/her (their) birth, has/have [ELFE child] ([TWIN child]) seen his/her (their) father?

1 Several times a week

2 Once a week

3 At least once every fortnight

4 Once

5 Never

If VUPER=5

PERSAI

Does the father of [ELFE child] ([TWIN child]) know that you had this/these child/children by him or was he told that you were pregnant?

- 1 Yes
- 2 No

If PERSAI=2

Why didn't you tell him?

- PQSAI1** You don't know who the father is 1 Yes / 2 No
- PQSAI2** You don't know how to contact him 1 Yes / 2 No
- PQSAI3** It is pointless, you know he won't want to know the child 1 Yes / 2 No
- PQSAI4** You don't want him to have any rights over the child 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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

If SITUAFAMM=3, 4 or 6

DEBRELC

In what year did the relationship begin?

|_|_|_|_|

If SITUAFAMM =4

For what reasons do you not live with your current partner on a permanent basis?

If SITUAFAMM = 6

For what reasons do you not live with your current partner (on a permanent basis)?

- RAISNVC1** Owing to 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
- RAISNVC6** 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 RAISNVC7=1

***RAISNVC7P**

Specify which (Maximum 50 characters) _____

If SITUAFAMM=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 (ADDED); IF DK, ASK AGAIN TO GET AN APPROXIMATE YEAR

If SITUAFAMM=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 from (which year)?

VECFINC Until (which year)?

THE CHILD'S HEALTH

Questionnaires concerned: "referent mother"

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 you left the maternity unit, have you had a visit from a midwife at your house (once or more)? We are talking about [ELFE child].

- 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: We are talking about [ELFE child].

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

If SAGEF=1

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 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 transferred child

POIDSSORTIETC2

UPD (Corrected variable) How much did the child weigh when 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 will find this information on page 18 of 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)

|_|_|_|_|

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

AGEVI

Constructed variable: How old was he/she on this (first) doctor's visit (days)

|_|_|

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)

|_|_|_|_|

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

TAIENF1

What was the child's height on the date of this (first) 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. 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)

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 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?

- 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 which (maximum 30 characters) _____

What was the reason for the visit?

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 occurring after leaving the maternity unit

(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

(SUIVI 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)

INT: NOTER PRECISELY

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
- PREOC3 Jaundice (doctors also refer to it as icterus)** 1 Yes / 2 No
- PREOC4 Regurgitation** 1 Yes / 2 No
- PREOC5 Colic** 1 Yes / 2 No
- PREOC6 Diarrhoea** 1 Yes / 2 No
- PREOC7 Constipation** 1 Yes / 2 No
- PREOC8 Respiratory problem** 1 Yes / 2 No
- PREOC9 Dizziness** 1 Yes / 2 No
- PREOC10 Fever** 1 Yes / 2 No
- PREOC11 Cold, rhinitis, stuffed-up nose** 1 Yes / 2 No
- PREOC12 Conjunctivitis, blocked tear duct** 1 Yes / 2 No
- PREOC13 Thrush** 1 Yes / 2 No
- PREOC14 Shock, trauma** 1 Yes / 2 No
- PREOC15 Other** 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOC15=1

***PREOCP**

Specify (maximum 30 characters): _____

If PREOC14<>1 and CONSUL=1 => go to HOSP

If PREOC14<>1 and CONSUL=2 => go to DATJVI2

If PREOC14=1

CONSURGT

Was it a blow to the head (cranial trauma)?

1 Yes

2 No ⇒ If CONSUL=1 => go to HOSP / if CONSUL=2 => go to DATJVI2

9 [Doesn't know] ⇒ If CONSUL=1 => go to HOSP / if CONSUL=2 => go to DATJVI2

If CONSURGT=1

TYPACC

Was it:

1 A traffic accident

2 Another type of accident

If CONSURGT=1

When did the accident happen?

***DATA CJ Day** (1 to 31) (NA=88, DK 99)

|_|_|

***DATA CM Month** (1 to 12) (NA=88, DK 99)

|_|_|

DATA CA 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.

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

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.

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

*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:**

30/03/2016

- 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) |__|__|

DATA2 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?

- 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

[From wave 3, elimination of item 5 (doctor in maternity unit) and addition of items 8 and 9 (maternity-unit paediatrician and hospital paediatrician)]

If QIPRB=10 or 11

***QIPRBP**

Specify with whom? (maximum 30 characters) _____

If CONSUL=3

For what reason did you make this appointment?

DEBSURB

The beginning of regular monitoring (including vaccination)

- 1 Yes

30/03/2016

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 occurring after leaving the maternity unit

(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

(SUIVI 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

***PROBSNP**

Specify the problem occurring at birth: _____

INT: NOTE PRECISELY

If INQB=1 or PROBSB=1

Can you tell me what you are concerned about?

(From wave 3: addition of constipation (item 7) and thrush (item 13) => and "shock" item became 14 and "Other" 15)

PREOCB1 Need advice on the diet of [ELFE child] 1 Yes / 2 No

PREOCB2 Weight problem 1 Yes / 2 No

PREOCB3 Jaundice (doctors also refer to it as icterus) 1 Yes / 2 No

PREOCB4 Regurgitation 1 Yes / 2 No

PREOCB5 Colic 1 Yes / 2 No

PREOCB6 Diarrhoea 1 Yes / 2 No

PREOCB7 Constipation 1 Yes / 2 No

PREOCB8 Respiratory problem 1 Yes / 2 No

PREOCB9 Dizziness 1 Yes / 2 No

PREOCB10 Fever 1 Yes / 2 No

PREOCB11 Cold, rhinitis, stuffed-up nose 1 Yes / 2 No

PREOCB12 Conjunctivitis, blocked tear duct 1 Yes / 2 No

PREOCB13 Thrush 1 Yes / 2 No

PREOCB14 Shock, trauma 1 Yes / 2 No

PREOCB15 Other 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOCB15=1

***PREOCBP**

Other, clearly specify (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)

|_|_|

If HOSP=1

TPSHOS

Since coming home, how many days in all has he/she been hospitalized?

(Days) (1 à 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

PQHO3 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

What is this 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) |__|__|

DATAACBA 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:

(in 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

30/03/2016

How many? (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 (lungs) 1 Yes / 2 No

PASCAN4 Stomach (abdomen) 1 Yes / 2 No

PASCAN5 Pelvis 1 Yes / 2 No

PASCAN6 Limb 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 Limb 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

If QPROB3=1

***QPROBR** Another respiratory problem, specify clearly: _____

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)?

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

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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 MOTHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HER

If REFLU 15=1

REFLUP

Other reflux treatments, specify clearly: _____

INT: RATHER THAN READING THE LIST, THE INTERVIEWER TICKS THE ANSWERS GIVEN BY THE MOTHER.

IF THE MOTHER DOESN'T REMEMBER, THE INTERVIEWER READS THE LIST OF MEDICINE NAMES TO HELP HER.

VITA

Does [ELFE child] take vitamin D or fluorine?

1 Yes

2 No

9 [Doesn't know]

INT: RATHER THAN READING THE LIST, THE INTERVIEWER TICKS THE ANSWERS GIVEN BY THE MOTHER.

IF THE MOTHER DOESN'T REMEMBER, THE INTERVIEWER READS THE LIST OF MEDICINE NAMES TO HELP HER. IF THE WOMAN SAYS "NEITHER VITAMINS NOR FLUORINE", ASK HER AGAIN BY READING THE NAMES OF THE MEDICINES ("ARE YOU SURE? OFTEN IT CAN BE UVESTEROL, ZYMAD, ETC.")

If VITA=1

Which 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 Calcifluor 1 Yes / 2 No

VITAPR9 Fluor Crinex 1 Yes / 2 No

VITAPR10 Other 1 Yes / 2 No

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

If VITAPR10=1

VITAPRP

Other medicine, specify clearly: _____

Is [ELFE child] currently taking other treatments on an ongoing basis (prescription of over a month)?

AUTTRA1

No other treatment

1 Yes

2 No

If AUTTRAI=2

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: DO NOT LIST - SEVERAL ANSWERS POSSIBLE. IF THE CHILD'S MOTHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HER

If AUTTRAI6=1

AUTTRAIP

Other medicine, specify clearly _____

ALLERLAI

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?

- 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 ⇒ REVNUJ
- 2 Often
- 3 Sometimes
- 4 Never

DORVEN

Do you put him/her to sleep on his/her stomach?

- 1 Always ⇒ REVNUJ
- 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

REVNUJ

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, hypothyroidism 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 UNDERSTAND 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) _____

BEING A PARENT

Questionnaires concerned: "referent mother", "non-cohabiting mother", "mother of placed child" from LANG1E to LANG3E and RELIGIMP to PSOC

"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: _____

INT: 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: _____

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

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?

- 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

If ANNAISA=1

***CANNAISP**

Which other way?

(Maximum 50 characters) _____

If ANNAISP=1 or ANNAISI=1

NBPNAIS

To how many people, roughly? |__|__|__| (1 to 999)

PHOFIL

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

If LIENTYP=1 or 7

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 a paper album?

- 1 Yes
- 2 No
- 3 Intends 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 Intends 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 Your friends 1 Yes / 2 No

QUIPHO5 Other people 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

Before or during your 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 FOR 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 The father mainly
- 3 You and the father
- 4 Another person

If CHOIX=4

***CHOIXP**

Another person, specify clearly

(Maximum 50 characters) _____

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?"

Does the choice of the name of [ELFE child] (and [TWIN child]) refer to...

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REF1 No-one in particular 1 Yes / 2 No

REF2 Someone in the father'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"

If REF=6

***REFP**

Other, specify clearly (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

INT: LIST

***ACRELI**

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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 specification]
- 9 [Doesn't know]

INT: DO NOT LIST

If ACRELI=3

***ACMUSUL**

Can you specify?

- 1 Sunni
- 2 Shia
- 3 Other
- 6 [No further specification]
- 9 [Doesn't know]

INT: LIST IF NECESSARY

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 one?

- 1 Christian (catholic, protestant, orthodox, evangelical, etc.)
- 2 Muslim
- 3 Jewish
- 4 Buddhist
- 5 Hindu

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- 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 FURTHER PRECISIONS. IF THE PERSON UNPROMPTED SAYS "I'M CATHOLIC", "I'M PROTESTANT" "I'M ORTHODOX" TO THE PREVIOUS QUESTION, CODE DIRECTLY.

If QLRELI=2

***QLMUSUL**

Can you specify?

- 1 Sunni
- 2 Shia
- 3 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 FURTHER PRECISIONS. IF THE PERSON UNPROMPTED SAYS "I'M SUNNI", "I'M SHIA" TO THE PREVIOUS QUESTION, CODE DIRECTLY.

ORGANIZATION OF DAY-TO-DAY ACTIVITIES

Questionnaire concerned: "referent mother"

If SITUAFAMM=1 or 3, ask from CHANGB to MEDB

Since you left the maternity unit, can you tell me who is 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 walking them?

- 1 Always you
- 2 Most often you
- 3 You and your partner

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- 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 is 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: "referent mother", "mother of placed child", "non-cohabiting mother"

If SITUAFAMM=1 or 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: "referent mother", "non-cohabiting mother"

Ask from BAIN to CALMPL

For the following activities,

BAIN

Bathing your child (children), 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

Feeding them, 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 et SEXE(i)=2 or VIEMERB=1 or VIEMER=1

INFMER Your mother 1 Yes / 2 No

If INFCONJ#2 à 4 or RECON=1 or LIENTYP=7 or FC_PLAPER#2 à 5 or PLARECON=1

INFCONJ The father of [ELFE child] / [twins], your partner 1 Yes / 2 No

If LIENTYP(i)=9 et SEXE(i)=2 or MCJVIV=1

INFGM The paternal 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: 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 to [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

INT: IF THE MOTHERS SAYS SHE BREASTFEEDS, TELL HER "APART FROM BREASTFEEDING"

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 Often
- 3 Very often

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 by 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

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

Ask from GROSS to ENTAUT

GROSS

How would you describe your pregnancy?

- 1 A pleasant time
- 2 A fairly pleasant time despite a few slightly difficult moments
- 3 A difficult time

If LIENTYP=2 and SITUAFAMM≠ 7

ENTCONJ

During your pregnancy, do you think your partner supported you:

- 1 Very well

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- 2 Well
- 3 Not much
- 4 Not at all

If LIENTYP=2 and SITUAFAMM = 7

ENTAUT

During your pregnancy, did you feel that the people close to you supported you:

- 1 Very well
- 2 Well
- 3 Not much
- 4 Not at all

If ENTAUT=1 or 2

***ENTAUTP**

Who supported you during your pregnancy? (maximum 30 characters) _____

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

ECOLAG

At what age do you want your child 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 mother", "mother of placed child", "non-cohabiting mother"

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?

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- 1 The FIRST most important, specify _____
- 2 The SECOND most important, specify _____
- 3 The THIRD most important, specify _____

INT: NOTE DOWN WORD FOR 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 [Doesn't know]

HARMONY WITHIN THE COUPLE

Questionnaires concerned:

Ask if SITUAFAMM#7: "referent mother", "mother of placed child"

"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 your pregnancy, did you have any arguments with your partner 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 your pregnancy, did your partner 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 your pregnancy, did you insult or say harmful things to your partner?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 8 [Refuses]

DISPG

And during your pregnancy, did you have any arguments with your partner about everyday life, friends, children, or occupational life?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 8 [Refuses]

DISPG= 3 or 4

PBPGC

Again during your pregnancy, did your partner insult you or say harmful things to you?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often

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8 [Refuses]

If DISPG= 3 or 4

PBPGM

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

- 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 your partner 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 your partner 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 your partner?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 8 [Refuses]

THE CHILD'S DIET SINCE BIRTH

Questionnaire concerned: "referent mother"

If no twins

"We are now going to talk about the diet of [ELFE child] since birth: breastfed or not, the frequency of meals, etc."

If twins

"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]."

TYPALI

Currently, how do you feed [ELFE child]?

- 1 Breastfeeding only => NBALI
- 2 Breastfeeding and bottle
- 3 Bottle only

If TYPALI=2 or 3

TYPALI2

What kind of bottle?

- 1 Mother's milk only (milk pump, milk bank, etc.) => NBBIB
- 2 Initial milk only or preparation for newborns => LAIAGE1
- 3 Mother's milk and initial milk (combined breastfeeding)

If TYPALI=1 or 2

NBALI

How many times do you breastfeed the child per 24 hours?

(1 to 20; 99 for "Doesn't know") => Direction

|_|_|_|

Direction:

If TYPALI=1 go to EAU

If TYPALI2=2 or 3

Is the initial milk or preparation for newborn that you use:

LAIAGE1 Hypoallergenic 1 Yes / 2 No / 3 [Doesn't know]

LAIAGE2 Formulated for premature infants 1 Yes / 2 No / 3 [Doesn't know]

LAIAGE3 Formulated with hydrolyzed proteins for allergic infants 1 Yes / 2 No / 3 [Doesn't know]

LAIAGE4 Enriched in fatty acids (such as DHA) 1 Yes / 2 No / 3 [Doesn't know]

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPALI2=2

LAIMAT

Has [ELFE child] ever been fed with mother's milk since birth?

- 1 Yes
- 2 No => NBBIB

If LAIMAT=1

AGEARRLM

How old was [ELFE child] when you stopped breastfeeding him/her? |__|__|

AGEARRLMU

Unit of age when breastfeeding stopped – days or weeks

(Age of the child in days) |__|__|

(Age of the child in weeks) |__|__|

If TYPALI2=1 or 2 or 3

NBBIB

How many bottles do you give him/her per 24 hours?

(1 to 50; 88 Refuses; 99 Doesn't know) |__|__|

If TYPALI2=1 or 2 or 3

STERIL

Do you sterilize the bottles?

1 Sometimes

2 Never

3 Always

If TYPALI2 =2 or 3, if not go to EAU

On what date did you start with initial milk? DD/MM/YYYY

***DATJLP** Day started (1 to 31; 88 Refuses; 99 Doesn't know) |__|__|

***DATMLP** Month started (de 01 à 12; 88 Refuses; 99 Doesn't know) |__|__|

DATALP Year started (2011 et 2012) |__|__|__|

AGELP (Constructed variable) Age of child in days when initial milk started |__|__|

LAIMAR

Which brand of initial milk do you currently use (for ELFE child)?

1 Alfare

2 Babybio

3 Bledilait

4 Bledina

5 Enfamil

6 Gallia

7 Guigoz

8 Hipp

9 Holle

10 Lemiel

11 Milumel

12 Milupa

13 Modilac

14 Nestlé

15 Nidal

16 Novalac

17 Picot

18 Prémilait

19 Prémilait Bio

20 Other

If LAIMAR=20

LAMARP

Specify the brand of initial milk currently used (Maximum 30 characters) _____

LAINOM

What is the name of this milk? (Maximum 30 characters) _____

Example: "Galisma formule X" by Gallia

CHANLAI

Have you changed the initial milk since you started using it?

1 Yes

2 No => **AJFARI**

NBCHAN

How many times have you changed milk?

(1 to 10; 88 Refuses; 99 Doesn't know)

|__|__|

Why did you switch?

PQCHAN1 Medical prescription 1 Yes / 2 No

PQCHAN2 Without a medical prescription but for a health reason (allergy, colic, reflux, growth problem) 1 Yes / 2 No.....

PQCHAN3 Because of the price 1 Yes / 2 No

PQCHAN4 On advice from your chemist or people close to you 1 Yes / 2 No

PQCHAN5 Other raison 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

AJFARI

Do you ever add infant cereals to the milk?

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 => **AUTBOIS**

2 Bottled water only (mineral or spring)

3 Both (tap water and bottled water)

4 Doesn't drink water => **AUTBOIS**

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

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- 6 Mont-Roucoux
- 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

(Items 15, 16 and 17 added from wave 3)

If EAUMARQP=14

EAUMARQPP

Specify _____

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: SEVERAL ANSWERS POSSIBLE

If TYPBOIS3=1

TYPBOISP Others, specify (maximum 50 characters) _____

"Organization and frequency of meals."

If TYPALI=1 or 2

TSPTET

Currently how long does a breastfeed last?

- 1 Under 15 minutes
- 2 15 to 30 minutes
- 3 Over 30 minutes
- 9 [Doesn't know]

If TYPALI2=1 or 2 or 3

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]

If there is a LIENTYP=3 or 4, or AFRAT=1 or ADFRAT=1, otherwise go to next module

ALAITENF

Did you breastfeed your other child/children?

- 1 Non
- 2 Yes (all)
- 3 Yes, but not all

GENERAL HEALTH OF THE MOTHER AND FAMILY HISTORY

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

"Let's talk about your health."

If social security scheme in maternity unit not documented, ask SS1 and SSB

SS1

Which social security scheme covers your healthcare costs?

If social security scheme in maternity unit documented, validate SS1 and ask SSB, respecting the filter

SS1

Is the social security scheme that covers your healthcare costs still [interviewer lists the systems]?

- 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
- 8 [Doesn't want to answer]

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

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

HOPMER

Have you been hospitalized since you left the maternity unit?

- 1 Yes
- 2 No ⇒ TABA

INT: DO NOT COUNT DIRECT TRANSFERS OF THE MOTHER FROM THE MATERNITY UNIT, WITH NO INTERVAL FROM RETURNING HOME

If HOPMER=1

HOPSER

In which service were you hospitalized?

- 1 Gynaecology
- 2 General medicine
- 3 Surgery
- 4 Mother and child
- 5 Psychiatry
- 6 [Other]
- 9 [Doesn't know]

If HOPSER=6

HOPSERP

Specify which service: _____

(Maximum 30 characters)

INT: NOTE DOWN WORD FOR WORD

TABA

Do you smoke?

- 1 Yes
- 2 No

If TABA=1

NBTABA

How many cigarettes a day on average?

If over 60, interviewer instruction

|_|_|

INT: THE PERSON SAYS THEY SMOKE OVER 60 CIGARETTES A DAY: ARE YOU SURE?

EXPTAB

Is your child currently exposed to cigarette smoke?

- 1 Never or hardly ever
- 2 Less than one hour a day
- 3 1 to 2 hours a day
- 4 2 to 5 hours a day
- 5 Over 5 hours a day

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)

OU **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)

Rest or sleep

TPSJH |__|__| hours (0 to 16)

TPSJM |__|__| minutes (0 to 60)

INT: IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT YESTERDAY. IF DOESN'T SLEEP IN DAY CODE 0 HOURS

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.

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- 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]

HOUSEHOLD CARE-GIVING AND RESPONSIBILITIES

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

INT: DO NOT LIST - TWO ANSWERS POSSIBLE. THE "OTHER" MUST BE USED ON AN EXCEPTIONAL BASIS ONLY

PROC2=1

When did the situation concern you or since when it has concerned you?

QDPREO1 Before your pregnancy 1 Yes / 2 No

QDPREO2 During your pregnancy 1 Yes / 2 No

QDPREO3 Since the birth 1 Yes / 2 No

QDPREO9 Doesn't know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If PROC2=2 and there is a LIENTYP=3, 4 or 5, or AFRAT=1 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 / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

***QFASTHM1 First person** NOI/NOIFRA/NOIDFRA |____|

***QFASTHM2 Second person** NOI/NOIFRA/NOIDFRA |____|

***QFASTHM3 Third person** NOI/NOIFRA/NOIDFRA |____|

***QFASTHM4 Fourth person** NOI/NOIFRA/NOIDFRA |____|

***QFASTHM5 Fifth person** NOI/NOIFRA/NOIDFRA |____|

***QFASTHM6 Sixth person** NOI/NOIFRA/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 / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

***QFECZEM1 First person** NOI/NOIFRA/NOIDFRA |____|

***QFECZEM2 Second person** NOI/NOIFRA/NOIDFRA |____|

***QFECZEM3 Third person** NOI/NOIFRA/NOIDFRA |____|

***QFECZEM4 Fourth person** NOI/NOIFRA/NOIDFRA |____|

***QFECZEM5 Fifth person** NOI/NOIFRA/NOIDFRA |____|

***QFECZEM6 Sixth person** NOI/NOIFRA/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 / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

***QFRHUMF1 First person** NOI/NOIFRA/NOIDFRA |____|

- *QFRHUMF2 Second person NOI/NOIFRA/NOIDFRA |____|
- *QFRHUMF3 Third person NOI/NOIFRA/NOIDFRA |____|
- *QFRHUMF4 Fourth person NOI/NOIFRA/NOIDFRA |____|
- *QFRHUMF5 Fifth person NOI/NOIFRA/NOIDFRA |____|
- *QFRHUMF6 Sixth person NOI/NOIFRA/NOIDFRA |____|

Does your family benefit for [ELFE child] ([TWIN child]) or one of their brothers, half-brothers, sisters or half-sisters: (if at least one LIENTTYP in (3, 4, 5))

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

Who? (Display NOI / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

- *ENFAIDJUG1 First person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDJUG2 Second person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDJUG3 Third person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDJUG4 Fourth person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDJUG5 Fifth person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDJUG6 Sixth person NOI/NOIFRA/NOIDFRA |____|

If the NOI of ENFAIDJUG is linked to LIENTTYP=12

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 the NOI of ENFAIDJUG is linked to LIENTTYP=12

DSUIVI

How long has this supervision lasted?

- [Number of days] |__|_|
- [Number of months] |__|_|
- [Number of years] |__|_|

DSUIVIP

D=number of days, M=number of months, Y=number of years |__|_| |__|_| |__|_|

If AIDASS =1 and/or AIDSOC=1 and/or AIDED=1 and/or AIDJUG=1

AEMOD

Is/are he/she/they 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

- *ENFAIDEDU1 First person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDEDU2 Second person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDEDU3 Third person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDEDU4 Fourth person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDEDU5 Fifth person NOI/NOIFRA/NOIDFRA |____|
- *ENFAIDEDU6 Sixth person NOI/NOIFRA/NOIDFRA |____|

If AEMOD = 1 or 2 and the NOI of ENFAIDEDU is associated with LIENTYP=12

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 (D1 to 12) (NA=88, DK 99) |__|__|

DATPRA

Year (2010, 2011 and 2012) (NA=8888, DK 9999) |__|__|__|__|

DELAIPR

(Constructed variable) Time in days between start of supervision and the date of the 2-month telephone interview

|__|__|

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 assistance?

TYPAIDE1 The direct or indirect payment of rent 1 Yes / 2 No

TYPAIDE2 Alimony 1 Yes / 2 No

TYPAIDE3 Other financial assistance 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPAIDE3 = 1

TYPAIDEP

Is this other financial assistance:

1 ...Regular

2 ...Occasional

TYPE OF CARE

Questionnaire concerned: «"referent mother"»

"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 his/her/their father
- 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 INFCONJ#2 to 4 or FC_RECON=1 or FC_PLAPER#2 to 5 or FC_PLARECON=1

GARDPER

Is this other person the father of the child (of your children)?

- 1 Yes
- 2 No ⇒ TYPGARD1

If GARDPER=1

GARDPER1

Is he/she minded by someone other than you and the father?

- 1 Yes
- 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** Other reason (specify) 1 Yes / 2 No

If PQGARD7 =1

***PQGARDDP**

Other reason (specify) _____

If GARDREG2=1 or GARDREG2J=1

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 SERVICES

If GARDREG2 = 1 or GARDREG2J=1

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** Town hall 1 Yes / 2 No
- INFGARD7** An organization 1 Yes / 2 No
- INFGARD8** Other information resource 1 Yes / 2 No

INT: SEVERAL ANSWERS POSSIBLE

If INFGARD=8

***INFGARDP**

Which other information resource? (Maximum 50 characters) _____

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 type of care will it 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 The child's grandparents 1 Yes / 2 No

TYPGARD5 Another member of the family 1 Yes / 2 No

TYPGARD6 Other 1 Yes / 2 No

INT: 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 father?

- 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