# **CHEQ**



# THE CHILDHOOD EXPERIENCES QUESTIONNAIRE (CHEQ)

This questionnaire was made to better understand the experiences children have had before starting kindergarten.

Throughout this questionnaire, we will ask you to recall information about your child's experiences in different areas of development. We understand that you may not be able to recall exact times or dates. Please fill out the questions to the best of your ability or knowledge. The examples provided in this questionnaire are to be used as guides and are not considered complete lists. **All questions are optional.** 

Your child's school will retain **Part 1: Childhood Experiences** of this questionnaire for planning purposes.

Your answers to **Part 2: Private Information** will <u>not</u> be shared with your child's school. Your answers will remain confidential and will only be shared for research purposes.

Your answers to **Part 3: COVID-19 Pandemic** will be combined with those from other parents/caregivers, and shared with school personnel at the school, school district and neighbourhood level anonymously.

The Human Early Learning Partnership recognizes and respects diversity within families including cultural background, lifestyle, values, and child rearing practices. This questionnaire aims to reflect this diversity.

If you have any questions about the CHEQ or how to fill out the questionnaire, please email us at: <a href="mailto:cheq@help.ubc.ca">cheq@help.ubc.ca</a>.



H20-02241 July 11, 2023

# PART 1: CHILDHOOD EXPERIENCES



Information you provide in this section may be shared with school personnel. School personnel follow their professional practice guidelines for safeguarding this child's personal information and individual reports are not made public.

What is your relationship to this child?
O Parent
O Foster Parent
○ Grandparent
Both parents completing together
Other
Clear
Where are you completing this questionnaire?
O At this child's school
O At home
O At work
Other
Clear

## SECTION 2: PHYSICAL HEALTH AND WELL-BEING

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In general, would you say this child's health is 🕞	
○ Excellent	
○ Very good	
○ Good	
○ Fair	
O Poor	
Clear	
In the last 12 months, did this child visit with any of the followi	ng health care
professionals? (Check all that apply)	
☐ Family Doctor/Nurse Practitioner	
☐ Public Health Nurse	
□ Dentist	
☐ No, this child did not visit these health care professionals in the last 1	2 months

	nich barriers did this child or your family face when trying to see a health care ofessional? (Check all that apply)
	No barriers
	Did not need to see one
	Transportation
	Cost
	Appointment availability/waiting list
	Not having enough time
	Distance from home/work
	Hours the health care professional was available
	Services are not available in my language/for my culture
	Services are not culturally safe or relevant
	Did not know how to find one/get an appointment
	No access or lost access to health care professional
	Other
In	the <u>last 12 months</u> , have there been any stressful events in this child's life?
(	
	ou would like help or support, please dial or text 2-1-1 to be connected with local programs and
	No. O Vos. O Profer pet to anguer
	No Yes Prefer not to answer
W	hat stressful events?
	What stressful events?

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#### **SECTION 3: NUTRITION**

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In the <u>last 6 months</u> , how often did this child eat breakfast?	
○ Never	
Once a week or less	
○ A few times a week	
O Most days	
○ Every day	
Clear	)
In the <u>last 6 months</u> , how often did this child eat a meal togeth family member?	er with another
○ Never	
Once a week or less	
○ A few times a week	
O Most days	
○ Every day	
Clear	

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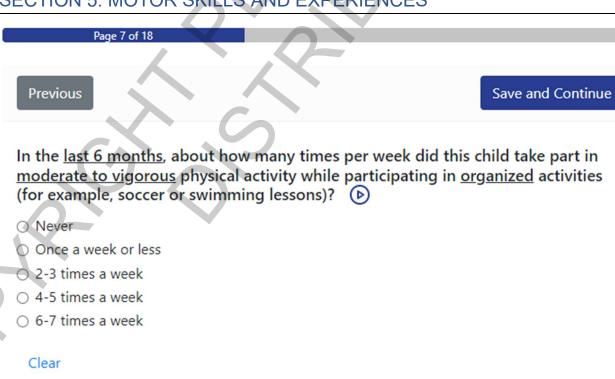
In the <u>last 6 months</u>, how often did this child eat or drink: (Please note, the examples provided are not a complete list)

	7
Vegetables (including fresh, frozen, canned or cooked)	(
○ Never	
Once a week or less	
○ A few times a week	
Once a day	
More than once a day	
Clear	
Fruits (including fresh, frozen, canned or cooked)	
○ Never	
Once a week or less	
A few times a week	
Once a day	
O More than once a day	
Clear	
Sugary drinks (including fruit juices or soda/pop)	
Never	
Once a week or less	
A few times a week	
Once a day	
More than once a day	

#### **SECTION 4: SLEEP**

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How many hours does this child	usually sleep at night? D
O Less than 9 hours	
○ 9 hours	
○ 10 hours	
○ 11 hours	
○ 12 hours	
○ 13 hours	
O More than 13 hours	
Clear	

#### **SECTION 5: MOTOR SKILLS AND EXPERIENCES**



In the <u>last 6 months</u>, how many minutes a day did this child take part in <u>moderate to vigorous</u> physical activity while participating in <u>unorganized</u> activities (for example, bike or scooter ride, drop-in gym program)?

- O No unorganized activities
- O Fewer than 15 minutes a day
- 15 to 30 minutes per day
- 31 to 60 minutes per day
- 61 to 120 minutes per day
- O More than 120 minutes per day
- O Don't know

Clear

Over the last 6 months, how often did this child play outdoors?

(D)

- O Never
- Once a week or less
- 2 to 3 days a week
- 4 to 5 days a week
- 6 to 7 days a week

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For the next question, please think about how much the following statement describes this child.

When given the chance, this child likes to take risks when playing outside (for example, climb up as high as they like, play-wrestle or ride a bike really fast).

- O Not at all like this child
- O A little bit like this child
- O More or less like this child
- O A lot like this child
- Always like this child

Clear

In the <u>last 6 months</u>, how often did this child have the chance to do this?

- O Not yet
- O Less than once a month
- O A few times a month
- About once a week
- O A few times a week
- Most days or every day

#### SECTION 6: LANGUAGE AND COGNITION

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In the last 6 months, how often did	you or another adult in th	is child's
household:		
	•	
Read books or tell stories with this	child?	
○ Not yet	20	•
<ul> <li>A few times a month or less</li> </ul>		
About once a week		
○ A few times a week		
Most days or every day		
Clear		
Talk with this child about pictures, life?	signs and words they experie	ence in daily
O Not yet		
A few times a month or less		
About once a week	•	
○ A few times a week		
Most days or every day		
Clear		

Sing songs, make music, drum, do rhymes or dance with this child?
O Not yet
A few times a month or less
About once a week
○ A few times a week
Most days or every day
Clear
In the <u>last 6 months</u> , how often did this child:
Do arts and crafts (for example, weaving, draw pictures, paint or colour)?
O Not yet
○ A few times a month or less
O About once a week
O A few times a week
Most days or every day
Clear
Build things (for example, using blocks, playdough or Lego <sup>TM</sup> )?
O Not yet
A few times a month or less
O About once a week
A few times a week
Most days or every day
Clear

Use pencils or markers to write or draw letters or numbers or pretend to write?

- O Not yet
- O A few times a month or less
- O About once a week
- O A few times a week
- O Most days or every day

Clear

Do dress up, pretend play or make believe?

O

- O Not yet
- O A few times a month or less
- About once a week
- O A few times a week
- O Most days or every day

# SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

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For the following questions we are asking you to think about the	last 6
months:	
How often has this child played with children other than siblings?	D
O Not yet	
Less than once a month	
A few times a month	
O About once a week	
O A few times a week	
Most days or every day	
Clear	
How often did this child have a <u>close friendship</u> with another child a the same age? In other words, someone they were excited to see an time with, got along well with, shared likes and interests.	
○ Never	
○ Rarely	
<ul> <li>Sometimes</li> </ul>	
Often	
O Always	
Clear	
Sicur	

How often do you or another adult involve this child in household chike cooking, cleaning, setting the table or caring for pets?	101
O Not yet	
O Less than once a month	
A few times a month	
○ About once a week	
○ A few times a week	
Most days or every day	
Clear	
ow often did you talk with this child about:	
<u>Their positive</u> interactions with other children (for example, a recent experience sharing with or helping another child)?	
O Not yet	
O Less than once a month	
A few times a month	
About once a week	
A few times a week	
Most days or every day	
Clear	
Their negative interactions with other children (for example, a recent experience of fighting with another child or feeling excluded)?	t
Not yet	
Less than once a month	
A few times a month	
About once a week	
A few times a week	
Most days or every day	
Clear	

# Their emotions or feelings? Not yet Less than once a month A few times a month About once a week

Most days or every day

O A few times a week

Clear

Others' emotions or feelings (for example, another child or adult)?

- O Not yet
- O Less than once a month
- O A few times a month
- O About once a week
- A few times a week
- O Most days or every day

#### **SECTION 8: SCREEN-TIME**

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In the <u>last 6 months</u>, on average, how much <u>time per day</u> did this child use an electronic device like a tablet, smartphone, TV or computer?

- None
- O Less than 15 minutes
- 15 minutes to 1 hour
- O 1 to 2 hours
- O More than 2 hours

#### **SECTION 9: EARLY LEARNING AND CARE**

# Page 12 of 18 Save and Continue Previous For the following questions, please respond for each age range: From 18 months to under 3 years, what was the child care arrangement you used the most for this child? O Parental care only A relative (other than parent) A licensed daycare or child care centre Licensed preschool A licensed family child care home An unlicensed family child care home An unlicensed caregiver in their home A caregiver in my home Aboriginal Head Start Other Clear On average, how many hours per week was this child in the main arrangement? 8 hours or less per week O 9 to 15 hours per week 16 to 30 hours per week O More than 30 hours per week

From 3 years to kindergarten entry, what was the child care arrangement yused the most for this child?
O Parental care only
A relative (other than parent)
A licensed daycare or child care centre
○ Licensed preschool
A licensed family child care home
An unlicensed family child care home
An unlicensed caregiver in their home
○ A caregiver in my home
Aboriginal Head Start
○ Other
Clear

On average, how many hours per week was this child in the main arrangement?

- 8 hours or less per week
- 9 to 15 hours per week
- 16 to 30 hours per week
- O More than 30 hours per week

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What challenges have you experienced when looking for early learning and child care arrangements? (Check all that apply)

- □ No challenges experienced
- ☐ Cost
- Availability of spaces
- □ Being on a waitlist
- Quality of the staff/activities/space
- ☐ Hours the program operates
- Transportation
- □ Distance from home/work
- ☐ Information about early learning and child care options
- ☐ Availability of programs that are inclusive for children with special needs
- ☐ Availability of programs meeting my language or cultural needs
- ☐ Not applicable
- □ Other

#### **SECTION 10: GENERAL ACTIVITIES**

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# In the <u>last 12 months</u>, how often did this child use the following community activities/resources?

				_		
	Not available in my community	Ne ver	Once a month or less	A few times a month	Once a week	A few times a week or more
Art, music or drama programs	0	0	0	0	0	0
Cultural activities programs	0	0	0	0	0	0
StrongStart program		0	.0	0	0	0
Public Library or Story Time program	6/	0	29	0	0	0
Family Resource Centre (e.g., Family Drop-In Program, Local Neighbourhood House)	0	0	0	0	0	0
Park/Playground	Co	0	0	0	0	0
Local community/recreation centre	0	0	0	0	0	0
Faith-based program	0	0	0	0	0	0

Think about the <u>last 12 months</u>, were there any local activities that you wanted to do <u>with this child</u> but couldn't?

○ No ○ Yes

Clear

What stopped you from participating? (Check all that apply)



- Transportation
- ☐ Cost
- Available spaces
- ☐ Not having enough time
- □ Distance from home/work
- ☐ Hours the program operates
- ☐ Availability of activities that are inclusive for children with special needs
- ☐ Availability of activities meeting my language or cultural needs
- Availability of activities that are culturally safe or relevant
- ☐ Didn't know the activity was offered
- ☐ Not available in my community
- □ Other

#### SECTION 11: EXPERIENCES IN NEIGHBOURHOOD

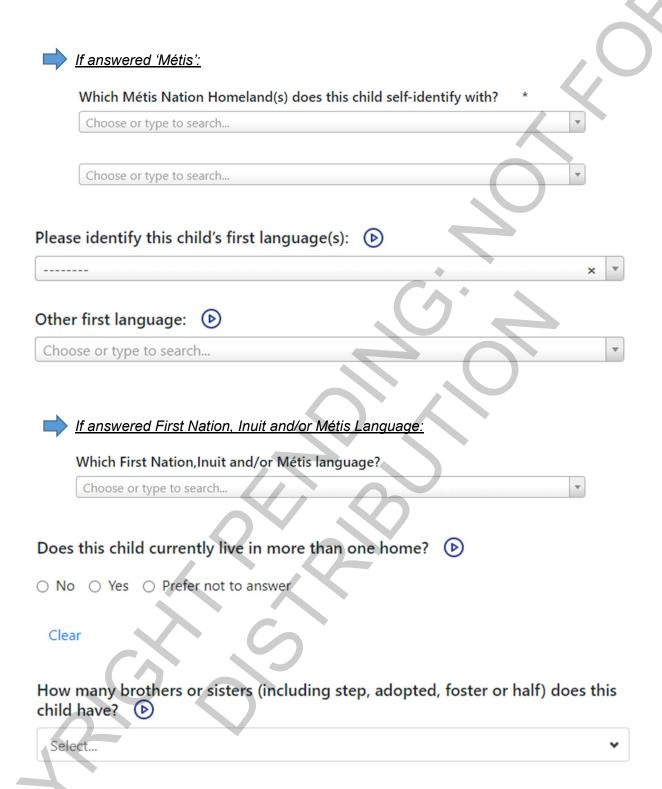


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# SECTION 12: DEMOGRAPHICS

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What is your gender identity?	
○ Woman	
○ Man	
O Non-binary person	
Two parents responding together	
O Prefer not to answer	
Clear	
In what way would this child describe themselves?	
ОВоу	
○ Girl	
○ In another way	
Clear	
Was this child born in Canada?	
○ No ○ Yes ○ Prefer not to answer	
Clear	

What is this child's	s ethnicity? (Check all that apply)	
☐ Indigenous (First	Nations, Inuit, Métis)	V
☐ East Asian origins	s (for example, Chinese, Japanese, Korean)	
☐ South Asian origi	ins (for example, Indian, Punjabi, Pakistani)	
☐ Southeast Asian o	origins (for example, Filipino, Thai, Vietnamese)	,
<ul> <li>Latin American or</li> </ul>	rigins (for example, Brazilian, Cuban, Bolivian)	
<ul><li>European origins</li></ul>	(for example, British, Italian, Russian)	
	rigins (for example, Iranian, Turkish, Afghani)	
_	or example, Nigerian, Ghanaian, Zimbabwean)	
☐ Other		
I de letter da		
is this child First N	lations, Inuit, or Métis? (Check all that apply)	
□ No		
☐ First Nations		
☐ Inuit		
☐ Métis		
☐ Prefer not to answ	wer	
if answered 'F	<u>'irst Nations':</u>	
For a list of Natio	ons and languages sorted by province/territory that are available to select on	
the CHEQ, please	e see the Indigenous Nations & Languages in Canada resource.	
Maril Er chi		
	ation(s) does this child self-identify with?	
Choose or type	to search	*
Choose or type	e to search	₩.
If answered 'In	nuit'	
Which Inuit No with?	unangat community/communities does this child self-identify	
Choose or type	e to search	w
Choose of type	CO SCULCTIM	
Channa artima	a to soarch	J
Choose or type	: to Search	



# PART 2: PRIVATE INFORMATION



## Part 2: Private Information

Information you provide in this section is confidential. Your responses to these questions are not provided to this child's school.

Using a scale of 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied, please answer the following question:

All things considered, how satisfied are you with your life as a whole these days? Select...

#### Which of the following best describes your highest educational level? (D)

- Less than high school completion
- High school completion (or equivalent)
- Some post-secondary education
- O Post-secondary certificate or diploma
- Undergraduate degree
- Graduate or professional degree
- O Prefer not to answer
- Other

July 11, 2023

If applicable, which of the following best describes the highest educational for the second parent/caregiver living in the child's home?
O Not applicable
Less than high school completion
O High school completion (or equivalent)
Some post-secondary education
O Post-secondary certificate or diploma
○ Undergraduate degree
Graduate or professional degree
O Prefer not to answer
Other
Clear
Which of the following best describes your <u>current</u> marital status?
○ Single
○ Common law
○ Married
○ Separated
○ Divorced
○ Widowed
O Prefer not to answer
Other
Clear

the <u>last 12 months</u> , <u>before</u> taxes?
O Under \$20,000
○ \$20,000 to \$49,999
○ \$50,000 to \$74,999
○ \$75,000 to \$99,999
○ \$100,000 to \$149,999
○ \$150,000 to \$199,999
○ \$200,000 or more
O Prefer not to answer
Clear
Which one of the following best describes your current employment status? (Check all that apply)
☐ Stay-at-home parent/caregiver
☐ On parental leave
☐ Working 30 hours or more a week
☐ Working less than 30 hours a week
☐ Attending school/college/university/job training
☐ Not working/looking for paid work
☐ Prefer not to answer
□ Other

If applicable, which of the following best describes the current employment status for the second parent/caregiver living in the child's home? (Check all that apply)
□ Not applicable
☐ Stay-at-home parent
☐ On parental leave
☐ Working 30 hours or more a week
☐ Working less than 30 hours a week
☐ Attending school/college/university/job training
☐ Not working/looking for paid work
☐ Prefer not to answer
□ Other
In the <u>last 12 months</u> , did you worry that food would run out before your family got money to buy more?
O Never or rarely
○ Sometimes
○ Often
○ Very often
O Prefer not to answer
Clear

# PART 3: COVID-19 Pandemic



### Part 3: COVID-19 Pandemic

Your responses to the following questions will be combined with those from other parents/caregivers, and shared with school personnel at the school, school district and neighbourhood level anonymously. Summaries will **not** include this child's name or any identifying information.

The World Health Organization (WHO) declared COVID-19 as a pandemic in March of 2020. While we are now out of the emergency phase of the pandemic, we would like to know about your feelings and experiences now, compared to before the COVID-19 pandemic.

1. We are interested in how the COVID-19 pandemic has affected your ability to do the following things:

Compared to before the pandemic

	Much less	Less	About the same	More	Much more
I feel rested	0	0	0	0	0
I have time to take care of myself	0	0	0	0	0
l feel connected to my friends/family	0	0	0	0	0
l had access to consistent child care for my child/children	0	0	0	0	0

2. Over the <u>last six months</u> , what was <u>your</u> typical level of stress?
○ Very high
○ High
○ Medium
○ Low
○ Very low
O Prefer not to answer
Clear
3. Has the COVID-19 pandemic affected your overall family income?
○ Yes, our overall income has decreased
○ Yes, our overall income has increased
No, our overall income has not changed
O Prefer not to answer
Clear