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 this 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.

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.

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

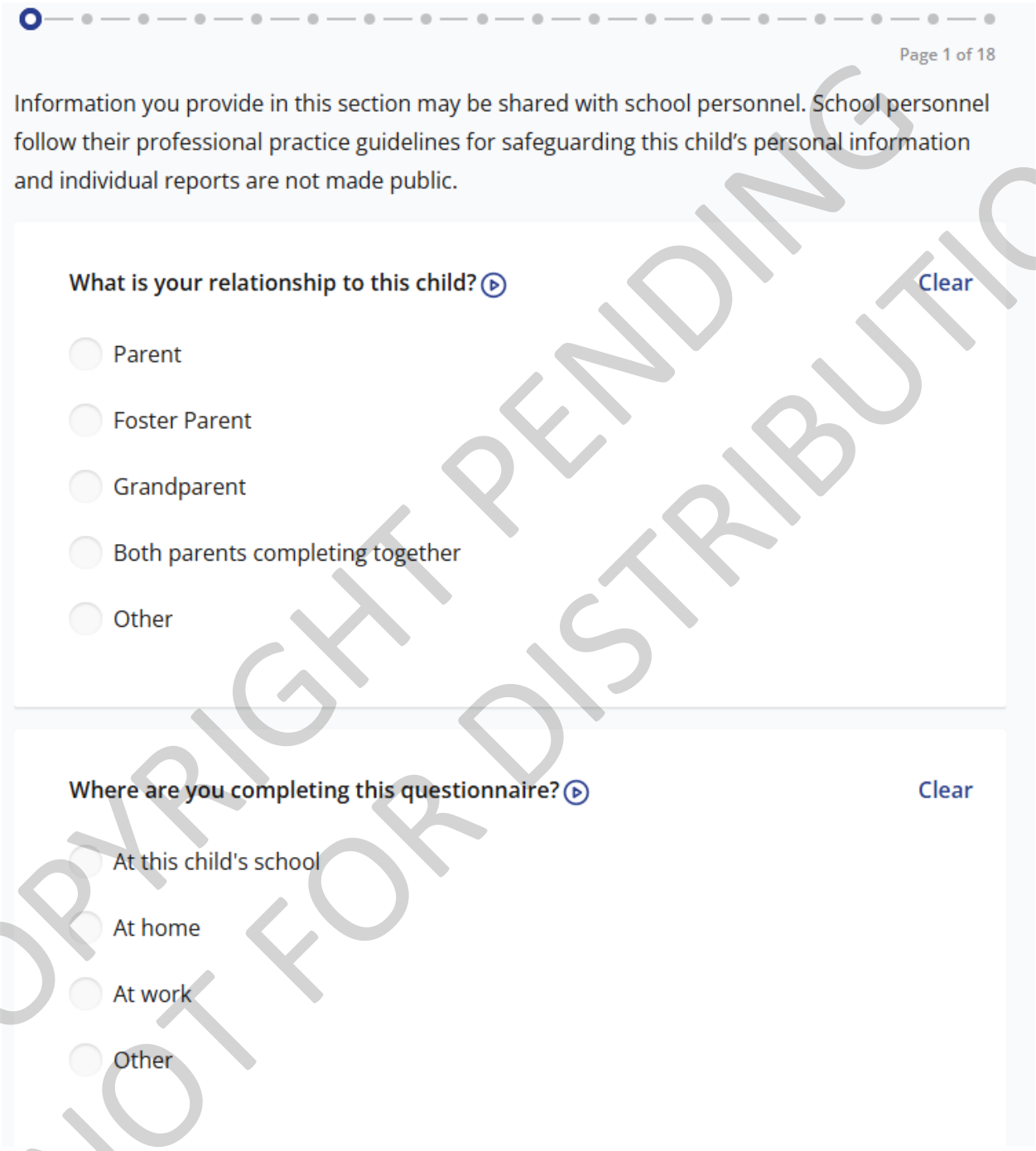
Your answers to **Part 2: Private Information** will not be shared with your child's school. Your answers will remain confidential and will only be shared for research purposes.

If you have any questions about the CHEQ or how to fill out the questionnaire, please email us at: cheq@help.ubc.ca.

HUMAN EARLY LEARNING PARTNERSHIP

UBC

PART 1: CHILDHOOD EXPERIENCES



Page 1 of 18

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? Clear

- Parent
- Foster Parent
- Grandparent
- Both parents completing together
- Other

Where are you completing this questionnaire? Clear

- At this child's school
- At home
- At work
- Other

SECTION 2: PHYSICAL HEALTH AND WELL-BEING

Page 2 of 18

In general, would you say this child's health is... Clear

- Excellent
- Very good
- Good
- Fair
- Poor

We only ask the following question to provide context for your answers in the survey. This information will not be used for any assessment or service provision purposes.

Does your child have any disabilities or health concerns, whether currently diagnosed or not, that might affect their participation in social, academic or physical activities? Clear

- Yes
- No
- Prefer not to answer

If yes, please check all that apply.

- [ ] Anxiety
- [ ] Asthma
- [ ] Attention Deficit Hyperactivity Disorder (ADHD)
- [ ] Autism Spectrum Disorder (ASD)
- [ ] Blind/Visually impaired
- [ ] Deaf/Hard of hearing
- [ ] Epilepsy
- [ ] Intellectual delay
- [ ] Language disorder
- [ ] Learning disability
- [ ] Other (please specify)

In the last 12 months, did this child visit with any of the following health care professionals? (Check all that apply)

- [ ] Family Doctor/Nurse Practitioner
- [ ] Public Health Nurse
- [ ] Dentist
- [ ] Audiologist (Hearing test)
- [ ] Optometrist/Ophthalmologist (Vision test)
- [ ] No, this child did not visit these health care professionals in the last 12 months

Which barriers did this child or your family face when trying to see a health care professional? (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 (please specify)

In the last 12 months, have there been any stressful events in this child's life? (Check all that apply)

If you would like help or support, please dial or text 2-1-1 to be connected with local programs and services

- [ ] Death of a parent/caregiver
- [ ] Natural disaster
- [ ] Don't know
- [ ] Parental job loss
- [ ] Birth of a sibling
- [ ] Move to a new community
- [ ] Parents' separation and/or divorce
- [ ] Major illness, accidents or hospitalization of your child
- [ ] Major illness, accidents or hospitalization of a family member
- [ ] Death of a close family member
- [ ] Prolonged separation from a parent
- [ ] My child has not experienced any stressful events

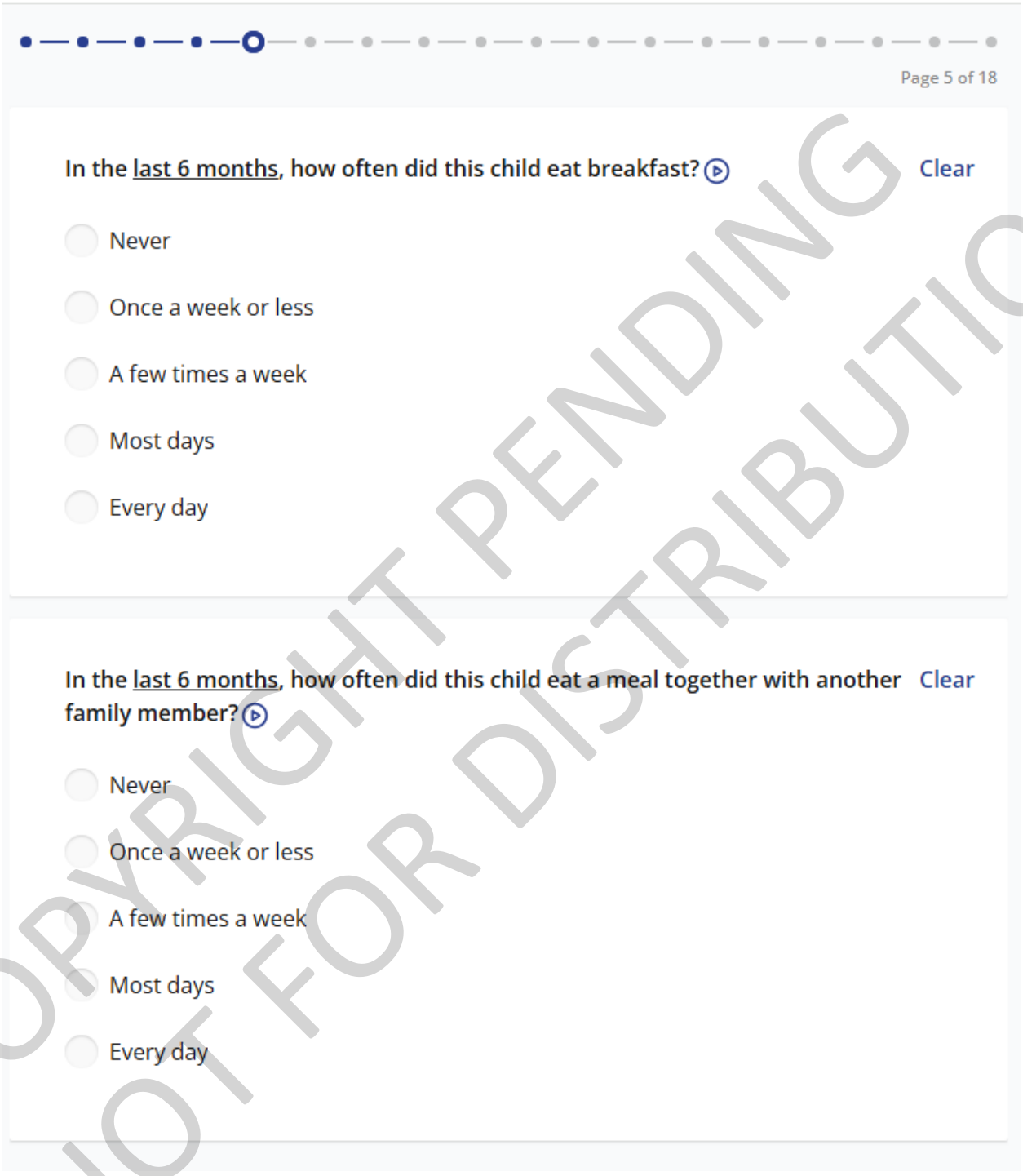
From 3 years to kindergarten entry, has this child or your family accessed any of the following programs or supports? (Check all that apply)

- [ ] Occupational therapy/Physical therapy
- [ ] Speech language intervention
- [ ] Visit with another medical specialist
- [ ] Counsellor/Therapist
- [ ] Supported child development program
- [ ] None of the above
- [ ] Other

Which barriers did this child or your family face when trying to use these types of programs or supports? (Check all that apply)

- [ ] Not applicable
- [ ] Transportation
- [ ] Cost
- [ ] Available spaces
- [ ] Not having enough time
- [ ] Distance from home/work
- [ ] Hours the program operates
- [ ] Appointment availability/waiting list
- [ ] Services are not available in my language/for my culture
- [ ] Services are not culturally safe or relevant
- [ ] Did not know about it
- [ ] Was not referred
- [ ] No access to these programs in my community
- [ ] Other

SECTION 3: NUTRITION



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

Vegetables (including fresh, frozen, canned or cooked) Clear

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

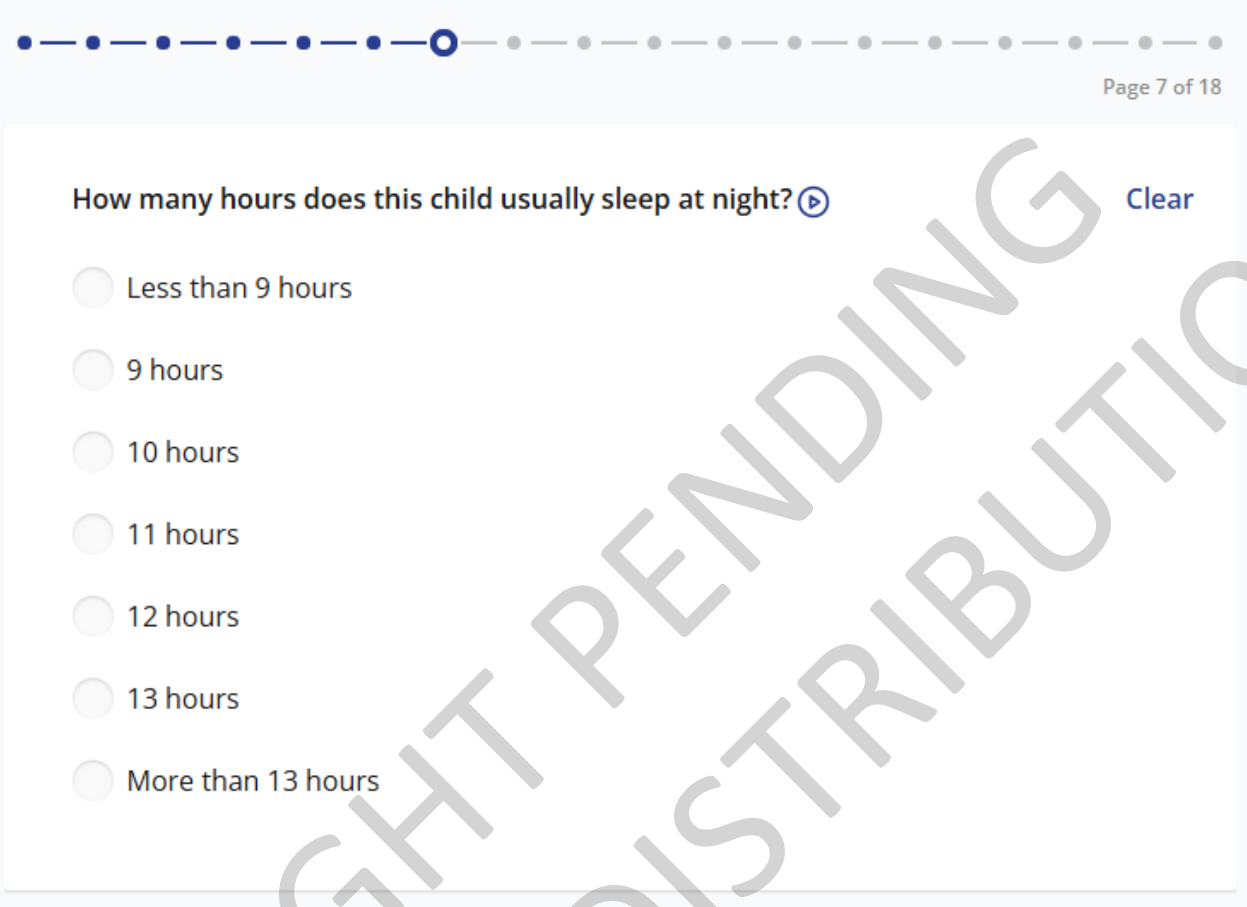
Fruits (including fresh, frozen, canned or cooked) Clear

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

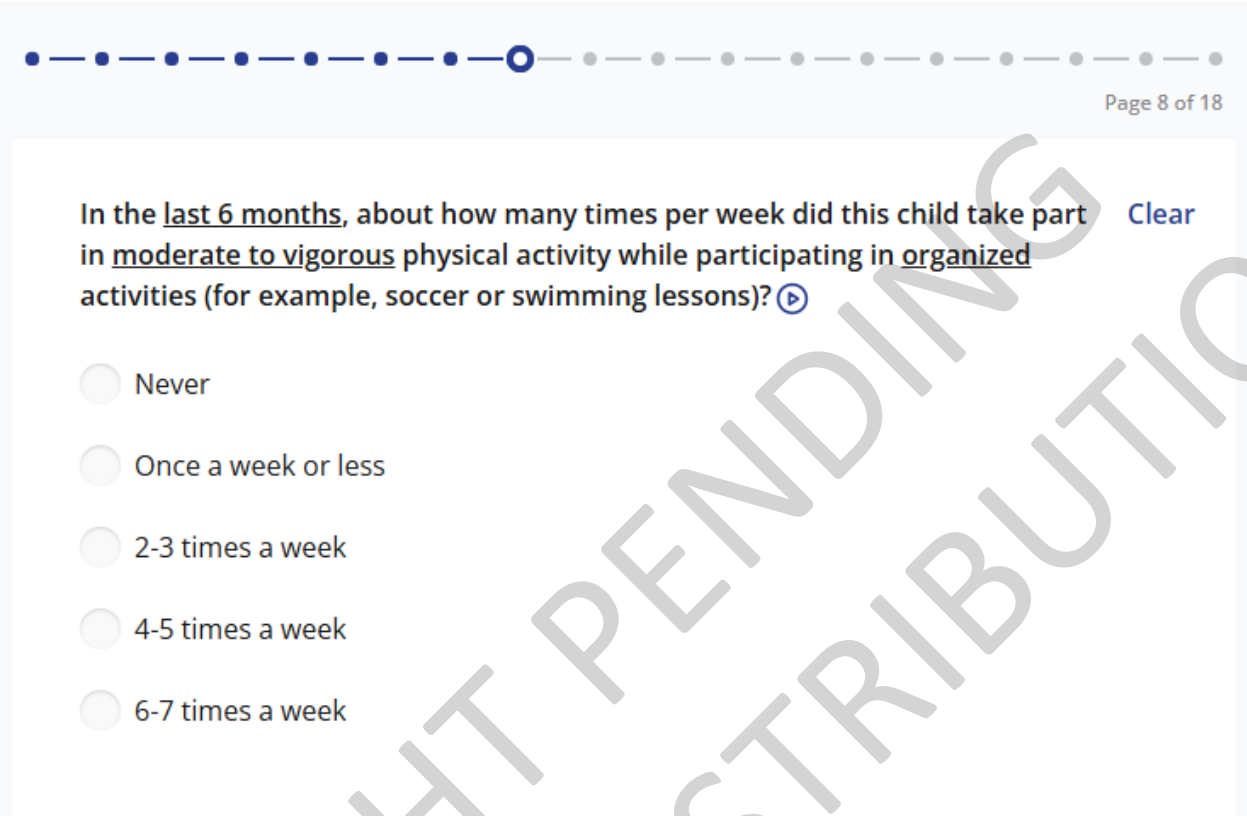
Sugary drinks (including fruit juices or soda/pop) Clear

- Never
- Once a week or less
- A few times a week
- Once a day
- More than once a day

SECTION 4: SLEEP



SECTION 5: MOTOR SKILLS AND EXPERIENCES



Page 8 of 18

In the last 6 months, about how many times per week did this child take part in moderate to vigorous physical activity while participating in organized activities (for example, soccer or swimming lessons)? Clear

- Never
- Once a week or less
- 2-3 times a week
- 4-5 times a week
- 6-7 times a week

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

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

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

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

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

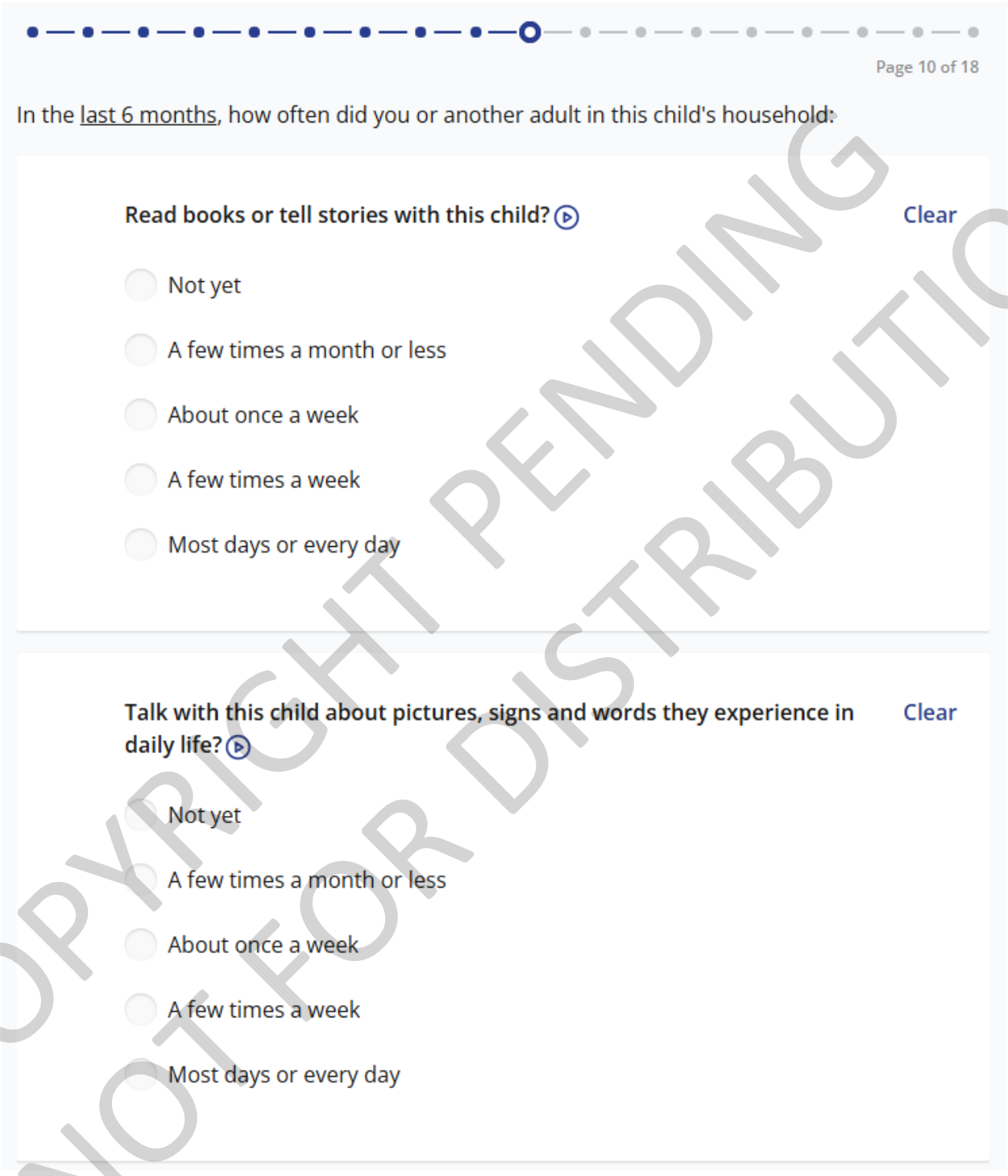
When given the chance, this child likes to take risks when playing outside (for example, climb up as high as they like, play-wrestle or ride a bike really fast). Clear

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

In the last 6 months, how often did this child have a chance to do this? Clear

- 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

SECTION 6: LANGUAGE AND COGNITION



Page 10 of 18

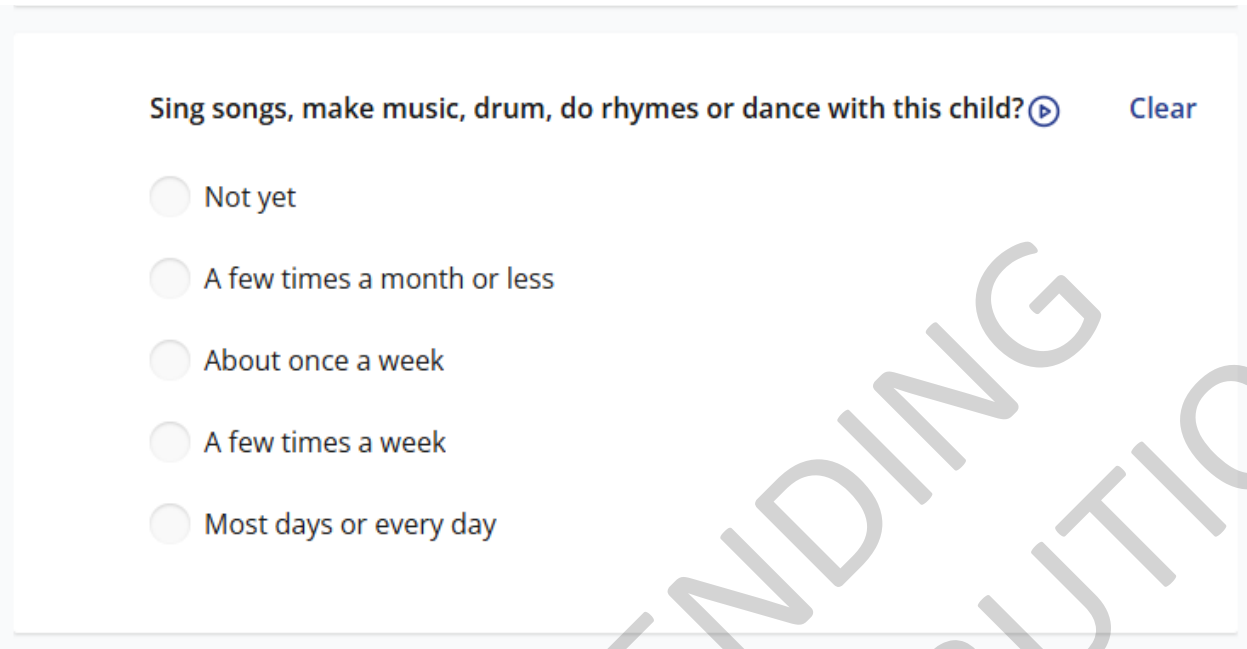
In the last 6 months, how often did you or another adult in this child's household:

Read books or tell stories with this child? Clear

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

Talk with this child about pictures, signs and words they experience in daily life? Clear

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



In the last 6 months, how often did this child:

Do arts and crafts (for example, weaving, draw pictures, paint or colour)? Clear

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

Build things (for example, using blocks, playdough or Lego™)? Clear

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

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

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

Do dress up, pretend play or make believe? Clear

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

SECTION 7: SOCIAL AND EMOTIONAL EXPERIENCES

Page 11 of 18

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? Clear

- 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

How often did this child have a close friendship with another child around the same age? In other words, someone they were excited to see and spend time with, got along well with, shared likes and interests. Clear

- Never
- Rarely
- Sometimes
- Often
- Always

How often do you or another adult involve this child in household chores, like cooking, cleaning, setting the table or caring for pets? Clear

- 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

How often did you talk with this child about:

Their positive interactions with other children (for example, a recent experience sharing with or helping another child)? Clear

- 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

Their negative interactions with other children (for example, a recent experience of fighting with another child or feeling excluded)? Clear

- 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

Their emotions or feelings? Clear

- 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

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

- 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

SECTION 8: SCREEN-TIME

Page 12 of 18

For the following questions we are asking you to think about the last 6 months and this child's use of **electronic devices like a tablet, smartphone, TV or computer**:

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

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

On average, how much time per day did this child use an electronic device alone (without another child or adult)? Clear

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

I am confident about managing this child's use of electronic devices. Clear

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I have the information I need to make decisions about this child's use of electronic devices. Clear

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

SECTION 9: EARLY LEARNING AND CARE

Page 13 of 18

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? Clear

- 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

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

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

From 3 years to kindergarten entry, what was the child care arrangement you used the most for this child? Clear

- 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

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

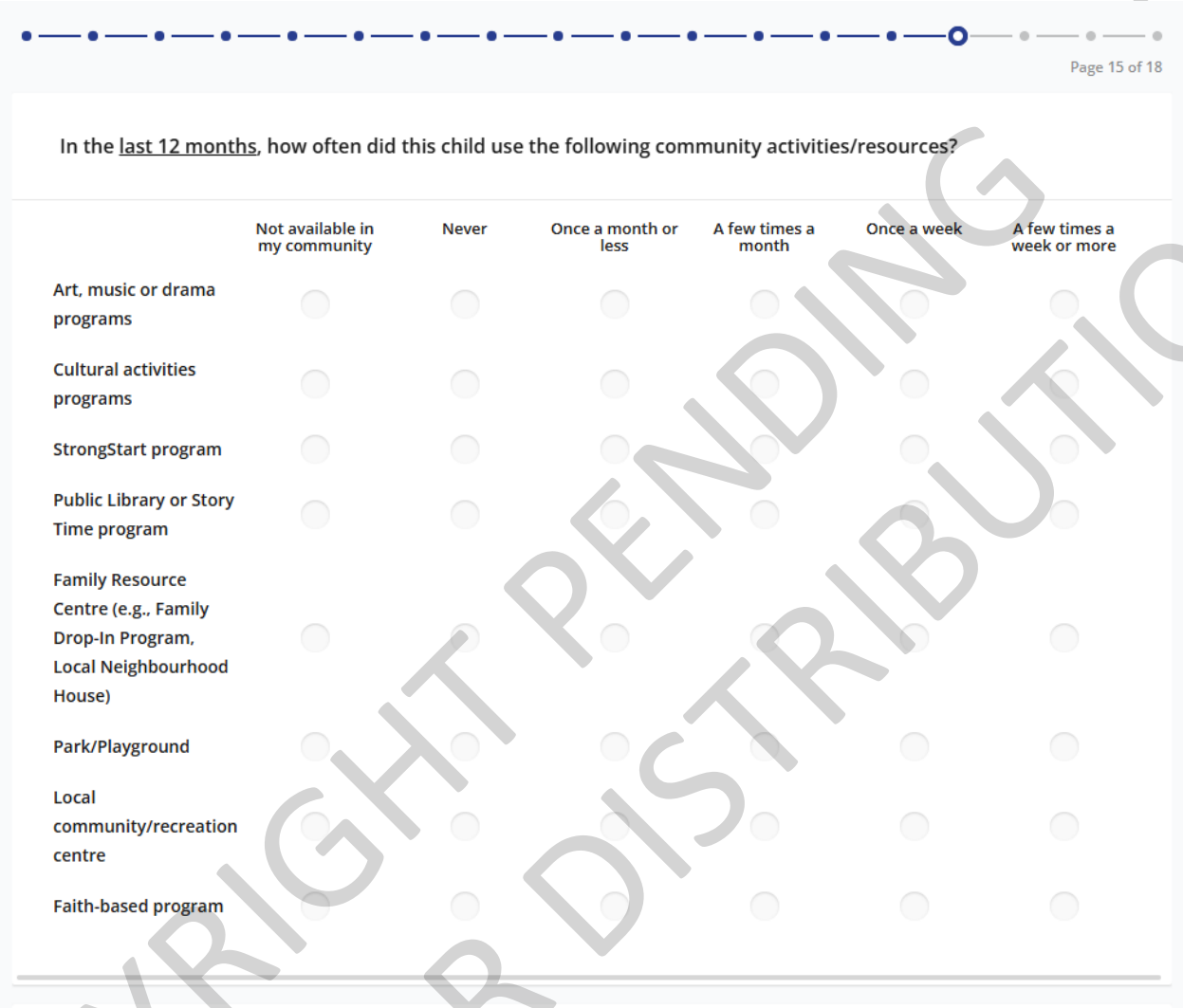
- 8 hours or less per week
- 9 to 15 hours per week
- 16 to 30 hours per week
- More than 30 hours per week

Page 14 of 18

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

- [ ] 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
- [ ] No challenges experienced
- [ ] Other

SECTION 10: GENERAL ACTIVITIES



Page 15 of 18

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

	Not available in my community	Never	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						
Cultural activities programs						
StrongStart program						
Public Library or Story Time program						
Family Resource Centre (e.g., Family Drop-In Program, Local Neighbourhood House)						
Park/Playground						
Local community/recreation centre						
Faith-based program						

Think about the last 12 months, were there any local activities that you wanted to do with this child 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

Page 16 of 18

In the last five years, how many times has this child moved homes? Clear

- Did not move
- 1
- 2
- 3
- 4
- 5 or more
- Don't know

How long has this child lived in their current neighbourhood? For children who live in more than one neighbourhood, please think about the one in which they spend the most time. Clear

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

How safe are the parks and places in this child's neighbourhood? Clear

- Very unsafe
- Somewhat unsafe
- Neither unsafe nor safe
- Somewhat safe
- Very safe

How many people in your neighbourhood can you count on? This may include things like collecting your mail when away, occasional child minding or for emergencies. Clear

- 0
- 1
- 2
- 3
- 4
- 5 or more

SECTION 12: DEMOGRAPHICS

What is this child's ethnicity? (Check all that apply)

- ☐ Indigenous (First Nations, Inuit, Métis)
- ☐ East Asian origins (for example, Chinese, Japanese, Korean)
- ☐ South Asian origins (for example, Indian, Punjabi, Pakistani)
- ☐ Southeast Asian origins (for example, Filipino, Thai, Vietnamese)
- ☐ Latin American origins (for example, Brazilian, Cuban, Bolivian)
- ☐ European origins (for example, British, Italian, Russian)
- ☐ Middle Eastern origins (for example, Iranian, Turkish, Afghani)
- ☐ African origins (for example, Nigerian, Ghanaian, Zimbabwean)
- ☐ Other

Is this child First Nations, Inuit, or Métis? (Check all that apply)

- ☐ No
- ☐ First Nations
- ☐ Inuit
- ☐ Métis
- ☐ Prefer not to answer

If answered 'First Nations':

For a list of Nations and languages sorted by province/territory that are available to select on the CHEQ, please see the Indigenous Nations & Languages in Canada resource.

Which First Nation(s) does this child self-identify with?

Choose or type to search...

Choose or type to search...

If answered 'Inuit':

Which Inuit Nunangat community/communities does this child self-identify with?

Choose or type to search...

Choose or type to search...

If answered 'Métis':

Which Métis Nation Homeland(s) does this child self-identify with? *

Choose or type to search...

Choose or type to search...

Please identify this child's first language(s):

Choose or type to search...

Other first language:

Choose or type to search...

If answered First Nation, Inuit and/or Métis Language:

Which First Nation,Inuit and/or Métis language?

Choose or type to search...

Does this child currently live in more than one home? Clear

- No
- Yes
- Prefer not to answer

How many brothers or sisters (including step, adopted, foster or half) does this child have?

- 0
- 1
- 2
- 3
- 4
- 5 or more

Page 18 of 18

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.

Did you access any of the following pregnancy and/or parenting resources, either in print or online? Clear

- ➤ Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care
- ➤ Toddler's First Steps: A Best Chance Guide to Parenting Your 6-to-36 Month-Old Child

- ○ Yes, for this child and/or another child
- ○ No
- ○ Don't know
- ○ Not applicable

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?

Clear

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Prefer not to answer

Over the last six months, what was your typical level of stress? Clear

- Very high
- High
- Medium
- Low
- Very low
- Prefer not to answer

Which of the following best describes your highest educational level? Clear

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

If applicable, which of the following best describes the highest educational level for the second parent/caregiver living in the child's home? Clear

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

Which of the following best describes your current marital status? Clear

- Single
- Common law
- Married
- Separated
- Divorced
- Widowed
- Prefer not to answer
- Other

Which of the following is the best estimate of your overall household income in the last 12 months, before taxes? Clear

- 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
- Prefer not to answer

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 last 12 months, did you worry that food would run out before your family got money to buy more? Clear

- ( ) Never or rarely
- ( ) Sometimes
- ( ) Often
- ( ) Very often
- ( ) Prefer not to answer