



The Toddler Development Instrument

Thank you for your interest in completing the Toddler Development Instrument (TDI).

Who should fill out the TDI?

The TDI is completed by parents/caregivers of children ages 12-24 months. Participation in this project is voluntary.

What is the TDI about?

The TDI asks about the needs and experiences of toddlers, caregivers, and their families. As we learn about these needs, we can build and strengthen resources to better support children, families, and communities. The TDI respects the many cultures, lifestyles, values, and care practices of families across Canada. It aims to capture and reflect the rich diversity of Canadian families.

Who will see my TDI responses?

Any information collected using the TDI will be reported only at a group level. That means that we combine your responses with others' who live in the same area as you. This protects the privacy of participants.

Can I see the study results?

Once the study is complete, a report will be made available to share with participants.

Thank you for your willingness to partner with us in this important work! Please take all the time you need to answer the questions to the best of your ability. There are no right or wrong answers.



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

HUMAN
EARLY LEARNING
PARTNERSHIP

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Background Information

Today's date (DD/MM/YYYY) _____

How old is this child (in months)? _____

What is this child's sex?

- Male Female _____

Where do you live?

- Campbell River Revelstoke
 Castlegar Richmond
 Comox Valley Trail
 Nisga'a Other (please specify) _____
 Powell River

What is your relationship to this child?

- Mother
 Father
 Foster parent
 Grandparent
 Other adult (please specify) _____

Where are you filling out this survey?

- Strong Start
 Immunization clinic
 Child care centre
 Community/recreation centre
 Drop-in gym/play group
 At home
 Other _____

Are you completing this survey on your own or with someone else?

- On my own With someone else (please specify) _____

Child Activities

1. Is this child interested in other children?

- Yes No Don't know

2. How often do you or another adult in this child's household play with this child?

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

3. How often do you or another adult in this child's household sing songs, make music, dance, or do rhymes with this child?

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

4. How often do you or another adult in this child's household read books or tell stories with this child?

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

5. How often does this child play with other children (including siblings)?

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

6. How often does this child play outdoors?

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

7. On average, how much screen time does this child get per day?

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

Health-Related Behaviours and Resources

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

- Excellent
- Very good
- Good
- Fair
- Poor

9. How many hours does this child usually sleep in a 24 hour period (combining night-time sleep and naps)?

_____ hours

10. How often does this child have ...

	Not at all	Once a week or less	A few times a week	Once a day	More than once a day
Breast milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole-fat milk (3.25% M.F.) or infant formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole grain foods (e.g. quinoa, whole grain bread or pasta, oats or oatmeal, brown or wild rice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protein foods (e.g. eggs, meats and poultry, nuts and seeds, fish, beans, lentils, or tofu)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugary drinks (e.g. fruit juices, fruit drinks, soda/pop)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the last 12 months, how often did anyone in this child's home go hungry because there was not enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Never

12. What challenges have you faced providing this child the nutrition you think they should have? (Check all that apply)

- Cost
- Lack of time for food preparation
- Food I want is not available in my community
- This child does not eat a wide variety of foods (picky eater)
- I'm not sure what this child should be eating
- Other (please specify) _____
- No challenges experienced

13. During the past month, how often did you or another adult brush this child's teeth?

- Not yet
- Less than once a day
- Once a day
- Twice a day or more

13b. Did you use fluoride toothpaste?

- Not applicable
- Yes
- No
- Don't know

14. Has this child ever had her/his teeth checked by a dentist or other health professional (e.g. dental hygienist, dental public health program like "Lift the Lip", family doctor)?

- Yes
- No
- Don't know

15. Does your family have a regular family doctor or health care provider that you can talk to about this child's health?

- Yes
- No
- Don't know

16. Has this child had all of the recommended immunizations for her/his age? (At 2, 4, 6, 12, 18 months)

- Yes
- No, only some
- No, none
- Don't know

17. Does anyone who lives with this child smoke?

- Yes No

Community Resources

18. What is the child care arrangement you use the most for this child?

- Parental care only
 A relative (other than parent)
 A licensed daycare or child care centre
 A licensed family child care home
 An unlicensed caregiver in their home
 A caregiver in my home
 Other (please specify) _____

19. What challenges have you experienced when looking for child care for this child?
 (Check all that apply)

- Cost
 Availability of spaces
 Quality of the staff/activities/space
 Hours the program operates
 Transportation
 Distance from home/work
 Information about child care options
 Other (please specify) _____
 No challenges experienced
 Not applicable

20. How would you rate the overall access to child/family resources in your community
 (e.g. playground, playgroup, park, gym, swimming pool, music/story group)?

- Excellent
 Very good
 Good
 Fair
 Poor

21. What challenges have you experienced when looking for child/family resources in your community? (Check all that apply)

- Cost
- Availability of spaces
- Quality of the staff/activities/space
- Hours the program operates
- Transportation
- Distance from home/work
- Lack of information about resources in the community
- Other (please specify) _____
- No challenges experienced
- Not applicable

Your Social Support

22. How many people in your neighbourhood can you count on? (E.g. to watch your children; drive you to a doctor; take in your mail when you are away, etc.)

- 0 1 2 3 4 5 or more

23. I get the emotional help and support I need from my family and/or friends.

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

Parenting/Caregiving Beliefs and Practices

24. What I do as a parent/caregiver supports this child's development and well-being.

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

25. I feel confident in my ability to provide care for this child.

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

26. I feel I am good at calming this child down when she/he is upset, fussy, or crying.

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

Parent/Caregiver Well-being

27. In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

28. Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very Satisfied", how do you feel about your life as a whole right now?

(0-10)_____

29. Over the past two weeks, how often have you been experiencing any of the following:

29a. Having little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

29b. Feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Demographic Questions

30. What language(s) do you speak most often at home? (Check all that apply)

- English
- French
- Indigenous language(s) (please specify) _____
- Other(s) (please specify) _____

31. Is this child Indigenous? (Check all that apply)

- No
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Don't know

32. How would you describe this child's household?

- Single parent household
- Two parent household
- Other (please specify) _____

33. How many siblings does this child have?

- Siblings under 6 years old (please specify how many) _____
- Siblings 6-17 years old (please specify how many) _____
- Siblings 18 years or older (please specify how many) _____
- No siblings

34. Which of the following best describes your highest educational level?

- 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
- Other (please specify) _____

35. Which of the following best describes your current employment status? (Check all that apply)

- 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
- Other (please specify) _____

36. Did you or a second parent/caregiver take parental leave after this child was born?

- Yes, both parents/caregivers took parental leave
- Yes, one parent/caregiver took parental leave
- No
- Not applicable

36b. How long was the total length of parental leave taken?

- Not applicable
- _____ months

37. Do you or a second parent/caregiver for this child receive any of the following?

(Check all that apply)

- Canada child benefit
- Child disability benefit
- Affordable child care benefit (child care subsidy)
- Child care expense deduction
- Other benefits (please specify) _____
- No benefits received
- Don't know

38. How often do you experience any financial difficulties associated with raising this child/your family?

- Never
- A few times a year or less
- About once a month
- A few times a month
- Most days or every day

39. Which of the following is the best estimate of your overall household income last year, before taxes?

- 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
- Don't know

This is the end of the questionnaire. Thank you very much for your time! Please place your completed questionnaire and feedback form in a sealed envelope and give it back to the TDI facilitator.

Personal Information

Please note: All TDI data are kept in a secure research environment at UBC. Personal information that could identify you or your child will be protected and stored separately from the rest of your answers to the TDI questions. This is so that the answers you gave to the TDI questions are no longer connected to you or your child.

Child's date of birth (DD/MM/YYYY) _____

Child's Personal Health Number (PHN) _____

What is this child's postal code? _____

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