



**2014 Ontario
Child Health
Study**

***Étude sur
la santé des jeunes
Ontariens 2014***

**Spouse/Partner
Questionnaire**

This study is being done by Statistics Canada in collaboration with researchers at McMaster University in Hamilton. The survey will collect information on the health and well-being of children and their parents with a focus on mental health, use of mental health services and the relationship between health, family, neighbourhood and school. We'd like to ask you some general background questions about _____.

1. How would describe _____'s health

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

2. During the past 6 months, how well has he/she gotten along with other kids such as friends or classmates?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems

3. During the past 6 months, how well has he/she gotten along with his/her teacher(s) at school?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems
- 06 Not in school

4. During the past 6 months, how well has he/she gotten along with the family?

- 01 Very well, no problems
- 02 Quite well, hardly any problems
- 03 Pretty well, occasional problems
- 04 Not too well, frequent problems
- 05 Not well at all, constant problems

5. During the past 6 months, which of the statements below best describes how well ____ has been doing in school?

- 01 Very well, excellent student
- 02 Quite well, good student
- 03 Pretty well, average student
- 04 Not too well, below average student
- 05 Not well at all, poor student
- 06 Not in school

6. During the last 6 months, do you think that ____ has had any emotional or behavioural problems?

- 01 Yes
- 02 No → Next Section

7. During that time, did (he/she) tend to have more emotional or behavioural problems than other (boys/girls) of (his/her) age?

- 01 Yes
- 02 No

8. Do you think that ____ needs or needed any professional help with these problems?

- 01 Yes
- 02 No

9. Below is a list of statements that describe some of the behaviours and feeling of children. For each statement, please select the response that best describes this child now or within the past 6 months. You may only select one response

| | Never or Not True | Sometimes or Somewhat True | Often or Very True | | Never or Not True | Sometimes or Somewhat True | Often or Very True |
|---|-------------------|----------------------------|--------------------|---------------------------|-------------------|----------------------------|--------------------|
| Can't concentrate, can't pay attention for long | 0 | 1 | 2 | Too fearful or anxious | 0 | 1 | 2 |
| Can't sit still, restless or hyperactive | 0 | 1 | 2 | Physically attacks people | 0 | 1 | 2 |
| Cries a lot | 0 | 1 | 2 | Runs away from home | 0 | 1 | 2 |
| Cruelty, bullying or meanness to others | 0 | 1 | 2 | Sets fires | 0 | 1 | 2 |
| Cruelty to animals | 0 | 1 | 2 | Steals at home | 0 | 1 | 2 |
| Deliberately harms self or attempts suicide | 0 | 1 | 2 | Steals outside the home | 0 | 1 | 2 |
| Destroys his/her own things | 0 | 1 | 2 | Talks about killing self | 0 | 1 | 2 |
| Destroys things belonging to others | 0 | 1 | 2 | Threatens people | 0 | 1 | 2 |
| Disobedient at school | 0 | 1 | 2 | Truancy, skips school | 0 | 1 | 2 |
| Gets in many fights | 0 | 1 | 2 | Unhappy, sad or depressed | 0 | 1 | 2 |
| Impulsive or acts without thinking | 0 | 1 | 2 | Vandalism | 0 | 1 | 2 |
| Lying or cheating | 0 | 1 | 2 | Worrying | 0 | 1 | 2 |
| Nervous, high-strung or tense | 0 | 1 | 2 | | | | |

10. The next questions are about the problems you marked above or any other problems of behaviour or feelings that _____ might have had **now or in the past 6 months**. How much have these problems interfered with....

| | Not at all | A little | Some-what | A lot | A great deal |
|--|------------|----------|-----------|-------|--------------|
| how well ___ gets along with you and the rest of the family? | 0 | 1 | 2 | 3 | 4 |
| making and keeping friends? | 0 | 1 | 2 | 3 | 4 |
| learning or class work? | 0 | 1 | 2 | 3 | 4 |
| playing, hobbies, sports or other leisure activities? | 0 | 1 | 2 | 3 | 4 |

11. Again, think about problems _____ may have had **now or in the past 6 months**. To what extent have these problems

| | Not at all | A little | Some-what | A lot | A great deal |
|---|------------|----------|-----------|-------|--------------|
| caused you personal upset, distress or worry? | 0 | 1 | 2 | 3 | 4 |
| interfered with your work, recreational activities or socializing with relatives or friends? | 0 | 1 | 2 | 3 | 4 |
| led to bad feelings or relationships with neighbours? | 0 | 1 | 2 | 3 | 4 |
| put a burden on you or the family as a whole? | 0 | 1 | 2 | 3 | 4 |
| been a source of tension, disagreement or conflict with your spouse or partner? | 0 | 1 | 2 | 3 | 4 |
| led to major arguments or disputes with your spouse or partner about how to deal with these problems? | 0 | 1 | 2 | 3 | 4 |

The next questions are about how you relate to _____.

12. Please read each statement below and fill in the circle that most closely describes the way you have acted towards _____ during the **last 6 months**.

| | | Never | Rarely | Sometimes | Often | Always |
|----|---|-------|--------|-----------|-------|--------|
| a) | I enjoy doing things with _____ | 01 | 02 | 03 | 04 | 05 |
| b) | I cheer _____ up when he/she is sad. | 01 | 02 | 03 | 04 | 05 |
| c) | I give _____ a lot of care and attention. | 01 | 02 | 03 | 04 | 05 |
| d) | I listen to _____'s ideas and opinions. | 01 | 02 | 03 | 04 | 05 |
| e) | I speak of the good things _____ does. | 01 | 02 | 03 | 04 | 05 |
| f) | I nag _____ about little things. | 01 | 02 | 03 | 04 | 05 |
| g) | I keep rules only when it suits me. | 01 | 02 | 03 | 04 | 05 |
| h) | I get angry and yell at _____ | 01 | 02 | 03 | 04 | 05 |
| i) | I threaten punishment more often than I use it. | 01 | 02 | 03 | 04 | 05 |
| j) | Whether I enforce or do not enforce a rule depends on my mood. | 01 | 02 | 03 | 04 | 05 |
| k) | I say mean things to make _____ feel bad (e.g. sad, mad, guilty). | 01 | 02 | 03 | 04 | 05 |

These next questions are about your health and early experiences. Many of the questions are very personal. Your responses will be kept confidential. When the report is returned, the information is saved electronically with no personal identifiers and the paper report is destroyed.

13. Are you....

01 Male

02 Female

14. What is your age in years?

_____years

15. What is your relationship to this child?

01 Natural Mother/Father

02 Adoptive Mother/Father

03 Common Law Mother/Father

04 Step Mother/Father

05 Foster Mother/Father

06 Grandparent

07 Aunt/Uncle

08 Brother/Sister

09 Other Relative

10 Guardian but not related

11 Other _____

16. In general, would you say your health is

01 Excellent

02 Very good

03 Good

04 Fair

05 Poor

17. What is your current **weight without shoes** on?

18. What is your current **height without shoes**?

19. At the present time, do you smoke cigarettes daily, occasionally or not at all?

01 Daily

02 Occasionally

03 Not at all

20. The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

| | During that past 30 days, how often did you feel... | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|----|---|-----------------|------------------|------------------|----------------------|------------------|
| a) | ...nervous? | 01 | 02 | 03 | 04 | 05 |
| b) | ...hopeless? | 01 | 02 | 03 | 04 | 05 |
| c) | ...restless or fidgety? | 01 | 02 | 03 | 04 | 05 |
| d) | ...so depressed that nothing could cheer you up? | 01 | 02 | 03 | 04 | 05 |
| e) | ...that everything was an effort? | 01 | 02 | 03 | 04 | 05 |
| f) | ...worthless? | 01 | 02 | 03 | 04 | 05 |

21. Next are some questions about your contacts with health professionals as well as other people about problems with your emotions, mental health or use of alcohol or drugs. **In your lifetime...**

| | | Yes | No |
|----|---|-----|----|
| a) | Did you <u>ever</u> have problems with your <u>emotions</u> , such as intense feelings of sadness, worry, fear, agitation, or anger? | 01 | 02 |
| b) | Did you <u>ever</u> have problems with the <u>use of alcohol or drugs</u> ? | 01 | 02 |
| c) | Did you <u>ever</u> break the law repeatedly or <u>do other things that could get you into trouble with the police</u> ? | 01 | 02 |
| d) | Did you <u>ever</u> talk to a doctor or counselor about problems with your <u>emotions, mental health or use of alcohol or drugs</u> ? If not, go to f | 01 | 02 |
| e) | Did a doctor or counselor <u>ever</u> tell you that you had a specific type of mental health problem, such as depression, anxiety or substance use? | 01 | 02 |
| f) | Have you <u>ever</u> in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your <u>emotions, mental health or your use of alcohol or drugs</u> ? | 01 | 02 |

The next few questions are about things that may have happened to you before the age of 16 in your school, in your neighbourhood, or in your family. These experiences can be important in an individual's life. These questions may be sensitive to some people and may seem intrusive. We think they are important to ask but please skip these questions if you feel uncomfortable.

22. Sometimes kids get hassled or picked on by other kids who say hurtful or mean things to them. Before age 16, how many times did this happen to you?

- 01 Never
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 to 10 times
- 05 more than 10 times

23. Sometimes kids get pushed around, hit or beaten up by other kids or a group of kids. **Before age 16**, how many times did this happen to you?

- 01 Never
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 to 10 times
- 05 more than 10 times

24. **Before the age of 16**, how many times did a parent or other caregiver spank you with their hand on your bottom (bum), or slap you on your hand?

- 01 Never
- 02 1 or 2 times
- 03 3 to 5 times
- 04 6 to 10 times
- 05 more than 10 times

25. Now think about adults in general. **Before age 16**, how many times did an adult...

| | Never | 1 or 2 times | 3 to 5 times | 6 to 10 times | More than 10 times |
|---|-------|--------------|--------------|---------------|--------------------|
| slap you on the face, head or ears or hit or spank you with something hard to hurt you? | 01 | 02 | 03 | 04 | 05 |
| kick, bite, punch, choke, burn you, or physically attack you in some way? | 01 | 02 | 03 | 04 | 05 |
| force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way? | 01 | 02 | 03 | 04 | 05 |

26. Before age 16, did you ever see or talk to anyone from a child protection organization about difficulties at home?

- 01 Yes
- 02 No

Thank you for your answers. Now we would like to finish with some questions about your health.

27. Long-term conditions refer to conditions that have lasted or are expected to last 6 months or more and have been diagnosed by a health professional. Please check Yes or No to indicate which long-term conditions you have...

| | Yes | No |
|--|-----|----|
| a. food or digestive allergies | 01 | 02 |
| b. respiratory allergies such as hay fever | 01 | 02 |
| c. any other allergies | 01 | 02 |
| d. asthma | 01 | 02 |
| e. arthritis or rheumatism | 01 | 02 |
| f. back problems, excluding arthritis | 01 | 02 |
| g. high blood pressure | 01 | 02 |
| h. migraine headaches | 01 | 02 |

| | | |
|------------------------------------|----|----|
| i. chronic bronchitis or emphysema | 01 | 02 |
| j. sinusitis | 01 | 02 |
| k. diabetes | 01 | 02 |
| l. epilepsy | 01 | 02 |
| m. heart disease | 01 | 02 |
| n. liver disease | 01 | 02 |
| o. cancer | 01 | 02 |
| p. stomach or intestinal ulcers | 01 | 02 |
| q. effects of stroke | 01 | 02 |
| r. any other long-term conditions | 01 | 02 |

The last questions deal with any health limitations that affect your daily activities. In these questions, a difficulty, condition or health problem is one that has lasted or is expected to last 6 months or more.

28. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

01 Yes

02 No

29. Are you limited in any way in carrying out normal daily activities at home, at a job or in school, because of a medical condition or health problem that is expected to last or has already lasted 6 months or more?

01 Yes

02 No

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE!