



Second Follow-Up to the Ontario Child Health Study (OCHS2000)

OCHS 1

Confidential document once completed.

Collected under the authority of the Statistics Act revised Statutes of Canada, 1985, Chapter S19.

Version française aussi disponible.

Demographic Questionnaire

Longitudinal respondent(s) expected in household after tracing

P/L 83	Given name	Surname	Confirmed in household	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	¹ <input type="radio"/> Yes	² <input type="radio"/> No

Confirmation of OCHS respondent

01. May I speak with ... (read name(s) of OCHS respondent(s)). My name is ... (name) ... and I'm calling from Statistics Canada. It's possible that in 1983 your parents participated in one of our surveys about you and your health. In order to confirm that I have the correct person, could you please tell me if the first names of your parent(s) are ... (give parents' first name) ... ?

¹ Yes → Go to question 03 ² No → Continue (verify if these could be names of relatives)

CHASEC1

02. Did you live at ... (give 1983 or 1987 address) ... in 1983 (1987)?

¹ Yes → Continue ² No → Thank them for their time and end interview.

03. The Ontario Child Health Study (OCHS) is a long-term study designed to evaluate the impact of early childhood experiences and development on later adult health, quality of life and functioning. In 1983 and possibly 1987, as a part of this study, your parent(s) answered questions about you and your health. Now in 2000, Statistics Canada, in conjunction with McMaster University, is conducting a follow-up survey with the original participants to collect current information on their health and other aspects of their lives. This information, used with the information collected from the earlier surveys, is very important as it will expand the knowledge concerning the processes that help or hinder transitions from childhood and youth into adulthood. It will address various questions such as: are there long-lasting impacts of such factors as childhood health, early family life or neighbourhood on adult life? Research using this data will help to indicate the areas of need for children, as well as increase motivation for better programs, services and government initiatives directed towards children.

Your answers will be kept strictly confidential and used only for statistical purposes - you can never be identified by any of the information you provide. While participation is voluntary, as you are one of the original participants, your assistance is essential if the results are to be accurate. Would you prefer to be interviewed in English or in French?

¹ English ² French ³ Either

For office use only

Household ID.	SUB	Assignment number	Interview date	Household Final
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Year Month Day	

Forms Control:	OCHS 1	OCHS 2	OCHS 3	OCHS 4	OCHS 5	OCHS 6
Required _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interview method:
¹ Telephone/Personal
² Telephone only

04.

Address _____

City _____ Province _____

Postal code _____ Telephone _____ - _____ - _____

05. The next few questions are about the people who currently live in your household. Could you give me the name, date of birth, age, sex, and marital status of all members of your household?

LR	P/L	P/L	Given name	Date of birth			Age	Sex	MS	SC	Resp. Final
	83	00		Year	Month	Day					
a)		1 1	Surname							<input type="checkbox"/>	
b)		2	Surname							<input type="checkbox"/>	
c)		3	Surname							<input type="checkbox"/>	
d)		4	Surname							<input type="checkbox"/>	
e)		5	Surname							<input type="checkbox"/>	
f)		6	Surname							<input type="checkbox"/>	
g)		7	Surname							<input type="checkbox"/>	
h)		8	Surname							<input type="checkbox"/>	
i)		9	Surname							<input type="checkbox"/>	

06. Has anyone been left off this list, such as children in joint custody who live in this household on an equal time basis?

¹ Yes → Add member of household roster ² No → Continue

07. Does anyone else, not previously mentioned, live or stay at this dwelling such as newborn infants, relatives, roomers, boarders or employees?

³ Yes → Add member to household roster ⁴ No → Continue

Final Status Code (Resp. final/HHLD final)

- 70 = Fully completed
- 71 = Partially completed
- 80 = Refusal by participant/other household member
- 36 = Unable to trace
- 11 = Unable to contact
- 20 = Absent for duration of survey
- 22 = Language barrier (not official language)
- 60 = Institutionalized (6 months)
- 64 = Deceased
- 63 = Duplicate
- 90 = Unusual/special circumstances
- 91 = Threat to safety
- 92 = Interview prevented due to respondent's mental or physical condition

Marital Status Codes (MS)

- 1 = Married
- 2 = Common-law/live with partner
- 3 = Widowed
- 4 = Separated
- 5 = Divorced
- 6 = Single (never married)
- 8 = Refusal

08. Relationship grid:

Please enter the name of the respondent under "P1" on **both** sides of the grid. Continue doing this for all household members. You will be asking for the relationship between each of the household members and indicating the proper code in the appropriate cell. See list of codes below.

To complete the grid, begin by reading the names **down** the column and asking the relationship to the person across the top of the grid. Keep in mind that we want to know what the relationship is of the person who is named first (in the left hand column) to the person who is named second (across the top).

After completing the relationship grid, mark an "X" in the box "SC" next to the selected child at question 05.

RELATIONSHIP → TO:		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
↓	Given name												
OF:	P1	01 <input type="text" value="01"/>											
	P2	02 <input type="text"/>	13 <input type="text" value="01"/>										
	P3	03 <input type="text"/>	14 <input type="text"/>	24 <input type="text" value="01"/>									
	P4	04 <input type="text"/>	15 <input type="text"/>	25 <input type="text"/>	34 <input type="text" value="01"/>								
	P5	05 <input type="text"/>	16 <input type="text"/>	26 <input type="text"/>	35 <input type="text"/>	43 <input type="text" value="01"/>							
	P6	06 <input type="text"/>	17 <input type="text"/>	27 <input type="text"/>	36 <input type="text"/>	44 <input type="text"/>	51 <input type="text" value="01"/>						
	P7	07 <input type="text"/>	18 <input type="text"/>	28 <input type="text"/>	37 <input type="text"/>	45 <input type="text"/>	52 <input type="text"/>	58 <input type="text" value="01"/>					
	P8	08 <input type="text"/>	19 <input type="text"/>	29 <input type="text"/>	38 <input type="text"/>	46 <input type="text"/>	53 <input type="text"/>	59 <input type="text"/>	64 <input type="text" value="01"/>				
	P9	09 <input type="text"/>	20 <input type="text"/>	30 <input type="text"/>	39 <input type="text"/>	47 <input type="text"/>	54 <input type="text"/>	60 <input type="text"/>	65 <input type="text"/>	69 <input type="text" value="01"/>			
	P10	10 <input type="text"/>	21 <input type="text"/>	31 <input type="text"/>	40 <input type="text"/>	48 <input type="text"/>	55 <input type="text"/>	61 <input type="text"/>	66 <input type="text"/>	70 <input type="text"/>	73 <input type="text" value="01"/>		
	P11	11 <input type="text"/>	22 <input type="text"/>	32 <input type="text"/>	41 <input type="text"/>	49 <input type="text"/>	56 <input type="text"/>	62 <input type="text"/>	67 <input type="text"/>	71 <input type="text"/>	74 <input type="text"/>	76 <input type="text" value="01"/>	
	P12	12 <input type="text"/>	23 <input type="text"/>	33 <input type="text"/>	42 <input type="text"/>	50 <input type="text"/>	57 <input type="text"/>	63 <input type="text"/>	68 <input type="text"/>	72 <input type="text"/>	75 <input type="text"/>	77 <input type="text"/>	78 <input type="text" value="01"/>

Relationship codes:

Self/Spouse/Partner

- 01= Self
- 02= Husband/Wife
- 03= Common-law partner
- 04= Same sex partner

Father/Mother

- 05= Birth
- 06= Adoptive
- 07= Step
- 08= Foster

Child

- 09= Birth
- 10= Adoptive
- 11= Step
- 12= Foster

Sister/Brother

- 13= Full
- 14= Half
- 15= Adopted
- 16= Step

Other

- 17= Grandparent
- 18= Grandchild
- 19= Other related
- 20= Other unrelated

09. Important to remember (for interviewer only) :

- Verify which longitudinal respondents are expected in the household from tracing form. If more than one longitudinal respondent is living in this household, an interview appointment will have to be made with each respondent.
- If there is a selected child between 3 and 71 months, inform respondent that an OCHS 5 questionnaire will be mailed.
- It is important to transcribe required demographic information from this questionnaire to OCHS 2, OCHS 4 and/or OCHS 5.
- It is important to complete the Forms Control chart on the first page of this questionnaire.
- If more than 12 individuals live in the household, transcribe the remaining relationship information (question 09) in the comments section below.

Comments:

Record of Calls/Visits:
