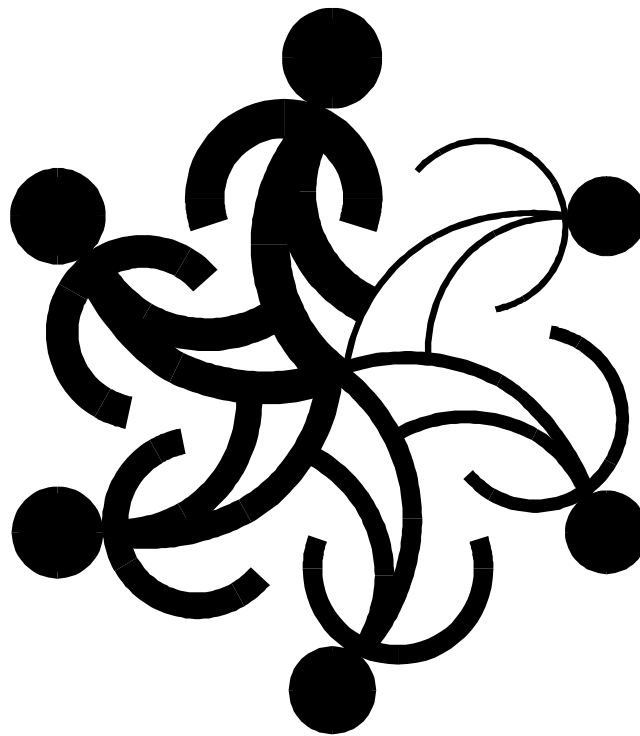




NATIONAL LONGITUDINAL SURVEY OF CHILDREN

Overview of Survey Instruments for 1994-95 Data Collection Cycle 1



NLSC PROJECT TEAM
"What Works" for Children -
Information Development Program

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Statistics Canada Statistique Canada
Human Resources Développement des ressources
Development Canada humaines Canada

Canada

For further information on the National Longitudinal Survey of Children (NLSC), the contacts within Human Resources Development Canada and Statistics Canada are:

Susan McKellar
Project Manager, "What Works"
Social Program Information and Analysis
Directorate
Strategic Policy
Human Resources Development Canada
8th Floor, Place du Portage - Phase IV
Hull, Quebec K1A 0J9
Telephone:(819) 953-9142
Facsimile:(819) 994-0203

Gilles Montigny/
Pat Grainger
Special Surveys Division
Statistics Canada
5(D7) Jean Talon Building
Tunney's Pasture
Ottawa, Ontario K1A 0T6
Telephone:(613) 951-9731/
(613) 951-4578
Facsimile:(613) 951-0562

This is a companion report to the document containing the survey questionnaires, **National Longitudinal Survey of Children, Survey Instruments for 1994-1995 Data Collection - Cycle 1**, Catalogue 95-01. Copies of both documents are available on request. Other publications concerning the NLSC are listed in Appendix F.

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Executive Summary

Under the federal government's "*Brighter Futures*" initiative, Human Resources Development Canada (HRDC) is responsible for the "*What Works for Children - Information Development Program*". As part of this program, HRDC and Statistics Canada have developed the National Longitudinal Survey of Children (NLSC). The survey's purpose is to develop information for policy analysis and program development on critical factors affecting the development of children in Canada.

Beginning in the winter 1994-95, the NLSC is surveying a sample of approximately 25,000 children, ranging in age from newborn to 11 years. Participating households are selected from Statistics Canada's Labour Force Survey sample frame. After the initial cycle of data collection, the NLSC will be repeated at two-year intervals to follow the children surveyed in 1994-95 as they grow to adulthood. The primary respondent in the initial collection cycles is the household member most knowledgeable about the child¹, usually the mother. She provides information about the parent(s) and children. In addition, an interviewer-administered assessment to measure receptive vocabulary is conducted in the home for children four and five years of age. Ten and eleven year olds fill out a questionnaire on their own, in the home. Provided the signed consent of a parent is given, information is collected from teachers and principals by means of self-completed questionnaires mailed to the school. Teachers also administer a short mathematical skills test in the school to children in the sample who are in grades two and above. These multiple sources of information on the child will enrich the data and enhance data analysis.

The survey instruments for the NLSC have been developed in consultation with an Expert Advisory Group, subject matter specialists, federal and provincial/territorial officials. The survey covers a broad range of characteristics and factors affecting child growth and development. Information on the child's parent(s) and other family members, characteristics of the family and the neighbourhood are collected. Additionally, the NLSC gathers data on the child's health, development, temperament, behaviour, child care and school experiences, relationships, participation in activities, and family and custody history.

Statistics Canada will retain a master microdata file from which data can be requested, and will produce public microdata files and highlights packages following each data collection. It is anticipated that data from the 1994-95 NLSC cycle will be available beginning in the fall of 1995.

¹ For ease of reading, the term "parent(s)" is used in this document to refer to the person most knowledgeable about the child and the spouse/partner.

1. Introduction

The purpose of this document is to describe the development and content of the National Longitudinal Survey of Children (NLSC). A summary of the main survey parameters is also included.

In particular, this document outlines the criteria by which each concept covered by the survey was assessed and the criteria used in the selection of appropriate measurement tools for each of the relevant concepts. Discussion of the objectives and measures for each section of the instruments also is provided.

Earlier versions of this document have been produced to accompany drafts of the NLSC questionnaires. (Please see Appendix F for a list of earlier publications regarding the survey.) **This version describes the final content of the survey instruments for the 1994-95 cycle of the NLSC as reflected in the document, National Longitudinal Survey of Children, Survey Instruments for 1994-1995 Data Collection - Cycle 1, Catalogue 95-01.**

2. The NLSC

2.1 Background

Under the federal government's "Brighter Futures" initiative, the Social Program Information and Analysis Directorate of Human Resources Development Canada (HRDC)² received funding to develop the "What Works for Children - Information Development Program". "What Works" includes development and implementation of the National Longitudinal Survey of Children (NLSC); a database on Aboriginal children; plus related research and information activities. As an initial activity, a joint team of staff in the Social Program Information and Analysis Directorate, Strategic Policy, HRDC, and Special Surveys Division, Statistics Canada, is responsible for the National Longitudinal Survey of Children. The Special Surveys Division at Statistics Canada is implementing the survey under contract to HRDC.

An Expert Advisory Group of academics and researchers in a range of children's issues provided advice on design and content of the survey (see Appendix A for membership). A federal "What Works" Interdepartmental Consultation Committee, provincial/territorial officials and subject matter experts have also provided input regarding content and project parameters.

² *Social Program Information and Analysis Directorate was part of the former Health and Welfare Canada when development of "What Works" began.*

The purpose of the NLSC is to collect information over time on critical factors affecting the development of children in Canada. Such information will be valuable in designing policies and programs for Canadian children. The NLSC presents several unique opportunities. The survey is the first Canadian nation-wide household survey on child health, development and well-being. Unlike many other traditional national surveys, the NLSC is longitudinal in nature - that is, it will follow the same children over time as they grow and develop. Further, the survey covers a broad range of ages and subject matters. Together these design features will provide researchers and policy makers with new insights in the area of child development.

2.2 Objectives

The primary objective of the NLSC is to develop a national database on the characteristics and life experiences of Canadian children as they grow from infancy to adulthood. In the 1994-95 cycle, the focus is on young children - newborn to 11 years of age.

The more specific objectives of the NLSC are:

- to determine the prevalence of various biological, social and economic characteristics and risk factors of Canadian children and youth (cross-sectional);
- to monitor the impact of such factors, life events and protective factors on the development of these children (longitudinal); and,
- to provide this information to policy and program officials for use in developing effective policies and strategies to help children to live healthy, active and rewarding lives.

Underlying these objectives is the need to:

- fill an existing information gap regarding the characteristics and experiences of Canadian children, particularly in their early years;
- focus on all aspects of the child in a holistic manner (i.e., the child, his/her family, school and community);
- provide national and, as far as possible, provincial-level data; and
- explore subject areas that are amenable to policy intervention and that affect a significant segment of the population.

The global nature of the survey combined with the extensive sample size will provide researchers and other data users with the opportunity to investigate relationships among various characteristics and outcomes over time. The survey builds on existing clinical research and cross-sectional and longitudinal surveys by exploring risk and protective factors. For further information on other surveys and research activities which were referenced during the development of the NLSC, please see Appendix B.

2.2.1 Policy Considerations

At present, there are few statistical studies describing a broad range of characteristics of children in Canada. Measures of health, well-being and life opportunities are needed, however, if governments and researchers hope to learn more about the ongoing life conditions of Canadian children and youth, and their developmental experiences. Longitudinal data are central to discovering developmental changes occurring in children over time, and studying the impacts of various child and family-related factors and of the social environment.

Data on the prevalence of, and interaction among, various characteristics and conditions will assist policy makers in understanding the processes that modify risk and protect and encourage the healthy development of children. Such information will enhance the capacity of the various partners in society to develop effective strategies, policies and programs to help children succeed in our changing society.

It is intended that the NLSC will help to answer policy questions such as:

- i. What are the characteristics, experiences, and other factors which are associated (positively or negatively) with the healthy development of Canadian children?
- ii. What are the factors associated with difficulties?
- iii. What is the prevalence of these characteristics, experiences and other factors in the Canadian child population?
- iv. Which combinations of factors influence the lives of children at different stages of their development?
- v. Are there factors or combinations of factors which significantly reduce negative impacts on, or enhance prospects of, healthy development?
- vi. What are the roles of families, and the contributions of schools and communities, to the development of children growing up under different circumstances in Canada?

2.3 NLSC Design

The NLSC consists of three components:

1. a main component - the collection in the provinces which is solely the NLSC,
2. an integrated component - the collection in the provinces which is done jointly with the collection for the National Population Health Survey (NPHS), and
3. a territories' component - the collection in Yukon and Northwest Territories which is done jointly with the NPHS.

The main and integrated components are discussed in the following sections; the territories' component is discussed in Appendix C.

2.3.1. Definition of the NLSC Population

The purpose of the NLSC design is to follow a representative sample of Canadian children ages newborn to 11 years into adulthood, collecting information about the children every two years. Thus, the target population of the NLSC for the first collection in 1994-95 consists of Canadian children newborn to 11 years of age.

For the main and integrated components, participating households in the ten provinces are selected from Statistics Canada's Labour Force Survey³ (LFS) sample frame which is representative of the Canadian population.⁴ The NLSC sample excludes certain populations which are not part of the Labour Force Survey sample frame, specifically children living in institutions⁵ (approximately 0.5 % of children 0 -11 years of age) and children living on Indian reserves. The sample for the main component⁶ consists of households which are included in the Labour Force Survey sample at the time of the NLSC collection or have recently been part of the LFS sample. This has facilitated the process of finding households with children because basic demographic information on household members is already available from the LFS. Although the Labour Force Survey

³ Appendix D provides a short description of the Labour Force Survey.

⁴ In Quebec, the integrated component is a sub-sample of dwellings in a 1993 health survey conducted by Santé Québec.

⁵ An excluded institution includes a hospital, a child welfare residential facility, or any other residential facility if the child has lived there more than six months. Foster homes are included in the sample.

⁶ Section 2.3.5.2 discusses the integrated component.

sample frame excludes the Yukon and Northwest Territories, collection for the NLSC is being done in the territories (see Appendix C).

For the first NLSC collection in 1994-95, approximately 25,000 children, ranging in age from newborn to 11 years inclusive, were initially selected in the ten provinces, plus 2,300 in the territories. Because the response rate for this collection is anticipated to be about 80%⁷, the expected number of children who will be part of the sample is approximately 20,000, plus the 2,300 in the territories. The sample is divided into seven age groupings: 0-11 months, 1, 2-3, 4-5, 6-7, 8-9, and 10-11 years. These groupings will permit analysis every two years while maintaining an overemphasis in the youngest age groups by retaining 0-11 month olds and one year olds as separate groups.

The sample includes all children ages newborn to 11 years residing in the selected households who are members of the same economic family⁸ and who live the majority of the time in the household. A maximum of four children within the age range of measurement are surveyed in each economic family; in families with more than four children under 12, four children are selected randomly.

2.3.2 Cross-sectional and Longitudinal Estimates

Cross-sectional and *longitudinal* estimates will be produced at the national level for specific age groups. Estimates will be produced at the regional and provincial levels for aggregated age groups, where feasible, depending on sample size and the reliability of the estimates. For the first collection cycle, however, the survey will yield only cross-sectional information.

Figure 1 provides an overview of the longitudinal and cross-sectional aspects of the NLSC. A1 to A7 represent the age groups in the longitudinal sample: 0-11 months, 1, 2-3, 4-5, 6-7, 8-9, and 10-11 years for the first cycle in 1994-95. Cross-sectional estimates will be produced for each cycle, e.g., for A1 to A7 in 1994-95, for N1 to A7 in 1996-97. Longitudinal estimates will be produced starting for the second cycle to show changes in sample characteristics between collection cycles, e.g., between A1 in 1994-95 and A1 in 1996-97.

Some children who were participants in the first collection cycle may not participate in the second cycle, for a variety of reasons. This is referred to as attrition. The numbers of these children will be carefully monitored. However, experiences in similar longitudinal surveys such as the National Longitudinal Survey of Youth in the United States have shown that attrition does not appear to be a major problem.

⁷ *At the time of publication, the first data collection is half completed.*

⁸ *For the NLSC, an economic family is defined as all family members related by blood, marriage, common-law relationship or adoption; foster children are considered to be part of a family.*

2.3.2.1 Longitudinal Sample

Information will be collected on the NLSC children at two-year intervals until they reach adulthood. If a child moves out of the sample dwelling at a later date, the child will be traced and will be included in the next cycle of interviewing at the new location. From a longitudinal perspective, the child, not the dwelling is the statistical unit. The "A's" in Figure 1 represent the longitudinal sample and show how the sample ages with each subsequent cycle.

2.3.2.2 Cross-Sectional Sample

In the second and subsequent cycles, it is intended that the NLSC sample will be upgraded in age groups no longer covered by the longitudinal sample, to maintain coverage of the lower age ranges for cross-sectional purposes. The "N's" in Figure 1 represent the augmented portion of the cross-sectional sample. This augmented sample will allow for ongoing cross-sectional analysis to supplement the primary longitudinal research. At the present time, it is planned that children added to upgrade the sample will not be followed longitudinally.

Figure 1: NLSC Sample Design

(through four survey cycles)

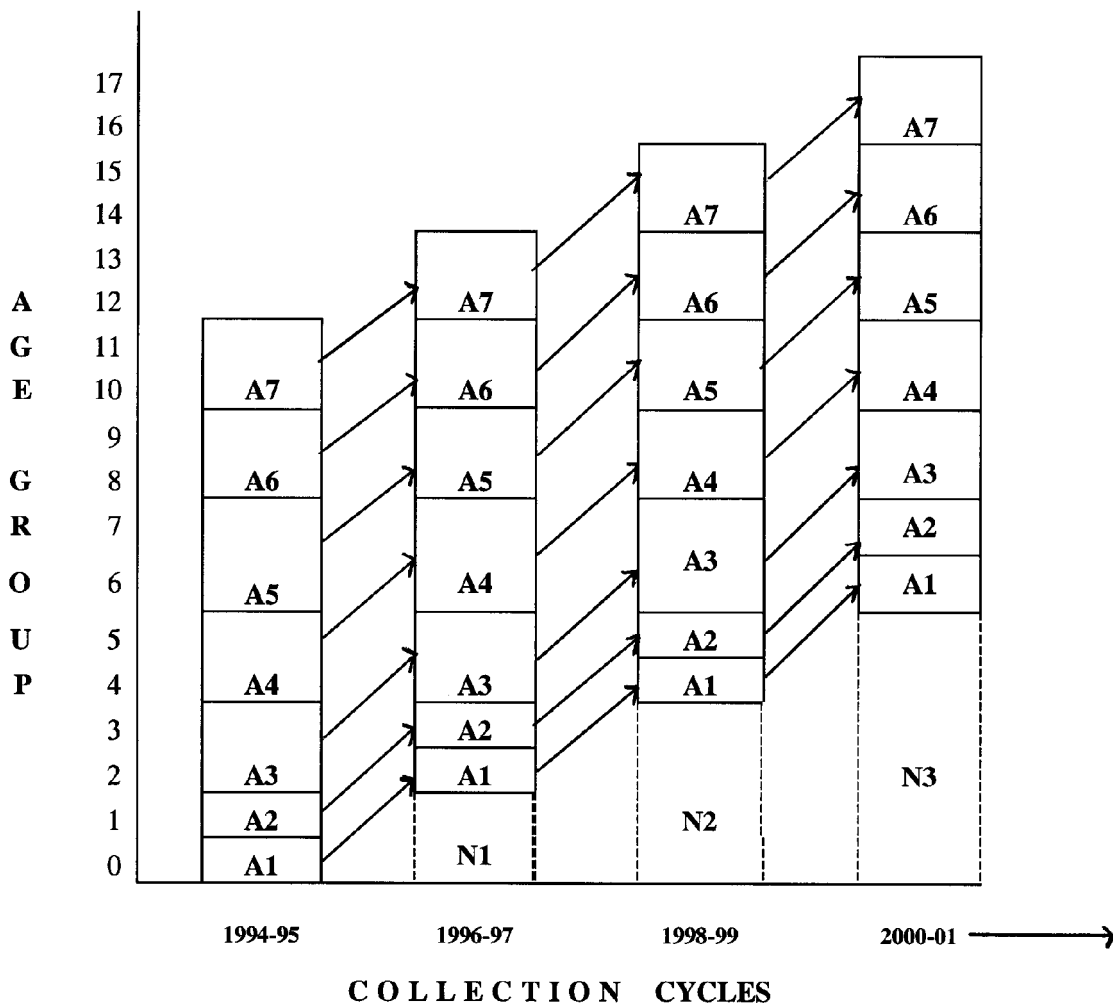


Figure 1 illustrates the first four collection cycles of the NLSC. The longitudinal and original cross-sectional samples are shown by the A's, the augmented cross-sectional sample by the N's. A1 to A7 represent the age groupings of the longitudinal sample: 0-11 months, 1, 2-3, 4-5, 6-7, 8-9 and 10-11 years for the first cycle.

2.3.3 Sample Allocation

The sample allocation for the NLSC was based on several requirements. Sufficient sample was required in each age group to produce reliable estimates at the national level. There had to be a sufficient sample at the national level to reliably measure characteristics with a national prevalence of 4% for each age group after five survey cycles (min-p⁹ of 4%). Secondly, a sufficient sample in each province and territory was required to produce reliable estimates for all children ages newborn to 11 years, with no age breakdown. It should be noted that the NLSC uses a cluster sample¹⁰, not a simple random sample. Thus, certain characteristics may not be measurable below the national level.

The sample was first allocated by age group; a second step involved an allocation by province to make sure that the smaller provinces would have sufficient sample. Zero to 11 month olds and one-year olds were oversampled by keeping them as separate groups.

Figure 2 presents the initial selected NLSC sample. Figure 3 presents the sample and min-p's by age group; Figure 4 presents the sample and min-p's by province.

⁹ NLSC data will be used to estimate the proportion of children having specific characteristics, for example, specific behaviours. The "min-p" is the "minimum proportion" or smallest proportion obtained by the survey estimates where the estimates can be reliably released or published without qualification. If one wishes to estimate a proportion smaller than the calculated min-p, the estimates will not be reliable and should not normally be released. If the estimated proportion is greater than the min-p, the estimates can be released.

The min-p after five cycles (ten years) was considered to be a critical criteria for the NLSC sample because the NLSC is a longitudinal survey. The min-p for earlier cycles should be better than the one after five cycles.

¹⁰ Because the NLSC uses the Labour Force Survey sample frame, the LFS clusters become the basis for the NLSC sample as well. Cluster sampling for the LFS includes, for example, the process of sampling city blocks. Only certain blocks are chosen to be part of the sample; dwellings are selected from within those blocks.

Figure 2: NLSC Initial Selected Sample *



* The numbers of children are estimates of the initial selected sample. Actual sample size may be approximately 20% smaller depending on response rates.

** The collection in the Yukon and Northwest Territories is discussed in Appendix C.

Figure 3: Number of children¹ and min-p's² by age group

AGE	Number of Children	MIN-p
0	3 403	3.5%
1	3 042	3.9%
2-3	4 307	2.8%
4-5	4 049	2.9%
6-7	3 743	3.2%
8-9	3 667	3.2%
10-11	3 572	3.3%
Total	25 782	0.5%

Figure 4: Number of children¹ and min-p's² by province³

PROVINCE	Number of Children	MIN-p
Newfoundland	1 419	7.9%
Prince Edward Island	867	12.4%
Nova Scotia	1 695	6.7%
New Brunswick	1 620	7.0%
Quebec	4 770	2.5%
Ontario	6 564	1.8%
Manitoba	2 000	5.8%
Saskatchewan	2 055	5.6%
Alberta	2 353	4.9%
British Columbia	2 441	4.8%
Total	25 782	0.5%

¹ The numbers of children are estimates of the initial selected sample. Actual sample size may be approximately 20% smaller depending on response rates.

² The min-p is the smallest proportion measured with statistical reliability by the survey data. As an example of the use of the min-p for 0-11 month olds, estimates of a characteristic of the 0-11 month old population having a prevalence of at least a minimum proportion of 3.5%, at the national level, can be released without qualification. The values in Figures 3 and 4 are projected min-p's after five survey cycles (ten years). Values for the first cycle would be higher.

³ Data for the Yukon and Northwest Territories are presented in Appendix C.

2.3.4 Respondents

The main respondent for the initial NLSC collection cycle is the person in the household most knowledgeable about the child(ren). In most cases, the respondent is the mother. This person provides information on herself, her spouse/partner, household members and the selected child (ren). The child is the respondent for: the direct assessment of receptive vocabulary (4 and 5 year olds); the self-completed questionnaire for 10-11 year olds; and the mathematical skills test (grades two and above) which is completed at school. The child's teacher and principal respond to the Teacher's and Principal's Questionnaires.

2.3.5 Data Collection

Data collection for the first cycle of the NLSC is from November 1994 to March 1995. Figure 5 outlines the collection dates of the various components of the survey and provides some information on the scheduling of other activities.

2.3.5.1 Main Collection in the Provinces

The main NLSC data collection in the provinces is carried out using computer-assisted personal interviews (CAPI) in the respondent's home. Statistics Canada interviewers conduct the interviews. Face-to face interviewing is used for several reasons. Personal interviewing helps secure the household's participation over a long period of time and allows for the development of rapport between the respondent and the interviewer. Also, the nature of some elements of the NLSC make it necessary for data collection to occur through personal interviewing. For example, an interviewer-administered assessment to measure receptive vocabulary is conducted in the home for children four and five years of age. In addition, ten and eleven year olds are asked to fill out a self-completed questionnaire, in most cases while the interview with the parent is being conducted. Furthermore, the parent's signed consent is required in order to collect information from teachers and principals and to allow teachers to administer a short mathematical skills test to children in the sample who are in grades two and above. Questionnaires are mailed to, and returned by, teachers and principals of school-aged children.

2.3.5.2 Integration with the National Population Health Survey (NPHS)

The National Population Health Survey is another national longitudinal survey being conducted by Statistics Canada in the same years as the NLSC. Its purpose is to produce reliable estimates of the current physical and mental health of Canadian residents of all ages and to identify the factors that determine good and ill health. The data will also provide information on the relationship between health status and use of health care services. The NPHS uses the CAPI collection methodology and draws its sample in nine provinces from the Labour Force Survey sample frame and, in the case of Quebec, from a

provincial health survey.¹¹ In all sampled households, one person is selected at random, to participate in the longitudinal sample. There will be four collection periods in each biennial cycle of the NPHS - June 1994, August 1994, November 1994 and March 1995 for the first cycle.

Because both the NLSC and the NPHS needed to collect data on the health of Canadian children, it was decided that a portion of the sample and content of the two surveys would be integrated in the provinces. The children selected by the NPHS will be part of the sample for both surveys. It is planned that these children will also make up a separate longitudinal integrated file. The availability of information collected during childhood will provide a rich base from which to analyze the later data on adolescence and adulthood.

For this integrated collection, all of the NLSC survey instruments are used to collect information regarding the children in the sample. The NPHS instruments are used for persons in the sample who are 12 years of age and over. Furthermore, during the development of the integrated NLSC/NPHS collection, it was apparent that there were several subject areas in addition to child health which were of interest to both surveys. To address this, and maximize comparability between the two surveys, concepts common to both are covered by a standard set of questions in two of the questionnaires used for both surveys - the Household Record and the General Questionnaire.

It should be noted, that in the approximately 2,500 households where a child is selected, information is also collected regarding a maximum of three other children in the family for the NLSC sample only. Thus data on a maximum of four children per family, approximately 4,000 children, will be collected for the NLSC through the integrated collection.

¹¹ *The collection in the Yukon and Northwest Territories is discussed in Appendix C.*

Figure 5: Schedule of Activities

Activity	Date
Cycle One	
1. NLSC data collection Main NLSC data collection Integrated NPHS/NLSC Yukon and NWT Teacher/principal collection and math skills test	Nov 28-Dec 10 1994 & Feb 6-18 1995 Oct 31-Nov 12 1994 & March 6-18 1995 Nov 1994-Feb 1995 Feb-April 1995
2. Distribution of documentation including final questionnaire (for information, on request)	early 1995
3. Processing and validation of data	December 1994 - September 1995
4. Development of documentation to accompany data file	April - September 1995
5. Initial data release, including documentation	fall 1995

Cycle Two	
1. Development of survey instruments	winter 1994-95 - spring 1996
2. Finalization of NLSC survey instruments	summer 1996
3. NLSC data collection	Nov 1996-March 1997

2.3.6 Data Output

Because of the large amount of information being collected in the first survey cycle, the data will not all be ready for release at the same time. Statistics Canada will release an initial microdata file and documentation in the fall of 1995. The remaining data will be released as it becomes available. Persons interested in doing so will be able to purchase a public microdata file or to request specific data from the Statistics Canada file. The first data release will include a short summary document highlighting basic results covering each of the main themes of the NLSC and a handbook covering technical information related to the data files, methodology, content and data quality of the first collection cycle.

2.3.7 Related Data Collections

2.3.7.1 Aboriginal Survey

Also as part of "What Works", the Project Team is investigating options for developing longitudinal data for Indian children who live on reserve and Inuit children not residing in the territories.¹² To accomplish this, it has been proposed that the possibility of a longitudinal Aboriginal survey to encompass the content interests of the NLSC, socio-economics, and health issues covered in the National Population Health Survey (NPHS) should be explored. The feasibility of extending the survey to the off-reserve Aboriginal population will also be considered.

As part of the development of "What Works", Statistics Canada prepared a paper for HRDC discussing issues and options relating to the development of such a survey. Additionally, in 1994-95, HRDC, Health Canada and Indian and Northern Affairs Canada cost-shared developmental work to explore with Aboriginal people the feasibility of, and interest in, a longitudinal Aboriginal survey. This was conducted under contract by the Northern Health Research Unit at the University of Manitoba, and a Steering Committee of Aboriginal health professionals. Together with the three federal departments, the Research Unit and Steering Committee conducted national and regional consultations with Aboriginal researchers and professionals working in the fields of child development, health and socio-economics. Based on these consultations, it is anticipated that a paper will be prepared early in 1995 outlining proposals and options regarding the feasibility, development and implementation of the survey.

¹² *Indian children living off reserve and Inuit children are included in the NLSC; however, the number of children will not be sufficient for specific analysis.*

2.3.7.2 Sample Buy-Ins and Related Surveys

Because of the large national sample and its longitudinal nature, the NLSC provides a unique opportunity to researchers. For those interested, it may be possible to supplement the sample for future cycles. Statistics Canada will review each request individually to determine its feasibility.

In addition, two possible related surveys are being discussed at the present time. A study of intergenerational literacy may follow specific cohorts of the NLSC sample. A survey of recent immigrant children, who are not part of the NLSC sample, may incorporate the NLSC questionnaires and use the NLSC results as baseline data.

3. Content Development

3.1 Process

The objectives of the NLSC require collection of detailed longitudinal and cross-sectional information on a broad range of subject areas. The potential scope of the survey combined with the budget available and constraints associated with household surveys imposed trade-offs among the survey parameters. Interview time, collection methodology and sample size had to be carefully balanced in order to address the main issues related to child development. The selection of significant topics, the sensitivity of the subjects addressed and the robustness of the measurement tools had to be considered in order to optimize data collection.

The selection of subject areas, priorities and survey questions was completed by means of discussions with members of the NLSC Expert Advisory Group, the "What Works" Interdepartmental Consultation Committee, provincial and territorial officials, and other subject matter experts, as well as review of other studies and surveys. The survey instruments were tested in a variety of ways, including in qualitative focus groups, one-on-one interviews, and two field tests.

3.2 Selection of Content Concepts

The NLSC follows an ecological or holistic approach to measuring child conditions and characteristics in order to capture the diversity and dynamics of the factors affecting child development. Such an approach allows for the examination of a broad range of factors that influence, both positively and negatively, a child's development.

Early in the NLSC developmental process, a set of criteria was defined for the selection of concepts for inclusion in the survey. Generally, concepts chosen for inclusion in the survey are measured across all ages and will be repeated in each subsequent survey cycle. However, some concepts are relevant or applicable only to specific age groups. As well, it may not be necessary to collect information on certain concepts in all future cycles of the survey, and new concepts may also be considered for inclusion.

The following criteria were used to delineate the broad themes to be addressed and to set priorities for content selection:

- the concept explored must address an important policy or scientific issue;
- the content addressed must cover risk factors, protective factors and child outcomes;
- the concept covered must concern a significant segment of the population ; and

- it must be feasible to collect the data required to address the concept in the context of a household survey.

3.3 Selection of Measures

Some concepts need to be measured extensively to provide useful and accurate information, while others can be measured adequately using broad indicators. While being able to measure a topic was an essential dimension for its inclusion in the survey, the selection of the most appropriate measures for the chosen survey design was guided by additional criteria. The Project Team developed the following principles to guide the selection of measures:

- the measure must be concise;
- the measure must have been successfully used or considered to be suitable for use in a household survey within the general population (i.e., not just with clinical or institutional groups);
- the measure should be suitable for use by lay interviewers with Canadians of various ethnocultural and socioeconomic backgrounds;
- as far as possible, measures must be comparable to studies conducted both within Canada and abroad;
- the appropriateness of the measures must be considered from both longitudinal and cross-sectional perspectives; that is, the measure should be applicable throughout each child's development as well as comparable across different age groups at one point in time.

Further, where scales are being employed to measure concepts, the following additional criteria were used:

- as far as possible, psychometric properties of the measures, with complete references, must be available;
- modified or adapted measures must have been tested to ensure that reliability and validity of the measures have been maintained;
- measures should be available in both official languages.

Section 5 of this document outlines the specific measures included in the NLSC. Unless otherwise stated, these measures have been evaluated against the above principles. As well, most measures in the NLSC have been tested at least once in one-on-one interviews, focus groups or field tests.

4. NLSC Survey Instruments

The NLSC collection in the provinces¹³ consists of seven sections completed by using computer-assisted personal interviews (CAPI), three self-completed instruments and two tests.

CAPI:

1. Household Record
2. General Questionnaire
3. Parent Questionnaire
4. Children's Questionnaire
5. Administrative Information
6. Peabody Picture Vocabulary Test - Revised (for 4-5 year olds) - only the scoring and the interviewer assessment (Peabody (PPVT-R) Assessment) are on CAPI
7. Neighbourhood Observation by Interviewer

The respondent for instruments #1 to #5 is the person most knowledgeable about the children in the family. The Peabody Picture Vocabulary Test - Revised (PPVT-R) is administered directly to the child while the interviewer assessment for the PPVT-R and instrument #7 are answered by the interviewer.

Self-completed Instruments:

8. Questionnaire for 10-11 year olds
9. Teacher's Questionnaire
10. Principal's Questionnaire

Instrument #8 is completed by the child in the home; instruments #9 and #10 are mailed to the school for completion by the teacher or principal.

Tests:

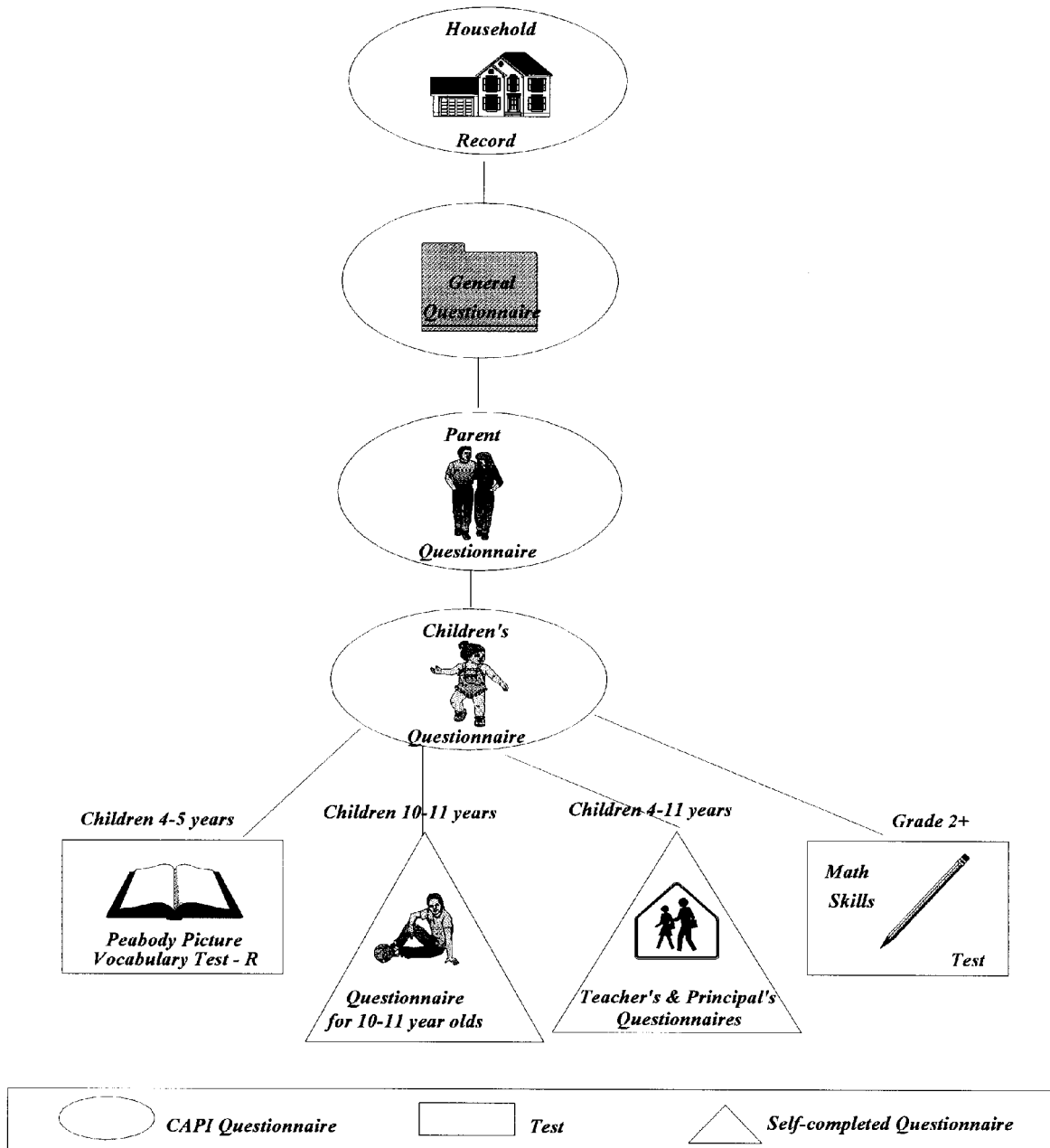
11. Peabody Picture Vocabulary Test - Revised (for 4-5 year olds)
12. Mathematical Skills Test (for children in grades two and above)

Instrument #11 is completed by the child, in the home; Instrument #12 is completed by the child, at school.

Figure 6 presents a schematic of the survey instruments. Section 5 describes the NLSC content in detail; Appendix E outlines the subject areas covered by each instrument and identifies the person about whom information is collected.

¹³ The collection in the Yukon and Northwest Territories is discussed in Appendix C.

Figure 6: NLSC Survey Instruments* - Provinces



* excluding administrative information and neighbourhood observation by interviewer

5. Survey Content

Early in the development of the NLSC, it was determined that the survey would cover factors in the child's environment, such as socio-demographics, family and neighbourhood characteristics, as well as characteristics specific to the child. This approach facilitates analysis of the interaction between the characteristics and behaviours of the child, and elements of his or her family background, school and neighbourhood. This information will provide a better understanding of the critical factors affecting the development of children in Canada.

This section describes the NLSC instruments, outlines the content of, and sources for, each section. The content for the collection in the Yukon and Northwest Territories is summarized in Appendix C. As mentioned earlier, the various survey instruments are presented in the document **National Longitudinal Survey of Children: Survey Instruments for 1994-1995 Data Collection - Cycle 1**, Catalogue 95-01. The questionnaires for the territories are available on request.

Figure 7 provides a summary of the content of the first collection cycle of the NLSC. Appendix E outlines the specific content covered for the provinces. Appendix B provides a brief summary of various surveys which have served as sources and/or resource material in the development of the content of the NLSC.

Figure 7: National Longitudinal Survey of Children - Content

<p>Parents/Other Family Members</p> <p><i>demographics</i></p> <ul style="list-style-type: none"> - name* - date of birth* - sex* - marital status - relationships* - everyone to everyone else - country of birth/citizenship/immigration - ethnicity - language - religion <p><i>education</i></p> <ul style="list-style-type: none"> - highest grade level - diploma/degree - current attendance <p><i>labour force</i></p> <ul style="list-style-type: none"> - main activity - employment - hours worked; wage rate - shifts/weekend work <p><i>income</i></p> <ul style="list-style-type: none"> - sources (household) - amount (household, respondent) <p><i>physical health</i></p> <ul style="list-style-type: none"> - restriction of activities - chronic conditions - general health - smoking - alcohol consumption - maternal history <p><i>mental health (respondent)</i></p> <ul style="list-style-type: none"> - depression 	<p>Family</p> <p><i>family functioning</i></p> <p><i>marital satisfaction</i></p> <p><i>social support (respondent)</i></p> <ul style="list-style-type: none"> - family/friends - others <p>Housing</p> <ul style="list-style-type: none"> - owned - subsidized - condition - number of bedrooms <p>Community</p> <p><i>neighbourhood</i></p> <ul style="list-style-type: none"> - satisfaction - safety - social cohesion - problems - volunteering <p><i>neighbourhood observation (by interviewer)</i></p> <ul style="list-style-type: none"> - problems - land use - condition of buildings <p>School</p> <p><i>Teacher</i></p> <ul style="list-style-type: none"> - child's achievement - child's behaviour - teaching practices - parental involvement - teacher demographics <p><i>Principal</i></p> <ul style="list-style-type: none"> - students at the school - disciplinary problems - parental involvement - principal demographics <p><i>Math Skills Test</i></p>
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* collected for all family members, the remaining variables in this box are collected for the parents only

Figure 7: National Longitudinal Survey of Children - Content

<p>Children</p> <p><i>demographics</i></p> <p><i>health</i></p> <ul style="list-style-type: none"> - general health - height and weight - level of activity** - health status** - injuries - chronic conditions/activity limitations - health care use - medications - traumatic event** <p><i>perinatal information**</i></p> <ul style="list-style-type: none"> - mother's prenatal health - delivery details - mother's/child's postnatal health - breast-feeding <p><i>temperament**</i></p> <p><i>education**</i></p> <ul style="list-style-type: none"> - level - school type/language - absenteeism - behaviour problems - achievement - attitudes/expectations - special education - moves <p><i>literacy**</i></p> <ul style="list-style-type: none"> - reading - encourage writing - homework <p><i>activities**</i></p> <ul style="list-style-type: none"> - preschool - extracurricular - TV, video games - responsibilities

<p>Children - cont'd</p> <p><i>behaviour**</i></p> <ul style="list-style-type: none"> - sleep patterns/feeding - feelings/actions - difficult behaviour <p><i>motor and social development**</i></p> <p><i>parenting**</i></p> <ul style="list-style-type: none"> - positive interaction - parenting techniques - basic care <p><i>relationships**</i></p> <p><i>family and custody history</i></p> <ul style="list-style-type: none"> - custody of child - previous and/or subsequent unions of parents - separations - siblings living outside of the home <p><i>child care</i></p> <ul style="list-style-type: none"> - types - hours - summer care <p><i>receptive vocabulary**</i></p>

<p>10-11 year olds</p> <p><i>friends and family</i></p> <p><i>school</i></p> <p><i>homework</i></p> <p><i>feelings and behaviour</i></p> <p><i>puberty</i></p> <p><i>smoking, drinking & drugs</i></p> <p><i>activities</i></p> <p><i>self esteem</i></p>
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**varies according to age of child

5.1 Household Record

This set of questions is used for both the NLSC and National Population Health Survey (NPHS) collections. It includes variables which are used to determine eligibility for participation in the National Longitudinal Survey of Children and to select the children about whom data will be gathered, when there are more than four eligible children in the family. The record also includes the relationship of each household member to each other member, and questions on housing conditions. Some additional questions are asked in the integrated NLSC/NPHS collections, but these data are only for the NPHS. These questions have not been included here but are included in an appendix of the survey instrument document, Catalogue 95-01.

5.1.1 Household Record Variables (collected for all household members)

Objective

These variables establish household composition, age, gender and marital status of all household members. Since the majority of households selected for the NLSC are households which have participated in Statistics Canada's Labour Force Survey, this information has already been collected and is available to the interviewer prior to the interview. Interviewers simply verify the information, and revise it as required. The information must be collected for the remaining households.

Measure

DEMO-Q1 to DEMO-Q5

These questions on household composition, birth date, and gender of household members are from the Labour Force Survey, Statistics Canada.

DEMO-Q6

This is the National Population Health Survey's current marital status question.

5.1.2 Relationships (collected for all household members)

Objective

To gather information on relationships among all household members.

By collecting information on the full range of relationships (i.e., each member's relationship to each other member), the NLSC will have a good picture of the household for both analysis and future interview cycles. It is possible, for example, to identify relationships between siblings and adult household members instead of only the relationship of each of these members to one person in the household such as the father or mother. Given rapidly changing family structures and the desire to follow the children over time, this information was deemed to be essential.

Measure

DEMO-Q8

The relationship question is from the Survey of Labour and Income Dynamics (SLID), Statistics Canada. The question produces a grid of the relationship of everyone in the household to everyone else.

5.1.3 Housing Conditions (collected for respondent only)

Objective

To determine whether the family dwelling is owned by its occupants, whether a dwelling which is not owned is subsidized, whether the dwelling is in need of repair, and the number of bedrooms in the dwelling. Housing conditions are felt to have an impact on child well-being.

Measure

HHL-D-Q1

This question on dwelling ownership is a modified version of a 1991 Census question, Statistics Canada.

HHL-D-Q2

The question on dwelling subsidization is from the Ontario Child Health Study.

HHL-D-Q2B

This question on the need for dwelling repairs is from the 1991 Census, Statistics Canada.

HHL-D-Q3

This question on the number of bedrooms was based on a question provided by Canada Mortgage and Housing Corporation. The information will be used to calculate a crowding index.

5.2 General Questionnaire

The General Questionnaire is used in all NLSC and NPHS collections. The sections which are used only for the NPHS, however, are not discussed below. The NPHS questions are included in the survey instrument document Catalogue 95-01.

The main purpose of the NLSC part of the General Questionnaire is to gather information on specific elements of the child's environment. The NLSC collects information on this questionnaire for the parents (i.e., respondent and spouse/partner) and the children 0-11 years of age. For the NLSC, the General Questionnaire collects information on socio-demographics, certain family characteristics such as parents' education and labour force activity, and two areas of adult health - restriction of activities and chronic conditions. Additional aspects of the family and neighbourhood are covered on the Parent Questionnaire.

The restriction of activities and chronic conditions questions for the parents are collected on the General Questionnaire, rather than with other health questions on the Parent Questionnaire, because this form had already been developed for the NPHS prior to integration; rather than with other health questions on the Parent Questionnaire, the flow of the integrated instruments is facilitated by collecting the information for the NLSC on it as well.

5.2.1 Restriction of Activities (collected for respondent and spouse/partner)

Objective

To determine if the parents are restricted in daily activities, particularly with respect to caring for the child(ren).

Measure

RESTR-Q1

This is the National Population Health Survey question with response category "e", "in caring for children", added for the NLSC.

5.2.2 Chronic Conditions (collected for respondent and spouse/partner)

Objective

To determine if the parents have any long-term, chronic conditions which may impact the child.

Measure

CHRON-Q1

This is the National Population Health Survey's chronic conditions question.

Socio-Demographic Characteristics

5.2.3 Country of Birth/Citizenship, Immigration/Ethnicity (collected for respondent, spouse/partner and selected children)

Objective

To gather information on immigration and the ethnic background of household members. This will allow analysis for various components of the Canadian population and will permit identification of visible minorities.

Measure

SOCIO-Q1 to SOCIO-Q4

These questions on country of birth, citizenship, landed immigrancy, year of immigration and ethnicity are from the 1991 Census, Statistics Canada.

5.2.4 Language (collected for respondent, spouse/partner and selected children)

Objective

The language questions identify mother tongue and languages in which respondents are able to converse. Mother tongue assists in the identification of visible minorities.

Measure

SOCIO-Q5

This is the National Population Health Survey's language of conversation question.

SOCIO-Q6

Mother tongue is from the 1991 Census, Statistics Canada.

5.2.5 Religion (collected for respondent, spouse/partner and selected children)

Objective

To determine the person's religious affiliation and frequency of attendance at religious services. Religion, particularly frequency of attendance, is acknowledged as having a positive influence on a child's development.

Measure

SOCIO-Q8

This question on religious affiliation is taken from the General Social Survey on Work and Education, GSS 94, Statistics Canada.

SOCIO-Q9

This is the religious attendance question on the National Population Health Survey.

5.2.6 Education (collected for respondent and spouse/partner)

Objective

To gather information on the years of school completed, educational attainment, and current attendance at an educational institution.

Research (for example, the Ontario Child Health Study and the National Longitudinal Survey of Youth in the United States) has indicated a link between maternal educational attainment, the home environment and child development. The questions on full-time and part-time school attendance provide an indicator of the main activities of the respondent and spouse/partner.

Measure

EDUC-Q1 to EDUC-Q4

These questions on level of education are based on the General Social Survey on Work and Education, GSS 94, Statistics Canada.

EDUC-Q5 to EDUC-Q6

These questions on current school attendance were developed by the Project Team.

5.2.7 Labour Force (collected for respondent and spouse/partner)

Objective

To determine employment stability as an indicator of the continuity of employment income. Questions include type of work, periods of absence from work, reason for the most recent absence, hours worked, and work arrangements (e.g. shifts) during the previous year. Data on wages and salaries for the main job is also collected. Information on up to six jobs is collected for a one-year period.

Employment stability impacts the home environment, both in terms of income and stress levels. Research, conducted for the Ontario Child Health Study, indicates that parental unemployment can adversely impact child mental health. Wage rate data provides an additional source of information on income. This data will be useful in analyzing choices which parents, particularly mothers, face in deciding to stay at home or to return to the labour force.

Measure

LFS-Q1 to LFS-Q16, LFS-Q17A, LFS-Q17B

The labour force questions have been designed specifically to meet the objectives of the NLSC, and are based on Statistics Canada's Labour Market Activity Survey (LMAS) and the Survey of Labour and Income Dynamics (SLID).

LFS-Q16A to LFS-Q16E

The wage rate questions were adapted from Statistics Canada's LMAS. The data is collected for a person's main job; it is not collected for the self-employed.

5.2.8 Income (collected for respondent and household)

Objective

To determine the sources and amount of household income, as well as the amount of personal income for the respondent.

This information will provide an indicator of the family's economic situation, an essential component of the child's environment. Although the respondent's and household's income may not be clear indicators of income distribution among all family members, they act as general indicators of the household's economic situation.

Measure

INCOM-Q1 to INCOM-Q4B

These questions on source and amount of household income, and amount of personal income are similar to those used in other surveys such as the 1991 Census, and combine concepts which the NLSC and NPHS want to measure. Two approaches for collecting income are being used. If the respondent is reluctant to provide a specific dollar amount for household and personal income, a "cascade" question is asked. The cascade consists of income categories.

5.3 Parent Questionnaire

The Parent Questionnaire provides information on the child's environment, including parental physical and mental health and social supports, family functioning, and characteristics of the neighbourhood.

5.3.1 Adult Health (collected for respondent and spouse/partner)

Objective

To obtain information on general state of health, cigarette smoking and alcohol consumption of the parents. The smoking questions have been included because research has indicated that parental smoking behaviours may be predictive of the use of cigarettes by children. Alcohol consumption is covered because of potential impacts on the adult's physical or mental health, the family's economic situation, and family relationships.

Measure

CHLT-Q1 to CHLT-Q7

These questions on general health, smoking and alcohol consumption are taken from the National Population Health Survey.

5.3.2 Maternal History (collected for mothers of children under two years of age)

Objective

To determine the pregnancy history of mothers of children under two years of age. These questions provide additional information relevant to the perinatal information collected in the Children's Questionnaire thus enriching the amount of information relating directly to the youngest age groups.

Measure

CHLT-Q8 to CHLT-Q11

These questions on pregnancies and births were provided by Dr. J.-F. Saucier, Ste. Justine Hospital, Montreal, and later modified by the Project Team.

5.3.3 Depression (collected for respondent only)

Objective

To gather information on the respondent's mental health, specifically symptoms of depression. Several members of the NLSC Expert Advisory Group suggested that it would be most appropriate to measure one particular aspect of the respondent's mental health, rather than attempting a global measure of mental well-being. It was suggested that this section focus on depression because: the condition is prevalent; parental depression has been shown to have an impact on children; current research on the subject is generally based on clinical rather than population samples; and it is believed that this is an area where policy strategies can make a difference.

Measure

CHLT-Q12A to CHLT-Q12L

This set of questions is a reduced version of the CES-D scale which was developed by L.S. Radloff at the Centre for Epidemiological Studies of the National Institute of Mental Health in the United States. The CES-D was developed to measure the frequency of depressive symptoms in the general population. The presence and severity of symptoms in the last week are measured. The scale was shortened by Dr. M. Boyle at Chedoke-McMaster Hospital.

5.3.4 Family Functioning (collected with respect to the respondent's family)

Objective

To provide a global assessment of family functioning and an indication of the quality of the parents'/partners' relationship.

Research has shown that the manner in which family members relate to each other has a significant impact on the child(ren). For example, results of the Ontario Child Health Study showed a significant association between family dysfunction and presence of certain child mental health conditions.

Measure

FNC-Q1A to FNC-Q1M

This set of family functioning questions was developed by researchers at Chedoke-McMaster Hospital, McMaster University, and has been widely used both within Canada and abroad. The scale measures: problem solving; communication; roles; affective responsiveness; affective involvement; and behaviour control.

FNC-Q1M was added to the original scale from the Follow-up to the Ontario Child Health Study to determine whether alcohol usage impacts the overall family dynamic.

FNC-Q2

This marital satisfaction question is from the Quality of Life Surveys conducted by York University in the late 1970's/early 1980's.

5.3.5 Neighbourhood (collected for respondent only)

Objective

To gather information on the respondent's satisfaction with his/her neighbourhood as a place to raise children, including perception of the extent of danger and problems, and of social cohesion or "neighbourliness". Recent research by Dr. Jacqueline Barnes at the Judge Baker Children's Centre, Harvard University in Boston has found that parents' fear of danger and perception of social disorder in the neighbourhood affected their sense of attachment to the neighbourhood and their disciplinary strategies.

The information on the parent's perception of the neighbourhood is supplemented by the interviewer's observation of several aspects of the block where the respondent lives. The Project Team is investigating the possibility of further supplementing this information using data available from other sources (e.g., Census data on income levels, percentage of single parents, ethnicity of neighbourhoods or communities, crime statistics).

Measure

SAF-Q1, SAF-Q2, SAFQ5A to SAF-Q7F

These questions cover length of residency in the neighbourhood, satisfaction with the neighbourhood as a place to bring up children, safety, social cohesion and neighbourhood problems. They represent a revised version of specific sections of the Simcha-Fagan Neighbourhood Questionnaire used by Dr. Jacqueline Barnes in her studies of neighbourhoods in Boston and Chicago. Revisions were made based on the factor analysis of the sections, in consultation with Dr. Barnes.

SAF-Q3

This question on volunteer involvement is based on a question in the National Population Health Survey.

5.3.6 Social Support (collected for respondent only)

Objective

To determine the availability of social supports, via friends, family and other sources, for the respondent.

Research has demonstrated that the presence of social support impacts a person's sense of self-worth, as well as his/her relationships with children and other family members.

Measure

SUP-Q1A to SUP-Q1F

This is a shortened version of the Social Provisions Scale developed by Drs. Carolyn E. Cutrona and Daniel W. Russell at Iowa State University. The Social Provisions Scale is a measure of perceived support. The scale was shortened for the Government of Ontario's Better Beginnings, Better Futures Project. The shortened version measures the following components of social relationships: guidance, reliable alliance (the assurance that others can be counted upon for practical help), and attachment.

SUP-Q2A to SUP-Q2D

This question on other supports is based on a question provided by Dr. Tom Hay, A2B Consulting (Toronto).

5.4 Children's Questionnaire

The Children's Questionnaire collects data for a maximum of four children, ages newborn to 11 years, per household. The information is provided by the person most knowledgeable about the children. Unless otherwise noted, questions apply to the complete age range of newborn to 11 years.

5.4.1 Health

Objective

To provide information on the child's physical health - general health, injuries, limitations and chronic conditions - and use of health services and medications. For children four years of age and over, health status information on topics such as hearing, sight, speech, and overall mental well-being is also collected.

Health is a dependent as well as an independent variable - it is an intrinsic characteristic which can impact various aspects of a child's life and it is one of the dimensions readily influenced by other factors. Health is an essential component in a study of children and their well-being; information on children's health is vital for policy development with respect to children.

Measure

HLT-Q1, HLT-Q3 to HLT-Q4, HLT-Q37 to HLT-Q42:

These questions on general health, height and weight, and injuries are from the National Population Health Survey (NPHS). Some modifications to the NPHS injuries' questions have made them more appropriate for children and more consistent with other data sources, including the Canadian Hospitals Injuries Reporting and Prevention Program (CHIRPP).

HLT-Q5 (2+ years):

The level of physical activity question was provided by officials at Fitness and Amateur Sport, Health Canada.

HLT-Q6 to HLT-Q36 (4+ years):

The Health Status questions were developed by Drs. M. Boyle, D. Feeny, W. Furlong and G. Torrance at McMaster University. They are being used by the National Population Health Survey for adults, and are considered to be appropriate for children aged four and over. Responses to this section may be used to produce health utility indices or may be used on their own as indicators of health status at a point in time.

HLT-Q43A to HLT-Q44:

Q43A was developed by the Project Team based on a question provided by Dr. Barry Pless at the Montreal Children's Hospital. Q43B was added to make this set of asthma questions consistent with the chronic conditions section. HLT-Q43C and Q44 are asthma

screening questions from the National Population Health Survey.

HLT-Q45 to HLT-Q45B, HLT-Q48(A to I):

The chronic conditions and contact with professionals questions were developed by the Project Team based on the questions for adults in the National Population Health Survey.

HLT-Q2 (0-11 years) , HLT-Q46 to HLT-Q47B (0-3 years):

These questions on recent health, nose, throat and ear infections were provided to the Project Team, by Dr. J.-F. Saucier, Ste. Justine Hospital, Montreal.

HLT-Q49 to HLT-Q50:

Q49 on overnight patients was developed by the Project Team based on a question in the Ontario Child Health Study. Q50 on reasons was developed by the Team after consultation with Dr. Denise Avaré at the Canadian Institute of Child Health.

HLT-Q51(A to E):

This question on medication was developed by the NLSC Expert Advisory Group based on a question from the Ontario Child Health Study.

HLT-Q52(A and B) (4+ years):

The traumatic event questions were developed by the Project Team based on a question provided by Dr. Tom Hay, Toronto. In other sections, the survey also covers certain other major life events such as the death of a parent, addition of family members, and family restructuring.

5.4.2 Medical/Biological (Perinatal) Information (0-3 years)

Objective

For each child under four, to collect data regarding such factors as gestational age and birth weight which have a direct impact on a child's growth and development. For example, in the long term, underweight babies face higher risks of poor health as well as longer-lasting developmental difficulties.

For each child under two, the nature of the delivery, general health of the child at birth and the use of specialized services following the birth are also collected in this section. The NLSC also investigates the biological mother's pregnancy and delivery history, including policy-relevant topics such as the mother's breast-feeding experiences and prenatal lifestyle.

Measure

MED-Q1(A to C), MED-Q2

These questions on mother's prenatal health were developed by the Project Team, based on questions provided by Dr. J.-F. Saucier of the Ste. Justine Hospital in Montreal.

MED-Q3 to MED-Q10B

These questions on mother's prenatal smoking, drinking and drug use match those included in a Health Canada buy-in to the NPHS.

MED-Q12A to MED-Q14A, MED-Q15 to MED-Q18, MED-Q21A to MED-Q22, MED-Q23A to MED-Q24B

These questions on gestational age, birth weight and length, delivery details, special care of the child after birth and child's and mother's postnatal health were developed by the Project Team, based on questions provided by Dr. J.-F. Saucier of the Ste. Justine Hospital in Montreal.

MED-Q25 to MED-Q28

The set of breast-feeding questions was originally provided by Dr. Saucier; it was modified after consultation with Health Canada to match their buy-in to the NPHS.

5.4.3 Temperament (0-3 years)

Objective

To measure temperament of young children (up to and including the age of three) by asking the parent about the degree of difficulty their child presents for them. This measure is based on the assumption that a child's temperament is influenced by the parent's perception of the difficulty of the child, and that temperament is not solely based on biological origins.

Measure

TMP-Q1 to TMP-Q33

The developer of the temperament scale, the Infant Characteristics Questionnaire (ICQ), is Dr. John Bates of the University of Indiana. This is a well-established scale that has been used in large scale studies and is considered by specialists to be the best available measure for use in large-scale household surveys. A revised version of the scale, by Dr. Jo-Anne Finegan at Toronto's Hospital for Sick Children, is used for three year olds.

5.4.4 Education (4-11 years)

Objective

To provide basic information about the child's educational experiences.

The amount and type of information collected varies depending upon the age of the child, with more information being collected for the older children who have had greater school experience. For all ages, basic information is collected, such as: the child's grade level, type of school and language of instruction, whether the child looks forward to school, behaviour problems at school, absenteeism, parental hopes for the child's educational outcomes, number of school changes and of residential moves. For children in grade one or higher, additional questions are asked concerning other aspects such as skipping and

repeating grades, achievement, special education, parents' perception of school climate and importance of good grades to parents.

The teacher's questionnaire provides additional information about the child and his/her school achievement and behaviour. This information allows for comparisons of school achievement and behaviour as reported from two sources for 4 to 11 year-olds - the parent and the teacher. For 10 and 11 year olds, the child's perspective of school is also provided in the self-completed questionnaire. In addition, the teachers are asked to administer a mathematical skills test to children in the sample who are in grades two or higher. Parents are asked for permission to allow Statistics Canada to contact the child's teacher in order to obtain the additional information and to administer the mathematical skills test. Further information on the teacher's and principal's questionnaires and mathematical skills test is provided in Sections 5.9 to 5.11.

Measure

EDU-Q1(A to E)

The question on school grade came from the Survey of Labour and Income Dynamics (SLID), Statistics Canada.

EDU-Q2 to EDU-Q7E, EDU-Q8 to EDU-Q11

Questions EDU-Q2 to EDU-Q7E are intended to provide an overview of the child's history of progression through the grade levels, while EDU-Q8 to EDU-Q11 provide a history of the child's school changes. These questions on Kindergarten attendance, skipping and repeating, school type, and school and residential moves were developed by the Project Team in consultation with Drs. D. Willms and F. Echols of the University of British Columbia.

EDU-Q12A, EDU-Q12B

The question on language in which the child is mainly taught is from the Survey of Labour and Income Dynamics, Statistics Canada. Language spoken at home is only collected for 4 and 5 year olds to assist in the analysis of results for the receptive vocabulary test; the question is from the 1991 Census.

EDU-Q13

The question on the number of days absent was developed by the Project Team.

EDU-Q14(A to D)

The parental knowledge of achievement question is a modified version of a question in the British Looking After Children Project: Assessment and Action Records. This question is also included in the Teacher's Questionnaire.

EDU-Q15A, EDU-Q15B

The tutoring questions are from Ontario's Tri-Ministry Project's parent questionnaire.

EDU-Q16, EDU-Q17

The questions on school behaviour problems and child looking forward to school were developed by the Project Team.

EDU-Q18A, EDU-Q18B

Questions concerning the importance of good grades to the parent and parental hopes for educational attainment were developed by Drs. D. Willms and F. Echols.

EDU-Q19(A to D)

These questions on the parent's perception of the school climate are from Ontario's Tri-Ministry Project's parent questionnaire.

EDU-Q20

This special education question is a modified version of a question developed by Education Sub-Division of Statistics Canada. Further questions on special education are contained in the Teacher's Questionnaire.

5.4.5 Literacy

Objective

To measure children's exposure to books, their interest in reading, whether or not they get homework, and parental encouragement of children's writing skills. This section will be useful in providing indicators of school readiness and may provide an indicator of a child's possible success in school.

Measure

LIT-Q1 to LIT-Q14

These questions were developed by Dr. B. DeBaryshe of the University of Hawaii, mainly from the US National Assessment of Educational Progress. The questions vary depending on the age of the child.

5.4.6 Activities

Objective

To measure the child's participation in various non-school activities and the amount of household responsibility taken on by 10 and 11 year olds at home. The section will give some sense of how the child spends his/her time, of personal interests as well as the degree of interaction with peers.

Information on activities for 10 and 11 year olds, excluding responsibilities, is collected on the self-completed questionnaire as well.

Measure

ACT-Q1 to ACT-Q2B (0-5 years)

The questions on preschool activities were developed by the Project Team, drawing from such sources as the (Canadian) National Child Care Survey and the Government of Ontario's Better Beginnings, Better Futures project.

ACT-Q3A to ACT-Q3D3 (4+ years)

The extra-curricular activities questions are based on questions used in the Ontario Child Health Study.

ACT-Q3E (4+ years)

The video games question was adapted from the draft World Health Organization's Survey of Health Behaviours in School Children.

ACT-Q4A to ACT-Q4B (4+ years)

The TV watching questions were adapted from those on the National Longitudinal Survey of Youth, Ohio State University.

ACT-Q5 (4+ years)

This question on playing alone is from the Northwest Territories' Health Attitudes, Knowledge and Behaviours Study.

ACT-Q6A to ACT-Q6F (10-11 years)

The questions on responsibilities are from the Home Observation for Measurement of the Environment-Short Form (HOME-SF) questionnaire in the National Longitudinal Survey of Youth, Ohio State University.

ACT-Q7A to ACT-Q8B (6+ years)

The questions on summer activities were provided by Dr. D. Offord and Dr. M. Boyle, Chedoke-McMaster Hospital.

5.4.7 Behaviour

Objectives

To assess aspects of the behaviour of children two years of age and over and of sleep patterns and feeding patterns for newborn to three year olds inclusive.

Consultations with experts in the field of infant and early childhood development revealed that research suggests that both sleeping and feeding difficulties are predictive of a child's potential difficulties. Conversely, absence of such difficulties has been correlated with easy temperament and positive outcomes.

For children aged two and over, the frequency of other specific behaviours is collected from the parents, by self-report on the self-completed questionnaire for 10 and 11 year

olds, and from teachers of school-age children. The following behaviours are measured for 4 to 11 year olds: conduct disorder, hyperactivity, emotional disorder, anxiety, indirect aggression, physical aggression, inattention, and prosocial behaviours. Most of the behaviours measured for 2 and 3 year olds are the same as those for 4 to 11 year olds; separation anxiety and opposition have been added and indirect aggression and some aspects of conduct disorder are not measured. Parents of 10 and 11 year olds are asked for information on the child's risk-taking behaviour; these questions are also part of the self-completed questionnaire for that child.

This section will be used to gather information on the prevalence of the behaviours. Over time, the survey will provide data to aid our understanding of the history of these behaviours and the interaction with, and impact on, other characteristics and factors in a child's life.

Measure

BEH-Q1 to BEH-Q5 (0-3 years)

The sleep patterns and reactions to new foods questions were selected from a scale developed by Dr. J.-F. Saucier at Ste. Justine Hospital in Montreal. As noted above, these items are used as indicators of a child's temperament.

BEH-Q5A (0-3 years)

This question on frequency of feeding difficulty was provided by Dr. Diane Benoit of the Department of Psychiatry, Hospital for Sick Children, Toronto.

BEH-Q6A to BEH-Q6UU, BEH-Q8B to BEH-Q8UU

The behaviour measures were developed for the NLSC, from a variety of sources, by Dr. R. Tremblay of the University of Montreal in consultation with Drs. D. Offord and M. Boyle of Chedoke-McMaster Hospital.

For children 4 to 11 years of age:

Conduct disorder is measured by BEH-Q6C, Q6E, Q6G, Q6L, Q6O, Q6T, Q6AA, Q6DD, Q6FF, Q6JJ, Q6PP from the Ontario Child Health Study (OCHS). Hyperactivity is measured by BEH-Q6B, Q6I, Q6N, Q6P, Q6S, and Q6W from the Ontario Child Health Study and Q6HH from the Montreal Longitudinal Survey. Emotional disorder is measured by BEH-Q6F, Q6K, Q6Q, Q6V, Q6CC, Q6MM, Q6RR from the OCHS. Anxiety is measured by BEH-Q6Y and Q6II from the Montreal Longitudinal Survey plus several of the OCHS emotional disorder items, Q6F, Q6Q, Q6V and Q6CC. Indirect aggression is measured by BEH-Q6J, Q6R, Q6Z, Q6LL, Q6TT from Lagerspetz, Bjornqvist and Peltonen of Finland. Physical aggression is measured by BEH-Q6X from the Montreal Longitudinal Survey and Q6G, Q6AA and Q6NN from the OCHS. Inattention is measured by BEH-Q6P from the OCHS and Q6EE, Q6KK, and Q6QQ from the Montreal Longitudinal Survey. Prosocial behaviour is measured by BEH-Q6A, Q6H, Q6M, Q6GG, and Q6OO, from the OCHS and Q6D, Q6U, Q6BB, Q6SS, and Q6UU from the Montreal Longitudinal Survey; the last four items were from a scale by K. Weir and G. Duveen.

For children 2 to 3 years of age:

Conduct disorder is measured by BEH-Q8G from the Ontario Child Health Study (OCHS). Hyperactivity is measured by BEH-Q8B, Q8I, Q8N, Q8P, Q8S, and Q8W from the Ontario Child Health Study and Q8HH from the Montreal Longitudinal Survey. Emotional disorder is measured by BEH-Q8F, Q8K, Q8Q, Q8V, Q6CC, Q8MM, Q8RR from the OCHS. Anxiety is measured by several of the OCHS emotional disorder items, Q8F, Q8Q, Q8V and Q8CC. Physical aggression is measured by BEH-Q8X from the Montreal Longitudinal Survey and Q8G from the OCHS. Inattention is measured by BEH-Q8P from the OCHS and Q8EE, Q8KK, and Q8QQ from the Montreal Longitudinal Survey. Prosocial behaviour is measured by BEH-Q8D, Q8U, Q8BB, Q8SS, and Q8UU from the Montreal Longitudinal Survey; the last four items were from a scale by K. Weir and G. Duveen. Separation anxiety is measured by BEH-Q8DD1, Q8LL1, Q8PP1, Q8TT from Achenbach's Child Behaviour Checklist (CBCL). Opposition items BEH-Q8E1, Q8J1, Q8R1, Q8T1 were also drawn from Achenbach's CBCL.

BEH-Q7A to BEH-Q7F

The questions on risk-taking behaviours for 10 and 11 year olds are from the following sources: Q7A to Q7D - National Longitudinal Survey of Youth at Ohio State University; Q7E - Western Australia Child Health Survey; Q7F - Dr. R. Tremblay of the University of Montreal.

5.4.8 Motor and Social Development (0 - 3 years)

Objective

To measure motor, social and cognitive development of young children.

Measure

MSD-Q1 to MSD-Q48

The Motor and Social Development (MSD) Scale was developed by Dr. Gail Poe of the U.S. National Center for Health Statistics. The MSD scale consists of a set of 15 questions that measure dimensions of the motor, social and cognitive development of young children from birth through three years; the questions vary by age of the child. The scale has been used in collections of the National Longitudinal Survey of Youth in the United States and in recent versions of the National Child Development Survey in England.

This measure replaces the Vineland Adaptive Behaviour Scale which was field tested for the NLSC in July 1994. The Vineland was designed to be administered as a conversation between a specifically trained interviewer and a respondent. The modifications which the Project Team made to it in order to use it in a household context were unsuccessful in the July test.

5.4.9 Relationships (4 + years)

Objective

To provide information about the child's relationships with others. Positive relationships with other children and adults may help to counteract other factors which place a child at risk.

The section collects information about how the child gets along with parents, brothers and/or sisters, teachers, friends, and classmates, with some variation by age of the child. Parents' knowledge of the names of the friends of 8-9 and 10-11 year olds is also investigated, along with their perception of these other children's behaviour, and whether their own child is shy or outgoing.

Measure

REL-Q1, REL-Q2, REL-Q6 to REL-Q9

The questions on number of days spent doing things with friends, number of friends, and getting along with friends, parents, teachers and siblings are based on those in the Ontario Child Health Study.

REL-Q3 to REL-Q5

The questions on knowing a child's friends by sight, the child's shyness and having friends who are in trouble were developed by the Project Team.

5.4.10 Parenting

Objective

To measure certain parenting behaviours and aspects of basic care. Positive interaction, hostile/ineffective parenting and consistent parenting, and aversive and non-aversive parent management techniques are covered in this section.

Parenting style is considered to have an important influence on child behaviour and development. This is an area where policy and programs can be developed to help families.

Measure

PAR-Q1 to PAR-Q18

These questions on positive interaction, hostile/ineffective parenting, and consistent parenting were provided by Dr. M. Boyle at Chedoke-McMaster Hospital, based on Dr. Ken Dodge's work (Vanderbilt University) and an adaptation of Strayhorn and Weidman's Parent Practices Scale. Positive interaction is measured for all age groups, while the latter two measures are for children two years of age and older.

PAR-Q19 to PAR-Q25 (2+ years)

These questions on aversive/non-aversive parent management techniques were provided by Dr. M. Boyle.

PAR-Q26A to PAR-Q28 (2+ years)

These questions on basic care were suggested by Dr. M. Boyle and revised by the Project Team in consultation with him. These questions cover lack of food, watching violent TV and exposure to domestic violence.

5.4.11 Family and Custody History

Objective

To provide information on the child's family situation, including significant family-restructuring events that have occurred before or after the child entered the family. Data from this section has particular relevance for policies related to families.

The impact of the stability of family life on several aspects of child development is an important feature of psychological sciences and behaviour determinants literature. Numerous studies have linked family disruptions, measured in terms of discord between parents, separation, divorce and family reconstitution, to the emergence of problems such as low self-esteem, low adaptation scores and poor educational attainment. The accent on the negative consequences of disrupted family context partly reflects the clinical nature of observation. The NLSC will not only help test such links, it also will yield new insights about those children who "make it through" their parents' marital conflicts. It will also provide a clear probabilistic measure of the prevalence of developmental problems in children, taking into account varying degrees of complex family and custody histories.

Changing marital attitudes and behaviours are a fact of life for ever growing proportions of Canadians, and behaviours considered as marginal only a few years back, are quickly becoming the norm. In terms of the stability of family contexts, this translates into increasing proportions of children experiencing single parenthood and family reconstitution, and doing so at ever younger ages. These trends must be monitored if society and individuals wishing to acknowledge parental responsibilities, are to bring up functional generations of future Canadian citizens, without necessarily giving up the main benefits of greater flexibility in conjugal relations.

This section will yield truly innovative data. Firstly, family histories of children in a probabilistic sample have never been targeted in Canada. Secondly and more importantly, the NLSC will provide unique data on child custody: the children will be the primary units of observation, and the survey will gather information about their custody after parental break-up through both parents' marital trajectories. Canadian statistics have yet to yield some insights on the complete environment of children in reconstituted families. The NLSC will become the source on both matters.

As this is a household-based survey, only the parent in the selected dwelling will be interviewed; where the child's parents are separated or divorced and have joint custody, the other parent will not be interviewed.

Measure

CUS-Q1A to CUS-Q23

These questions were developed for the NLSC by Dr. Nicole Marciil-Gratton, Department of Demography, University of Montreal.

5.4.12 Child Care

Objective

To provide basic information about the methods of care currently provided for the child while the parents are working or studying, plus some information on previous care. Concepts measured include both the amount of time spent by the child in child care and the methods of care used for each child. In addition, information is obtained on the number of changes in child care arrangements that the child has experienced and the reason(s) for changes in the past 12 months. The section also identifies whether or not a child care centre is profit or non-profit and whether home care is licensed or unlicensed.

Measure

CAR-Q1A to CAR-Q7

The child care questions have been developed by the Project Team, drawing from the (Canadian) National Child Care Survey and discussion with experts. The section is similar for all age groups, but some questions have been customized to be age-appropriate.

CAR-Q8 (6+ years)

This question on summer care was provided by Dr. Dan Offord at Chedoke-McMaster Hospital.

5.5 Peabody Picture Vocabulary Test - Revised

Objective

To measure the school readiness of four and five year olds. The NLSC Expert Advisory Group recommended that this age group receive a direct assessment in the first NLSC cycle.

Measure

The Peabody Picture Vocabulary Test-Revised (PPVT-R) measures receptive or hearing vocabulary. The PPVT-R may be used with any age group, up to adult. The test was developed by Lloyd and Leota Dunn, at the University of Hawaii, and has been widely used in large-scale data collections as well as assessments. The PPVT-R is one of the survey instruments used in two other large scale longitudinal surveys - the National Longitudinal Survey of Youth, Ohio State University and the Better Beginnings, Better Futures Project in Ontario. A French adaptation of the PPVT-R was developed by the test's authors and Claudia M. Thériault-Whalen at St. Thomas University in Fredericton, N.B.

For the NLSC, the PPVT-R indicates the extent of a child's English or French vocabulary acquisition as a measure of school readiness. Verbal parental consent is requested prior to administering the test. The interviewer then administers the test to four and five year olds in the home. The child looks at pictures on an easel and identifies the picture which matches the word the interviewer reads out. The responses are recorded on the lap-top computer.

The interviewer also completes an assessment of factors which may have influenced the child's responses and of the child's overall reaction to the test.

The PPVT-R is not included in the document **National Longitudinal Survey of Children, Survey Instruments for 1994-1995 Data Collection - Cycle 1**. The interviewer assessment is included (Peabody (PPVT) Assessment).

5.6 Administrative Information

The following administrative information is collected at the end of the interview:

1. respondent's permission to share data with Human Resources Development Canada;
2. name, address and telephone number of two contact persons who know the respondent, to facilitate tracking children for the second cycle of the survey;
3. respondent's written consent that the child's teacher may be contacted to complete a questionnaire and to administer a mathematical skills test to the child (grades two and above); includes name and address of school, names of teacher and principal; and
4. indication by interviewer of whether first contact was by telephone or in person.

5.7 Neighbourhood Observation by Interviewer

Objective

To gather information on the interviewer's observations concerning the respondent's neighbourhood, made while going to and from the respondent's home. The observation considers traffic volume, presence of garbage on the sidewalks, the visibility of people who are loitering, threatening others, or drunk, identification of land use on the block/road, and condition of buildings. This information supplements the information on the neighbourhood provided earlier by the respondent.

Measure

OBS-Q1 to OBS-Q8

These questions are from the Neighbourhood Cluster Observation Schedule used by Dr. Jacqueline Barnes at the Judge Baker Children's Centre, Harvard University in her studies of neighbourhoods.

5.8 Questionnaire for 10-11 year olds

This questionnaire is self-completed by the 10 and 11 year olds for whom the Children's Questionnaire of the CAPI instruments is completed. When the parent gives consent, the interviewer provides the questionnaire to the child; written instructions are included. The child is encouraged to complete the questionnaire in a private setting. Upon completion, the questionnaire is sealed in an envelope to ensure confidentiality.

Objective

To collect information directly from the child on a variety of aspects of his/her life in order to supplement, and in some cases, compare with information obtained from the parent and teacher. The child's perspective may differ from that of the parent or teacher and will provide useful information to policy makers and program developers. The questionnaire will also collect information uniquely from the child on subjects about which only the child could reliably report.

The questionnaire investigates the child's relationships, school experience, self esteem, feelings and behaviours, perception of relationship with parents, physical development, use of cigarettes, alcohol and drugs, and activities.

5.8.1 Friends and Family

Objective

To determine how well the child feels he/she gets along with others.

The section collects information on numbers of close friends, time spent with friends, presence of someone the child can confide in, and the quality of relationships with others, such as parents, peers and teachers. This information is important in identifying the extent and quality of the child's social support network. To allow for comparison, the section includes questions which are also included on the Children's Questionnaire.

Measure

A.01 to A.04

This set of questions on getting along with peers is the Peer Relations Subscale from the Marsh Self-Description Questionnaire, developed by H.W. Marsh.

A.05, A.06, A.09 to A.12

Time spent with friends, number of close friends, getting along with friends/classmates, mother/father and siblings are similar to questions asked of the parent on the CAPI Children's Questionnaire and are modified from the Ontario Child Health Study.

A.07 and A.08

These questions regarding someone to confide in have been adapted from the Ontario Child Health Study.

5.8.2 School

5.8.2.1 About My School and Me

Objective

To determine the child's attitudes towards school, sense of how well he/she is doing in school, importance of good grades and feelings of safety and acceptance at school.

Attitudes about school may be an important influence on a child's educational accomplishments. Research shows that a negative attitude towards school may be associated with poor school performance.

Measure

B.01

This question about the child's enjoyment of school is from the Western Australia Child Health Survey.

B.02

This question concerning the child's sense of how well he or she is doing at school is modified from the Northwest Territories' Health Attitudes, Knowledge and Behaviours Study.

B.03 and B.05

Questions B.03 on the importance of good grades and B05 on feeling safe at school were developed by the Project Team.

B.04

This question on enjoyment of mathematics is from the Mathematics Subscale of the Marsh Self-Description Questionnaire.

B.06 and B.07

These questions on children saying nasty things and feeling safe on the way to and from school are from Dr. R. Tremblay, University of Montreal.

B.08 and B.09

Question B.08 on bullying at school was based on a question from Dr. R. Tremblay and one from the draft World Health Organization (WHO) Survey on Health Behaviours in School Children. Question B.09 on bullying on the way to and from school is from Dr. R. Tremblay, University of Montreal.

B.10

This question on feeling like an outsider is from the draft WHO Survey on Health Behaviours in School Children.

5.8.2.2 About My Teacher and Me

Objective

To determine the child's perception of the teacher with respect to fairness and providing extra help. The child's perception of the teacher may impact the child's behaviours in class and how much effort the child will put into school work.

Measure

B.11 and B.12

These questions on receiving help from a teacher and the teacher's fairness were modified from the draft WHO Survey on Health Behaviours in School Children.

5.8.2.3 About My Parents and School

Objective

To determine the child's perception of the degree of support provided by his/her parents on school-related issues. The section asks about parental help, general encouragement, and expectations of the child.

Measure

B.13 to B.15

The three questions on parental help, encouragement and expectations are from the draft WHO Survey on Health Behaviours in School Children.

5.8.2.4 About My Homework

Objective

To determine whether the child has a place at home to do homework and if the child does assigned homework.

Measure

B.16

This question about availability of a location to do homework is based on the NWT Health Attitudes, Knowledge and Behaviours Study.

B.17

This question on doing homework was developed by the Project Team to supplement information collected from the parent (Literacy Section, Children's Questionnaire) and teacher.

5.8.3 About Me

Objective

To determine the child's overall self-esteem and perception of physical appearance.

Measure

C.01a to C.01d

These questions are from the General-Self Scale of the Marsh Self-Description Questionnaire, developed by H.W. Marsh.

C.01e to C.01h

These questions are from the Physical Appearance Scale of the Marsh Self-Description Questionnaire.

5.8.4 Feelings and Behaviour

Objective

To determine the child's perception of his/her general behaviour and the child's engagement in risk-taking behaviours.

This section replicates the behaviour checklist being used in the parent-report CAPI Children's Questionnaire and the Teacher's Questionnaire. It provides indicators of the following behaviours: conduct disorder, hyperactivity, inattention, physical aggression, indirect aggression, emotional disorder, anxiety, and prosocial behaviours. There are also questions which probe for difficult behaviours; these are also replicated from the CAPI Children's Questionnaire.

Measure

D.01a to D.01uu

The behaviour measures were developed for the NLSC from a variety of sources by Dr. R. Tremblay of the University of Montreal and Drs. D. Offord and M. Boyle, Chedoke-McMaster Hospital.

Conduct disorder is measured by D.01c, e, g, l, o, t, aa, dd, ff, jj, and pp from the Ontario Child Health Study (OCHS). Hyperactivity is measured by D.01b, i, n, p, s and w from the Ontario Child Health Study and D.01hh from the Montreal Longitudinal Survey. Emotional disorder is measured by D.01f, k, q, v, cc, mm, and rr from the OCHS. Anxiety is measured by D.01y and ii from the Montreal Longitudinal Survey plus several of the OCHS emotional disorder items - D.01f, q, v, and cc. Indirect aggression is measured by D.01j, r, z, ll and tt from Lagerspetz, Bjornqvist and Peltonen of Finland. Physical aggression is measured by D.01x from the Montreal Longitudinal Survey and D.01g, aa, and nn from the OCHS. Inattention is measured by D.01.p from the OCHS and D.01ee, kk and qq from the Montreal Longitudinal Survey. Prosocial behaviour is measured by D.01a, h, m, gg and oo from the OCHS and D.01d, u, bb, ss and uu from the Montreal Longitudinal Survey; the last four items were from a scale by K. Weir and G. Duveen.

D.02a to D.02f

The questions on difficult behaviours of 10 and 11 year olds are based on the following sources: D.02a to d - National Longitudinal Survey of Youth at Ohio State University; D.02e - Western Australia Child Health Survey; C.02f - Dr. R. Tremblay of the University of Montreal.

D.03

This question on being part of a group involved in negative behaviour was developed by the Project Team.

5.8.5 My Parent(s) and Me

Objective

To complement the parenting section in the parent-complete Children's Questionnaire by gathering information from the child regarding his/her perception of his/her relationship with parents. For the self-completed questionnaire, it also was considered important to obtain a measure of parental supervision (i.e., monitoring), as this has been shown to be linked to child outcomes - there is a correlation between a lack of supervision and negative outcomes, such as juvenile delinquency and other risk-taking behaviours.

Measure

E.01a to E.01q

This scale is used in the Western Australia Child Health Survey. It was developed by Lempers et al (1989) based on work of Schaefer (1965) and Roberts et al (1984) and measures parental nurturance, rejection and monitoring, these complement the constructs measured in the parent-complete Children's Questionnaire (positive interaction, hostile/ineffective parenting, and consistent parenting, aversive and non-aversive parent management techniques.)

5.8.6 Puberty

Objective

To ask about key physiological indicators, to determine the perception the child has of his/her own puberty. This is an important marker of physical development.

Measure

F.01 to F.05

The puberty questions were provided by Dr. Richard Tremblay at the University of Montreal.

5.8.7 Smoking, Drinking and Drugs

Objective

To determine if the child has used cigarettes, alcohol or drugs, the extent of usage and usage by friends. These three risk-taking behaviours, although not common in this age group, may begin to be evident. The behaviours have been correlated with negative behaviours and outcomes, such as delinquent behaviours and poor school performance. The smoking questions have been approved by Health Canada for relevance and comparability with the Youth Smoking Survey, which was implemented by Statistics Canada in the fall 1994.

Measure

G.01

The main question on trying cigarette smoking is from the Youth Smoking Survey. The sub-question regarding reasons for not smoking were suggested by Justice Canada.

G.02 and G.08

The questions on frequency of smoking and drinking are from the draft WHO Survey on Health Behaviours in School Children.

G.03 and G.05

The questions on age of first smoking cigarettes and number of close friends who smoke are from the Youth Smoking Survey.

G.04 and G.06, G.07

The questions on number of cigarettes smoked and age of first drinking are from the Western Australia Child Health Survey.

G.09 and G.13

These questions on number of close friends who drink and use drugs were developed by the Project Team to provide consistency with the smoking questions.

G.10 and G.11

The question on use of different drugs and addictive substances is from the NWT Health Attitudes, Knowledge and Behaviours Study, with response categories revised to match those for the cigarette and alcohol use questions.

G.12

This question on age of first drug use is a modified version of one provided by Dr. R. Tremblay of the University of Montreal.

5.8.8 Activities

Objective

To determine the child's extent of participation in activities outside of school and use of "free" time. Activities include sports, arts, dance or music, Guides or Scouts, and jobs. Reading for pleasure, playing computer or video games and watching TV are also covered. Generally, the activities are also covered on the CAPI parent-complete Children's Questionnaire.

Measure

H.01a to H.01g

The question on specific activities was developed by the Project Team based on the questions in the Children's Questionnaire and questions proposed by Dr. D. Willms, University of British Columbia.

H.02

The question on average hours of TV watched has been developed by the Project Team based on a question in the draft WHO Survey on Health Behaviours in School Children.

H.03

The question on reading for fun was developed by Dr. B. DeBaryshe of the University of Hawaii.

5.9 Mathematical Skills Test

Objective

To measure a student's numeracy skills in a short test.

Measure

Students in grades two and over complete a shortened version of the Mathematics Computation Test of the standardized Canadian Achievement Tests, Second Edition (CAT/2). CAT/2 is a test series designed to measure achievement in basic skills - reading, spelling, language, study skills and mathematics. Each level of the tests is related to specific grade ranges. The Mathematics Computation Test measures a student's understanding of the operations of addition, subtraction and multiplication of whole numbers. The shortened test takes about 15 minutes to complete. Parents must give consent for the test to be administered by the child's teacher.

5.10 Teacher's Questionnaire

Objective

To increase knowledge of the impacts that educationally relevant variables have on child outcomes. The information provided by teachers when combined with that provided by parents and children themselves, may be used to triangulate on constructs such as academic achievement and maladaptive behaviours.

In addition to asking the teacher about the child's academic achievement, behaviour and absences, the questionnaire also covers parental involvement with the school, characteristics of the class, the teacher's instructional practices, the teacher's perception of the school, and selected demographic characteristics of the teacher (age, gender, education, and experience).

The teacher questionnaire is mailed to the teacher of every school-aged child in the survey whose parents have given consent.

The questionnaire, part of which is a buy-in, was developed by Education Sub-Division of Statistics Canada in consultation with the NLSC Project Team and Drs. D. Willms and F. Echols of the University of British Columbia. Many of the questions are new and were designed through this consultation. Only those questions obtained or derived from existing sources are identified and discussed in the following sections. For further information on the content of the Teacher's Questionnaire, please refer to the paper, "Overview of the Content of the Education Questionnaires" (see Appendix F).

5.10.1 Section 1 - This Student's Education

Objective

To increase knowledge of the impact which process variables, such as instructional time, work habits, and educational progress, have on academic achievement and child development. Included in this section are questions regarding grade level, split/multiple grade class, skipping/repeating grades, academic performance, time spent on various subjects, language of instruction, personal/social skills, work habits, enhanced instruction and special education. Some of these characteristics (personal/social skills and work habits) may function as protective factors in a child's life.

Measure

Q.16

Main language of instruction is from the test for the 1996 Census, Statistics Canada.

Q.17 and 18

The lists of social/personal skills and work habits are derived from Freeman and Hatch's (1989) research into commonly mentioned comments on report cards.

Q.19 to 23

The special education questions are modifications of questions in the Ontario Child Health Study.

5.10.2 Section 2 - This Student's Behaviour and Absenteeism

Objective

To increase knowledge of the effects children's prosocial and problematic behaviours in school have on children's development. Included in this section are questions pertaining to absenteeism, the child's preparedness for school and the child's behaviour at school.

Measures

Q.27a to Q.27tt

The behaviour question matches that asked on the Children's Questionnaire and on the self-completed questionnaire for 10-11 year olds. The question measures conduct disorder, attention deficit disorder, emotional disorder, anxiety, and the constructs of indirect aggression, physical aggression, inattention and prosocial behaviour. Please see Section 5.8 of the description of the Questionnaire for 10-11 year olds for sources of the items. When combined with responses from the Children's Questionnaire and the 10 and 11 year old's self-completed questionnaire, responses to these questions may be used in multimethod-multitrait evaluations of construct validity.

5.10.3 Section 3 - Parental Involvement in this Student's Education

Objective

To increase knowledge of the influence which parental involvement in the child's education has on educational, occupational, and developmental outcomes.

5.10.4 Section 4 - Your Class and Teaching Practices

Objective

To increase knowledge of the influence which structural characteristics of the child's class, such as the number of students, mother tongue, disabilities, academic ability, and class behaviour and teaching practices, including assignment and monitoring of homework, have on academic achievement and child development.

Measure

Q.34 and 35

The questions on disabilities and mother tongue are based on those in Dr. D. Willms' B.C. Elementary School Study.

Q.48

General class behaviour is based on a question in Ontario's Tri-Ministry Project's teacher questionnaire.

Q.49

This question on resources used is based on one in the Third International Mathematics and Science Study.

5.10.5 Section 5 - Perceptions of your School

Objective

To increase knowledge of how the teacher's perception of working arrangements in the school, of school climate, and about school disciplinary practices impacts educational outcomes.

Measure

Q.51

The teacher's agreement with school disciplinary measures is based on a question in Ontario's Tri-Ministry Project's teacher questionnaire.

5.10.6 Section 6 - Personal Information

Objective

To increase knowledge of the way in which demographic features of teachers such as age, gender, teaching experience, and education impact educational outcomes.

5.11 Principal's Questionnaire

Objective

The goal of the principal's questionnaire is to increase knowledge of how the school environment may impact children's development. Consequently, the principal's questionnaire collects information regarding school policies and educational climate, rather than data about a specific child. The questionnaire collects information on students generally, on parental involvement, characteristics of the school, the principal's perception of the school, as well as demographic information about the principal. Questionnaires are sent to the principals of those schools which contain one or more children in the NLSC sample provided parents give their informed consent.

The questionnaire, a buy-in to the NLSC, was developed by Education Sub-Division of Statistics Canada in consultation with Drs. D. Willms and F. Echols of the University of British Columbia.

Questions obtained or derived from existing sources are identified and discussed in the following sections. Questions not identified were developed by Education Sub-Division of Statistics Canada in consultation with Dr. D. Willms and F. Echols. For further information on the content of the Principal's Questionnaire, please refer to the paper, "Overview of the Content of the Education Questionnaires" (see Appendix F).

5.11.1 Section 1 - The Students in your School

Objective

The purpose of this section of the questionnaire is to increase knowledge of the impact student-related environmental variables have on educational and developmental outcomes. The variables examined include methods of assigning students to classes, the mother tongues of students, student's family backgrounds, student's disabilities, the school enrolment, the rates of absenteeism and lateness, and the extent and nature of discipline problems in the school. This section supplies a broader picture of the type of learning environment provided by the school than that given by the Teacher's Questionnaire.

Measure

Q.9 and 10

The items on disabilities and mother tongue are derived from Dr. D. Willms' B.C. Elementary School Study.

Q.15

Frequency of disciplinary problems is a modification of a question on the Third International Mathematics and Science Study.

5.11.2 Section 2 - Parental Involvement in your School

Objective

To increase knowledge regarding the influence of parental support of the school, including levels of volunteering and the strength of the parent-teacher association on children's development and educational progress.

5.11.3 Section 3 - Characteristics of your School

Objective

To increase knowledge of the relative influence which the school environment and the constraints which may be placed on the school, have on educational outcomes. Included in this section are questions regarding grade structure, staff numbers, and the types and availability of support services and resources.

Measure

Q.25, Q.26 and Q.27

These questions which gather information on the number of staff positions by type, staff language, disability, and the availability of support services are all modified versions of questions found on Dr. D. Willms' B.C. Elementary School Study.

Q.28

Adequacy of available resources is modified from the Third International Mathematics and Science Study.

5.11.4 Section 4 - Perceptions of your School

Objective

To increase knowledge of how the psycho-social atmosphere of the school influences students' educational outcomes.

5.11.5 Section 5 - Personal Information

Objective

To increase knowledge of how demographic variables regarding the principal, such as age, gender, years of experience and education may influence students' outcomes.

APPENDICES

APPENDIX A
Expert Advisory Group for
National Longitudinal Survey of Children

Dr. Denise Avard	Executive Director, Canadian Institute of Child Health
Dr. Michael Boyle	Dept. of Psychiatry, Chedoke-McMaster Hospital
Dr. Carol Crill-Russell	Senior Research and Policy Analyst, Children's Services Branch, Ontario Ministry of Community and Social Services
Dr. Tony Doob	Centre of Criminology, University of Toronto
Dr. Clyde Hertzman	Dept. of Health Care and Epidemiology, Faculty of Medicine, University of British Columbia
Dr. Audrey Kobayashi	Dept. of Geography, McGill University
Dr. Nicole Marcil-Gratton	Dept. of Demography, University of Montreal
Dr. Lynn McIntyre	Faculty of Health Professions, Dalhousie University
Prof. Marvyn Novick	School of Social Work, Ryerson Institute
Dr. Dan Offord	Dept. of Psychiatry, Chedoke-McMaster Hospital
Dr. Randy Olsen	Centre for Human Resources Research, Ohio State University
Dr. Barry Pless	Montreal Children's Hospital
Dr. David Ross	Centre for International Statistics on Economic and Social Welfare for Families and Children, Canadian Council on Social Development
Dr. Richard Tremblay	Research Unit on Children's Psycho-Social Maladjustment, University of Montreal
Dr. J. Douglas Willms	Centre for Policy Studies in Education, University of British Columbia
Dr. Robert Glossop (corresponding member)	Director of Programs and Research, Vanier Institute of the Family

APPENDIX B

Summary of Other Surveys

Outlined below are brief summaries of the main surveys and studies which were consulted in developing the NLSC questionnaires.

B.1 Statistics Canada Ongoing Surveys

B.1.1 General Social Survey (GSS) (annual)

This is an ongoing survey program which was initiated by Statistics Canada in 1985. The GSS has two main objectives: to gather data on social trends in order to monitor changes in Canadian society over time and to provide information on specific issues of current or emerging interest. The GSS covers a series of five core topics on a rotating basis, each appearing every five years. Each cycle of the survey covers a specific topic of interest: health; time use; personal risk (accidents and criminal victimizations); education and work; family and friends.

The base sample size is 10,000, covering the non-institutional population 15 years of age and over in the ten provinces. The survey is conducted using Computer Assisted Telephone Interviewing (CATI) and random digit dialling.

B.1.2 Labour Force Survey (LFS) (monthly) - see Appendix C

B.1.3 National Population Health Survey (NPHS) (1994, every two years)

The National Population Health Survey (NPHS) is managed by Health Statistics Division, Statistics Canada. It is a longitudinal survey which was implemented across Canada in 1994 as a comprehensive household survey covering persons of all ages residing in Canada. The purpose of the survey is to produce reliable estimates of the current physical and mental health of Canadian residents and to identify the factors that determine good and ill health. The data will also provide information on the relationship between health status and use of health care services.

In the provinces, the survey collects health information from residents in approximately 22,000 dwellings selected from the Labour Force Survey redesigned sample frame or, in the case of Quebec, from a health survey conducted by Santé Québec. The survey will provide cross-sectional and longitudinal data. Information from all members of the household will form the cross-sectional component. For the longitudinal sample, one respondent is selected at random from sampled households and asked to give more

detailed information. These respondents will be contacted every two years. In Yukon and Northwest Territories, the NPHS and NLSC are conducted as an integrated survey. Please see Appendix C for a description.

In order to collect data on children, a portion of the NPHS sample and content has been integrated with the NLSC. When a child is the NPHS selected respondent, the NLSC survey instruments are used. Please see Section 2.3.5.2 of the main document for a more complete description of the NLSC/NPHS integration.

B.1.4 Survey of Labour and Income Dynamics (SLID) (1993, annually)

The Survey of Labour and Income Dynamics, which is conducted by Statistics Canada, is a national longitudinal survey of household members aged 16 years and over. Overlapping panels of households from the Labour Force Survey will be followed for six years each. The first panel of 15,000 households began in January 1993 and will end in 1999. The second panel of 15,000 households will be introduced in 1996 and end in 2002. Labour market data will be collected each January and income data each May. All family members will be followed in the case of family break-up.

B.2 Other National Surveys

B.2.1 Canadian National Child Care Study (NCCS) (1988)

The NCCS was a collaborative undertaking of Statistics Canada, Health and Welfare Canada and four universities. The study was conducted in 1988 to provide information on current child care use in Canada. The survey provides information at both the national and provincial levels on the nature of current child care needs and child care use patterns, the cost of care, and parental preferences among child care alternatives. It also provides information on the ways in which family child care and employment variables are interrelated.

This survey sampled economic families in Canada with at least one child under the age of 13. The sample represented a total of 32,700 economic families (all household members related by blood, marriage or adoption are members of the same economic family) and 57,000 children younger than 13 years of age.

B.2.2 Labour Market Activity Survey (LMAS) (1986-87, 1988-90)

The Labour Market Activity Survey (LMAS) was a monthly household survey carried out by Statistics Canada. This survey tracked the same people over time (a two year period) and questioned Canadians extensively about their labour force activities. The first survey

covered the two years in 1986-87; a second survey, involving a different sample population, was expanded to cover the 1988-90 period. The survey contacted about 80% of the sample population regularly used by Statistics Canada in conducting the monthly Labour Force Survey, thus covering about 70,000 people between the ages of 16 and 69 throughout the country. The LMAS has been replaced by the Survey of Labour and Income Dynamics.

B.2.3 Survey of Literacy Skills Used in Daily Activities (1989)

Statistics Canada conducted this national survey to assess directly the functional reading, writing and numeracy skills of Canada's adult population. The survey consisted of interviews administered to individuals in their homes and involved a series of tasks designed to test reading, writing and numeracy activities commonly encountered in daily life in Canada. A representative sample of approximately 9,500 persons ages 16 to 69 was pre-selected from respondents to the monthly Labour Force Survey.

B.2.4 Youth Smoking Survey (1994)

The main objective of the Youth Smoking Survey was to provide information on the smoking behaviour of young people in Canada. It is a key component of Health Canada's ability to assess initiatives to curb smoking behaviour as part of the Tobacco Consumption Monitoring System; the data also will assist in the development and evaluation of programs to prevent or reduce smoking by young people.

The survey was carried out in the fall of 1994 by Statistics Canada on behalf of Health Canada. The survey interviewed 24,000 15 to 19 year olds by telephone and 12,000 10 to 14 year olds in their school classrooms. Topics covered included prevalence of smoking, types of smoking behaviour, related social and demographic factors, where and how young people obtain cigarettes, and attitudes and beliefs about smoking.

B.3 Provincial/Territorial Surveys

B.3.1 Better Beginnings, Better Futures Project - Ontario (1991 - ongoing)

This project is a tri-ministry 25-year longitudinal research demonstration project. It is being funded by the Ontario Ministries of Community and Social Services (MCSS), Health, and Education and the federal departments of Indian and Northern Affairs Canada and the former Secretary of State. The funding from September 1991 through August 1995 will test a model of primary prevention for the cohort of children entering the program in the fall of 1991. The overall goals of the project are: to prevent serious

emotional, social, behavioural, physical and cognitive problems in young children; to promote emotional, social, behavioural, physical and cognitive development; and to enhance the abilities of socio-economically disadvantaged families and communities to provide for their children. The purpose of the project is to provide information on the effectiveness of primary prevention as a policy for children. A Research Coordination Unit is establishing comparable research across sites and will follow the children through to their mid-twenties.

There are eleven research sites located in selected economically disadvantaged communities/neighbourhoods; five of these are in Aboriginal communities. Eight of the community sites will follow children who are newborn to four years old and the other three sites will follow four to eight year olds. Each site is using one of two Integrated Services Models - an integrated infant/preschool model or a preschool/primary school model. Other components of the project vary from site to site and include such programs as drop-in centres, recreation programs, parent training, and single mother support groups. The direct involvement of families and community leaders in developing and running programs is integral to the project.

B.3.2 B.C. Elementary School Study (1994-1997)

This study will attempt to measure and identify the most important processes that affect schooling outcomes in B.C. elementary schools. The study will collect detailed information from all elementary school principals and from pupils and teachers in a strategic sample of 40 schools. The first phase, the questionnaire for principals, will obtain information on eight important school processes - ecology (enrolment, urbanicity), milieu (staff), segregation/integration, discipline, academic press (emphasis placed by the school on academic achievement), curriculum, parental involvement, and principal leadership. The second phase entails the testing of all grade 4 students in schools selected from those agreeing to participate and the administration of a questionnaire to students and teachers in those schools. This phase will collect information on teacher commitment and morale, on student attitude, and on performance-based assessments in language arts, mathematics, and science. This will be the first Canadian study to examine these issues for a large sample of elementary schools. Dr. Douglas Willms at the Centre for Policy Studies in Education at the University of B.C. is the principal researcher.

B.3.3 Helping Children Adjust: A Tri-Ministry Project - Ontario (1990-ongoing for five years)

This study is being carried out by a project team from McMaster University/Chedoke-McMaster Hospital. The funding for this project comes from three Ontario ministries - Education, Community and Social Services, and Health - as well as ten participating Ontario school boards.

Helping Children Adjust is a project which looks at a variety of specific programs designed to improve the learning environment of school children. Each participating school offers one or both of such programs as the Classwide Social Skills Program and/or Reading Program at some time during the five years which the project lasts. The programs are offered to all children and their parents in the primary division (junior kindergarten to grade three). Parents and teachers are interviewed; children are observed in the school environment.

B.3.4 Northwest Territories' Health Attitudes, Knowledge and Behaviours Study (1993)

This project was carried out by the NWT Department of Education, Culture and Employment. Its objective was to conduct research and gather information on the knowledge, skills and behaviours of students. The study also provided an opportunity to evaluate the effectiveness of the NWT School Health Program which was implemented in 1987; the program provides students with information on making healthy lifestyle choices. The survey was administered as self-complete questionnaires to students and teachers in grades four through ten. The survey covered school, friends, family, nutrition, the community, the future, and daily activities. With the approval of the Boards and Divisional Boards of Education, a small number of teacher, parent, and elder interviews were conducted by researchers in seven communities.

The data collected will help in future health programming within schools and in developing health prevention and intervention strategies.

B.3.5 Ontario Child Health Study (OCHS) (1983; 1987)

This survey was conducted by the Special Surveys Sub-Division of Statistics Canada on behalf of McMaster University and Ontario's Ministry of Community and Social Services. This study was conducted on children aged 4 to 16 years in Ontario. The objectives of the study were to determine: the percentage of children in Ontario with physical, emotional or behavioural problems (specifically, conduct disorder, hyperactivity, emotional disorder and somatization); which geographical areas seemed to have a prevalence of children in poor health; and if adequate facilities and services were available in those areas.

B.3.6 Yukon Health Promotion Research Program - Health Promotion Survey (1993)

This project involves the Yukon Bureau of Statistics, Yukon Department of Health and Social Services, Health Canada, Carleton University, and the Health Promotion Institute at the University of British Columbia. Its purpose is to support the principles of the Yukon Health Act; to improve the social, mental, spiritual and physical well-being of all Yukon residents; to provide health planners in the Yukon Department of Health and Social Services with an "account" or description of the health behaviours, attitudes and beliefs of Yukon residents. The collected information will help them to make informed decisions regarding health promotion programs and policies. Information and data collected is to be shared with community groups, health promoters and Yukon First Nations.

Phase I of the project gathered expert information about health; Phase II asked individual Yukoners about health-related terminology, attitudes, behaviours and beliefs; Phase III asked stakeholders to examine relationships and interpretations of health in the community; the Phase IV survey asked the general population about their health practices, behaviours, and attitudes.

B.4 Other Canadian Child-related Research

B.4.1 Montreal Longitudinal and Experimental Study

The Montreal Longitudinal and Experimental Study has been following 1161 boys since 1984 when they were attending kindergarten in Montreal. Kindergarten teachers from the 53 schools in the areas with the lowest socioeconomic levels were asked to rate all their male students on a behaviour rating scale. The major aim of the study was to understand the development of antisocial behaviour. Information on the boys' behaviour, their family and school environment was obtained yearly from teachers, parents, peers, self-reports, and official records. A prevention experiment (with a control group) was also conducted with a random sample of boys who had been rated highly disruptive in kindergarten.

B.5 International Surveys/Research

B.5.1 Looking After Children Project: Assessment and Action Records

This project was funded by the Department of Health (London office) in 1987 and is widely disseminated in England and Wales by the Social Services Inspectorate. The assessment materials were produced as part of the series of publications on the 1989 Children Act. The assessments were first released in 1991; revised versions are planned.

The Assessment and Action Records are designed to measure the progress of children in out-of-home care across a spectrum of developmental dimensions and assess the quality of care they receive from babyhood to eighteen years. Children are divided into six age-groups: under one, 1-2, 3-4, 5-9, 10-15 and 16 years and over. The children are evaluated along a spectrum of seven dimensions: health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self-care skills. The Assessment and Action Records are used extensively in consultations with primary carers, with parents where appropriate and, in the older age-range, with young people themselves.

B.5.2 National Child Development Study (NCDS) (1958, ongoing)

The National Child Development Study (NCDS) is a continuing longitudinal study which is seeking to follow the lives of all those living in Great Britain who were born between March 3 and March 9, 1958. The study began as a Perinatal Mortality Survey, and since then has monitored the development and circumstances of the cohort at the ages of 7, 11, 16, 23 and, in 1991, at 33. The data collected at each follow-up cover all aspects of human growth (physical and mental health, educational, social and emotional development) as well the economic, social and environmental background of the subjects.

The recent survey at age 33 has continued to develop the picture of the cohort's adult lives, across the domains of personal relationships and family formation, child rearing attitudes and practices, education and training, employment and income, housing and health. A major focus of the new sweep is on the cohort members as parents: approximately 70% of the 11,500 or so respondents now have children of their own. An important extension of the study has involved collecting detailed information about the children of a one in three sample of the cohort (about 5,000 children in all). This includes information about their care arrangements and activities, and detailed assessments of their intellectual, physical, social and emotional development.

B.5.3 National Longitudinal Survey of Youth (NLSY) (ongoing)

The U.S. National Institute of Child Health and Human Development has sponsored this study which is managed by the Centre for Human Resource Research, Ohio State University. The National Longitudinal Survey of Youth is an outgrowth of a large research project initiated in the mid-1960s to analyze the sources of variation in the labour market behaviour and experience of young and middle-aged men and women.

The 1986 and 1988 waves of the NLSY included the administration of an extensive set of assessment instruments to the children of the female respondents. These assessments encompassed cognitive, socio-emotional and physiological aspects of the child's development as well as information about the quality of the home environment.

B.5.4 Third International Mathematics and Science Study (TIMSS)

The International Association for the Evaluation of Educational Achievement is directing this project with more than 50 countries expected to participate in the 1995 administration. It is a combined mathematics and science study of three levels: age 9 (grades 3/4); age 13 (grades 7/8) and last year in secondary school (advanced mathematics and physics).

The data collection will focus on three areas - curriculum, instructional practices, and student outcomes. Countries will have the option of deciding in which populations they wish to participate. The University of British Columbia is coordinating the Canadian national sample. Some provinces have agreed to participate as provincial samples.

B.5.5 Western Australia Child Health Survey (1993, ongoing)

The Western Australia Research Institute for Child Health is managing this longitudinal survey. Its primary objective is to define priority targets for existing health, education and social services. Specifically, it looks at such areas as mental health problems, other chronic conditions and handicaps, adverse health behaviours, and the use of health care, education, juvenile justice and social services. It will also develop estimates of risk-taking behaviours.

B.5.6 World Health Organization's Survey on Health Behaviours in School Children (1989-90 and 1993-94)

In 1982, a Cross-National Survey on Health Behaviours in School-Aged Children was initiated by researchers from three countries: England, Finland and Norway. Shortly thereafter, the project was adopted by the World Health Organization as a WHO Collaborative Study with the participation of 11 countries. Sixteen countries including Canada participated in the 1989-90 survey; 26 countries including Canada participated in 1993-94. It is intended that the survey will be repeated every four years. The survey covers three age groups; 11, 13, and 15-year-olds. The Canadian gross sample in 1993 was about 7,500. The sample was nationally representative in each age group.

The objective of this survey was to gain insight into, and increase understanding of patterns of health behaviours, knowledge, and attitudes adopted by young people. The derived information can then be used to develop recommendations for health promotion and education initiatives. First by revealing the extent of and factors associated with health risk behaviour; secondly by indicating strategies that may help to reduce health-risk behaviour in young people.

The information collected on the self-completed questionnaire includes health-risk factors (tobacco, alcohol); exercise and leisure activities; nutrition; diet and dental care; physical ailments and medication; social adjustment; and relationship between health-risk factors. The 1993-94 collection also included injury and school information.

APPENDIX C

Collection in the Yukon and Northwest Territories

C.1 Design

Since both the NLSC and National Population Health Survey (NPHS) were interested in gathering data for residents of the Yukon and Northwest Territories, to reduce respondent burden, the two surveys have been completely integrated for this collection. Content of both surveys has been reduced and combined into one survey to keep the interview to a reasonable length. Data collection in the Yukon and Northwest Territories (NWT) is being carried out by the Bureau of Statistics in each territory on behalf of Statistics Canada.

Additionally, collection procedures have been revised to facilitate the collection in the territories. Collection in the Yukon and NWT is being done from November 1994 to February 1995 using paper and pencil questionnaires. Telephone surveying, using random digit dialing, is being used in the majority of the Yukon. Face-to-face interviewing is being used in the NWT and in the parts of the Yukon which lack sufficient telephone coverage.

The sample in the two territories is drawn from the population of private occupied dwellings. The Yukon sample excludes institutions and unorganized areas. The NWT sample has the same exclusions as well as remote areas and very small communities. In anticipation of the division of the Northwest Territories into the Western Territory and Nunavut in 1999, the survey sample for the NWT has been divided into the two regions. This is expected to provide a sample of 825 children in the Yukon, 625 children in the Western Territory and 860 children in Nunavut. Every selected household with children newborn to 11 years of age will have information collected on up to three of those children in a family. The following figure presents the sample sizes and first cycle min-p's for the territories' collection.

Number of Children and Min-p's by Territory

Territory	Number of Children ¹	Min-p ²
Yukon	825	7.0%
<i>Nunavut</i>	860	7.0%
<i>Western Territory</i>	625	10.0%
NWT	1485	--
TOTAL	2310	--

¹ These estimates of children in Yukon, Nunavut and the Western Territory were calculated based on 1991 Census data. The estimates are expected numbers of children for the first data collection.

² These min-p's are as of the first data collection.

C.2 NLSC Survey Instruments in the Yukon and Northwest Territories

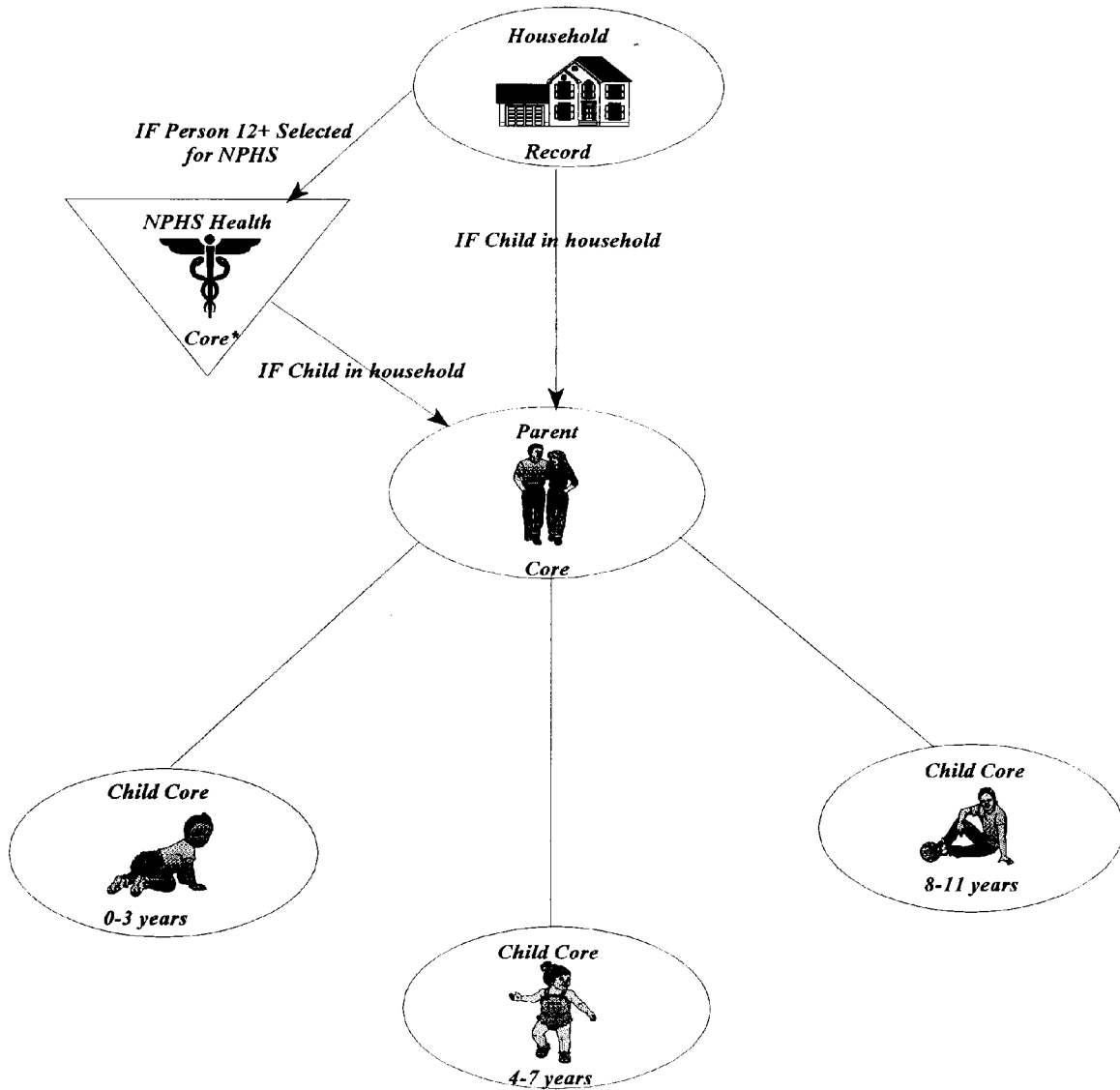
Because the collection in the Yukon and Northwest Territories uses paper and pencil questionnaires and not CAPI, some redesigning of the questionnaires was done to facilitate interviewing. The CAPI Children's Questionnaire was split into three forms and the questions on the General Questionnaire were moved to the questionnaire for the person about whom the information was to be collected - the Health Core, the Parent Core or one of the Child Core forms. This eliminated the General Questionnaire. The seven forms for the collection in the territories are:

1. Household
2. Health Core (National Population Health Survey (NPHS) only)
3. Parent Core
4. Child Core, 0-3 years
5. Child Core, 4-7 years
6. Child Core, 8-11 years
7. Control Form

The collection in the territories does not include the Peabody Picture Vocabulary Test - Revised, the self-completed questionnaire for 10-11 year olds, the Teacher's and Principal's Questionnaires, the mathematical skills test, or the neighbourhood observation by interviewer. The questionnaires for the territories are available on request.

The following figure presents a schematic of the survey instruments.

NLSC/NPHS Survey Instruments - Yukon and NWT Collection



▽ * Health Core is not part of NLSC

C.3.1 NLSC Content in the Yukon and Northwest Territories - General

As mentioned, the collection in the Yukon and NWT uses a shortened version of the NLSC and NPHS survey instruments. Information on the NLSC portion is provided by a parent. This includes basic demographic information on the parent(s) and selected children; health, education level, labour force activity and parenting styles of the parent(s); and information on the neighbourhood. Information also is gathered on the child's health, development, behaviour, school experiences, and participation in activities. The detailed family and custody history section for the main collection has been replaced by a reduced section on current custody history. The collection in the territories excludes several sections which are on the main NLSC questionnaires -temperament, family functioning, literacy and child care. Several questions have been added to the questionnaires for the territories, including one on availability of plumbing facilities, whether or not respondents are First Nations persons, and whether an adoption is an Aboriginal custom adoption. Please refer to Section 5 of the main document for a description of the rest of the content.

As already noted, the following NLSC survey instruments are not included in the collection in the territories: self-completed questionnaire for 10-11 year olds, Peabody Picture Vocabulary Test - Revised (PPVT-R) for 4 and 5 year olds, neighbourhood observation by interviewer, Teacher's and Principal's Questionnaires, and the mathematical skills test.

C.3.2 NLSC Content in the Yukon and Northwest Territories - Chart

The following chart identifies variables covered in each section of the NLSC survey instruments for the territories and members of the household about whom data is collected. This appendix is presented in the same order as Appendix E to facilitate comparison to the collection in the provinces. As mentioned, the forms used for the territories differ from the CAPI instruments used for the provinces. Items which were added to the questionnaires for the territories are shaded; items which are struck out on the chart are not included on the territories' forms.

NLSC Content in the Yukon and Northwest Territories

VARIABLE	PMK*	spouse/ partner	selected kids <12	other kids <12	other people 12+
<i>HOUSEHOLD RECORD</i>					
- name	XX	XX	XX	XX	XX
- date of birth	XX	XX	XX	XX	XX
- sex	XX	XX	XX	XX	XX
- marital status	XX	XX			15+
- relationships - to PMK	XX	XX	XX	XX	XX
- dwelling					
- owned	XX				
- subsidized	XX				
- condition	XX				
- basic housing facilities	XX				
- number of bedrooms	XX				
<i>GENERAL QUESTIONNAIRE</i>					
- restriction of activities	XX	XX			
- chronic conditions	XX	XX			
- country of birth/citizenship/immigration	XX	XX	XX		
- ethnicity	XX	XX	XX		
- First Nations person	XX	XX	XX		
- language of use/mother tongue	XX	XX	XX		
- religion	XX	XX	XX		
- church attendance	XX	XX	XX		
- education	XX	XX			
- labour force activity (last 12 months)	XX	XX			
- main activity	XX	XX			
- employment	XX	XX			
- hours worked/shifts	XX	XX			
- reason for most recent break in employment	XX	XX			
- hours of work paid for	XX	XX			
- tips, bonuses, commissions	XX	XX			
- usual wage or salary	XX	XX			
- sources and amount of household income	XX				
- amount of personal income	XX				

* Person Most Knowledgeable About Child

VARIABLE	PMK*	spouse/ partner	selected kids <12	other kids <12	other people 12+
<i>PARENT QUESTIONNAIRE</i>					
<i>adult health</i>					
- general health	XX	XX			
- smoking	XX	XX			
- alcohol consumption	XX	XX			
- maternal history (mother of child <2 only)					
- number of pregnancies	XX				
- number of babies	XX				
- age had first baby	XX				
- depression	XX				
<i>family section</i>					
- family functioning	XX				
- marital satisfaction	XX				
<i>neighbourhood</i>					
- how long at address	XX				
- place to bring up children	XX				
- volunteering	XX				
- safety walking, playing	XX				
- parks/playgrounds/play spaces	XX				
- social cohesion	XX				
- problems	XX				
<i>social support</i>					
- reliable alliance/attachment/ guidance (friends/family)	XX				
- other sources of support	XX				

* Person Most Knowledgeable About Child

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>CHILDREN'S QUESTIONNAIRE</i>							
<i>health</i>							
- general health status	XX	XX	XX	XX	XX	XX	XX
- recent health status	XX	XX	XX	XX	XX	XX	XX
- height and weight	XX	XX	XX	XX	XX	XX	XX
- level of activity			XX	XX	XX	XX	XX
- health status				XX	XX	XX	XX
- injuries	XX	XX	XX	XX	XX	XX	XX
- asthma	XX	XX	XX	XX	XX	XX	XX
- chronic conditions/activity limitation	XX	XX	XX	XX	XX	XX	XX
- nose or throat infections	XX	XX	XX				
- ear infections	XX	XX	XX				
- contact with professionals	XX	XX	XX	XX	XX	XX	XX
- hospitalizations	XX	XX	XX	XX	XX	XX	XX
- medications	XX	XX	XX	XX	XX	XX	XX
- traumatic event				XX	XX	XX	XX
<i>medical/biological (perinatal) information</i> <i>(only if respondent is biological mother or father)</i>							
- Mom's prenatal health	XX	XX					
- prenatal smoking	XX	XX					
- prenatal alcohol consumption	XX	XX					
- prenatal drug consumption	XX	XX					
- gestational age	XX	XX	XX				
- birth weight & length	XX	XX	XX				
- multiple birth	XX	XX	XX				
- delivery details	XX						
- special care of child after birth	XX	XX					
- general health of child at birth	XX	XX					
- Mom's post-natal health	XX						
- breast-feeding	XX	XX					
<i>temperament</i>	XX	XX	XX				

VARIABLE	AGE OF CHILD						
	0-1 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>education</i>							
- grade level				xx	xx	xx	xx
jr/sr kindergarten				xx	xx	xx	xx
- skipped/repeated					xx	xx	xx
school type				xx	xx	xx	xx
changing schools				xx	xx	xx	xx
- number of moves in life				xx	xx	xx	xx
- language taught				xx	xx	xx	xx
language at home				xx			
- absenteeism				xx	xx	xx	xx
- how well doing					xx	xx	xx
tutoring					xx	xx	xx
behaviour problems at school				xx	xx	xx	xx
look forward to school				xx	xx	xx	xx
imp. of good grades to parent						xx	xx
parent's expectations				xx	xx	xx	xx
parent's view of school					xx	xx	xx
special education					xx	xx	xx
<i>literacy</i>				4yr 5yr	6yr 7yr		
ever read/show pictures	xx	xx					
child looks at books			xx	xx			
child tries to write			xx	xx			
have ever read to child			xx	xx xx			
currently read to child	xx	xx	xx	xx xx	xx xx	xx	xx
encourage writing			xx	xx xx			
homework					xx xx	xx	xx
child looks at books/tries to read				xx	xx		
child reads for pleasure					xx	xx	xx
child talks about books				xx	xx xx	xx	xx
library				xx	xx xx	xx	xx
<i>activities</i>							
nursery school, play group/ infant stimulation programs	xx	xx	xx	xx			
- sports, lessons, clubs				xx	xx	xx	xx
- t.v., video games				xx	xx	xx	xx

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>activities (cont'd)</i>							
- play alone				XX	XX	XX	XX
— responsibilities							—XX
— summer programs					—XX	—XX	—XX
<i>behaviour</i>							
— sleep patterns/feeding	—XX	—XX	—XX				
— separation anxiety	—	—	—XX				
— opposition	—	—	—XX				
- conduct disorder			XX			XX	XX
- hyperactivity			XX	XX	XX	XX	XX
- emotional disorder			XX	XX	XX	XX	XX
— anxiety			—XX	—XX	—XX	—XX	—XX
— indirect aggression				—XX	—XX	—XX	—XX
- physical aggression			XX	XX	XX	XX	—XX
- inattention			XX	XX	XX	XX	—XX
- prosocial			XX	XX	XX	XX	XX
- stayed out late/all night							XX
- skipped school							XX
- gotten drunk							XX
- questioned by police							XX
- run away from home							XX
<i>motor & social development</i>	XX	XX	XX				
<i>relationships</i>							
- do things with friends				XX	XX	XX	XX
- number of close friends					XX	XX	XX
- parents know friends						XX	XX
- child shy						XX	XX
- hangs around with kids in trouble						XX	XX
— gotten along with friends/teachers				XX	XX	XX	XX
- gotten along with parents/siblings				XX	XX	XX	XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>parenting</i>							
- positive interaction	xx	xx	xx	xx	xx	xx	xx
- hostile/ineffective parenting	—	—	—xx	—xx	—xx	—xx	—xx
- consistent parenting			xx	xx	xx	xx	xx
— aversive/non-aversive parenting			—xx	—xx	—xx	—xx	—xx
— basic care	—	—	—xx	—xx	—xx	—xx	—xx
<i>family custody (section for territories' collection is different from that for main collection)</i>							
- date of marriage	xx	xx	xx	xx	xx	xx	xx
- since when living with partner	xx	xx	xx	xx	xx	xx	xx
- since when living without partner	xx	xx	xx	xx	xx	xx	xx
- relationship of child to PMK& spouse	xx	xx	xx	xx	xx	xx	xx
- death of parent	xx	xx	xx	xx	xx	xx	xx
- child's legal custody status	xx	xx	xx	xx	xx	xx	xx
<i>child care</i>							
— types/hours	—xx	—xx	—xx	—xx	—xx	—xx	—xx
— profit/non-profit etc.	—xx	—xx	—xx	—xx	—xx	—xx	—xx
— main arrangement	—xx	—xx	—xx	—xx	—xx	—xx	—xx
— ever used child care	—xx	—xx	—xx	—xx	—xx	—xx	—xx
— # changes in arrangements since started using child care	—xx	—xx	—xx	—xx	—xx	—xx	—xx
— summer care					—xx	—xx	—xx

	PMK	INTERVIEWER
ADMINISTRATIVE INFORMATION		
- permission to share data	xx	
- contacts for follow-up	xx	
- teacher contact consent	xx	

Please note that the following are not included in the collection in the territories: self-completed questionnaire for 10-11 year olds, Peabody Picture Vocabulary Test-Revised (PPVT-R) for 4 and 5 year olds, neighbourhood observation by interviewer, Teacher's and Principal's questionnaires, and the mathematical skills test.

APPENDIX D

The Labour Force Survey

D.1 Survey Coverage

The Labour Force Survey (LFS) is a monthly household survey carried out by Statistics Canada in approximately 59,000 households throughout the country. The LFS is used to produce monthly estimates of employment, self-employment and unemployment. Information on variables such as industry and occupation of employment, educational attainment, ethnic origin, and country of birth is obtained. Approximately 97% of the population 15 years of age and over is covered in the survey. Excluded from the LFS are the populations in the Yukon and the Northwest Territories, residents of Indian Reserves, full-time members of the Canadian Armed Forces, and residents of institutions, such as chronic care hospitals, prisons and child residential treatment facilities. Civilian members of the Armed Forces' households and native people living "off-reserve" are captured by the survey.

D.2 Sample Design

The Labour Force Survey employs a stratified, multistage probability sample^{*****} design based on an area frame in which dwellings (residences) are the sampling units. All eligible individuals who occupy one of the selected dwellings are part of the LFS sample. For design purposes, each province of Canada constitutes an independent sample and is divided into two parts composed of large cities and rural areas plus small urban centres. Through stratification, these parts are broken down into clusters of dwellings, e.g., city blocks, from which dwellings are selected.

It should be noted that at the time of sample selection, no information is known about the persons living within a selected dwelling, who are collectively known as a household. It is the dwelling, not the household, that is chosen for the sample. If the household moves, whoever is living in the dwelling at the time of the interview is included in the sample.

Each dwelling is retained in the LFS sample for six consecutive months and no substitution of dwellings takes place in the event that information cannot be obtained from a dwelling. The entire sample is divided into six representative parts or rotation groups. Each rotation group contains some 10,000 households, representing about 20,000 individuals. The rotation of dwellings in the sample is carried out so that one-sixth of the sample is changed each month. In other words, each month one-sixth of the dwellings, having completed the six month stay in the sample, are replaced by new dwellings in the same or a similar area.

***** Please refer to *Methodology of the Canadian Labour Force Survey: 1984-1990*, Statistics Canada, Catalogue 71-526 for more details.

Dwellings which are currently in the sample are referred to as the active sample. Dwellings which are no longer part of the sample are called rotates out.

The LFS sample frame has been recently redesigned to incorporate new elements. This new frame is being phased in as of October 1994.

D.3 LFS Collection Methodology

Data collection for the LFS is carried out during the week following the LFS reference week which is normally the week containing the 15th day of the month; thus collection is usually the third week of the month. Statistics Canada interviewers, who are part-time employees hired and trained specifically to carry out the survey, contact each of the dwellings in the sample, through personal or telephone interviews, to obtain the required information. The interviews are carried out using Computer Assisted Personal Interviewing (CAPI).

Each interviewer contacts approximately 65 designated dwellings per month, one-sixth of which will be "new" dwellings. Each of these "new" dwellings is visited personally by the interviewer who collects information for all household members from one knowledgeable and responsible member. Subsequent interviews may be conducted by telephone provided the knowledgeable and responsible member agrees to this procedure. Currently, approximately 85% of the LFS interviews after the first month are conducted by telephone.

D.4 Using the LFS Frame for the National Longitudinal Survey of Children (NLSC)

One advantage of using the LFS survey frame for other surveys is that each rotation group of the LFS provides a sample capable of producing representative statistics for Canada and each province. In addition, the household composition information collected for the LFS is available to select a sample. Furthermore, LFS interviewers are available to do surveys when they are not working on the LFS and are familiar with the CAPI collection methodology. Because of these factors, the LFS frame was chosen for the NLSC.

Depending on the level of reliability required, the budget and the available collection capacity, from one to six active rotation groups can be surveyed in a non-LFS collection week. This capacity can be expanded by the addition of dwellings which have rotated out prior to the survey reference month. In theory, this approach can be used to augment a survey's sample infinitely. In practice, however, a combination of cost and statistical reliability limit the additional "take" to roughly three times the regular LFS sample, that is about 15 rotation groups. With regard to the NLSC, nine rotation groups are sufficient to cover all age groups; a combination of active rotation groups and rotates out is used.

The LFS Household Record collects basic demographic information such as age, sex, marital status, educational attainment, economic family association and relationship to head of economic family for all members of all households identified in selected dwellings. The age data from this record is used to facilitate the selection of dwellings with children for the NLSC. This alleviates much of the need to screen dwellings to determine if children under 12 reside in them.

Appendix E
NLSC Content in the Provinces

This chart identifies variables covered in each section of the NLSC survey instruments and members of the household about whom data is collected.

NLSC Content in the Provinces

VARIABLE	PMK*	spouse/ partner	selected kids <12	other kids <12	other people 12+
<i>HOUSEHOLD RECORD</i>					
- name	XX	XX	XX	XX	XX
- date of birth	XX	XX	XX	XX	XX
- sex	XX	XX	XX	XX	XX
- marital status	XX	XX			15+
- relationships - everyone to everyone else	XX	XX	XX	XX	XX
- dwelling					
- owned	XX				
- subsidized	XX				
- condition	XX				
- number of bedrooms	XX				
<i>GENERAL QUESTIONNAIRE</i>					
- restriction of activities	XX	XX			
- chronic conditions	XX	XX			
- country of birth/citizenship/immigration	XX	XX	XX		
- ethnicity	XX	XX	XX		
- language of use/mother tongue	XX	XX	XX		
- religion	XX	XX	XX		
- church attendance	XX	XX	XX		
- education	XX	XX			
- labour force activity (last 12 months)					
- main activity	XX	XX			
- employment	XX	XX			
- hours worked/shifts	XX	XX			
- reason for most recent break in employment	XX	XX			
- hours of work paid for	XX	XX			
- tips, bonuses, commissions	XX	XX			
- usual wage or salary	XX	XX			
- sources and amount of household income	XX				
- amount of personal income	XX				

* Person Most Knowledgeable About Child

VARIABLE	PMK*	spouse/ partner	selected kids <12	other kids <12	other people 12+
<i>PARENT QUESTIONNAIRE</i>					
<i>adult health</i>					
- general health	XX	XX			
- smoking	XX	XX			
- alcohol consumption	XX	XX			
- maternal history (mother of child <2 only)					
- number of pregnancies	XX				
- number of babies	XX				
- age had first baby	XX				
- depression	XX				
<i>family section</i>					
- family functioning	XX				
- marital satisfaction	XX				
<i>neighbourhood</i>					
- how long at address	XX				
- place to bring up children	XX				
- volunteering	XX				
- safety walking, playing	XX				
- parks/playgrounds/play spaces	XX				
- social cohesion	XX				
- problems	XX				
<i>social support</i>					
- reliable alliance/attachment/ guidance (friends/family)	XX				
- other sources of support	XX				

* Person Most Knowledgeable About Child.

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
CHILDREN'S QUESTIONNAIRE							
health							
- general health status	XX	XX	XX	XX	XX	XX	XX
- recent health status	XX	XX	XX	XX	XX	XX	XX
- height and weight	XX	XX	XX	XX	XX	XX	XX
- level of activity			XX	XX	XX	XX	XX
- health status				XX	XX	XX	XX
- injuries	XX	XX	XX	XX	XX	XX	XX
- asthma	XX	XX	XX	XX	XX	XX	XX
- chronic conditions/activity limitation	XX	XX	XX	XX	XX	XX	XX
- nose or throat infections	XX	XX	XX				
- ear infections	XX	XX	XX				
- contact with professionals	XX	XX	XX	XX	XX	XX	XX
- hospitalizations	XX	XX	XX	XX	XX	XX	XX
- medications	XX	XX	XX	XX	XX	XX	XX
- traumatic event				XX	XX	XX	XX
medical/biological (perinatal) information <i>(only if respondent is biological mother or father)</i>							
- Mom's prenatal health	XX	XX					
- prenatal smoking	XX	XX					
- prenatal alcohol consumption	XX	XX					
- prenatal drug consumption	XX	XX					
- gestational age	XX	XX	XX				
- birth weight & length	XX	XX	XX				
- multiple birth	XX	XX	XX				
- delivery details	XX						
- special care of child after birth	XX	XX					
- general health of child at birth	XX	XX					
- Mom's post-natal health	XX						
- breast-feeding	XX	XX					
temperament	XX	XX	XX				

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>education</i>							
- grade level				XX	XX	XX	XX
- jr/sr kindergarten				XX	XX	XX	XX
- skipped/repeated					XX	XX	XX
- school type				XX	XX	XX	XX
- changing schools				XX	XX	XX	XX
- number of moves in life				XX	XX	XX	XX
- language taught				XX	XX	XX	XX
- language at home				XX			
- absenteeism				XX	XX	XX	XX
- how well doing					XX	XX	XX
- tutoring					XX	XX	XX
- behaviour problems at school				XX	XX	XX	XX
- look forward to school				XX	XX	XX	XX
- imp. of good grades to parent						XX	XX
- parent's expectations				XX	XX	XX	XX
- parent's view of school					XX	XX	XX
- special education					XX	XX	XX
<i>literacy</i>				4yrs 5yrs	6yrs 7yrs		
- ever read/show pictures	XX	XX					
- child looks at books			XX	XX			
- child tries to write			XX	XX			
- have ever read to child			XX	XX XX			
- currently read to child			XX	XX XX	XX XX	XX	XX
- encourage writing			XX	XX XX			
- homework					XX XX	XX	XX
- child looks at books/tries to read				XX	XX		
- child reads for pleasure					XX	XX	XX
- child talks about books				XX	XX XX	XX	XX
- library				XX	XX XX	XX	XX
<i>activities</i>							
- nursery school, play group/ infant stimulation programs	XX	XX	XX	XX			
- sports, lessons, clubs				XX	XX	XX	XX
- t.v., video games				XX	XX	XX	XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>activities (cont'd)</i>							
- play alone				xx	xx	xx	xx
- responsibilities							xx
- summer programs					xx	xx	xx
<i>behaviour</i>							
- sleep patterns/feeding	xx	xx	xx				
- separation anxiety			xx				
- opposition			xx				
- conduct disorder			xx	xx	xx	xx	xx
- hyperactivity			xx	xx	xx	xx	xx
- emotional disorder			xx	xx	xx	xx	xx
- anxiety			xx	xx	xx	xx	xx
- indirect aggression				xx	xx	xx	xx
- physical aggression			xx	xx	xx	xx	xx
- inattention			xx	xx	xx	xx	xx
- prosocial			xx	xx	xx	xx	xx
- stayed out late/all night							xx
- skipped school							xx
- gotten drunk							xx
- questioned by police							xx
- run away from home							xx
<i>motor & social development</i>	xx	xx	xx				
<i>relationships</i>							
- do things with friends				xx	xx	xx	xx
- number of close friends					xx	xx	xx
- parents know friends						xx	xx
- child shy						xx	xx
- hangs around with kids in trouble						xx	xx
- gotten along with friends/teachers				xx	xx	xx	xx
- gotten along with parents/siblings				xx	xx	xx	xx

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>parenting</i>							
- positive interaction	xx	xx	xx	xx	xx	xx	xx
- hostile/ineffective parenting			xx	xx	xx	xx	xx
- consistent parenting			xx	xx	xx	xx	xx
- aversive/non-aversive parenting			xx	xx	xx	xx	xx
- basic care			xx	xx	xx	xx	xx
<i>family & custody history</i>							
- who child lived with at birth	xx	xx	xx	xx	xx	xx	xx
- full siblings living elsewhere	xx	xx	xx	xx	xx	xx	xx
- whether parents together at child's birth	xx	xx	xx	xx	xx	xx	xx
- parents' relationship	xx	xx	xx	xx	xx	xx	xx
- previous unions of child's mother	xx	xx	xx	xx	xx	xx	xx
- previous children of mother	xx	xx	xx	xx	xx	xx	xx
- previous unions of child's father	xx	xx	xx	xx	xx	xx	xx
- previous children of father	xx	xx	xx	xx	xx	xx	xx
- child's contacts with non-custodial parent	xx	xx	xx	xx	xx	xx	xx
- possible death of parent	xx	xx	xx	xx	xx	xx	xx
- whether parents broke up	xx	xx	xx	xx	xx	xx	xx
- separation	xx	xx	xx	xx	xx	xx	xx
- living arrangements after separation	xx	xx	xx	xx	xx	xx	xx
- current custody status	xx	xx	xx	xx	xx	xx	xx
- subsequent unions of child's mother	xx	xx	xx	xx	xx	xx	xx
- previous children of mother's partner	xx	xx	xx	xx	xx	xx	xx
- children of union	xx	xx	xx	xx	xx	xx	xx
- subsequent unions of child's father	xx	xx	xx	xx	xx	xx	xx
- previous children of father's partner	xx	xx	xx	xx	xx	xx	xx
- children of union	xx	xx	xx	xx	xx	xx	xx

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
<i>family & custody history (cont'd)</i>							
- possible break-up of new union	XX	XX	XX	XX	XX	XX	XX
- subsequent unions	XX	XX	XX	XX	XX	XX	XX
<i>child care</i>							
- types/hours	XX	XX	XX	XX	XX	XX	XX
- profit/non-profit etc.	XX	XX	XX	XX	XX	XX	XX
- main arrangement	XX	XX	XX	XX	XX	XX	XX
- ever used child care	XX	XX	XX	XX	XX	XX	XX
- # changes in arrangements since started using child care	XX	XX	XX	XX	XX	XX	XX
- summer care					XX	XX	XX

	PMK	INTERVIEWER
ADMINISTRATIVE INFORMATION		
- permission to share data	xx	
- contacts for follow-up	xx	
- teacher contact consent	xx	

	PMK	INTERVIEWER
INTERVIEWER QUESTIONNAIRE		
- neighbourhood observation		
- problems		xx
- land use		xx
- condition of buildings		xx
PEABODY (PPVT) ASSESSMENT		xx

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
PEABODY PICTURE VOCABULARY TEST							
- receptive vocabulary				xx			

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
QUESTIONNAIRE FOR 10-11 YEAR OLDS friends and family - number of friends - getting along with peers - time spent with friends - people child can confide in - gotten along with classmates - gotten along with mom/dad/siblings							XX XX XX XX XX XX
school and me - feelings about school - how well doing - importance of good grades - liking of mathematics - safety/bullying - outsider at school							XX XX XX XX XX XX
my teacher and me - teacher gives extra help - treats child fairly							XX XX
my parents and school - parents help with problems - encouragement of parents - parent's expectations re: school							XX XX XX
my homework - place to study - completion of homework							XX XX
about me - like myself, feel good about myself - proud of myself - good looking face, body							XX XX XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
feelings and behaviours <ul style="list-style-type: none"> - conduct disorder - hyperactivity - emotional disorder - anxiety - indirect aggression - physical aggression - inattention - prosocial - stayed out late/all night - skipped school - gotten drunk - questioned by police - run away from home 							XX XX XX XX XX XX XX XX XX XX XX XX XX
my parents and me <ul style="list-style-type: none"> - nurturance - rejection - monitoring 							XX XX XX
puberty <ul style="list-style-type: none"> - key indicators 							XX
smoking, drinking and drugs <p>for each of cigarettes; alcohol; marijuana; glue or solvents; cocaine, crack speed, LSD/acid:</p> <ul style="list-style-type: none"> - ever used - current use - age at starting - use by friends 							XX XX XX XX
activities <ul style="list-style-type: none"> - sports, lessons, clubs, job - computer/video games, TV - read for pleasure 							XX XX XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
TEACHER'S QUESTIONNAIRE							
student's education							
- grades and educational history				XX	XX	XX	XX
- academic performance & potential				XX	XX	XX	XX
- subjects & languages of instruction				XX	XX	XX	XX
- student's social and personal skills				XX	XX	XX	XX
- academic strengths & weaknesses				XX	XX	XX	XX
- special education				XX	XX	XX	XX
student's behaviour and absences							
- number of days absent/skipped				XX	XX	XX	XX
- student prepared for school				XX	XX	XX	XX
as in Children's Questionnaire:							
- conduct disorder				XX	XX	XX	XX
- hyperactivity				XX	XX	XX	XX
- emotional disorder				XX	XX	XX	XX
- anxiety				XX	XX	XX	XX
- indirect aggression				XX	XX	XX	XX
- physical aggression				XX	XX	XX	XX
- inattention				XX	XX	XX	XX
- prosocial				XX	XX	XX	XX
parental involvement							
- parent contact with teacher				XX	XX	XX	XX
- importance of school to parent				XX	XX	XX	XX
- parental support for staff				XX	XX	XX	XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
your class and teaching practices							
- number of children in homeroom				XX	XX	XX	XX
- students with special problems				XX	XX	XX	XX
- overall class achievements				XX	XX	XX	XX
- teaching strategies-math, reading, composition				XX	XX	XX	XX
- time on non-instructional activities				XX	XX	XX	XX
- homework assignments				XX	XX	XX	XX
- teacher's attitudes re: class achievement				XX	XX	XX	XX
- general class behaviour				XX	XX	XX	XX
- available resources				XX	XX	XX	XX
perceptions of your school							
- staff social and professional climate				XX	XX	XX	XX
- disciplinary policies				XX	XX	XX	XX
personal information on teacher							
- sex, age				XX	XX	XX	XX
- years of education, experience				XX	XX	XX	XX
- special qualifications or certificates				XX	XX	XX	XX

MATHEMATICAL SKILLS TEST	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
					7yrs		
- addition					XX	XX	XX
- subtraction					XX	XX	XX
- multiplication					XX	XX	XX

VARIABLE	AGE OF CHILD						
	0-11 mos	12-23 mos	2-3 yrs	4-5 yrs	6-7 yrs	8-9 yrs	10-11 yrs
PRINCIPAL'S QUESTIONNAIRE students in your school - criteria for class assignments - students' family background - enrolment, absenteeism, tardiness - special problems of students - disciplinary problems				XX	XX	XX	XX
parental involvement - volunteer, provide staff support - strength of parent's association				XX	XX	XX	XX
characteristics of your school - size and grade levels - number of staff-teaching & other - support services available - accessible resources				XX	XX	XX	XX
perceptions of your school - feelings, expectations, satisfaction				XX	XX	XX	XX
personal information on principal - age, sex - occupational experience - level of education attained				XX	XX	XX	XX

APPENDIX F
National Longitudinal Survey of Children
List of Reports

<i>Catalogue No.</i>	<i>Date</i>	<i>Title</i>
93-01	February 1993	National Longitudinal Survey of Children (NLSC): Planning Report
93-01F	février 1993	Enquête longitudinale nationale sur les enfants: Rapport de planification
93-02	March 1993	National Longitudinal Survey of Children (NLSC): Overview
93-02F	mars 1993	Enquête longitudinale nationale sur les enfants ELNE: Aperçu
93-03	June 1993	National Survey of Children: Content for June 1993 Focus Test
93-04	October 1993	National Survey of Children: Content for November Field Test
93-04F	octobre 1993	Enquête nationale sur les enfants: Contenu pour essai sur le terrain de novembre
93-05	November 1993	National Longitudinal Survey of Children: Issues
93-05F	novembre 1993	Enquête longitudinale nationale sur les enfants: Questions
93-06	November 1993	National Longitudinal Survey of Children: Description of Content
93-06F	novembre 1993	Enquête longitudinale nationale sur les enfants: Description du contenu
94-01	June 1994	National Longitudinal Survey of Children: Survey Instruments for July 1994 Field Test
94-01F	juin 1994	Enquête longitudinale nationale sur les enfants: Matériel d'enquête pour l'essai de juillet 1994

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