ELFE National 2 Year Survey
Mother Questionnaire

The variables in this questionnaire are preceded by A02M.

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Change highlighted in yellow (with no explanation between brackets) = change made following the CAPI tests and before the start of the national survey.

Change highlighted in yellow (with an explanation if the change was made at the start of Wave 1 OR during Wave 1) = change made following processing of Wave 1 telephone interviews.

Change highlighted in green (Wave 2 change) = change made starting from Wave 2.

Sections to be duplicated or taken into account for twins: Placed child, Maintaining of relations with father if separated, Type of care, The child’s health, Extended family, Play, Food and The child’s development.

Repeat variables in green.

A distinction is made between 3 types of variables:

1. Repeat variables requiring confirmation or change. Consequently, these are worded: “Are you still...?” , “Are you currently...?”: NOMVARIABLE

2. Repeat variables that, for those present from one survey to the next, are documented solely for the management of filters or the consistency of the database. They are not displayed and thus not “confirmed” or “changed” where they have already been documented. However, they are asked to new “entrants” in the household or where the variable has not been documented previously: NOMVARIABLE

3. Non-repeat variables: NOMVARIABLE

The lines with E2AM_CONTACTMP=. AND E2AM_EFVIT=. AND E2AM_MERBIL=. Have been deleted from the 2-year base to be cleared. These lines concern families that were not contacted at 2 years.
1. Contact form

_IF A02X_QMERECOMP2a=1_

Repeat 1 yr or following surveys if 1 year not done

**WAVE**

Wave number:
1. Wave 1
2. Wave 2
3. Wave 3
4. Wave 4

**NAISGEM**

Twin birth:
1. Yes
2. No

**PRENF**

ELFE child first name:
_____________________

_IF NAISGEM=1_

**PRENF1**

ELFE first-born child first name:
_____________________

_IF NAISGEM=1_

**PRENF2**

ELFE second-born child first name:
_____________________

**SEXE**

ELFE child sex:
1. Boy
2. Girl

_IF NAISGEM=1_

**SEXE1**

ELFE first-born child sex:
1. Boy
2. Girl

_IF NAISGEM=1_

**SEXE2**

ELFE second-born child sex:
1. Boy
2. Girl
Parent contact details

**NOMM**  
Mother's last name

**NOMJFM**  
Mother's maiden name

**PRENM**  
Mother's first name

**NOMP**  
Father's last name

**PRENP**  
Father's first name

Most recent contact details for mother

**TELM1**  
Tel. no.

**TELM2**  
Tel. no.

**TELM3**  
Tel. no.

**TELM10**  
Telephone number used for interview

**TYPTLM**  
Type of phone used
1  Land line  
2  Mobile

**EMAILMON**  
Email address
1  Yes  
2  No

**EMAILM**  
Email address
INTDOM
Home internet access
1 Yes
2 No

ADR1M
Building, staircase, floor, apartment no.

ADR2M
Residence, Villa, etc.

ADR3M
Street and street number

ADR4M
Locality

ADRCPM
Postcode

ADRCOMM
Municipality

CODGEOM
Mother’s municipality (INSEE code)

REGM
Mother’s region (INSEE code)

DEPM
Mother’s department (INSEE code)

Additional information on recipient
Additional information on geographical location
Street and street number
Locality

Most recent contact details for father

TELP1
Tel. no.

TELP2
Tel. no.
TELP3
Tel. no.

EMAILPON
Email address different to mother’s
1  Yes
2  No

EMAILP
Email address

ADRIPD
Address different to mother’s
1  Yes
2  No

ADR1P
Building, staircase, floor, apartment no.

ADR2P
Residence, Villa, etc.

ADR3P
Street and street number

ADR4P
Locality

ADRCPnP
Postcode

ADRCOMP
Municipality

CODGEOP
Father’s municipality (INSEE code)

REGP
Father’s region (INSEE code)

DEPP
Father’s department (INSEE code)
Most recent contact details of relay person 1

**NOMR**
[Last name of relay person]

**PRENR**
[First name of relay person]

**TELR1**
[Tel no. 1 of relay person]

**TELR2**
[Tel no. 2 of relay person]

**TELR3**
[Tel no. 3 of relay person]

**ADR1R**
[Address of relay person 1]

**ADR2R**
[Address of relay person 2]

**ADR3R**
[Address of relay person 3]

**ADR4R**
[Address of relay person 4]

**ADRCPR**
[Postcode of relay person]

**ADRCOMR**
[Municipality of relay person]

**REGMUDA**
Mother’s region (UDA code)
1  Paris region
2  North
3  East
4  Paris basin east
5  Paris basin west
6  West
7  South-west
8  South-east
9  Mediterranean
REGPUDA
Father's region
1  Paris region
2  North
3  East
4  Paris basin east
5  Paris basin west
6  West
7  South-west
8  South-east
9  Mediterranean

INED-ELFE ID
NIE

INED-ELFE TWIN ID
NIEBIS
2. Contact with mother

IF A02X_QMERECOMP2a=1

NB: For households in which the latest family situation given (at 1 yr or 2 months) was “SITUAFAMM=3 with LIENTYP (1à20)=7, SEXE=2” create a display for the interviewer saying that they have to say “your partner” and not “the child’s father”.

CONTACTM

Initial telephone contact:
1  The mother has been contacted and has agreed to take part
2  Appointment organized
3  The mother has been contacted and has definitively left ELFE (specify reason)
4  The mother has been contacted but refuses to take part in the 2-year survey without making a definitive refusal (doesn’t have the time, is bedridden, etc.) (specify reason)
5  The mother has not been contacted because the person reached refuses to put the mother on the line (specify reason)
6  The mother has not been contacted because she is hospitalized, bedridden or absent during the survey
7  The mother wants the father to respond to the 2-year questionnaire in her place
8  The mother has died
9  The mother is not able to respond (physical/mental/linguistic/dialogue impossibility)
10  The ELFE child has died
11  The ELFE twin child has died [make sure they are twins (see first names on top right of screen)]
12  [Reject hidden number]
13  [Wrong number]
14  [Enter another telephone number]
15  [The two children have died]

If CONTACTM=(1, 2) or (CONTACTM=(3, 4) and REFUS=2) or CONTACTM=(5, 6, 7) or (CONTACTM=8 and (CONTPART=1 or (VOIX=2 or VOIXP=2))) or CONTACTM=9 and PL3 < > 2e ->7) or CONTDEC=1 then ask

If in the last survey INPER=(2, 3, 4) OR PLAPER=(3, 4, 5) OR CAUSEDEPART (1à20)=3 with LIENTYP (1à20)=1 code directly

VALIDCP1=4

(Display the number on which the interview was made)

If the contact details (phone and/or email) of the father are available: “I would first like to determine with you the telephone number and email address of the father of [ELFE child] that I have in my possession to make sure I can contact him later”

If the contact details (phone and email) of the father are not available: “I would first like to ask you for the phone number and email address of the father of [ELFE child] so that I can contact him later”

VALIDCP1
1  The mother/person confirms the contact details ⇒ Q mother, Q father
2  The mother/person gives/changes the contact details
3  The mother/person does not know the father’s contact details or does not confirm them but without being opposed to their participation ⇒ Q mother, search for father’s contact details if not in possession, Q father
4  The mother/person refuses to give or confirm the contact details and/or says not to contact the father ⇒ Q mother and not Q father
5  Other (father dead, unknown) ⇒ Q mother, End.

INT: IF THE MOTHER SAYS SHE IS AGAINST THE PARTICIPATION OF THE FATHER, EVEN IF THEY HAVE THE SAME CONTACT DETAILS, CODE “THE MOTHER REFUSES TO GIVE OR CONFIRM THE CONTACT DETAILS”

If CONTACTM=(3, 4, 5)

REFUS (not available as empty)

“Can you tell us the reasons why you don’t want to participate in the ELFE survey?”

____________________ (clear)

If in the last survey INPER=(2, 3, 4) OR PLAPER=(3, 4, 5) OR CAUSEDEPART (1à20)=3 with LIENTYP (1à20)=1 code directly

REFUSP=3
REFUSP
Does your refusal to take part in the ELFE survey also concern the participation of the father of the ELFE child?
1  Yes ☑End, thank you (if CONTACTM=4 announce contact for the child’s third birthday) (if CONTACTM=3 definitive exit*)
2  No
3  Other (father dead, unknown) ☑End

* To avoid having to remind yourself the next time, the best idea is to inform the ELFE team directly in writing since I do not have the possibility to record the survey exits of participants.
You can make the request by email at communauta@elfe-france.fr or by post here: Unité mixte Elfe - INED, 133 boulevard Davout - 75020 Paris/or by calling 01.56.06.21.01.

If CONTACTM=5
REFUSM (not available as empty)
“Can you tell us the reasons why you don’t want us to contact the mother of [ELFE child]?” ______________________ (clear)

If CONTACTM=8
“We are very sorry to have bothered you in these circumstances”
If in the last survey INPER= (2, 3, 4) OR PLAPER= (3, 4, 5) OR CAUSEDEPART_(1à20)=3 with LIENTYP_(1à20)=1 ☑End
VOIX (not available as empty)
The interviewer ticks:
1  Man’s voice
2  Woman’s voice

If VOIX=1
VOIXP (not available as empty)
If voice of adult male: “Are you the father of [ELFE child]?”
1  Yes
2  No

If VOIXP=1
CONTPART (not available as empty)
“Would you nevertheless like to continue participating in the survey?”
1  Yes
2  No ☑End, thank you (definitive exit)

If CONTACTM=9
PL1 (not available as empty)
Why doesn’t the mother want to answer?
1  Doesn’t understand French well
2  Hard of hearing/deaf
3  Other (specify)

If PL1=1
PL2 (not available as empty)
Is the mother willing to do the interview in another language?
1  Yes
2  No
If PL2=1
PL3 (not available as empty)
In which language could the interview be carried out?
1 French
2 English
3 Arabic
4 Turkish/Kurdish
5 Soninke
6 Bambara
7 Wolof
8 [Other]

If CONTACTM=10
The ELFE child has died  End “We are very sorry to have bothered you in these circumstances. The entire ELFE team and myself would like to extend our heartfelt condolences. Naturally, we will make sure that you are not disturbed in the future.”
End

If CONTACTM=11
The twin child has died  End “We are very sorry to have bothered you in these circumstances.”

CONTDEC (not available as empty)
Would you nevertheless like to continue participating in the survey?
1 Yes
2 No

If CONTACTM=(1, 2) or CONTDEC=1
VALIDCM1
I would like to confirm your phone number and email address for future contact.
Here is the number I have for contacting you:
1 The mother/person confirms their contact details
2 The mother/person gives/modifies their contact details

INT: IF YOU HAVE CONTACTED SOMEONE OTHER THAN THE MOTHER WHO IS UNABLE TO PROVIDE YOU WITH THE CONTACT DETAILS (SUCH AS A CHILD), CODE “THE MOTHER/PERSON CONFIRMS THEIR CONTACT DETAILS”. THE MOTHER WILL CONFIRM THEM WHEN TAKING PART.

MANAGEMENT OF INITIAL CONTACT WITH THE MOTHER WHO AGREES TO TAKE PART TO DETERMINE THE KIND OF QUESTIONNAIRE TO BE USED
The questionnaire should take about an hour.

Would you like to do it in two goes? If so, it will take 30 minutes and at the end we will set up a time to do the second part in the next few days. Or do you want to do the survey in one go?

ENTRETIEN1
1 Set a date and time for doing the second part later (interview in 2 goes)
2 Wants to continue now (interview in 1 go)
(Valid only for Wave 1)

I would like to confirm some of the information you gave us during the interview when [ELFE child] was one. But before we begin I would like to remind you that you can always refuse to answer certain questions.

Does/do [ELFE child]/[twin child] live?

If CONTACTM=1
Does [ELFE child] live?
If NAISGEM=1
Do [ELFE child] and [twin child] live?
EFVIT
1  With you and the father ⇒ Q Mother Referent Parent (if VALIDCP1=(2, 3) ask “Full Mother Referent questionnaire”)
2  With you and not the father ⇒ Q Mother Referent Parent (INFPER)
3  With the father and not you ⇒ EFVOI
4  Alternating between you and the father ⇒ Q Mother Referent Parent
5  Neither with you nor the father, but with someone else or in a non-hospital institution ⇒ EFVITP

INT: IF WHEN ASKING EFVIT THE INTERVIEWER LEARNS OF THE DEATH OF THE ELFE CHILD AND/OR THEIR TWIN, RETURN TO CONTACTM AND CODE IN APPROPRIATE MANNER

If INFPER previous surveys=(2, 3, 4) do not ask INFPER but keep it documented in repeat file
If EFVIT=2
INFPER
Can I ask you why [ELFE child] lives with you only and not their father?
1  The father lives elsewhere (separation or never lived together)
2  The father has died
3  Doesn’t know who the father is (including insemination)
4  The mother considers that the biological father is not the child’s father
8  [Refuses to answer] ⇒ Q Mother Referent Parent

INT: DO NOT LIST.
IF THE MOTHER SAYS UNPROMPTED THAT THE FATHER DOES NOT WANT TO RECOGNIZE THE CHILD, CODE 1 THEN ANSWER "NO" TO FOLLOWING QUESTION

If RECON in previous surveys = 1 do not ask RECON
If INFPER=1 AND (2 month and 1 year not done)
RECON
Does the child’s father recognize [ELFE child]?
1  Yes
2  No

If EFVIT=3
EFVOI (not available as empty)
Since our last interview you have seen the child:
1  Every day ⇒ Q Non-Cohabiting Mother
2  More than once a week ⇒ Q Non-Cohabiting Mother
3  Once a week ⇒ Q Non-Cohabiting Mother
4  2 to 3 times a month ⇒ Q Non-Cohabiting Mother
5  Once a month or less ⇒ Q Non-Cohabiting Mother
6  Not for a year ⇒ Q Mother Placed Child without placed child questions

If EFVIT=5
EFVITP (not available as empty)
Your child lives:
1  With a member of the family
2  In a nursery
3  In a boarding school-home
4  In a host family
5  In a children’s village
6  Other
If \( EFVITP = 1 \)

\( EFVITPP \) (not available as empty)
Specify _________

If \( EFVITP = 6 \)

\( EFVITPPP \) (not available as empty)
Specify _________

If \( EFVIT = 5 \)

\( EFLIEU \) (not available as empty)
Do you see your child:
1. Where he/she lives
2. At your house
3. It depends
4. You haven’t seen your child for a year ⇔ End of interview: “We will contact you in a year for the third birthday of [ELFE child]”

If \( EFLIEU \) not 4

\( EFVOI2 \) (not available as empty)
Have you seen your child:
1. Every day
2. More than once a week
3. Once a week
4. 2 to 3 times a month
5. “Once a month or less” ⇔ End of interview: “We will contact you in a year for the third birthday of [ELFE child]”

If \( PLAPER \) in previous surveys=(3, 4, 5) do not ask \( PLAPER \)
If \( PLAPER \) in previous surveys not (3, 4, 5) AND \( EFVOI2 = \{1, 2, 3, 4\} \) ask \( PLAPER \)

\( PLAPER \) (not available as empty)
Do you live with the father of the [ELFE child] in the same house?
1. Yes
2. No, the father lives elsewhere (separation or have never lived together)
3. The father has died
4. Doesn’t know who the father is (including insemination)
5. The mother considers that the biological father is not the child's father ⇔ Q Mother Placed Child

INT: DO NOT LIST.
If THE MOTHER SAYS UNPROMPTED THAT THE FATHER DOES NOT WANT TO RECOGNIZE THE CHILD, CODE 1 THEN ANSWER "NO" TO FOLLOWING QUESTION

If \( PRECON \) in previous surveys=1 do not ask \( PRECON \)
If \( PLAPER = 2 \)

\( PRECON \) (not available as empty)
Does the child’s father recognize [ELFE child]?
1. Yes
2. No

\( PEREB \)
Type of father
1. Referent father
2. Cohabiting father
3. Non-cohabiting father
4 Cohabiting father of placed child
5 Non-cohabiting father of placed child
6 Cohabiting father (same-sex parenting)
7 The father has died
8 Father questionnaire to be administered ⇔ type of father to be determined in Q
9 No father questionnaire = father refuses
10 No father questionnaire = father unknown, deceased
11 BASCUL father questionnaire to be administered ⇔ type of father to be determined in Q
12 BASCUL no father questionnaire = father refuses
13 BASCUL no father questionnaire = father unknown, deceased
14 Definitive refusal of mother and father ⇔ no father questionnaire
15 Definitive refusal of mother and father unknown, deceased ⇔ no father questionnaire
16 Mother and father deceased ⇔ no father questionnaire
17 Mother deceased and father refuses to continue ⇔ no father questionnaire

If EFVIT=(1, 2, 4) code TYPEM=1
If EFVIT=3 and EFVOI=(1, 2, 3, 4, 5) code TYPEM=2
If EFVIT=3 and EFVOI=6 code TYPEM=3
If EFVIT=5 and EFVOI2=(1, 2, 3, 4) code TYPEM=4

**TYPEM**

**Type of questionnaire to ask the mother:**
1 Referent mother: the mother lives with the child (all the time or on an alternating basis)
2 Non-cohabiting mother: the father has custody of the child
3 Mother of placed child WITHOUT placed child questions
4 Mother of placed child WITH placed child questions

At end, confirm all contact details from the contact file apart from the data already confirmed concerning the father. Say goodbye to mother, thanking her and announcing contact with the father if VALIDCP1=1.

A simple thank you in all other cases.

Say that we will stay in touch with the mother this year by post or email. Tell them about the survey when the child turns 3.

**MANAGEMENT OF PARTIAL MOTHER QUESTIONNAIRES (NOT COMPLETED OR NOT RESTARTED FOR QUESTIONNAIRES IN SEVERAL GOES) OR CONTACT APPOINTMENTS NOT RESPECTED AT END OF MOTHER FIELD**

1/ Not completed or not restarted for questionnaires in several goes ⇔ if VALIDCP1=1 or 2, administer father questionnaire starting from EFVITP
2/ Contact appointments not respected ⇔ administer father questionnaire starting from EFVITP

**END of contact with mother**

For the automatic coding of PEREB

If MERBIL=17 and VALIDCP1=(1, 2)

If EFVIT=1 PEREB=Cohabiting Father Questionnaire
If EFVIT=2 and INFPER=(1, 8) PEREB=Non-Cohabiting Father Questionnaire
If EFVIT=3 PEREB=Referent Father Questionnaire
If EFVIT=4 PEREB=Non-Cohabiting Father Questionnaire
If EFVIT=5 and PLAPER=1 PEREB=Cohabiting Father Placed Child Questionnaire
If EFVIT=5 and PLAPER=2 PEREB=Non-Cohabiting Father Placed Child Questionnaire
If EFVIT=2 and LIENTYP (1020)=7 and SEXE=2 in the Referent Mother Questionnaire: same-sex parenting

PEREB=Cohabiting “Father” Questionnaire (replace “male partner” by “female partner”)

If MERBIL not 17 AND OR CONTPAR=

PEREB=Questionnaire type determined according to EFVITP when father is contacted

The Rest ⇒ no father questionnaire
3. Information on the interview

*DATINTJ
Day of interview
[___][___]

DATINTM
Month of interview
[___][___]

DATINTA
Year of interview
[___][___]

AGE2A
Age of child in months at 2-year telephone interview
[___][___]

Q3M
Number of call attempts to contact the mother
[___][___]

QUALIT
Quality of the interview
1. Very easy
2. Quite easy
3. Neither easy nor difficult
4. Quite difficult
5. Very difficult

LANG
Interview language
1. French
2. English
3. Arabic
4. Turkish/Kurdish
5. Soninke
6. Bambara
7. Wolof

QM
Mother questionnaire
0. Absent
1. Complete
2. Incomplete
4. List and civil status of residents of dwelling

IF A02X_QMERECOMP2a in (1, 2)

Questionnaires concerned:
- Referent Mother
- Non-Cohabiting Mother
- Mother of Placed Child (with or without placed child questions)

If the 1 year questionnaire has been completed ⇐ repeat where necessary the answers given in this interview with confirmation or correction for some of them only and management of those arriving or leaving.

If the 1 year questionnaire has not been completed ⇐ repeat where necessary the answers given in the 2-month interview and if this last has not been completed, the answers given in the maternity ward.

INTRODUCTION
“To begin with, I am going to say the first name of all the people who lived with [ELFE child] when we completed the survey with you when [ELFE child] was one year old. For each of these individuals, please tell me if they are still living in the dwelling and then inform me of other people that I have not mentioned who currently live in the dwelling.”


The list of the first names of all the household members present at the last survey, with the relationship to the child provided for each one.

INT: FOR EACH PERSON IN THE LIST, READ THE FIRST NAME ONLY
CONFIRM THE SPELLING OF THE FIRST NAME OF [ELFE CHILD]

If 2 month and 1 year surveys not done

INTRODUCTION
“To begin with, we are going to make a list of the people who usually live here and briefly describe them, starting with yourself.”

If PLAPER (previous surveys)=3 OR if INFPER (previous surveys)=(2) and LIENTYP_(1à20)=1 in household at last survey automatically code CONFIG(1à20)=2

CONFIG (1à20)
Does [first name] still live with you?
1 Yes, he/she still lives with me
2 No, he/she does not live here anymore (exit)
3 Entrant
**CONFIGENTRANT**
In addition to the people I have just mentioned, are there any NEW residents in this dwelling?
1  Yes
2  No

*If CONFIGENTRANT=1 and for each one*

**NOI_(1à20)**
Individual rank order
|  |  |

**PRENOM_(1à20)**
What is his/her first name?

**SEXE_(1à20)**
He/she is...
1  Male
2  Female

What is his/her date of birth?

**JNAIS_(1à20)**
Day
|  |  | (1 to 31, NA=88, DK=99)

**MNAIS_(1à20)**
Month
|  |  | (1 to 12, NA=88, DK=99)

**ANAIS_(1à20)**
Year
|  |  |  |  | (1900 to 2011, NA=8888, DK=9999)

**AGE_(1à20)**
Age in number of years passed
|  |  |

**DIFFAGE_(1à20)**
Age difference with ELFE child in days
|  |  |  |  |

**LIENTYP_(1à20)**
How are they related to [ELFE child]?
(IT consistency test, e.g. a single father, a single partner)
1  Father
2  Mother
3  Brother, sister
4  Half-brother, half-sister on mother’s side
5  Half-brother, half-sister on father’s side
6  Another child with no family connection to [ELFE], child of partner, child-in-law of a family member
LIENTYP is a non-modifiable repeat variable displayed with the list of the first names of the people making up the household at the last survey, so as to make a distinction between two people with the same first name.

If CONFIG (1 à 20)=2
(If PLAPER (previous surveys)=(3) OR if INFPER (previous surveys)=(2) and LIENTYP (1 à 20)=1 in household at last survey do not ask ADATDEPART (1 à 20)
ADATDEPART (1 à 20)
In which year did [first name] stop living regularly in the same household as [ELFE child]?
|__|__|__|__|
| Year |
| (2011 to 2013) NA=8888, DK=9999 |

If PLAPER (previous surveys)=(3) OR if INFPER (previous surveys)=(2) and LIENTYP (1 à 20)=1 in household at last survey automatically code CAUSEDEPART (1 à 20)=3
CAUSEDEPART (1 à 20)
Is it because [first name]:
1  Definitely lives in another dwelling
2  Temporarily lives in another dwelling
3  Has died
8  Refuses
9  Doesn’t know

If CAUSEDEPART (1 à 20)=(1, 2) and LIENTYP (1 à 20)=(1, 7)
SEPAR (1 à 20)
Was it because of a separation of your couple?
1  Yes
2  No

If CONFIGENTRANT=1
LNAIS (1 à 20)
He/she was born in:
1  France (mainland or FODT)
2  Outside France

If LNAIS (1 à 20)=1
(If France)
*DEPNAIS (1 à 20)
In which department or territory?
Department code |__|__|__|__|

If LNAIS (1 à 20)=2
(If outside France)
*PAYSNAIS (1 à 20)
In which country?
Country code |__|__|__|__|
If $LNAIS_{(1\ldots20)}=2$

If outside France

$PAYS25NAIS_{(1\ldots20)}$

In which country?
1. European Union
2. Turkey
3. Morocco
4. Algeria
5. Tunisia
6. French-speaking Sub-Saharan Africa
7. Other Sub-Saharan Africa
8. Central/Eastern Europe
9. Asia
10. South/Central America
11. Other
12. Not stated

In which country?

$PAYSNAISP_{(1\ldots20)}$

(If not in list)

(Validate only if previous $NATIO1N=(3$ or $4$))

$NATIO1N_{(1\ldots20)}$

Are you (is he/she):
1. French by birth, including by reintegration
2. French by naturalization, marriage, declaration or option on majority
3. Not French
4. Stateless

If $CONFIG_{(1\ldots20)}=3$ and $NATIO1N_{(1\ldots20)}=3$

*$NATIO2N_{(1\ldots20)}$

What is his/her nationality?
Nationality code |__|__|__|__|

If $NATIO1N_{(1\ldots20)}=3$

$NATIO25N_{(1\ldots20)}$

What is your (his/her) nationality?
1. European Union
2. Turkey
3. Morocco
4. Algeria
5. Tunisia
6. French-speaking Sub-Saharan Africa
7. Other Sub-Saharan Africa
8. Central/Eastern Europe
9. Asia
10. South/Central America
11. Other
12. Not stated
If NATIO1N (1à20)=(1, 2, 3)

*NATIO2N2 (1à20)

Does he/she have dual nationality? If yes, which?
Nationality code |__|__|__|__|

If NATIO1N (1à20)=(1, 2, 3)

NATIO25N2 (1à20)

Does he/she have dual nationality? If yes, which?
1  European Union
2  Turkey
3  Morocco
4  Algeria
5  Tunisia
6  French-speaking Sub-Saharan Africa
7  Other Sub-Saharan Africa
8  Central/Eastern Europe
9  Asia
10  South/Central America
11  Other
12  Not stated
13  Does not have dual nationality

*NATIO2NP (1à20)

[Does he/she have dual nationality? If yes, which?]
(If not in list)

ANARRIV (1à20)

In which year did he/she move to mainland France?
|__|__|__|__|
(NA=8888, DK=9999)

INT: IF BORN OUTSIDE FRANCE OR IN FOOT, AND IF RETURN TO ORIGINAL COUNTRY, THE YEAR OF THEIR FIRST MOVE TO FRANCE MUST BE NOTED

If LIENTYP (1à20)=8 and SEXE (1à20)=1

MEREPLAN

What language or patois does [first name of maternal GF] use the most often at home?
____________

If LIENTYP (1à20)=8 and SEXE (1à20)=2

MEREMLAN

What language or patois does [first name of maternal GM] use the most often at home?
____________

If LIENTYP (1à20)=9 and SEXE (1à20)=1

PEREPLAN

What language or patois does [first name of paternal GF] use the most often at home?
____________
If LIENTYP (1à20)=9 and SEXE (1à20)=2

PEREMLAN

What language or patois does [first name of paternal GM] use the most often at home?

__________

Do not ask for LIENTYP (1à20)=12 if Non-Co-habiting Mother or Mother Placed Child questionnaire

TYPOLOG (1à20)

Do you (does he/she) live in your residence:
1  All year or almost
2  Mainly weekends or holidays
3  Mainly in the week
4  A few months a year (including cases of alternating custody)
5  Less often
9  [DK]

INT: IF SOMEONE HAS BEEN IN THE HOUSEHOLD FOR UNDER A YEAR, ASK WHAT THEIR INTENTIONS ARE.

If TYPOLOG (1à20)=2

JOURAN (1à20)

How many days a year?
|__|__|__| (1 to 366, NA=888, DK=999)

If TYPOLOG (1à20)=3

JOURSEM (1à20)

How many days a week?
|__| (1 to 7, NA=8, DK=9)

If TYPOLOG (1à20)=4

MOISAN (1à20)

How many months in this last year?
|___|___| (1 to 12, NA=88, DK=99)

If TYPOLOG (1à20)=5

JOUR2AN (1à20)

Around how many days in this last year?
|___|___|___| (1 to 366, NA=888, DK=999)

AUTLOG (1à20)

Do you also live (does he/she live) somewhere else sometimes?
1  Yes
2  No

INT: For all and do not ask for LIENTYP (1à20)=12 if Non-Co-habiting Mother or Mother Placed Child questionnaire. (For LIENTYP (1à20)=12: if ELFE child does not live with mother and father)

If AUTLOG (1à20)=1

(If the person also lives in another dwelling):

TYPOLOGCO (1à20)

Where?
1  Barracks, camp
2 Boarding school
3 University housing or student house
4 Home for young workers
5 Penitentiary facility
6 Sanatorium, care centre or hospital
7 Retirement home
8 Temporary public works construction site
9 With a family member
10 With their other parent of the child
11 In a nursery, host family, children's home, other socio-educational centre
12 Individual housing
13 Other
INT: DO NOT LIST

If TYPLOGCO_{1à20}=13
*TYPLOGCOP_{1à20}
In what other place do you live (he/she live)?
_____________

REGUDANAI_{1à20}
In which region or territory?
(UDA code)
_______________________

AGE18ARRIV_{1à20}
Age on arrival in France before 18?
0 No
1 Yes

DURARRIV_{1à20}
Time since arrival in France when [ELFE child] born?
0 <2
2 2-4
5 5-9
10 10-14
15 15-19
20 20-24
25 25 and over

REGNAI_{1à20}
From which region or territory?
00 Other territory/territories of French Republic?
01 Guadeloupe
02 Martinique
03 French Guiana
04 La Réunion
06 Mayotte
11 Île-de-France
21 Champagne-Ardenne
22 Picardie
23 Haute-Normandie
24 Centre
25 Basse-Normandie
26 Bourgogne
31 Nord-Pas-de-Calais
41 Lorraine
42 Alsace
43 Franche-Comté
52 Pays de la Loire
53 Bretagne
54 Poitou-Charentes
72 Aquitaine
73 Midi-Pyrénées
74 Limousin
82 Rhône-Alpes
83 Auvergne
91 Languedoc-Roussillon
93 Provence-Alpes-Côte d'Azur
94 Corse
5. Placed child

IF A02X_QMERECOMP2a in (1, 2) AND A02X_TYPQMER2α=3

Questionnaire concerned:
- Mother of Placed Child

Now let’s talk about [ELFE child]/[twin child]. [ELFE child]/[TWIN child] doesn’t/don’t live with you.

**PLACEM (not available as empty)**
Is that (still) because they have been placed?
1  Yes
2  No ◁ PRESPROF

**If PLACEM=1**

**PLAC1 (not available as empty)**
I would like to ask you a few questions on the placement of [ELFE child]/[twin child]: its length, the place, and the type of measure. Is that OK with you?
1  Yes
2  No ◁ Ch. FAMILY SITUATION

On which date was [ELFE child]/[twin child] placed?

**If PLAC1=1**

* **PLAC2M (not available as empty)**
  Month
  |__|__|__|__| (1 to 12) (NA=88, DK=99)

**PLAC2A (not available as empty)**
Year
|__|__|__|__| (2011 to 2030) (NA=8888, DK=9999)

(Validate only if PLAC3 in 1 year = 2 or if at 1 year = 1 but the placement date given at 2 years has changed)

**PLAC3 (not available as empty)**
As part of the placement of [ELFE child]/[twin child], have you met with a juvenile court judge?
1  Yes
2  No

**PLAC4 (not available as empty)**
Do you know how long the placement of [ELFE child]/[twin child] is planned for?
1  Yes
2  No
On which date will your child’s placement end?

If $PLAC4=1$

If date (month and year)

*$PLAC4M$ (not available as empty)

Month

|__|__|__|__| (1 to 12) (NA=88, DK=99)

$PLAC5A$ (not available as empty)

Year

|__|__|__|__| (2011 to 2030) (NA=8888, DK=9999)

Or duration:

$PLAC5J$ (not available as empty)

No. of days

|__|__|__|__| days or,

$PLAC5S$ (not available as empty)

No. of weeks:

|__|__|__|__| weeks (NA=888, DK=999) min 1 max 99 or,

$PLAC5M$ (not available as empty)

No. of months:

|__|__|__|__| months

When you see [ELFE child]/[twin child]:

$PRESPROF$ (not available as empty)

Is a professional present at these meetings?

1  Always
2  Sometimes
3  Rarely
4  Never

$PRESPROC$ (not available as empty)

Is a loved one present at these meetings?

1  Always
2  Sometimes
3  Rarely
4  Never

$PRESAUTR$ (not available as empty)

Is someone else present at these meetings?

1  Always
2  Sometimes
3  Rarely
4  Never
HABFR (not available as empty)
Where [ELFE child]/[twin child] lives, do they live with brothers or sisters?
1 Yes
2 No

If HABFR=1
HABFRC (not available as empty)
How many (brothers or sisters live with [ELFE child]/[twin child])?
|__|__|

*PLACDEP (not available as empty)
At which address is [ELFE child] placed?
Department code |__|__|__|

*PLACCOM (not available as empty)
At which address is [ELFE child] placed?
Municipality code |__|__|__|__|
6. Family situation

IF A02X_QMERECOMP2a=1 AND A02X_MENAGEM2A in (1, 2, 3)

Questionnaires concerned:
- Referent Mother
- Non-Cohabiting Mother
- Mother of Placed Child

Only the family situations of the mother and arrivals are described. The family situation of the other household members aged 15 and over will be documented at 3 years, by the cohabiting father or mother if not cohabiting father.

The variables carried over from the 1 year survey on the family situation of the mother are to be confirmed/changed only if the mother was in a couple with the father or a partner at the 1 year survey. In all other cases, the repeat question is asked.

If a LIENTYP_(1à20)=1 or LIENTYP_(1à20)=7 in household
If LIENTYP_(1à20)=(1, 7) AND CONFIG_(1à20)=(1, 3)
Are you currently in a couple with [father first name]/[partner first name]?
If LIENTYP_(1à20)=1
Are you currently in a couple with [father first name]?
If LIENTYP_(1à20)=7
Are you currently in a couple with [partner first name]?
COPPE1
1 Yes ⇒ ETAMATRI
2 No ⇒ COPPE2
INT: IF LIENTYP_(1à20)=1 AND LIENTYP_(1à20)=7 THE FATHER COUNTS IN THIS CASE, SO THE LIENTYP IS CONSIDERED AS (1à20)=1 IF IN THE LAST SURVEY THERE WAS A LIENTYP_(1à20)=1 AND NO LIENTYP_(1à20)=7 AT 1 YEAR THERE WAS A LIENTYP_(1à20)=7 AND NO LIENTYP_(1à20)=1 AND VICE-VERSA, DO NOT CARRY OVER BUT ADAPT NAME OF NEW ARRIVAL.

(By) are you in a couple with a person even if you don’t live with them?
If COPPE1=2
But are you in a couple with a person even if you don’t live with them?
If no LIENTYP_(1à20)=1 or LIENTYP_(1à20)=7
Are you in a couple with a person even if you don’t live with them?
COPPE2
1 Yes
2 No

If COPPE2=1
And if no LIENTYP_(1à20)=1 in household and (INFPER=(1,8) (at 2 years) OR PLAPER=2 (at 2 years)
Do not ask this question if SEPAR_(1à20)=1 and person leaving at 2 years CONFIG=2 with LIENTYP_(1à20)=1 ⇒ pre-code=2
Do not ask this question if LIENTYP_(1à20)=1 and COPPE1=2 and COPPE2=1 ⇒ pre-code=2
PERENF
Is this person the father of the child?
1 Yes
2 No
8 Refuses
ETAMATRI
What is your legal marital status?
1  Married or remarried including legally separated
2  Civil partnership
3  Divorced
4  Single
5  Widowed

INT: A CIVIL PARTNERSHIP IS CONSIDERED AS A MARITAL STATUS. IF AFTER READING THE LIST THE PERSON INTERVIEWED SAYS THEY ARE IN COHABITATION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?" IF THE PERSON DOES NOT UNDERSTAND "SINGLE".
IF THE RESPONDENT IS SURPRISED TO BE ASKED ONCE AGAIN ABOUT THEIR MARITAL STATUS, TELL THEM: "WE KNOW THAT SOME QUESTIONS MAY SEEM REDUNDANT GIVEN WHAT YOU TOLD US IN THE LAST SURVEY. WE ARE SORRY, BUT IT OFTEN HAPPENS THAT MARITAL STATUS CHANGES BETWEEN TWO SURVEYS."

Is it with the person you are in a couple with that you are married or have a civil partnership with?
MATRICOUP
If ETAMATRI=(1, 2) and COUPLE1=1
Is it with [father first name]/[partner first name] that you are married or have a civil partnership with (display ETAMATRI procedure)?
If ETAMATRI=(1, 2) and COUPLE2 =1
Is it with the person you are in a couple with that you are married or have a civil partnership with (display ETAMATRI procedure)?
1  Yes
2  No

INT: IF THE RESPONDENT IS SURPRISED TO BE ASKED ONCE AGAIN ABOUT THEIR MARITAL STATUS, TELL THEM: "WE KNOW THAT SOME QUESTIONS MAY SEEM REDUNDANT GIVEN WHAT YOU TOLD US IN THE LAST SURVEY. WE ARE SORRY, BUT IT OFTEN HAPPENS THAT MARITAL STATUS CHANGES BETWEEN TWO SURVEYS."

If ETAMATRI=(1, 2)
MARI
Can you tell us in which year you were married/formed a civil partnership?
(display ETAMATRI procedure)
If repeat variable complete, "Just to confirm, you were married/formed a civil partnership (display ETAMATRI procedure) in:"
1  [ ] [ ] [ ] [ ] [ ] (1960 to 2013) (NA=8888, NSP=9999)

Consistency: if PACSEE MARI must be >= 1999

If (COUPLE1=1 or COUPLE2=1) AND (MATRICOUP=2 or ETAMATRI=(3, 4, 5))
Automatically codeETAMATRI2=(1, 2) according to ETAMATRI=(1, 2) if MATRICOUP=1

ETAMATRI2
What is the legal marital status of [father first name]/[partner first name]/the person you are in a couple with?
INT: A CIVIL PARTNERSHIP IS CONSIDERED AS A MARITAL STATUS.
IF AFTER READING THE LIST THE PERSON INTERVIEWED SAYS THEY ARE IN COHABITATION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?" IF THE PERSON DOES NOT UNDERSTAND, CODE "SINGLE".
1  Married or remarried including legally separated
2  Civil partnership
3  Divorced
4  Single
5  Widowed
(Changed at end of Wave 1)

******************************************************************
**************
************************
If the questionnaire under way is “Non-Cohabiting Mother”, only SITUAFAMM=3 or 4 or 6 or 7 are possible. In the event of any inconsistency, correct the erroneous information.

SITUAFAMM
Family situation
1  The mother is in a couple and cohabits on a permanent basis with the father of the child ⇔ If COUPLE1=1 and [for NOI(CONJOINT)*: LIENTYP_(1à20)=1 and TYPOLOG_(1à20)=1
2  The mother is in a couple with the father of the child but on a non-permanent basis ⇔ If COUPLE1=1 and [for NOI(CONJOINT)*: LIENTYP_(1à20)=1 and TYPOLOG_(1à20) not 1]
3  The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of [ELFE child] ([twin child]) ⇔ If COUPLE1=1 and [for NOI(CONJOINT)*: TYPOLOG_(1à20)=1 and LIENTYP_(1à20)=7]
4  The mother says she is in a couple with a person living in the household on a non-permanent basis and this person is not the father of [ELFE child] ([twin child]) ⇔ If COUPLE1=1 and [for NOI(CONJOINT)*: TYPOLOG_(1à20) not 1 and LIENTYP_(1à20)=7]
5  The mother is in a couple with the father of the child and he does not live with her ⇔ If COUPLE2=1 and PERENF=1
6  The mother says she is in a couple with a person living in the household and this person is not the father of the child (or Doesn't know) ⇔ If COUPLE2=1 and PERENF=(2, 9)
7  The mother is not in a couple ⇔ If COUPLE2=2

******************************************************************************

If SITUAFAMM=(3, 4) and LIENTYP_(1à20)=7 AND SEXE_(1à20)=1
ROLEPAR
Does [partner first name] play a parental role for [ELFE child]?
1  Yes
2  No
9  [DK]
7. Situation of non-cohabitation or non-permanent cohabitation between the father and mother

*IF A02X_QMERECOMP2a=1 AND SITUAFAMM in (2, 5)*

**Questionnaires concerned:**
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

For what reasons do you not live with the father on a permanent basis?
*IF SITUAFAMM=2*

For what reasons do you (“still” if at 1 year SITUAFAMM=2) not live with the father of [ELFE child] on a permanent basis?
*IF SITUAFAMM=5*

For what reasons do you (“still” if at 1 year SITUAFAMM=5)

RAISNVP1
Owing to reasons of occupation, education, health
1  Yes
2  No

RAISNVP2
You and/or your partner want to keep your independence
1  Yes
2  No

RAISNVP3
You are with [first name] and in the midst of a separation
1  Yes
2  No

RAISNVP4
He is in a couple
1  Yes
2  No

RAISNVP5
He is in the midst of a separation with another person
1  Yes
2  No

RAISNVP6
You yourself are in the midst of a separation with a former partner
1  Yes
2  No
RAISNVPP
Owing to other reasons
1  Yes
2  No

If RAISNVPP=1
RAISNVPP
Specify
___________________________
8. Separation and relationship with father

IF A02X_QMERECOMP2a=1 AND ((PLAPER=2 OR INFPER=1) OR (COUPLE1=2 AND A02X_MENAGEM2A=1))

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabitating Mother”

This module is not asked when we know the father is deceased or the mother doesn’t know who the father is or she considers that the biological father is not the child’s father.

So, questionnaire asked if PLAPER=2 or INFPER=1 (the father is alive and the mother doesn’t live with him) OR if COUPLE1=2 and LIENTYP=1 in the household (the father lives with the mother in the household but not as a couple).

For non-cohabiting mothers, only the greyed-out questions are asked.

**If SITUAFAMM= {3, 4, 6, 7}**

“As you no longer live with the father of [ELFE child], I am now going to ask you about your situation relative to him”

**SEPADIV**

You are separated or are in the midst of separating from him and...
1. You were never married with him
2. You are still married and you haven’t asked for a divorce
3. You have asked for a divorce
4. You have divorced

If the mother already responded to the “Separation” section in the 1-year survey

**If SEPADIV=1**
Ask JUGSEP if at 1 year JUGSEP =2 then ask the questions following JUGSEP with the related filters
If JUGSEP 1 year=1 and JUGJUG 1 year=1 go to DESAC2 AND QDESAC1 at 3 if DESAC2=1
If JUGSEP 1 year=1 and JUGJUG 1 year=2 ask JUGJUG then ask the questions following JUGJUG with the related filters

Then for all EXTYPREL and EXQDESAC if EXTYPREL={3, 4}
Then PENSALI if (JPENSALI at 1 year or 2 years=1) OR (if at 2 years EXPENS=1 or if EXPENS2=1) then VERSPENS if PENSALI={1, 2}

**If SEPADIV=2**
Ask JUGSEP if at 1 year JUGSEP =2 then ask the questions following JUGSEP with the related filters
If JUGSEP 1 year=1 and JUGJUG 1 year=1 go to EXHEBAC
If JUGSEP 1 year=1 and JUGJUG 1 year=2 ask JUGJUG then ask the questions following JUGJUG with the related filters

Then for all EXTYPREL and EXQDESAC if EXTYPREL={3, 4}
Then PENSALI if (JPENSALI at 1 year or 2 years=1) OR (if at 2 years EXPENS=1 or if EXPENS2=1) then VERSPENS if PENSALI={1 or 2}

**If SEPADIV=3**
If at 1 year SEPADIV={1, 2} ask all the questions related to this new separation SEPADIV=3
If at 1 year SEPADIV=3 and JUGJUG at 1 year =2, ask JUGJUG and all the variables relating to JUGJUG
If at 1 year $\text{SEPADIV} = 3$ and $\text{JUGJUG}$ at 1 year $= 1$, ask $\text{DESAC2}$ AND $\text{QDESAC1}$ at 3 if $\text{DESAC2} = 1$

Then for all $\text{EXTYPREL}$ and the related variable according to the filters, $\text{PENSALI}$ if $\text{JPENSALI}$ at 1 year or 2 years $= 1$ OR if at 2 years $\text{EXPENS} = 1$ or if $\text{EXPENS2} = 1$ and the related variable according to the filters.

If $\text{SEPADIV} = 4$
If at 1 year $\text{SEPADIV} = (1, 2, 3)$ ask all the questions related to this new separation $\text{SEPADIV} = 4$
If at 1 year $\text{SEPADIV} = 4$ confirm $\text{JHEBMOD}$ to $\text{QDDESACP}$

Then for all $\text{EXTYPREL}$ and the related variable according to the filters, $\text{PENSALI}$ if $\text{JPENSALI}$ at 1 year or 2 years $= 1$ OR if at 2 years $\text{EXPENS} = 1$ or if $\text{EXPENS2} = 1$ and the related variable according to the filters.

If $\text{SEPADIV} = (1, 2)$

$\text{JUGSEP}$
You are now separated from the father of [ELFE child] but have begun proceedings with a family court judge to sort out the terms of the separation?
1  Yes
2  No ◀$\text{EXHEBAC}$

If $\text{SEPADIV} = (3, 4)$ OR $\text{JUGSEP} = 1$
On which date did you begin the divorce/separation proceedings?

If $\text{SEPADIV} = (3, 4)$
On which date did you begin the divorce proceedings?
If $\text{JUGSEP} = 1$
On which date did you begin the separation proceedings?

$\text{DATPROM}$
Month
|__|__|__| (1 to 12, + DK=99)

$\text{DATPROA}$
Year
|__|__|__|__| (1970 to 2013 + DK=9999)

$\text{MEDFAM}$
Did you have recourse to family mediation to reach an agreement?
1  Yes
2  No
9  [DK]

If $\text{SEPADIV} = 4$

$\text{TYPDIV}$
What type of divorce did the judge rule on?
1  Divorce by consent
2  Divorce by acceptance of the principle of breakdown
3  Divorce for irretrievable breakdown of the marriage
4  At-fault divorce
9  Doesn’t know
INT: LIST
If SEPADIV=3 or (SEPADIV={1, 2} and JUGSEP=1)

**JUGJUG**
Has the family court judge handed down their ruling?
1 Yes
2 No
9 [DK]

**Date of ruling**
If SEPADIV=4 or JUGJUG=1

**DATJUGM**
Month
|__|__| (1 to 12, + DK=99)

**DATJUGA**
Year
|__|__|__|__| (1970 to 2013 + DK=9999)

*Consistency: the date of ruling (month-year) > the date of the proceedings (month-year)*

If SEPADIV=4 or JUGJUG=1

**JHEBMOD**
Which place of residence has the judge decided on for [ELFE child]?
1 Primary residence at your home
2 Primary residence at the father's
3 Alternating residence
4 Other

If JHEBMOD=4

**JHEBMODP**
Specify
_________________________

If SEPADIV=4 or JUGJUG=1

**JPENSALI**
Has the judge set child support for [ELFE child] that must be paid to you?
1 Yes
2 No

If JPENSALI=1, if not go to DESAC1 or DESAC2
If JPENSALI=1

**PENSAL**
What is the monthly sum of the child support decided on by the judge for [ELFE child]?
|__|__|__|__| € 0 to 99999 + REFUSES=88888 + DK=99999

INT: IF NONE, CODE NA
If JPE LSALI=1, if not go to DESAC1 or DESAC2

PENSALP
If you have several children, does this child support sum concern:
1  All your children
2  Several children
3  Only [ELFE child]
9  Doesn’t know

INT: IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT

If PENSALP=(1, 2)
Display the first name of the children in the household (LIENTYP_{1à20}=3, 4, 5) and the coding of those concerned PENSALPEC_{1à20}
Apart from [ELFE child], which other children are concerned by this child support?
(Multiple)
1  Yes
2  No

PENSALPHM
Are there any children not living with you who are also concerned by this child support?
1  Yes
2  No

If PENSALPHM=1
NBPENSALPHM
How many?

If SEPADIV=4
DESAC1
Do any disagreements remain between you and the father of [ELFE child] about the decisions handed down in the divorce proceedings?
1  Yes
2  No

What do the disagreement(s) concern?
If DESAC1=1

QDDESAC1
The amount of child support
1  Yes
2  No

QDDESAC2
The residence of [ELFE child]
1  Yes
2  No

QDDESAC3
Visiting rights and housing arrangements
1  Yes
2  No
QDDESAC4
The sharing of the couple’s wealth
1  Yes
2  No

QDDESAC5
The amount of compensatory allowance
1  Yes
2  No

QDDESAC6
Another point of disagreement
1  Yes
2  No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

If QDDESAC6=1
QDDESACP
Which?
___________________

If SEPADIV not 4 and JUGJUG=1
DESAC2
Do any disagreements remain between you and the father of [ELFE child] about the decisions handed down in the separation proceedings?
1  Yes
2  No

Do these points of disagreement concern:
If DESAC2=1
If not go to EXTYPREL

QDESAC1
The amount of child support
1  Yes
2  No

QDESAC2
The residence of [ELFE child]
1  Yes
2  No

QDESAC3
Another point of disagreement
1  Yes
2  No
INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

**If QDESAC3=1**

QDESACP
Specify

**If SEPADIV=(1, 2) AND JUGSEP=2**

EXHEBAC
Have you come to an agreement with father of [ELFE child] on their home?
1  Yes
2  No, because you don’t agree
3  It’s too early to say
4  You are not in contact with him

**If EXHEBAC=1**

EXHEBMOD
Where does the child live?
1  Primary residence at your home
2  Primary residence at the father’s
3  Alternating residence
4  Other

**If EXHEBMOD=4**

EXHEBMODP
Which?

**If SEPADIV=(1, 2) AND JUGSEP=2**

EXPENS
Have you come to an agreement with the father of [ELFE child] on what he will provide you with for meeting the needs of this last or the amount of child support?
1  Yes
2  No, because we don’t agree
3  It’s too early to say
4  [Not applicable]

**If EXPENS=(2, 3)**

EXPENS2
Although you haven’t really reached an agreement, does the father of [ELFE child] provide you with a payment to meet the needs of the child?
1  Yes
2  No

**If EXPENS=1 or EXPENS2=1**

EXPENSMON
What is the monthly amount?
|__|__|__|__| € 0 to 99999
If \( \text{EXPENS}=1 \) or \( \text{EXPENS2}=1 \)

\[ \text{EXPENSMONP} \]

If you have several children, does this amount concern all your children or only [ELFE child]?
1. All your children
2. Several children
3. Only [ELFE child]
9. Doesn’t know

\text{INT:} \text{IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT}

If \( \text{EXPENSMONP}=(1, 2) \)

Display the first names of the children in the household \( (\text{LIENTYP}=3, 4, 5) \) and the coding of those concerned \( \text{EXPENSMONPEC } (1\text{a}20) \)

Apart from [ELFE child], which other children are concerned by this child support?
(Multiple)
0. No
1. Yes

\text{EXPENSMONPHM}

Are there any children not living with you who are also concerned by this child support?
1. Yes
2. No

\text{IF PENSALPHM}=1

\text{NBEXPENSMONPHM} (\text{not available as empty})

How many?

—

\text{IF JUGJUG}=2

\text{HEBAC}

Pending the ruling of the family court judge, have you come to an agreement with the father of [ELFE child] on where the child lives?
1. Yes
2. No

\text{INT: Fill in HEBMOD starting from EFVIT and don’t ask the question}
\text{IF JUGJUG}=2

\text{HEBMOD}

Where does the child currently live?
1. At your house
2. At the father’s house
3. Alternating between your house and the father’s house
4. Other

\text{INT: HEBMODP starting from EFVIT/EFVIP/EFVITPP}
\text{IF HEBMOD}=4

*\text{HEBMODP} (\text{not available as empty})

Which? __________
If JUGJUG=2
EXPENS3
Pending the ruling of the family court judge, does the father of [ELFE child] provide you with payments to meet the needs of this last?
1  Yes
2  No

If EXPENS3=1
EXPENS3MON
How much does he pay you each month?
| 0 to 99999 + DK=99999

If EXPENS3=1
PENS
Are the payments made:
1  Very regularly
2  Fairly regularly
3  Irregularly

EXTYPREL
How would you describe the relations today between you and the father of [ELFE child]?
1  Friendly
2  Indifferent
3  Tense
4  Very tense
5  No relations with father

If EXTYPREL=(3, 4)
EXQDESAC
Are your relations difficult because of [ELFE child]?
1  Yes, mostly
2  Often
3  Rarely
4  Never

If JPENSAI=1 or EXPENS=1 or EXPENS2=1
PENSAI
Does the father pay the monthly child support set by the judge or decided on by the two of you for [ELFE child]?
1  Regularly
2  Irregularly
3  Never

If PENSAI=(1, 2)
VERSPENS
Is the monthly support set by the judge or decided on by the two of you paid:
1  In its entirety
2  In part
3  It depends
INT: "IT DEPENDS" = CHILD SUPPORT PAID IRREGULARLY IN TERMS OF TIME AND AMOUNT
9. Maintaining relations with the father of [ELFE child] when the father does not live in the household

```
IF A02X_QMERECOMP2a=1 AND ((A02X_TYPQMERE2a in (1, 3) AND EFVIT=2 AND INFPER in (1, 8)) OR (A02X_TYPQMERE2A=3 AND PLAPER in (1, 2)))
```

The module is not asked when we know that the father has died or that the mother doesn’t know who the father is or considers that the biological father is not the father of the child

Questionnaires concerned:
- “Referent Mother”
- “Referent Mother of Placed Child”

Questionnaire asked:
```
IF TYPEM=1 and ((EFVIT=2 and INFPER=1, 8) OR EFVIT=4
IF TYPEM=4 and PLAPER=(1, 2)
```

```
IF NAISGEM=1
JENFVOI
Do [ELFE child] and [twin child] see their father?
1  Yes, together ⇒ FQVOI1
2  Yes, but separately ⇒ FQVOI1
3  One does, the other doesn’t ⇒ QENFVOI
4  No ⇒ See Education
```

```
IF JENFVOI=3
QENFVOI (not available as empty)
Which child does he see?
1  [ELFE child] ⇒ FQVOI1
2  [Twin child] ⇒ FQVOI2
```

Precode if EFVIT=4 ENFVOI=1 because the child lives on an alternating basis with mother and father
```
IF NAISGEM=2
ENFVOI
Does [ELFE child] see his/her father?
1  Yes ⇒ FQVOI1
2  No
```

How often does he see [ELFE child]/[ELFE child/twin child]?
```
IF ENFVOI=1 or JENFVOI=2 or (JENFVOI=3 or QENFVOI=1) or EFVIT not 4
How often does he see [ELFE child]?
IF JENFVOI=1 and EFVIT not 4
How often does he see them?
FQVOI1
1  Several times a week
2  Once a week
3  At least once every two weeks
4  Once a month
5  Irregularly
```
If FQVOI1=5
FQVOIP1
Specify
_____________

OUVOI1
Where does he see him/her/them?
1  Mainly at your house
2  Mainly at his house
3  Elsewhere

If OUVOI1=3
OUVOIP1
Specify
_____________

If JENFVOI=2 or (JENFVOI=3 and QENFVOI=2) AND EFVIT not 4
If JENFVOI=1 code FQVOI2=FQVOI1 AND EFVIT not 4
FQVOI2 (not available as empty)
How often does he see [twin child]?  
1  Several times a week
2  Once a week
3  At least once every two weeks
4  Once a month
5  Irregularly

If FQVOI2=5
FQVOIP2 (not available as empty)
Specify ____________

OUVOI2 (not available as empty)
Where does he see him/her?
1  Mainly at your house
2  Mainly at his house
3  Elsewhere

If OUVOI2=3
*OUVOIP2 (not available as empty)
Specify ____________

If ENFVOI=1 AND EFVIT=4
ORGAGAL
[ELFE child]/[twin child] lives/live on an alternating basis with you and their father. How is it organized?
______________________________________
10. Education

Questionnaires concerned:

- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

Regardless of the questionnaire concerned, this module only concerns the mother (update) and new household members. The education level of the other household members will be updated at 3 years by the cohabiting father or by the mother if no cohabiting father.

If the education of the cohabiting father at 1 year and still cohabiting at 2 years was not documented at 1 year (the father did not participate and no feedback from the mother), they will be documented by the mother at 2 years (full Referent Mother questionnaire) and if the father participates we will ask him the questions again.

If VALIDCP1=2 or 3 AND EFVIT=1 full Referent Mother questionnaire.

“We are now going to talk about ‘education’.”

Are you (is he/she) currently in school/a student, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?

If age > 2 and <16
Is he/she currently in school/a student, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?

If age >=16 and <21
Are you (is he/she) currently in school/a student, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?

If age >21
Are you (is he/she) currently a student, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?

ETUDES_(1à20)
1  Yes
2  No ☞ ANFINETU_(1à20)

If at 1 year ETUDES_(1à20)=2 and ETUDES at 2 months=2 go to the next module
If (ETUDES_(1à20) not 2 and E2M_ETUDES(1à20) not 2)

If ETUDES_(1à20)=1 AND (AGE_(1à20) >= 16 OR ANAIS_(1à20)=(8888, 9999))
FORMINIT_(1à20)
Is it part of your (his/her) initial training?
1  Yes ⇒ DIPLOME_(1à20)
2  No

INT: MEANING WITH NO SIGNIFICANT PERIOD OF INTERRUPTION SINCE THE PERSON STARTED THEIR EDUCATION EITHER IN TERMS OF DISCIPLINE OR LENGTH.

If ETUDES_(1à20)=2 or FORMINIT_(1à20)=2
In which year did you (he/she) finish/stop your (his/her) initial studies?
If age >=16
“In which year did you (he/she) finish your (his/her) initial studies?”
If age >2 and <16

“In which year did you (he/she) stop your (his/her) initial studies?”

ANFINETU_(1à20)

|__|__|__|__| (NA=8888, DK=9999)

INT: CODE 0000 IF NO SCHOOL! (AND PRECODE DIPLOME_(1à20)=1 and SCOLARITE_(1à20)=1)

If ANFINETU_(1à20)=9999

AGFINETU_(1à20)

At which age?

|__|__| (NA=88, DK=99)

If AGE_(1à20) >=13

If not, code DIPLOME_(1à20)=1

Ask if 13 or over

DIPLOME_(1à20)

What is your (his/her) highest level diploma?

1  No diploma
2  Primary studies certificate or overseas equivalent
3  Certificate of general education, elementary education or overseas equivalent
4  Certificate of professional competence, diploma of occupational studies or diploma of this level (nursing auxiliary, personal carer)
5  Technical or occupational high school diploma (or occupational, or technician or master craftsperson certificate)
6  General high school diploma (series A B C D E ES L S), advanced diploma, legal studies diploma, university access degree or overseas equivalent
7  Diploma of two years' higher education
8  Diploma of over two years' higher education

INT: IF EDUCATION COMPLETED OVERSEAS, PROPERLY ESTABLISH CORRESPONDENCE OF CLASSES

Which class are you (is he/she) in?/At which age did you (he/she) finish school?

IF ETUDES_(1à20)=1 and DIPLOME_(1à20)=1

Which class are you (is he/she) in?

IF ETUDES_(1à20)=2 and DIPLOME_(1à20)=1

At which age did you (he/she) finish school?

SCOLARITE_(1à20)

1  No school
2  Nursery school
3  First year of elementary school
4  Second year of elementary school
5  Third year of elementary school
6  Fourth year of elementary school
7  Fifth year of elementary school
8  First year of high school
9  Second year of high school
10  Third year of high school
11  Fourth year of high school
12  After fourth year of high school (including certificate of professional competence, diploma of occupational studies)
99  DK

INT: DO NOT LIST

If DIPLOME_(1à20)=4

DIPLOM1E_(1à20)

[Specify type of certificate of professional competence/diploma of occupational studies]

1  Certificate of professional competence, specialist qualification
2. Diploma of occupational studies, specialist qualification
3. Other diploma and titles at certificate of professional competence or diploma of occupational studies level
9. [DK]

**If DIPLOME (1à20)=5**
DIPLOM2E (1à20)

[What type of high school diploma?]
1. Technical high school diploma (series F G H SMS STI STL STT STG)
2. Occupational high school diploma
3. Occupational, or technician or master craftsperson certificate
9. [DK]

**If DIPLOME (1à20)=7**
DIPLOM3E (1à20)

[What type of two years’ higher education?]
1. Two-year university degree
2. Vocational training certificate or equivalent
3. Two-year social and medical occupations diploma (nurse before 2012)
9. [DK]

**If DIPLOME (1à20)=8**
DIPLOM4E (1à20)

[What type of more than two years’ higher education?]
1. Undergraduate or postgraduate degree (bachelor’s, master’s or nursing degree after 2012)
2. Degree from prestigious school (grandes écoles)
3. Doctorate degree (DES, DEA, DESS, Master 2)
4. Other doctorate degree excluding medical professions
9. [DK]

**If ETUDES (1à20)=1 and LIENTYP (1à20)=2**
ETABEC1

At which establishment?
1. Middle school (only if under 18)
2. High school (only if under 20)
3. University or other institute of higher education
4. Apprentice training school
5. Correspondence course
6. Continuing education course
7. Other training centre
9. [DK]

**If ETUDES (1à20)=1 and LIENTYP (1à20)=1**
ETABEC2

At which establishment?
1. Middle school (only if under 18)
2. High school (only if under 20)
3. University or other institute of higher education
4. Apprentice training school
5  Correspondence course  
6  Continuing education course  
7  Other training centre  

\textbf{If \ ETUDES\_\(1\text{à}20\)\(=1\) and \ LIENTYP\_\(1\text{à}20\)\(=(1,\ 2)\) 
\textbf{DIPLEC}(1\text{à}2) \to \textbf{To obtain which diploma?} 
1  Certificate of general education (only if under 18)  
2  Certificate of professional competence/diploma of occupational studies  
3  Technical or occupational high school diploma  
4  General high school diploma (series A, B, C, D, E, ES, L, S)  
5  Diploma of two years' higher education  
6  Higher education diploma of over three years  
7  Other diploma  
\textbf{INT} : \textbf{DO NOT LIST}  

\textbf{If \ DIPLEC}(1\text{à}2)=7 \text{ and } \textbf{LIENTYP}\_\(1\text{à}20\)\(=(1,\ 2)\) 
\textbf{DIPLECAUT}(1\text{à}2) \to \textbf{What is this other diploma?}  
\underline{________________________________}  
\textbf{INT} : \textbf{NOTE PRECISELY}  

\textbf{Specify} 
\textbf{If \ DIPLEC}(1\text{à}2)=6 \text{ and } \textbf{LIENTYP}\_\(1\text{à}20\)\(=2\) 
\textbf{DIPLSEC11} \to \textbf{Undergraduate or postgraduate degree}  
1  Yes  
2  No  

\textbf{DIPLSEC12} \to \textbf{Undergraduate degree from prestigious school (grande école)}  
1  Yes  
2  No  

\textbf{DIPLSEC13} \to \textbf{Doctorate degree (including medicine, pharmacy, dental)}  
1  Yes  
2  No  

\textbf{DIPLSEC19} \to \textbf{Doesn't know}  
1  Yes  
2  No  
\textbf{INT} : \textbf{DO NOT LIST SEVERAL ANSWERS POSSIBLE}
Specify
If DIPLEC(1à2)=6 and LIENTYP_(1à20)=1

**DIPLSEC21**
Undergraduate or postgraduate degree
1  Yes
2  No

**DIPLSEC22**
Undergraduate degree from prestigious school (grande école)
1  Yes
2  No

**DIPLSEC23**
Doctorate degree (including medicine, pharmacy, dental)
1  Yes
2  No

**DIPLSEC29**
Doesn't know
1  Yes
2  No

**INT:** DO NOT LIST SEVERAL ANSWERS POSSIBLE
11. Main situation regarding work

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

Regardless of the questionnaire concerned, this mother only concerns the mother (update) and new household members aged 15 and over. The situation regarding work for the other household members will be updated at 3 years by the cohabiting father or the mother if no cohabiting father.

If the occupational situation of the cohabiting father at 1 year and still cohabiting at 2 years was not documented at 1 year (the father did not participate and no feedback from the mother), it will be documented by the mother at 2 years (full Referent Mother questionnaire) and if the father participates we will ask him the questions again.

If VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire.

“I am now going to ask you a few questions about the work situation of each person.”

If LIENTYP_(1à20)=(1, 2)
CONGMATPAR_(1à20)
Are you [First name] currently:
1 [On maternity/paternity leave]
2 On parental child-rearing leave
3 On sick leave
4 On leave for training
5 Not on leave (including if on holiday)
INT: START WITH “PARENTAL CHILD-REARING LEAVE” AND PROPOSE “MATERNITY LEAVE” AFTER “LEAVE FOR TRAINING”

You told me [first name] is currently a student, but also...?
If household individual is a student
If LIENTYP_(1à20)=2
[First name] You told me that you were currently a student, but also...?
If LIENTYP_(1à20)=1
[First name] is currently a student, but also...?
If LIENTYP_(1à20) not (1, 2)
[First name] is currently a student, but also...?
SITUAE_(1à20)
1 Has (have) a job
2 Are (is) an apprentice under contract or in a paid internship
3 Are (is) unemployed (registered or not with the national employment agency)
4 [None of these situations]
INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER WORK, ENTER “OTHER SITUATION”. IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP MOST TIME

What is your occupational situation?
If household member is not a student If CONGMATPAR_(1à20)=1 and LIENTYP_(1à20)=2
You are currently on maternity/paternity leave but what is your/his/her occupational situation?
If CONGMATPAR_(1à20)=2 and LIENTYP_(1à20)=2
You are currently on parental leave but what is your occupational situation?
If CONGMATPAR_(1à20)=(3, 4) and LIENTYP_(1à20)=2
You are currently on leave but what is your/his/her occupational situation?
If $\text{CONGMATPAR}_{(1à20)}=5$ and $\text{LIENTYP}_{(1à20)}=2$

What is your current occupational situation?

If $\text{CONGMATPAR}_{(1à20)}=1$ and $\text{LIENTYP}_{(1à20)}=1$

[First name] is currently on maternity/paternity leave but what is his/her occupational situation?

If $\text{CONGMATPAR}_{(1à20)}=2$ and $\text{LIENTYP}_{(1à20)}=1$

[First name] is currently on parental leave but what is his/her occupational situation?

If $\text{CONGMATPAR}_{(1à20)}=(3, 4)$ and $\text{LIENTYP}_{(1à20)}=1$

[First name] is currently on leave but what is his/her occupational situation?

If $\text{CONGMATPAR}_{(1à20)}=5$ and $\text{LIENTYP}_{(1à20)}=1$

What is your his/her current occupational situation?

If $\text{LIENTYP}_{(1à20)}$ not (1, 2)

[First name] What is his/her current occupational situation?

$\text{SITUA}_{(1à20)}$

1  Has (have) a job
2  Are (is) an apprentice under contract or in a paid internship
3  Are (is) unemployed (registered or not with the national employment agency)
4  Are (is) a homemaker
5  Are (is) retired, retired from business or in pre-retirement
6  Are (is) inactive with a disability allowance
7  Are (is) in another situation

INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER WORK, ENTER "OTHER SITUATION". IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP MOST TIME

Ask $\text{ACTIVANTE}_{(1à20)}$ if (new member or 2 months and 1 year not done) AND if ($\text{SITUA}_{(1à20)}$ not (1 and 2) or $\text{SITUAE}_{(1à20)}$ not (1 and 2))

$\text{ACTIVANTE}_{(1à20)}$

Have you [First name] (has he/she) already worked, even if it was a long time ago?

1  Yes
2  No

On what date did [first name] you (he/she) stop your (his/her) activity the last time?  JJ/MM/YYYY (from 01/01/1960 to 31/12/2013)

If $\text{ACTIVANTE}_{(1à20)}=1$

* $\text{DATMDR}_{(1à20)}$

Month

|__|__|
(1 to 12) + DK=99

$\text{DATADR}_{(1à20)}$

Year

|__|__|__|__|
+ DK=99

If when last survey done (2 months or 1 year) ($\text{SITUA}_{(1à20)}$ not 1 and 2 OR $\text{SITUAE}_{(1à20)}$ not 1 and 2) AND at 2 years ($\text{SITUA}_{(1à20)}$ not 1 and 2 OR $\text{SITUAE}_{(1à20)}$ not 1 and 2) ask $\text{ACTIVPEND}_{(1à20)}$

If ($\text{VR\_SITUA}_{(1à20)}$ not (1, 2) or $\text{VR\_SITUAE}_{(1à20)}$ not (1, 2)) and ($\text{SITUA}_{(1à20)}$ not (1, 2) OR $\text{SITUAE}_{(1à20)}$ not (1, 2))

$\text{ACTIVPEND}_{(1à20)}$

[First name] have you (has he/she) worked since our last telephone conversation on [date of last survey]?

1  Yes
2  No
On what date did [first name] you (he/she) stop your (his/her) activity the last time? JJ/MM/YYYY (from 1/1/2011 to 31/12/2013)

*DATMPEND_(1à20)*

Month
|__|__|__| (1 to 12) + DK=99

DATAPEND_(1à20)

Year
|__|__|__|__|

Are you still: self-employed, liberal profession, company head, partner/employee of a private business, self-employed crafts person, organization/employee of a private individual/public sector employee, i.e. the state, local and regional authorities, public hospitals of the public sector but not in the civil service (EPIC, HLM, OPH, public company)/unpaid assistant to a family member in their work?

If STATU1_(1à20) to STATU4_(1à20) completed at 1 year AND at 2 years (SITUA_(1à20)=1, 2) OR SITUAE_(1à20) (1, 2)

Are you still:

If STATUT1_(1à20)=2
An independent professional or head of business, CEO, minority manager, partner

If STATUT3_(1à20)=1
An employee of a private company in the crafts sector or an organization

If STATUT3_(1à20)=2
An employee of a private individual

If STATUT4_(1à20)=1
A civil servant, i.e. an employee of the state, local and regional authorities, public hospitals

If STATUT4_(1à20)=2
An employee in the public sector but not in the civil service (EPIC, HLM, OPH, public company)

If STATUT1_(1à20)=3
An unpaid assistant to a member of the family in their work

VALSTATU_(1à20)
1 Yes \(\Rightarrow\) leave carry-over variables (except SALARIES_(1à20) which may have changed)
2 No

If STATU1_(1à20) to STATU4_(1à20) completed at 1 year AND at 2 years (SITUA_(1à20)=1, 2) OR SITUAE_(1à20) (1, 2)

OR at 2 years (VALSTATU_(1à20)=2 OR ACTIVANTE_(1à20)=1 OR ACTIVPEND_(1à20)=1)

If (E1A_STATUT1_(1à20) not . and E1A_STATUT2_(1à20) not . and E1A_STATUT3_(1à20) not . and E1A_STATUT4_(1à20) not .)

and (SITUA_(1à20)=(1, 2) OR SITUAE_(1à20)=(1, 2)) or (VALSTATU_(1à20)=2 OR ACTIVANTE_(1à20)=1 OR ACTIVPEND_(1à20)=1)

STATUT1_(1à20)

In your current/last job, are/were you (is/was he/she)...
1 An employee (excluding salaried head of business or CEO)
2 An independent professional or head of business, CEO, minority manager, partner
3 An unpaid assistant to a member of the family in their work

If STATUT1_(1à20)=1

STATUT2_(1à20)

[First name] are/were you (is/was he/she) an employee in the private sector?
1 Yes
2 No
If \( \text{STATUT}_2 \) \((1\text{à}20) = 1 \)
\[
\text{STATUT}_3 \ (1\text{à}20)
\]
[First name] are/were you (is/was he/she):
1. An employee of a private company, craftsperson or organization
2. An employee of a private individual

If \( \text{STATUT}_2 \) \((1\text{à}20) = 2 \)
\[
\text{STATUT}_4 \ (1\text{à}20)
\]
[First name] are/were you (is/was he/she):
1. A civil servant, i.e. an employee of the state, local and regional authorities, public hospitals
2. An employee in the public sector but not in the civil service (EPIC, HLM, OPH, public company)

If \( \text{STATUT}_1 \) \((1\text{à}20) = 2 \)
\[
\text{SALARIES}_1 \ (1\text{à}20)
\]
[First name] How many employees do/did you (does/did he/she) employ?
INT: IF WORKS ALONE, CODE 0 | __ | __ | __ | __ | __
(If DK=999999)

\[
\text{PROFI}_5 \ (1\text{à}20)
\]
Are you still...?/What is/was your exact occupation?
If 2 months or 1 year done and \( \text{PROFI}_5 \) \((1\text{à}20) \) documented, ask “Are you still...?”
If \( \text{PROFI}_5 \) \((1\text{à}20) \) never documented, ask “Are you still...?/What is/was your exact occupation?” (LIST OF OCCUPATIONS)

Meaning, what do/did you do, what does/did he/she do exactly? (What is/was your/his/her (most recent) occupation?)
If occupation not found in \( \text{PROFI}_5 \) \((1\text{à}20) \)
if \( \text{PROFI}_5 \) \((1\text{à}20) \)=(_, 1)
If mother:
Meaning, what do/did you do exactly? (What is/was your (most recent) occupation?)
If other household member:
Meaning, what does/did he/she do exactly? (What is/was his/her (most recent) occupation?)
* \[\text{PROFI}_6 \ (1\text{à}20)\]
INT: DO NOT NOTE AGAIN THE TITLE OF THE OCCUPATION THAT YOU HAVE ALREADY WRITTEN. NOTE AS EXACTLY AS YOU CAN THE OCCUPATION GIVEN BY THE INTERVIEWEE. IF YOU HESITATED BETWEEN SEVERAL TITLES, WRITE WHY

If \( \text{STATUT}_1 \) \((1\text{à}20) = 1 \)
\[
\text{PROFI}_7 \ (1\text{à}20)
\]
What is/was your/the qualification your/the status of [first name]?
If 2 months or 1 year done: Display the list with the wording chosen previously and ask “Are you still...?”
1. Manager
2. Technician
3. Foreman, supervisor
4. Employee, service staff
5. Qualified worker
6. Unqualified worker
7. Category A of civil service/state
8. Category B of civil service/state
9. Category C of civil service/state
10. Other
11. [None]
If PROFI7_(1à20)=10
*PROFI7B_(1à20)
Specify ____________________

P8CSP_(1à20)
Occupation and socio-occupational category

For all those with jobs apart from family assistants
If STATUT1_(1à20)=1
What is/was the type of your (his/her) current or most recent job?
If 2 months or 1 year done: Display the list with the wording chosen previously and ask “Are you still...?”

**TYPEMPLOI_(1à20)**
1  Open-ended contract, job with no limit in time, civil servant
2  Fixed-term contract
3  Placed via temp agency
4  Replacement
5  Paid internship at company
6  Assisted employment (government employment scheme)
7  Apprenticeship or vocational training contract
8  Seasonal contract
9  Other type of fixed-term job
10  [No work contract (work without drafted contract)]

INT: IF NONE OF THESE WORDINGS IS SELECTED: “WHAT IS YOUR/HIS/HER TYPE OF EMPLOYMENT?”

If TYPEMPLOI_(1à20)=(1, 2)
**CDAID_(1à20)**
[First name] is/was it an assisted job (government employment scheme)?
1  Yes
2  No

If TYPEMPLOI_(1à20)=(2, 3, 4, 7, 8, 9)
**INTERFIX_(1à20)**
Was the duration of your (his/her) contact or temp job fixed?
1  Yes
2  No

If INTERFIX_(1à20)=1
**TPSCONTA_(1à20)**
What is/was the duration of your (his/her) contract (or temp assignment) [first name]?
|__|__|

**TPSCONT_(1à20)**
What is/was the duration of your (his/her) contract (or temp assignment) [first name]?
1  [Period in days]
2  [Period in weeks]
3  [Period in months]
4  [Period in years]
9  [Doesn’t know]
On what date did you [first name] (did he/she) sign this contract? MM/YYYY (consistency with date of birth of the person and the date of the 2012 interview)

*DATMSIR_(1à20)*
Month
|__|__|__|
(1 to 12) + DK=99

DATASIR_(1à20)
Year
|__|__|__|__| + DK=9999

People saying they are farmers
If SUPH_(1à20) in last completed survey:
If PBCSP_(1à20)=(10, 11, 12, 13) and VR SUPH not .

CHANGAG_(1à20)
Since our last interview, has the surface area of your holding or the principal nature of your agricultural production changed?
(Dispaly answers SUPH_(1à20) and OPA_(1à20))
1 Yes ⇒ SUPH_(1à20)
2 No ⇒ EMPL_(1à20)

If SUPH_(1à20) not completed in last survey OR CHANGAG_(1à20)=1
If VR SUPH=. or CHANGAG_(1à20)=1

SUPH_(1à20)
What is the surface area of your (his/her) holding (in UAA hectares) [first name]?
|__|__|__| + DK=999

If SUPH_(1à20) not completed in last survey OR CHANGAG_(1à20)=1
If area less than 5 ha
If VR SUPH=. O CHANGAG_(1à20)=1 and SUPH_(1à20) < 5

SUPA_(1à20)
What is the exact area in ares [first name]?
|__|__|__| + DK=99

OPA_(1à20)
What is your principal agricultural production?
1 Polyculture (plough land crops)
2 Market gardening or horticulture
3 Vines or fruit trees
4 Herbivore livestock (bovines, ovines)
5 Grain-eating livestock (poultry, pigs, etc.)
6 Polyculture - livestock
7 Herbivore livestock and grain-eating livestock
8 Other
If $\text{SITUA}_{(1à20)}=(1, 2)$ OR $\text{SITUAE}_{(1à20)}=(1, 2)$

$\text{EMPL}_{(1à20)}$

In your (his/her) current or most recent job, do/did you (he/she) work:
1. Full time $\Rightarrow \text{RECHEMPLOI}_{(1à20)}$
2. Part time
3. [Not applicable (for non-salaried people who consider that this question doesn’t apply)]

If $\text{EMPL}_{(1à20)}=2$

$\text{EMPLTX}_{(1à20)}$

At what rate (%)?
\[
\begin{array}{c|c}
| & \\
\hline
\% & (10 to 97) \\
\hline
\end{array}
\]

If $\text{EMPL}_{(1à20)}=2$

$\text{PQPART}_{(1à20)}$

What was the main reason for working part time?
[Is it still mainly for the following reason] (Changed at start of Wave 1)
If 2 months or 1 year done: Display the list with the wording chosen previously and ask, “Is the main reason still...”
1. To carry out another professional activity, studies or training course
2. For health reasons
3. You didn't find full-time work
4. To take care of your child or children
5. To have free time or do housework
6. For another reason
7. It is more advantageous financially
9. Doesn’t know

INT: DO NOT LIST
IF ANSWERS “DIDN’T HAVE A CHOICE”: “WHY DIDN’T YOU HAVE A CHOICE?”

Ask all

$\text{RECHEMPLOI}_{(1à20)}$

Are you (is he/she) looking for a (another) job?
1. Yes, for less than a year
2. Yes, for over a year
3. No
12. Housing

IF A02X_QMERECOMP2a=1

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child” (apart from CHAMB to CHAMB52 and COTEORDI to PORTAENFA)
- “Non-Cohabiting Mother” (apart from CHAMB41 to CHAMB52 and COTEORDI to PORTAENFA)

If the mother is in a couple with the father of the child and cohabits on a permanent basis with him or she is in a couple with a woman on a permanent basis, ask only the greyed-out questions
If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP (1à20)=7 SEXE=2)

In other cases, ask all of the module
If SITUAFAMM=(2, 4, 5, 6 or 7) OR (SITUAFAM=3 without LIENTYP (1à20)=7 SEXE=2)

If the cohabiting father or cohabiting father of placed child is not participating, return later to the questionnaire with the mother, except for questions already documented.

If the housing section of the cohabiting father at 1 year and still cohabiting at 2 years was not documented at 1 year (the father did not participate and no feedback from mother), it will be documented by the mother at 2 years (full mother questionnaire) and if the father is taking part, ask him only the cohabiting father questions.
IF VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire.

a. Relocation

IF A02X_TYPQMERE2a in (1, 3, 4)

IF NO SURVEY AT 2 MONTHS AND 1 YEAR, ASK THE ENTIRE SECTION STARTING FROM TYPOLOG
DEMENAG

Have you moved since our last interview?
1 Yes
2 No **NPICES

(Changed wave 1)

b. Relocation: date and reason

IF DEMENAG=1 AND A02X_TYPQMERE2a in (1, 3, 4)

On what date did you move?
IF DEMENAG=1

*JDATDEM
Day of move
|__|__| (1 to 31; NA=88, DK=99)
**MDATDEM**
Month of move
|--|--| (1 to 12; NA=88, DK=99)

**ADATDEM**
Year of move
|--|--|--| (2011 to 2013; NA=8888, DK=9999)

Why did you move? (Give at least two main reasons)

*If DEMENAG=1*

**DEMREZ21**
Occupational reasons
1 Yes
2 No

**DEMREZ22**
Divorce/separation, widowed
1 Yes
2 No

**DEMREZ23**
Leaving home of parents or parents-in-law and desire for independence
1 Yes
2 No

**DEMREZ24**
Change of environment (to go to the city, the country, the provinces, live in a house or the opposite, etc.)
1 Yes
2 No

**DEMREZ25**
To be closer to family or friends
1 Yes
2 No

**DEMREZ26**
To have a better-quality or larger home
1 Yes
2 No

**DEMREZ27**
To have a smaller home
1 Yes
2 No
For health reasons
1  Yes
2  No

For financial reasons
1  Yes
2  No

To buy a home
1  Yes
2  No

Other reasons
1  Yes
2  No

No, there are no other reasons
1  Yes
2  No

\[ \text{IF } DEMREZ211 = 1 \]
\[ \text{DEMREZP} \]
Which?

\[ \text{c. Dwelling} \]

\[ \text{IF } A02X_TYPQMERE2a \text{ in (1, 3, 4)} \]

Now let’s talk about where you live

\[ \text{TYPLOG} \]
What type of dwelling?
1  Individual house
2  Apartment or studio or one room with an independent entry
3  Hotel room
4  A home, accommodation centre, social residence
5  Another collective residence, a community (health centre, hospital, barracks, living community, religious congregation, boarding home, university residence, prison)
6  A caravan or mobile home \( \Leftrightarrow \) NPIECES
7  A home in a place not intended for habitation (street, vehicle, building lobby, makeshift shelter)
8  Another type of residence

\[ \text{INT: LIST UNTIL THE PERSON STOPS YOU. THIS IS THE MAIN RESIDENCE OF THE RESPONDENT.} \]
If TYPLOG=4

TYPLOGP
Is it a:
1 Sheltered accommodation (living autonomy, common management) or social residence
2 Maternal centre
3 Another collective home (collective living) on a permanent basis, such as a home for people with disabilities, dependent person
4 Temporary accommodation centre open all year or seasonally

If TYPLOG=(5, 7, 8)

TYPLOT
What type of dwelling is it exactly?

--------------------

If TYPLOG=(1, 2, 3, 4, 5, 8)

ETAGE
How many floors?
|__|__| floors 0 to 99

If ETAGE > 0

QETAGE
What floor do you live on?
|__|__| floors 0 to 99

INT: IF DUPLEX, MARK THE LOWEST FLOOR. IF BASEMENT, CODE 100. IF LIVING IN INDIVIDUAL HOUSE OR SAYS OCCUPYING THE WHOLE HOUSE, CODE 200.

How many rooms? Does your dwelling have...?

If TYPLOG not 7 or DEMENAG=(1, 2)

NPIECES
If repeat NPIECES between 1 and 99 “Does your dwelling have...?”

How many rooms in this dwelling?
|__|__| Number of rooms 0 to 99

INT: IF NECESSARY, SAY TO COUNT THE ROOMS SUCH AS THE DINING ROOM, LIVING ROOM, BEDROOM, ETC. REGARDLESS OF THEIR SURFACE AREA. A COMBINED KITCHEN AND LIVING ROOM COUNTS AS ONE ROOM, UNLESS SEPARATED BY A PARTITION. DO NOT COUNT ROOMS SUCH AS HALLWAYS, CORRIDORS, BATHROOMS, LAUNDRY ROOMS, TOILETS, VERANDAS, OR ROOMS USED FOR PURELY PROFESSIONAL PURPOSES (WORKSHOP, DOCTOR’S OFFICE, ETC.). COUNT THE KITCHEN ONLY IF LARGER THAN 12 M².

If change in number of rooms

NPIECESR
The number of rooms you say there are in your dwelling is different from the number we recorded in the previous survey. Is that because there was probably a data entry error in the last survey?
1 Yes
2 No
d. The child’s room

IF A02X_TYPQMERE2a in (1, 4)

Do [ELFE child] and [twin child] each have their own room?
If NPIECES >1 and no twin and if CHAMB at 1 year=1
Does [ELFE child] still have his/her own room (alone in their room)?
If NPIECES >1 and no twin and if CHAMB at 1 year=2
Does [ELFE child] now have his/her own room (alone in their room)?
If NPIECES >2 and twin and if CHAMB at 1 year=1
Do [ELFE child] and [twin child] still each have their own room?
If NPIECES >2 and twin and if CHAMB at 1 year=2
Do [ELFE child] and [twin child] now each have their own room?
If NPIECES >1 and no twin and if 2 month and 1 year surveys not done
Does [ELFE child] now have his/her own room (alone in their room)?
Or if NPIECES >2 and twin a
and if 2 month and 1 year surveys not done
Do [ELFE child] and [twin child] each have their own room?

CHAMB
1  Yes
2  No

If CHAMB=2 and NAISGEM=1

CHAMB2

Do [ELFE child] and [twin child] share the same room just the two of them?
1  Yes
2  No

e. The child’s room, part two

IF A02X_TYPQMERE2a=1

If CHAMB=2 or CHAMB2=2

CHAMB41

Does [ELFE child] sleep:
1  In parents' room
2  In a room with brother/sister
3  In another room (alone or with someone else)

If CHAMB41=3

CHAMB41P

Does he/she sleep:
1  In the living room
2  Or in another room

If CHAMB41P=2

CHAMB41PP

Specify which room

____________
If CHAMB2=2
CHAMB42
Does [twin child] sleep:
1 In parents’ room
2 In a room with brother/sister
3 In another room (alone or with someone else)

If CHAMB42=3
CHAMB42P (not available as empty)
Does he/she sleep:
1 In the living room
2 Or in another room

If CHAMB42P=2
*CHAMB42PP (not available as empty)
Which one?

If NPIECES >1 and CHAMB41 not 1
CHAMB51
Does [ELFE child] sometimes sleep with you in your room?
1 Yes
2 No

If NPIECES >1 and CHAMB42 not 1
CHAMB52
Does [twin child] sometimes sleep with you in your room?
1 Yes
2 No
f. Dwelling, part two

**IF A02X_TYPQMERE2a in (1, 3, 4) AND A02X_ADOCUMERE4=1**

**IF TYPLOG=(1, 2, 3, 4, 5, 8)**

*ESCAL*

Is there a staircase inside your dwelling (to climb one or more floors, to go to the basement, etc.)?

1. Yes
2. No

**IF TYPLOG not 7**

*SURFACE*

What is the surface area of your dwelling in m²?

|__|__|__|__| + DK=9999

*INT:*

- TAKE ACCOUNT OF ALL ROOMS, INCLUDING CORRIDOR, KITCHEN, TOILET, BATHROOM.
- DO NOT TAKE ACCOUNT OF BALCONIES, TERRACES, BASEMENTS, ATTICS OR PARKING SPACES, OR ROOMS FOR PURELY PROFESSIONAL USE (SURFACE AREA IN m² AND DOES NOT KNOW IS AUTHORIZED).

**IF SURFACE=9999**

*SURFTR*

What do you think it measures?

1. Less than 25 m²
2. From 25 to less than 40 m²
3. From 40 to less than 70 m²
4. From 70 to less than 100 m²
5. From 100 to less than 150 m²
6. 150 m² or more
7. [DK]

*INT: DO NOT LIST*

g. Owned/rental

**IF A02X_TYPQMERE2a in (1, 3, 4)**

“Does your household (still) occupy this dwelling as:”

**IF TYPLOG=(1, 2, 6, 8)**

If DEMENAG=1 OR if 2 month and 1 year surveys not done, “Does your household occupy this dwelling as:”

If DEMENAG=2 “Does your household ‘still’ occupy this dwelling as:”

**IF TYPLOG=(3, 4, 5, 7) clear STOC if carry-over data**

*STOC*

1. Renters or sub-letters, i.e. paying rent even if the rent is paid by someone outside the household ⇧ PROPART
2. First-time buyers meaning you are paying a mortgage ⇧ EMPR
3. Non-first-time buyers including undivided co-ownership ⇧ ANLOG
4. Usufructuary (without bare ownership) including life tenant ⇧ ANLOG
5. Lodged at no charge, possibly paying service charges ⇧ PROPART
6. Occupies the dwelling without the authorization of the landlord or with no legal authorization ⇧ ANLOG

(Changed Wave 1)
h. Owned/rental, part two

IF A02X_TYPQMERE2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)

IF PROPHLM=2
PROPRI
Who is the owner of your dwelling?
1. The employer of a member of the household within the framework of company accommodation
2. An administration, a Social Security organization, or an association under the Employers’ funds for housing
3. A bank, an insurance company or another company in the public or private sectors
4. Another case

IF STOC=1
LOYER
What is your monthly rent (including charges and without your housing benefit entitlements)?
|___|___|___|___| (>1; if DK code 9999)

IF STOC=2
EMPR
Are you currently paying off a monthly loan for the purchase of your dwelling?
1. Yes
2. No

IF EMPR=1
QEMPR
What is the monthly amount (without your housing benefit entitlements)?
|___|___|___|___| (>1; if DK code 9999)

IF TYPLOG=(1, 2, 3, 4, 5)
ANLOG
What year was your dwelling built in?
|__|__|__|__| (1750 to 2013; DK=9999)
**If ANLOG=9999**

**EPOQ**

From which period, do you think?

1. After 1989
2. 1980-1989
3. 1970-1979
4. 1950-1969
5. 1915-1949
6. Before 1915
9. [DK]

**INT:** DO NOT LIST

**If EPOQ=9**

**ANCIEN**

Do you think it was built before 1949?

1. Yes
2. No
9. [DK]

---

**i. Date moved in to dwelling**

**IF A02X_TYPQMER2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2) AND DEMENAG=**.

On which date did you move in to dwelling?

**IF 2 month and 1 year not done**

**IF VR_INT2M=1 AND VR_INT1A=1**

**DATMAR |___|___| Month** MM (1 to 12; 88 Refuses; 99 Doesn’t know)

**DATAAR |___|___|___|___| Year** YYYY (1950 to 2010; 88 Refuses; 99 Doesn’t know)

---

**j. Dwelling environment and equipment**

**IF A02X_TYPQMER2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)**

Do the following criticisms apply to your dwelling?

**CRITIQ1**

It is too small and doesn’t have enough rooms

1. Yes
2. No

**If ESCAL=1**

**CRITIQ2**

There are too many stairs (for exiting or moving around in the dwelling)

1. Yes
2. No
CRITIQ3
It is difficult or costly to heat
1  Yes
2  No

CRITIQ4
It is too damp
1  Yes
2  No

CRITIQ5
There is mould on the walls
1  Yes
2  No

CRITIQ6
It is noisy (internal or external noise)
1  Yes
2  No
INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

The noise is due to:

IF CRITIQ6=1

BRCIRC
Traffic (cars, trains, planes, etc.)
1  Yes
2  No

BRETA
Surrounding establishments (factories, shops, schools, etc.)
1  Yes
2  No

BRTEC
The technical equipment of the dwelling or building (lift, heating, ventilation, etc.)
1  Yes
2  No

BRVOIS
Neighbours (children, dogs, etc.)
1  Yes
2  No

BRAUT
Other things
1  Yes
2  No
INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO
SDB
Is there a bathroom or shower room in your dwelling?
1 Yes
2 No

If TYPLOG=(3, 4, 5, 7)
CUISO
Do you have a kitchen?
1 Yes
2 No

Is there a kitchen separate from the living room?
If TYPLOG=(1, 2, 6, 8) or CUISO=1
CUIS
If TYPLOG=(1, 2, 6 or 8) “Is there a kitchen separate from the living room?”
If CUISO=1 “Is it separate from your living room?”
1 Yes
2 No

OUV How many openings are there in:
If CUIS=1 “Your kitchen”
If SDB=1 “Your bathroom”
“Your living room”
If TYPLOG=3 display “Your hotel room”
Repeat these questions for the twin (Wave 2)
If NBPIECES > 1 “The room where the child sleeps”

If CUIS=1
CUIOUV
How many openings are there in your kitchen?
|__|__|

If SDB=1
SDBOUV
How many openings are there in your bathroom?
|__|__|

SEJOUV
How many openings are there in your living room?
|__|__|

If NPIECES >1
PIEOUV
How many openings are there in the room where the child sleeps?
|__|__|

(0 to 10; 88 Refuses; 99 Doesn’t know)
Is there ventilation in:

If CUIS=1
CUIVEN
[Your kitchen]
1  Yes
2  No
9 [DK]

If SDB=1
SDBVEN
[Your bathroom]
1  Yes
2  No
9 [DK]

SEJVEN
[Your living room]
1  Yes
2  No
9 [DK]

If NPIECES >1
PIEVEN
[The room where the child sleeps]
1  Yes
2  No
9 [DK]

If CUIS=1
What is the floor covering in your kitchen?

CUISOL1
Tiling
1  Yes
2  No

CUISOL6
Wood
1  Yes
2  No

CUISOL8
Plastic (linoleum)
1  Yes
2  No

CUISOL10
Other
1  Yes
2  No
If CUISOL10=1
CUISOLP
Specify

What is the floor covering in your bathroom?
If SDB=1

SDBSOL1
Tiling
1  Yes
2  No

SDBSOL6
Wood
1  Yes
2  No

SDBSOL8
Plastic (linoleum)
1  Yes
2  No

SDBSOL10
Other
1  Yes
2  No

If SDBSOL10=1
SDBSOLP
Specify

What is the floor covering in your living room?

SEJSOL1
Tiling
1  Yes
2  No

SEJSOL5
Carpet
1  Yes
2  No

SEJSOL6
Wood
1  Yes
2  No
What is the floor covering in the room where [ELFE child] sleeps?

If NPIECES > 1

PIESOL1
Tiling
1  Yes
2  No

PIESOL5
Carpet
1  Yes
2  No

PIESOL6
Wood
1  Yes
2  No

PIESOL8
Plastic (linoleum)
1  Yes
2  No

PIESOL10
Other
1  Yes
2  No

If PIESOL10 = 1
PIESOLP
Specify
If CUIS=1
What is the wall covering in your kitchen?

CUIMUR1
Tiling
1 Yes
2 No

CUIMUR2
Roughcast
1 Yes
2 No

CUIMUR6
Wallpaper
1 Yes
2 No

CUIMUR7
Paint
1 Yes
2 No

CUIMUR8
Stone
1 Yes
2 No

CUIMUR9
Plaster
1 Yes
2 No

CUIMUR11
Plastic
1 Yes
2 No

CUIMUR12
Tapestry
1 Yes
2 No

CUIMUR13
Fibreglass material
1 Yes
2 No
CUIMUR14
Other
1  Yes
2  No

**If CUIMUR14=1**
CUIMURP
Specify

**If SDB=1**
What is the wall covering in your bathroom?

**SDBMUR1**
Tiling
1  Yes
2  No

**SDBMUR2**
Roughcast
1  Yes
2  No

**SDBMUR6**
Wallpaper
1  Yes
2  No

**SDBMUR7**
Paint
1  Yes
2  No

**SDBMUR9**
Plaster
1  Yes
2  No

**SDBMUR11**
Plastic
1  Yes
2  No

**SDBMUR12**
Tapestry
1  Yes
2  No
SDBMUR13
Fibreglass material
1  Yes
2  No

SDBMUR14
Other
1  Yes
2  No

If SDBMUR14=1
SDBMURP
Specify

What is the wall covering in your living room?

SEJMUR2
Roughcast
1  Yes
2  No

SEJMUR6
Wallpaper
1  Yes
2  No

SEJMUR7
Paint
1  Yes
2  No

SEJMUR8
Stone
1  Yes
2  No

SEJMUR9
Plaster
1  Yes
2  No

SEJMUR11
Plastic
1  Yes
2  No

SEJMUR12
Tapestry
1  Yes
2  No
SEJMUR13
Fibreglass material
1  Yes
2  No

SEJMUR14
Other
1  Yes
2  No

IF SEJMUR14=1
SEJMRUP
Specify

What is the wall covering in the room where [ELFE child] sleeps?
IF NPIECES >1

PIEMUR2
Roughcast
1  Yes
2  No

PIEMUR6
Wallpaper
1  Yes
2  No

PIEMUR7
Paint
1  Yes
2  No

PIEMUR9
Plaster
1  Yes
2  No

PIEMUR11
Plastic
1  Yes
2  No

PIEMUR12
Tapestry
1  Yes
2  No
**PIEMUR13**
Fibreglass material
1 Yes
2 No

**PIEMUR14**
Other
1 Yes
2 No

**If PIEMUR14 = 1**
**PIEMURP**
Specify

“We are now going to ask you a few questions about your living habits in your home”

**If TYPLOG = (1, 2, 3, 6)**
**CHAUFC**
Do you have collective heating?
1 Yes ⇒ SEJSCH1
2 No ⇒ EAUCH1

To heat your home and boil water, you use:
**If CHAUFC = 2**

**EAUCH1**
Town or mains gas
1 Yes
2 No

**EAUCH2**
Gas from a bottle or tank
1 Yes
2 No

**EAUCH3**
Fuel oil
1 Yes
2 No

**EAUCH4**
Petrol
1 Yes
2 No
EAUCH5
Electricity
1  Yes
2  No

EAUCH6
Wood
1  Yes
2  No

EAUCH7
Another source of energy
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If EAUCH7=1
EAUCHP
Which other source of energy?
___________________________

k.  Equipment in dwelling

IF A02X_TYPQMERE2a in (1, 3, 4)

What do you use to cook?
IF TYPLOG=(1, 2, 6, 8) or CUISO=1

SEJSCH1
Town or mains gas
1  Yes
2  No

SEJSCH2
Gas from a bottle or tank
1  Yes
2  No

SEJSCH3
Electricity
1  Yes
2  No

SEJSCH4
Wood
1  Yes
2  No
SEJSCH5
Microwave
1 Yes
2 No

SEJSCH6
Another source of energy
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If SEJSCH5=1
TMICRO
On average, how many minutes a day do you use your microwave?
|__|__| minutes

If SEJSCH6=1
SEJSCHP
Which other source of energy do you use?
___________________________

Do you have a hob?
If SEJSCH3=1

ELEC1
Electric
1 Yes
2 No

ELEC2
Halogen
1 Yes
2 No

ELEC3
Induction
1 Yes
2 No

ELEC4
Electric
1 Yes
2 No

(Changed at end of Wave 1)
INT: LIST. SEVERAL ANSWERS POSSIBLE
If ELEC1=1
TELEC1
On average, how many minutes a day do you use your hob?
|__|__| minutes

If ELEC2=1
TELEC2
On average, how many minutes a day do you use your hob?
|__|__| minutes

If ELEC3=1
TELEC3
On average, how many minutes a day do you use your hob?
|__|__| minutes

HOTTE
Do you have an extractor hood and use it?
1 Yes, with a filter that sends air outside
2 Yes, with an outlet towards the exterior
3 Yes, but you never or hardly ever use it
4 No, you don’t have an extractor hood

1. Garage

IF A02X_TYPQMERE2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)

IF TYPLOG=1
GARAG
Do you have a garage attached directly to your house, either on the ground floor or on a lower level?
1 Yes
2 No

m. Renovations and repairs

IF A02X_TYPQMERE2a in (1, 3, 4)

“We are now going to talk about any work done recently inside your house.”

IF TYPLOG=(1, 2, 6,)

Have you had any renovations or repairs done in the dwelling since our last telephone interview when [ELFE child] was 1 year old (or 2 months if 1 year not done) (including terraces) (and since you have lived in the dwelling)?

If DEMENAG=2 Have you had any renovations or repairs done in the dwelling since our last telephone interview when [ELFE child] was 1 year old (or 2 months if 1 year not done) (including terraces)?
If DEMENAG=1 OR if 2 month and 1 year not done
Have you had any renovations or repairs done in the dwelling since you have lived in it? (including terraces)
OPRENO
1 Yes
2 No
Which?

If OPRENO=1

**OPRENO1**
Sanding of old paint
1  Yes
2  No

**OPRENO2**
Wall paint/new wallpaper
1  Yes
2  No

**OPRENO3**
Floor covering/polishing/varnish
1  Yes
2  No

**OPRENO4**
Plumbing
1  Yes
2  No

**OPRENO5**
Change or elimination of lead plumbing and/or lead water connections in street
1  Yes
2  No

**OPRENO6**
Repair or change of windows/doors
1  Yes
2  No

**OPRENO7**
Wall or ceiling insulation
1  Yes
2  No

**OPRENO8**
Construction/knocking out of walls
1  Yes
2  No

**OPRENO9**
Other repairs or renovations
1  Yes
2  No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO
If OPRENO8=1
AGRAND
Has the surface area of your dwelling been increased?
1 Yes
2 No

If AGRAND=1
AGRANDS
By how many m²?
|__|__|

Have you had any renovations or repairs done in the room where [ELFE child] currently sleeps since our last telephone interview at 1 year (or 2 months if 1 year not done)/since you have lived in the dwelling?
If OPRENO=1 and DEMENAG=2
Have you had any renovations or repairs done in the room where [ELFE child] currently sleeps since our last telephone interview at 1 year (or 2 months if 1 year not done)?
If DEMENAG=1 and OPRENO=1
Have you had any renovations or repairs done in the room where [ELFE child] currently sleeps since you have lived in the dwelling?
RENOCH
1 Yes
2 No
9 [DK]

Which? [renovations or repairs done in the room where [ELFE child] currently sleeps]
If RENOCH=1
QLRENO1
Installation of carpet
1 Yes
2 No

QLRENO2
Installation of panelling (or wood panels)
1 Yes
2 No

QLRENO3
Installation of wallpaper or tapestries
1 Yes
2 No

QLRENO4
Installation of fibreglass material
1 Yes
2 No
QLRENO5
Wall painting
1  Yes
2  No

QLRENO6
Installation of plastic coverings
1  Yes
2  No

QLRENO7
Installation of floor linoleum
1  Yes
2  No

QLRENO8
Sanding and varnishing of wooden floors
1  Yes
2  No

QLRENO9
Installation of PVC windows
1  Yes
2  No

QLRENO10
Installation of wooden floors
1  Yes
2  No

QLRENO11
Other renovations or repairs
1  Yes
2  No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

**If QLRENO11=1**

QLRENOP
What are the OTHER renovations or repairs (in the room where [ELFE child] currently sleeps)?
____________________________________________________________

Have you had any renovations or repairs done in the room where [twin child] currently sleeps since our last telephone
interview at 1 year (or 2 months if 1 year not done) (and since you have lived in the dwelling)?

If twin child If OPRENO=1 and DEMENAG=2
Have you had any renovations or repairs done in the room where [twin child] currently sleeps since our last telephone
interview at 1 year (or 2 months if 1 year not done)?
If DEMENAG=1 and OPRENO=1
Have you had any renovations or repairs done in the room where [twin child] currently sleeps since you have lived in the dwelling?

RENOCH2
1  Yes
2  No
9  [DK]

Which? (renovations or repairs done in the room where [twin child] currently sleeps)

If RENOCH2=1

QLRENO21
Installation of carpet
1  Yes
2  No

QLRENO22
Installation of panelling (or wood panels)
1  Yes
2  No

QLRENO23
Installation of wallpaper or tapestries
1  Yes
2  No

QLRENO24
Installation of fibreglass material
1  Yes
2  No

QLRENO25
Wall painting
1  Yes
2  No

QLRENO26
Installation of plastic coverings
1  Yes
2  No

QLRENO27
Installation of floor linoleum
1  Yes
2  No

QLRENO28
Sanding and varnishing of wooden floors
1  Yes
2  No
QLRENO29
Installation of PVC windows
1  Yes
2  No

QLRENO210
Installation of wooden floors
1  Yes
2  No

QLRENO211
Other renovations or repairs
1  Yes
2  No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

If QLRENO211=1
QLRENOP2
What are the OTHER renovations or repairs (in the room where [twin child] currently sleeps)?

If OPRENO=1 or RENOC=1
PRESTRENF
Was [ELFE child] present in the dwelling during the work?
1  Yes
2  No

If NAISGEM=1 and OPRENO=1 or RENOCH2=1
PRESTRENF2
Was [twin child] present in the dwelling during the work?
1  Yes
2  No

n. Electrical installations near the dwelling
IF A02X_TYPQMER2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)

If DEMENAG=1 OR if 2 month and 1 year not done
IF DEMENAG=1 OR (VR_INT2M=1 AND VR_INT1A=1)
LOGHT
Is your dwelling close to a high-voltage overhead line (no more than 1 km)?
1  Yes
2  No
9  [DK]

If LOGHT=1
LOGHTD
How far in metres?
|__|__|__|__|
If \texttt{DEMENAG=1 \textsc{or} if 2 month and 1 year surveys not done}  
\texttt{DEMENAG=1 \textsc{or} (VR\_INT2M=1 \textsc{and} VR\_INT1A=1)}

\textbf{TRANSHT}

Is there an electrical transformer close to your dwelling?
1. Yes, in the street in front of the dwelling
2. Yes, in the building
3. No
9. [DK]

\textbf{INT: AN ELECTRICAL TRANSFORMER IS PART OF THE ELECTRICITY GRID THAT TRANSMITS AND DISTRIBUTES ELECTRICITY.}

\section*{Telephony and IT devices}

\texttt{IF A02X\_TYPQMER2a in (1, 3, 4) \textsc{and} A02X\_ADOCUMER1 in (1, 2)}

\textit{``I am now going to ask you a few questions about the telephony and IT devices used in your dwelling''}

\textbf{TELFIX}

Is there a cordless landline telephone with a base (DECT) in your dwelling?
1. Yes
2. No
9. Doesn’t know

\texttt{IF TELFIX=1}

\textbf{TELFIX1}

In the room where you work
1. Yes
2. No
9. [DK]

\textbf{TELFIX2}

In your room
1. Yes
2. No
9. [DK]

\textbf{TELFIX3}

In the living room
1. Yes
2. No
9. [DK]

\textbf{TELFIX4}

In another room
1. Yes
2. No
9. [DK]

\textbf{INT: LIST. SEVERAL ANSWERS POSSIBLE}
If TELFIX4=1
TELFIX4P
Specify

If TELFIX=1
TELFIXENF
Currently, do [ELFE child] and [twin child] use the landline?
1  Yes
2  No
9  DK

If TELFIXENF=1
TELFIXENFT
Approximately how long does he/she (do they) each talk on the landline per day, week or month?
1  A few minutes per DAY
2  Less than an hour per DAY
3  More than an hour per DAY
4  A few minutes per WEEK
5  Less than an hour per WEEK
6  More than an hour per WEEK
7  A few minutes per MONTH
8  Less than an hour per MONTH
9  More than an hour per MONTH

If TELFIXENF=1
TELFIXENFA
Since what age?
___ Month (min 1 max 30 months; + DK=99; not allowed 0)
INT: SINCE BIRTH=CODE 1 MONTH

INTER
Do you have an Internet connection in your home?
1  Yes
2  No

If at last survey (2 month or 1 year) WIFI1=(1, 2)
If at last survey (2 month or 1 year) WIFI1 not (1, 2) OR if no 2 month and 1 year survey
If VR_WIFI1 not (1, 2) or (VR_INT2M=1 and VR_INT1A=1)
Do you have WiFi in your home (excluding public networks)?
WIFI1
1  Yes, connected on a permanent basis
2  Yes, connected sometimes
3  No
9  [DK]

If INTER not 2 and WIFI1 not (3, 9)
CPL
Have you installed or had installed a power-line telecommunications socket/adapter?
1  Yes
2  No
9  DK
INT: PLT SOCKETS OR ADAPTERS ARE USED TO CONNECT SEVERAL COMPUTERS/DEVICES TO THE INTERNET BY BUILDING AN IT NETWORK ON THE HOME ELECTRICITY GRID. IT IS A BOX THAT PLUGS IN TO AN ELECTRIC SOCKET, OFTEN REFERRED TO AS “FREE PLUGS” OR “LIVE PLUGS”.

If CPL=1
CPLT
Was it:
1  Before the birth of [ELFE child] and [twin child]
2  After the birth

Can you specify...
If CPLT=2
*CPLTPM
The month of installation
__ + DK=99

CPLTPA
The year of installation
__ + DK=9999

ORDITOT
Do one or more people living in your dwelling use a computer?
1  Yes
2  No
9  DK

Where is the central unit of the computer(s)?
If ORDITOT=1
ORDIL1
It is a laptop
1  Yes
2  No

ORDIL2
On the floor
1  Yes
2  No

ORDIL3
On a desk
1  Yes
2  No

ORDIL4
Other
1  Yes
2  No
INT: LIST. SEVERAL ANSWERS POSSIBLE

On average, how many hours a day is it (are they) used, all users combined? (HOURS and MINUTES + DK 99)

If ORDITOT=1

ORDITOTTH
Hours
/____/ h

ORDITOTTM
Minutes
/____/ min

INT: IF FOR EXAMPLE TWO PEOPLE EACH USE A COMPUTER AT THE SAME TIME FOR 1 HOUR, ADD UP THE TWO AND NOTE 2 H.

TABTOT
Do one or more people living in your dwelling use a tablet at home?
1  Yes
2  No
9  DK

INT: A LAPTOP WITHOUT A TOUCH KEYBOARD AND EQUIPPED WITH A TOUCHSCREEN, WITH THE DIMENSION OF AN A4 SHEET OF PAPER OR SMALLER. CONSIDER USE OF TABLETS IN THE BROADEST SENSE (PLAYING, LOOKING AT PHOTOS, WATCHING FILMS, ETC.).

On average, how many hours a day is it (are they) used, all users combined? (HOURS and MINUTES + DK 99)

If TABTOT=1

TABTOTTH
Hours
/____/ h

TABTOTTM
Minutes
/____/ min

INT: IF FOR EXAMPLE TWO PEOPLE EACH USE A TABLET AT THE SAME TIME FOR 1 HOUR, ADD UP THE TWO AND NOTE 2 H.

If ORDITOT=1 or TABTOT=1

COTEORDI
Are [ELFE child] and [twin child] sometimes next to the people using a computer or tablet?
1  Yes, most of the time
2  Yes, half the time
3  Yes, rarely
4  No
9  DK

If ORDITOT=1 or TABTOT=1

OTAENF
Does [ELFE child] use a computer or tablet?
1  Yes
2  No
If NAISGEM=1

JOTAENF

Does [twin child] use a computer or tablet?
1  Yes
2  No

INT: TABLET = A LAPTOP WITHOUT A TOUCH KEYBOARD AND EQUIPPED WITH A TOUCHSCREEN, WITH THE DIMENSION OF AN A4 SHEET OF PAPER OR SMALLER. CONSIDER THEIR USE IN THE BROADEST SENSE (PLAYING, LOOKING AT PHOTOS, WATCHING FILMS, ETC.).

If OTAENF=1

OTAENFA

Since what age?

Months
(min 1 max 30 months; + DK=99; not allowed 0)

If JOTAENF=1

JOTAENFA

Since what age?

Months
(min 1 max 30 months; + DK=99; not allowed 0)

INT: SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

“On weekends, how much time in all does [ELFE child] spend using a computer or a tablet?” (In hours)

If OTAENF=1

OTAENFWH

In hours
/_____/ h (Limits <49h, <61, + DK =99)

If JOTAENF=1

JOTAENFWH

In hours
/_____/ h (Limits <49h, <61, + DK =99)

“On weekends, how much time in all does/do [ELFE child]/children each spend using a computer or a tablet?” (In minutes)

If OTAENF=1

OTAENFWM

In minutes
/_____/ min (Limits <49h, <61, + DK =99)

If JOTAENF=1

JOTAENFWM

In minutes
/_____/ min (Limits <49h, <61, + DK =99)
“On a week day, how much time in all does/do [ELFE child]/children each spend using a computer or a tablet?” (In hours)

If OTAENF=1
OTAENFSH
In hours
/_____/ h (Limits <25h, <61, + DK =99)

If JOTAENF=1
JOTAENFSH
In hours
/_____/ h (Limits <25h, <61, + DK =99)

“On a week day, how much time in all does/do [ELFE child]/children each spend using a computer or a tablet? (In minutes)

If OTAENF=1
OTAENFSM
In minutes
/_____/ min (Limits <25h, <61, + DK =99)

If JOTAENF=1
JOTAENFSM
In minutes
/_____/ min (Limits <25h, <61, + DK =99)

PORTAENF
Does [ELFE child] ever talk on a mobile phone? (Changed at start of Wave 1 as question poorly understood by respondents)
1  Yes
2  No

JPORTAENF
Does [twin child] ever talk on a mobile phone? (Changed at start of Wave 1 as question poorly understood by respondents)
1  Yes
2  No

If PORTAENF=1
PORTAENFT
Approximately how long does he/she (do they) each talk on a mobile phone per day, week or month?
1  A few minutes per DAY
2  Less than an hour per DAY
3  More than an hour per DAY
4  A few minutes per WEEK
5  Less than an hour per WEEK
6  More than an hour per WEEK
7  A few minutes per MONTH
8  Less than an hour per MONTH
9  More than an hour per MONTH

JPORTAENFT
Approximately how long does he/she (do they) each talk on a mobile phone per day, week or month?
1  A few minutes per DAY
2 Less than an hour per DAY
3 More than an hour per DAY
4 A few minutes per WEEK
5 Less than an hour per WEEK
6 More than an hour per WEEK
7 A few minutes per MONTH
8 Less than an hour per MONTH
9 More than an hour per MONTH

*If PORTAENF=1*

**PORTAENFA**

Since what age?

---

_Months_

(min 1 max 30 months; + DK=99; not allowed 0)

**>INTEGRAL<** SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

*If JPORTAENF=1*

**JPORTAENFA**

Since what age?

---

_Months_

(min 1 max 30 months; + DK=99; not allowed 0)

**>INTEGRAL<** SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS
13. Income

IF A02X_QMERECOMP2a=1

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

If the mother is in a couple with the father of the child and cohabits on a permanent basis with him or she is in a couple with a woman on a permanent basis, ask only the greyed-out questions
If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP (1à20)=7 SEXE=2)

In other cases, ask all of the module (SITUAFAMM=[2, 4, 5, 6 or 7] Or SITUAFAM=3 without LIENTYP (1à20)=7 SEXE=2)

If the cohabiting father or cohabiting father of placed child is not participating, return later to the questionnaire with the mother, except for questions already documented.

If the housing section of the cohabiting father at 1 year and still cohabiting at 2 years was not documented at 1 year (the father did not participate and no feedback from mother), it will be documented by the mother at 2 years (full mother questionnaire) and if the father is taking part, ask him only the cohabiting father questions.

If VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire.

a. Financial resources

IF A02X_TYPQMERERE2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)

“Now let’s look at the financial resources of your household and your living conditions.”

“Let’s start with work-related income.”
In your household, is/are there currently one or more individuals receiving the following income:

RSAL
Salary, wage or bonus (including the 13th month - a year-end bonus equal to one month’s salary), paid vacations, overtime, daily subsistence allowance, remuneration for temporary employment, secondary activities, salaries of directors who are employees of their companies, profit sharing and holdings
1  Yes
2  No

RNSAL
Income from self-employed professional activity (freelance, liberal profession, etc.)?
1  Yes
2  No

RCHO
Unemployment benefits?
1  Yes
2  No
In your household, is/are there currently one or more individuals receiving:

**RRSA**
Active solidarity income (RSA)?
1 Yes
2 No

**RBOU**
One or more stipends?
1 Yes
2 No

In your household, is/are there currently one or more individuals receiving the following capital income:

**RIMM**
Rent and tenant farming? (If you rent out houses or land)
1 Yes
2 No

**RFIN**
Interest, savings account income, dividends (that your saving accounts or investments can generate, such as a Livret A savings passbook, a PEL savings account to buy property, a PEP tax-free savings account available to those not paying income tax, a sustainable development passbook)?
1 Yes
2 No

“Now let’s move on to national health insurance benefits and child benefit.”

**RMAL**
Does your household receive illness- or disability-related benefits? (AAH allowance for disabled adults, disability allowance, allowance related to dependency, daily subsistence allowance not related to maternity)
1 Yes
2 No

**RLOG**
Housing benefit, housing allowance?
1 Yes
2 No

### b. Allowances, financial services

*IF A02X_TYPQME2a in (1, 3, 4)*

**CLCA**
Does your household receive the CLCA free choice of activity allowance?
1 Yes
2 No
9 [DK]

INT: CLCA IS PAID BY THE CHILD BENEFIT AGENCY TO PARENTS HAVING STOPPED THEIR OCCUPATIONAL ACTIVITY OR WORKING PART TIME TO TAKE CARE OF THEIR CHILD AGED UNDER 3.
If SITUAFAMM not 7 and CLCA=1

CLCAPER
Who, through the reduction of their activity, allows your household to benefit from this allowance?
1. You
2. Your partner
3. You and your partner

If CLCA=1

ACLCA
What is the monthly amount of this allowance [without centimes]?
1. €144
2. €250
3. €329
4. €388
5. €435
6. €572
7. Other amount
8. Refuses
9. Doesn't know

INT: LIST, EACH TIME SAYING “IN THE REGION OF...”; NEW AMOUNTS SINCE APRIL 2013

If ACLCA=7

ACLCAP
Specify monthly amount
| __ | __ | __ | __ | (0 to 99999 + (DK) + (NA) + (REF))

CLCMG
Does your household receive the CLCMG free choice of child-minding allowance?
1. Yes
2. No
8. Refuses
9. DK

INT: THE CMG IS PAID BY THE CHILD BENEFIT SCHEME TO PARENTS EMPLOYING AN APPROVED MATERNAL ASSISTANT OR AN EMPLOYEE AT HOME TO LOOK AFTER THEIR CHILD.

If CLCMG=1

ACLCMG
What is the monthly or annual amount of this allowance?
| __ | __ | __ | __ | __ | 0 to 99999 (DK+NA+REFUSES)

AFLCMGP
Specify
1. Monthly
2. Annual
8. Refuses
9. Doesn’t know

RPED
Does your household receive the 184.62 euros basic PAJE allowance?
1. Yes
2. No
INT: PAJE = THE BASIC PAJE PRESTATION D’ACCUEIL DU JEUNE ENFANT (INFANT ACCOMMODATION) ALLOWANCE (€184.62 SINCE APRIL 2013, BEFORE THAT €181) IS PAID BY THE CHILD BENEFIT SCHEME TO FAMILIES WITH A CHILD OF UNDER 3 BELOW A CERTAIN INCOME THRESHOLD. (Changed at start of wave 1)

RFAM
Any other child support? (for example, child support supplement, back-to-school allowance)?
1 Yes
2 No
9 [DK]

c. Financial resources, part two

IF A02X_TYPQMERE2a in (1, 3, 4) AND A02X_ADOCUMERE1 in (1, 2)

RTRA
Not including the people in your household, do you have any parents, family or friends paying you alimony or regular financial aid, including for rent, directly or indirectly?
1 Yes
2 No

IF JPENSALI=1
INT: FINANCIAL AID RULED ON BY THE FAMILY COURT JUDGE.

What types of aid?
IF RTRA=1
IF RTRA=1 ask TYPTRA1

TYPTRA1
Rent payment (direct or indirect)
1 Yes
2 No

TYPTRA2
Alimony
1 Yes
2 No

TYPTRA3
Other regular financial aid
1 Yes
2 No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

d. Wages

IF A02X_TYPQMERE2a in (1, 3, 4)

“Lastly, let’s look at your living conditions in terms of finances.”
(Even though you are on parental leave) what is the NET monthly or annual amount of your salary (or income from an independent activity)?

If SITUA \(_{(1\ldots20)}=1\) or 2 OR SITUAE \(_{(1\ldots20)}=1\) or 2 of respondent
What is the NET monthly or annual amount of your salary (or income from an independent activity)?

If CONGMATPAR \(_{(1\ldots20)}=2\)
Even though you are on parental leave, what is the NET monthly or annual amount of your salary (or income from an independent activity)?

**SALMON**

| | | | | | 0 to 99999 + (DK=99999) + (REF)

**INT:** SALARY AFTER TAX AND SOCIAL SECURITY AND DEDUCTIBLE CSG SOCIAL SECURITY CONTRIBUTIONS

**SALMONP**

Specify:
1. Monthly
2. Annual
5. [Doesn't receive a salary]
8. [Refuses]
9. [Doesn't know]

**SALMONCP**

Specify:
1. Monthly
2. Annual
8. [Refuses]
9. [Doesn't know]

**TOTREV**

Taking account of all the types of income of your household, what is the current amount of your NET monthly resources?

1. Gives an amount
8. Refuses
9. Doesn't know

**TOTREVEN**

Taking account of all the types of income of your household, what is the current amount of your NET monthly resources?

| | | | | | 1 to 999999

**INT:** SALARY AFTER TAX AND SOCIAL SECURITY AND DEDUCTIBLE CSG SOCIAL SECURITY CONTRIBUTIONS. IF INCOME FLUCTUATES, TAKE AVERAGE
If TOTREV=(8, 9)

TOTREVENT

But can you tell me to which group belongs the current amount of your net monthly resources (taking into account all the types of income of your household)?

1  Less than €700 per month
2  €700 to €1,000 per month
3  €1,000 to €1200 per month
4  €1,200 to €1,500 per month
5  €1,500 to €1,800 per month
6  €1,800 to €2,200 per month
7  €2,200 to €2,500 per month
8  €2,500 to €3,000 per month
9  €3,000 to €3,500 per month
10 €3,500 to €4,500 per month
11 €4,500€ and over per month
98 Refuses
99 DK

If TOTREVEN or TOTREVENT is reported

If TOTREV=1 OR TOTREVENT not (98, 99)

ITOTREV

Does this amount include the income from all the members of the household?

1  Yes
2  No
3  DK [no, because doesn't know total income]
14. Extended family

IF A02X_QMERECOMP2a=1

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

“Now let’s talk about grandparents”

If 2 month and 1 year not done:
If in household 2 years a LIENTYP_(1à20)=8 sexe=2 code VIEMER=1
If in household 2 years a LIENTYP_(1à20)=8 sexe=1 code VIEMER=1
If no LIENTYP_(1à20)=8 ask VIEMER and VIEPER

If 2 month done and 1 year not done:
If in household 2 years a LIENTYP_(1à20)=8 sexe=2 code VIEMER=1
If in household 2 years a LIENTYP_(1à20)=8 sexe=1 code VIEMER=1
If at 2 years CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=2 present at 2 month code VIEMER=2
If at 2 years CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=1 present at 2 month code VIEPER=2
If MBVIE=2 or MBVIEb=2 in 2 month code VIEMER=2
If PBVIE=2 or PBVIEb=2 in 2 month code VIEPER=2
If at 2 years LIENTYP_(1à20)=8 sexe=2 or (MBVIE not 2 and MBVIEb not 2) ask VIEMER
If at 2 years LIENTYP_(1à20)=8 sexe=1 or (PBVIE not 2 and PBVIEb not 2) ask VIEPER

If 1 year done:
If in household 2 years a LIENTYP_(1à20)=8 sexe=2 code VIEMER=1
If in household 2 years a LIENTYP_(1à20)=8 sexe=1 code VIEMER=1
If at 2 years CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=2 present at 1 year code VIEMER=2
If at 2 years CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=1 present at 1 year code VIEPER=2
If 1-year VIEMER =2 or =. code VIEMER=2
If 1-year VIEPER =2 or =. code VIEPER=2
If 1-year VIEMER =1 AND (no CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=2 present at 1 year or no LIENTYP_(1à20)=8 sexe=2 in household at 2 years ask VIEMER
If 1-year VIEPER =1 AND (no CAUSEDEPAT=3 LIENTYP_(1à20)=8 sexe=1 present at 1 year or no LIENTYP_(1à20)=8 sexe=1 in household at 2 years ask VIEPER

If LIENTYP_(1à20)=8 sexe=2 AND LIENTYP_(1à20)=8 sexe=2 in household at 2 years code COUPAR=1

VIEMER
Is your mother still alive?
1 Yes
2 No

If VIEMER=1
MSITUA
Currently your mother:
1 Has a job
2 Is retired, retired from business or in pre-retirement
3. Is in another situation (unemployed, in a home, etc.)
9. Doesn’t know

**INT:** LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER, CODE “OTHER SITUATION”. IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP THE MOST TIME

### VIEPER

**Is your father still alive?**

1. Yes
2. No

### If VIEPER=1

**PSITUA**

**Currently your father:**

1. Has a job
2. Is retired, retired from business or in pre-retirement
3. Is in another situation (unemployed, in a home, etc.)
9. Doesn’t know

**INT:** LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER, CODE “OTHER SITUATION”. IF SEVERAL SITUATIONS, TAKE THE MAIN ONE, I.E. THE ONE THAT TAKES UP THE MOST TIME

### If VIEMER=1 and VIEPER=1 and COUPAR not precoded

**COUPAR**

**Do your mother and father live together?**

1. Yes ⇒ LIEUPAR
2. No, they have been separated for over two years ⇒ COUMER
3. No, they separated less than two years ago ⇒ COUMER

### If VIEMER=1 and VIEPER=2

**PARDECP**

**When your father died, were your parents living together?**

1. Yes
2. No, they had been separated for over two years
3. No, they had been separated for under two years

### If COUPAR=(2, 3) or (VIEMER=1 and VIEPER=2)

**COUMER**

**Is your mother in a couple?**

1. Yes, she is in a couple
2. No, she has always lived alone since she has no longer been with your father
3. No, she has already been in a couple since she has no longer been with your father and this is no longer the case

### If VIEMER=2 and VIEPER=1

**PARDECM**

**When your mother died, were your parents living together?**

1. Yes
2. No, they had been separated for over two years
3. No, they had been separated for under two years

### If COUPAR=(2, 3) or (VIEMER=2 and VIEPER=1)

**COUPER**

**Is your father in a couple?**
1. Yes, he is in a couple
2. No, he has always lived alone since he has no longer been with your mother
3. No, he has already been in a couple since he has no longer been with your mother and this is no longer the case

**If COUPAR=1 and (no LIENTYP (1à20)=8 SEXE (1à20)=2 AND LIENTYP (1à20)=8 SEXE (1à20)=1 in the household 2 years)**

**If COUPAR=1**

**LIEUPAR**

Where do your parents currently live?
1. In France
2. Outside France

**If LIEUPAR=1**

* **LIEUPARC**

In which town?
(Code using list of municipalities with INSEE code)

**If LIEUPAR=2**

**LIEUPARP**

In which country?
(Code using list of countries used for country of birth)

**If LIEUPARP=198**

* **LIEUPARPP**

Specify the other country:
__________________________

What is the total length of the journey between their home and yours by the most frequently used transport mode?

**If COUPAR=1 and (no LIENTYP (1à20)=8 SEXE (1à20)=2 AND LIENTYP (1à20)=8 SEXE (1à20)=1 in the household 2 years)**

**If COUPAR=1**

**TRAJPARH**

Time in hours:
In |__|__|h + DK (99)

**TRAJPARM**

Time in minutes:
In |__|__|min + DK (99)

**If COUPAR=1 and (no LIENTYP (1à20)=8 SEXE (1à20)=2 AND LIENTYP (1à20)=8 SEXE (1à20)=1 in the household 2 years)**

**If COUPAR=1**

**RENCPAR**

Who travels the most often when [ELFE child] [twin child] sees your parents?
1. Your mother and father to the home of [ELFE child] [twin child]
2. Your mother to the home of [ELFE child] [twin child]
3. Your father to the home of [ELFE child] [twin child]
4. [ELFE child] and [twin child] to the home of your parents
5. Half and half
6. He/she doesn’t see (or hardly ever see/s) his maternal grandparents

**INT:** DO NOT LIST THE LAST WORDING

\[
\text{If VIEPER}=1 \text{ and COUPAR}=(2, 3) (\text{AND no LIENTYP} \_ (1\text{à20})=8 \text{ SEXE} \_ (1\text{à20})=1 \text{ in the household 2 years})
\]
\[
\text{If COUPAR not 1 AND VIEPER}=1
\]

**LIEUPER**

Where does your father currently live?

1. In France
2. Outside France

**If LIEUPER=1**

*LIEUPERC*

In which town?

*(Code using list of municipalities with INSEE code)*

**If LIEUPER=2**

**LIEUPERDIST**

Distance between municipalities: grandfather and mother (km) (rounded)

**If LIEUPER=2**

**LIEUPERP**

In which country?

*(Code using list of countries used for country of birth)*

**If LIEUPERP=198**

*LIEUPERPP*

Specify the other country:

____________

What is the total length of the journey between his home and yours by the most frequently used transport mode?

\[
\text{If VIEPER}=1 \text{ and COUPAR}=(2, 3) (\text{AND no LIENTYP} \_ (1\text{à20})=8 \text{ SEXE} \_ (1\text{à20})=1 \text{ in the household 2 years})
\]
\[
\text{If COUPAR not 1 AND VIEPER}=1
\]

**TRAJPERH**

Time in hours:

In |__|__|h + DK (99)

**TRAJPERM**

Time in minutes:

In |__|__|min + DK (99)

**If VIEPER=1 and COUPAR=(2, 3) (AND no LIENTYP \_ (1\text{à20})=8 \text{ SEXE} \_ (1\text{à20})=1 \text{ in the household 2 years})**

**If COUPAR not 1 AND VIEPER=1**

**RENCPER**

Who travels the most when [ELFE child] [twin child] sees your father?

1. Your father alone to the home of [ELFE child] [twin child]
2 Your father (with his partner, if in couple) to the home of [ELFE child] [twin child]  
3 [ELFE child] and [twin child] to the home of your father  
4 Half and half  
5 Your child/children doesn’t/don’t see (or hardly ever see/s) their maternal grandfather

**INT:** DO NOT LIST THE LAST WORDING

\[ \text{If VIEMER}=1 \text{ and COUPAR}=(2, 3) \text{ (AND no LIENTYP_{1à20}}=8 \text{ SEXE}_{1à20}=1 \text{ in the household 2 years)  } \]

\[ \text{If COUPAR not 1 AND VIEMER}=1 \]

**LIEUMER**  
Where does your mother currently live?  
1 In France  
2 Outside France

\[ \text{If LIEUMER}=1 \]

**LIEUMERC**  
In which town?  
(Code using list of municipalities with INSEE code)

\[ \text{If LIEUMER}=2 \]

**LIEUMERCDIST**  
Distance between municipalities: grandmother and mother (km) (rounded)

\[ \text{If LIEUMER}=2 \]

**LIEUMER**  
In which country?  
(Code using list of countries used for country of birth)

\[ \text{If LIEUMERP}=198 \]

**LIEUMERPP**  
Specify the other country:  
______________

What is the total length of the journey between her home and yours by the most frequently used transport mode?  
\[ \text{If VIEMER}=1 \text{ and COUPAR}=(2, 3) \text{ (AND no LIENTYP_{1à20}}=8 \text{ SEXE}_{1à20}=1 \text{ in the household 2 years)  } \]

\[ \text{If COUPAR not 1 AND VIEMER}=1 \]

**TRAJMERH**  
Time in hours:  
In [__] __h + DK (99)

**TRAJMERM**  
Time in minutes:  
In [__] __min + DK (99)

\[ \text{If VIEMER}=1 \text{ and COUPAR}=(2, 3) \text{ (AND no LIENTYP}_{1à20}=8 \text{ SEXE}_{1à20}=1 \text{ in the household 2 years)  } \]

\[ \text{If COUPAR not 1 AND VIEMER}=1 \]

**RENCMER**  
Who travels the most often when [ELFE child] [twin child] sees your mother?  
1 Your mother alone to the home of [ELFE child] [twin child]
2 Your mother (with her partner, if in couple) to the home of [ELFE child] [twin child]
3 [ELFE child] and [twin child] to the home of your mother
4 Half and half
5 He/she doesn’t see (or hardly ever see/s) his maternal grandmother

INT: DO NOT LIST THE LAST WORDING

******************************************************************************

**IF VIEMER=1**
**IF VIEMER=1 (If LIENTYP_(1à20)=8 SEXE_(1à20)=2 in the household 2 years code FQMER=1)**

**FQMER**
How often has/have [ELFE child] and [twin child] seen your mother in the last 12 months?
1 Every day or almost
2 Several times a week
3 Several times a month
4 A few times in the last 12 months
5 Less often
6 Never

**IF FQMER=(2, 3, 4, 5)**

**FQMERJ**
In all, how many days does that make in the last 12 months?
|__I__|__| + DK=999

Again in the last 12 months, has your mother:
**IF VIEMER=1 and FQMER not 6**

**MJOUE**
Played with [ELFE child] and [twin child]?
1 Yes
2 No

**MREPA**
Given them a meal or taken care of them?
1 Yes
2 No

**MGARDR**
Minded them regularly?
1 Yes
2 No

**IF MGARDR=2**

**MGARD**
Minded them occasionally (in your absence or that of your partner)?
1 Yes
2 No
If VIEMER=1

**MSOUT**
Advised or supported you?
1  Yes  
2  No  

**MAIDM**
Helped you with your housework?
1  Yes  
2  No  

**MAIDF**
Helped you financially?
1  Yes  
2  No  

**INT:** ASK AS SUB-QUESTIONS 1 YES / 2 NO
IF GRANDMOTHER STILL ALIVE BUT NO CONTACT WITH FAMILY, CODE "NO"

**RELMER**
How would you describe the relationship your mother has with [ELFE child]?
1  Very satisfactory  
2  Rather satisfactory  
3  Rather unsatisfactory  
4  Very unsatisfactory  
8  Refuses

**INT:** DO NOT LIST THE LAST WORDING

**RELMER**
How would you describe the relationship your mother has with [twin child]?
1  Very satisfactory  
2  Rather satisfactory  
3  Rather unsatisfactory  
4  Very unsatisfactory  
8  Refuses

**INT:** DO NOT LIST THE LAST WORDING

If VIEPER=1  
(If LIENTYP_(1à20)=8 SEXE_(1à20)=1 in the household 2 years code FQPER=1)

**FQPER**
How often has/have [ELFE child] and [twin child] seen your father in the last 12 months?
1  Every day or almost  
2  Several times a week  
3  Several times a month  
4  A few times in the last 12 months  
5  Less often  
6  Never

If FQPER=(2, 3, 4, 5)

**FQPERJ**
In all, how many days does that make in the last 12 months?
|__|__|__|
Again in the last 12 months, has your father:

If VIEPER=1 and FQPER not 6

PJOUE
Played with [ELFE child] and [twin child]?
1  Yes
2  No

PREPA
Given them a meal or taken care of them?
1  Yes
2  No

PGARDR
Minded them regularly?
1  Yes
2  No

If PGARDR=2

PGARD
Minded them occasionally (in your absence or that of your partner)?
1  Yes
2  No

If VIEPER=1

PSOUT
Advised or supported you?
1  Yes
2  No

PAIDM
Helped you with your housework?
1  Yes
2  No

PAIDF
Helped you financially?
1  Yes
2  No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO
IF GRANDFATHER STILL ALIVE BUT NO CONTACT WITH FAMILY, CODE “NO”

RELPER
How would you describe the relationship your father has with [ELFE child]?
1  Very satisfactory
2  Rather satisfactory
3  Rather unsatisfactory
4  Very unsatisfactory
How would you describe the relationship your father has with [twin child]?
1. Very satisfactory
2. Rather satisfactory
3. Rather unsatisfactory
4. Very unsatisfactory
5. Refuses

Changes in green were made at the start of Wave 2 with the approval of the researchers.
15. Type of care

IF A02X_QMERECOMP2a=1 AND A02X_TYPQMERE2a=1

Questionnaire concerned:
- “Referent Mother”

Since [ELFE child]/[twin child] lives/live on an alternating basis between your home and their father’s home, I am going to ask you how much they live at your home outside holiday periods.

IF EFVIT=4

FQALTERNS
Days per week excluding weekends

OR

FQALTERNW
Weeks per month

AND

FQALTERNWE
How many weekends per month does he/she live with you outside holiday periods?

IF EFVIT=4
“We are now going to talk about what type of care used for [ELFE child]/[twin child] when they are at your home.”

IF EFVIT=(1, 2)
“We are now going to talk about the care of [ELFE child]/[twin child].”

IF NAISGEM=1
MEMGARD
Do [ELFE child] and [twin child] currently have the same main type of care during the week, from Monday to Friday, 9 am to 6 pm?

1  Yes
2  No

IF MEMGARD=1  GARDENF and the questions are asked only once  ELFE child and twin child are mentioned in the questions
IF MEMGARD=2  ask “Type of care” again later for the twin

What is the main type of child care used for [ELFE child] and [twin child] during the week from Monday to Friday from 9 am to 6 pm?
If 1 year done: When [ELFE child] and [twin child] was/were 1 year old, you told us that his/her/their main type of care during the week from Monday to Friday 9 am to 6 pm was (display wording from 1 year survey). Is this still the case ["When he/she lives at your home" if EFVIT=4]?

If 1 year not done: What is currently the his/her/their main type of child care used during the week from Monday to Friday from 9 am to 6 pm? ["When he/she lives at your home" if EFVIT=4]?

\[
\text{GARDENF} \\
1 \ \text{Yourself} \\
2 \ \text{Your partner} \\
3 \ \text{Yourself and your partner} \\
4 \ "\text{The child's grandparents or grandparent}" \ \text{⇔ If VIEMER=1 or VIEPER=1} \\
5 \ "\text{The child's paternal grandparents or grandparent}" \ \text{⇔ If VIEMER=2 or VIEPER=2} \\
6 \ \text{A childcare assistant} \\
7 \ \text{A crèche} \\
8 \ \text{Paid home help} \\
9 \ \text{Nursery school} \\
10 \ \text{Other type of care} \\
\]

\[\text{INT: IF THE MOTHER UNPROMPTED MENTIONS SEVERAL TYPES OF CARE, ASK HER TO CHOOSE THE ONE SHE CONSIDERS AS THE MAIN TYPE. IF THE MOTHER SAYS HER PARTNER IS NOT THE FATHER, YOU SHOULD TELL HER THAT IT IS HER PARTNER WE ARE TALKING ABOUT.}\]

\[\text{If EFVIT=4 display a recommendation}\]

\[\text{INT: IF THE MOTHER SAYS THE FATHER IS THE MAIN TYPE OF CARE, CODE "OTHER TYPE OF CARE" AND ENTER "FATHER" (changed at start of wave 1)}\]

\[\text{If GARDENF=10}\]

\[\text{GARDENFP} \ \text{Specify}\]

\[\text{If GARDENF=6}\]

\[\text{AGREAM} \ \text{Is she accredited?}\]

1 \ Yes \\
2 \ No \\
9 \ DK

\[\text{AGEDGARD}\]

How old were [ELFE child] and [twin child] in months when you started to use child care?

How old were [ELFE child] and [twin child] in months when you started to use child care["by display GARDENF=(1, 2, 3, 4)"]/["by this childcare assistant" if GARDENF=5]/["at this crèche" if GARDENF=6]/["by this paid home help" if GARDENF=7]/["at this nursery school" if GARDENF=9]/["by this way" if GARDENF=8]?

1 \ [__] [__] (0 to 30 months) + DK=99

\[\text{INT: IF SEVERAL TYPES OF CARE HAVE BEEN USED, ENTER AGE OF CHILD AT START OF LAST TYPE OF CARE (Changed at start of Wave 1)}\]

\[\text{If EFVIT=4}\]

\[\text{MEMEGARDJ} \ \text{When [ELFE child]/[twin child] is/are with their father, is the same type of child care used?}\]

If GARDENF=4 By the same grandparents

If GARDENF=6 By the same childcare assistant

If GARDENF=7 At the same crèche

If GARDENF=8 By the same paid home help
If GARDENF=9 At the same nursery school
If GARDENF=10 By/in the same “display GARDENFP”
1  Yes
2  No
9  DK

GARDPREF
Ideally, what type of care do you prefer?
1  Yourself
2  Your partner
3  Yourself and your partner
4  “The child’s grandparents or grandparent” ⇔ If VIEMER=1 or VIEPER=1
5  “The child’s paternal grandparents or grandparent” ⇔ If VIEMER=2 or VIEPER=2
6  A childcare assistant
7  A crèche
8  Paid home help
9  Nursery school
10  Other type of care

If GARDENF=(1, 2, 3, 4, 5, 6, 8, 10) LIEUGARD
And again concerning the main type of care, is/are [ELFE child]/[twin child] minded at your home?
And again concerning the main type of care, is/are [ELFE child]/[twin child] [“When he/she lives at your home” if EFVIT=4] minded at your home?
1  Yes, always or practically always
2  Yes, but on an alternating basis with another home
3  No

If E2A_GARDENF not A01_GARDENF AND GARDENF not 9 PQGARD
What was the main reason you changed your type of care?
1  The other type of child care cost too much
2  You didn’t have another solution
3  Your work hours were no longer compatible with the hours of the other child care solution
4  At his/her/their age, it is the best solution for him/her/them.
5  It was my preferred type of child care but not available before
6  For another reason

If PQGARD=6
*PQGARDP
Specify
(Changed at start of Wave 1)

[ELFE child] and [twin child] is [are] now going to nursery school. Is this because:
If GARDENF=9

GARDTC
The previous type of care cost too much
1  Yes
2  No
GARDHI
The hours of the previous type of care were unadapted
1 Yes
2 No

GARDCE
It was an educational choice
1 Yes
2 No

GARDPC
Your occupational situation has changed
1 Yes
2 No

GARDFC
Your family situation has changed
1 Yes
2 No

GARDAU
Other
1 Yes
2 No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

If GARDAU=1
GARDEMP
Specify

_______________________________

If GARDENF=(9, 7) OR LIEUGARD=(2, 3)
DURECO
“How many hours a week do/does [ELFE child] and [twin child] spend at his/her/their main place of care/(when not kept at home)?”

If (GARDENF=9 or 7) OR (LIEUGARD=3) “How many hours a week do/does [ELFE child] and [twin child] spend at his/her/their main place of care?”
If LIEUGARD=2 “How many hours a week do/does [ELFE child] and [twin child] spend at his/her/their main place of care/(when not kept at home)?”

|___|___| 1 to 50
(Changed at start of Wave 1)

You said it was an educational choice. Is this because:
If GARDCE=1
EMCHEDUC1
You wanted him/her to begin their school learning
1 Yes
2 No
**EMCHEDUC2**
You wanted him/her to socialize with other children and adults
1. Yes
2. No

**EMCHEDUC3**
You don’t share the same educational values as the previous type of child care
1. Yes
2. No

**COMGARD**
Do you use any other care type apart from the one we have just talked about?
1. Yes
2. No ➔ RELREG

*If COMGARD=1*

**QLCOMGARD**
Which?
1. Yourself ➔ If GARDENF not 1
2. Your partner ➔ If GARDENF not 2
3. Yourself and your partner ➔ If GARDENF not 3
4. “The child's grandparents or grandparent” ➔ If VIEMER=1 or VIEPER=1
5. “The child's paternal grandparents or grandparent” ➔ If GARDENF not 4 and VIEMER=2 and VIEPER=2
6. A childcare assistant (accredited or non-accredited except grandmother who is a childcare assistant) ➔ If GARDENF not 5
7. A crèche ➔ If GARDENF not 6
8. Paid home help ➔ If GARDENF not 7
9. A day care centre
10. A nursery school ➔ If GARDENF not 9
11. Other type of care

*If QLCOMGARD=11*

***QLCOMGARDP**
Specify other type of care

_________

*If GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)*

**RELREG**
Have you established a regular relationship with at least one of the professionals who looks after [ELFE child] and [twin child]?
1. Yes
2. No

*If RELREG=2*

**PQAUCUN**
For what main reason?
1. They are not available
2. You don’t want to
3. You don’t have the time
4 You don’t feel competent
5 They are not competent

If RELREG=1 and (GARDENF not (6, 8) and COMGARD not 2)
*QLPRO
With whom in particular?
_____________________________

CONED
Have you asked for advice on the education of [ELFE child] and [twin child] from professionals, people around you or on forums?
1 Yes
2 No

From whom?
If CONED=1

CONEDPRO
Professionals that take care of the child
And if GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)
1 Yes
2 No

CONEDFAM
Family
1 Yes
2 No

CONEDAMI
Friends
1 Yes
2 No

CONEDCOL
Work colleagues
1 Yes
2 No

CONEDMED
A doctor or a psychologist
1 Yes
2 No

CONEDREL
A parent venue
1 Yes
2 No
CONEDFOR
On a forum
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE
PARENT VENUE = A PLACE WHERE PARENTS CAN GO WITH THEIR CHILDREN SO THAT THESE LAST CAN ENJOY A RANGE OF
ACTIVITIES WITH CHILDCARE ASSISTANTS.

CONSO
Have you asked for advice about the sleep of [ELFE child] and [twin child]?
1  Yes
2  No

From whom?
If CONSO=1

CONSO PRO
Professionals that take care of the child
And if GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)
1  Yes
2  No

CONSO FAM
Family
1  Yes
2  No

CONSO AMI
Friends
1  Yes
2  No

CONSO COL
Work colleagues
1  Yes
2  No

CONSO MED
A doctor or a psychologist
1  Yes
2  No

CONSO REL
A parent venue
1  Yes
2  No
CONSOFOR
On a forum
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE
PARENT VENUE = A PLACE WHERE PARENTS CAN GO WITH THEIR CHILDREN SO THAT THESE LAST CAN ENJOY A RANGE OF ACTIVITIES WITH CHILDCARE ASSISTANTS.

CONAL
Have you asked for advice about the diet of [ELFE child] and [twin child]?
1 Yes
2 No

From whom?
If CONAL=1

CONALPRO
Professionals that take care of the child
(And if GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11))
1 Yes
2 No

CONALFAM
Family
1 Yes
2 No

CONALAMI
Friends
1 Yes
2 No

CONALCOL
Work colleagues
1 Yes
2 No

CONALMED
A doctor or a psychologist
1 Yes
2 No

CONALREL
A parent venue
1 Yes
2 No
CONALFOR
On a forum
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE
PARENT VENUE = A PLACE WHERE PARENTS CAN GO WITH THEIR CHILDREN SO THAT THESE LAST CAN ENJOY A RANGE OF ACTIVITIES WITH CHILDCARE ASSISTANTS.

CONHY
Have you asked for advice about the hygiene of [ELFE child] and [twin child]?
1  Yes
2  No

From whom?
if CONHY=1

CONHYPRO
Professionals that take care of the child
And if GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)
1  Yes
2  No

CONHYFAM
Family
1  Yes
2  No

CONHYAMI
Friends
1  Yes
2  No

CONHYCOL
Work colleagues
1  Yes
2  No

CONHYMED
A doctor or a psychologist
1  Yes
2  No

CONHYREL
A parent venue
1  Yes
2  No
CONHYFOR
On a forum
1  Yes
2  No

INT; LIST. SEVERAL ANSWERS POSSIBLE
PARENT VENUE = A PLACE WHERE PARENTS CAN GO WITH THEIR CHILDREN SO THAT THESE LAST CAN ENJOY A RANGE OF ACTIVITIES WITH CHILDCARE ASSISTANTS.

CONSA
Have you asked for advice about the health of [ELFE child] and [twin child]?
1  Yes
2  No

From whom?
If CONSA=1

CONSAFAM
Family
1  Yes
2  No

CONSAAMI
Friends
1  Yes
2  No

CONSAAPRO
Professionals that take care of the child
And if GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)
1  Yes
2  No

CONSApillar
A parent venue
1  Yes
2  No

CONSAamed
A doctor or a psychologist
1  Yes
2  No

CONSAcol
Work colleagues
1  Yes
2  No
CONSAFOR
On a forum
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE
PARENT VENUE = A PLACE WHERE PARENTS CAN GO WITH THEIR CHILDREN SO THAT THESE LAST CAN ENJOY A RANGE OF ACTIVITIES WITH CHILDCARE ASSISTANTS.

If GARDENF=(6, 7, 8, 9, 10) or QLCOMGARD=(6, 7, 8, 9, 10, 11)
RELATG
Regarding the people involved in the care of the child (or children if twin), how would you describe the relationship you have with them?
1 Friendly
2 Courteous
3 Strictly professional
4 Indifferent
5 Sometimes tense
6 Conflictual
7 You don’t have a relationship with them
8 [It depends a lot on the people]

If GARDENF not 9 and QLCOMGARD not 10
SHEM
[ELFE child] and [twin child] doesn’t/don’t go to nursery school, but would you like them to?
1 Yes ⇒ SHEMO
2 No ⇒ SHEMN

If SHEM=1
SHEMO
He/she/they doesn’t/don’t go because:
1 There isn’t a nursery school in your area
2 There is no room, they don’t take two-year-olds?
3 Other (he/she/they is/are not toilet trained, still too young)

If SHEM=2
SHEMN
Is it because:
1 You think he/she/the is/are too young, not independent enough
2 You think there are too many children in school classrooms
3 You think they aren’t sufficiently supervised at school, not enough adults
4 The hours don’t match your schedule
5 You think the hours are too long for the child/children, too tiring
6 You think that the school premises are not adapted for very young children

If GARDENF not 9 and QLCOMGARD not 10
SHEMNP
But do you think he/she/they will go to nursery school next year?
1 Yes
2 No
Change in Wave 2: wording 5 A doctor/a psychologist, was translated in the field by 5 A doctor/psychologist. For greater clarity, we changed it to 5 A doctor or a psychologist.

**If GARDENF=(7, 9) OR LIEUGARD=3**

**TYPRTRAN(1a2)**

For the journey from your house to the main care venue, what type of transport does/do the child/children use?

1. Car
2. Bus, coach
3. Train
4. Tramway
5. Metro, suburban train
6. On foot (possibly held in arms in baby-carrier or in a pram)
7. Bike (in baby-seat)
8. Motorized two-wheeler
9. [Not applicable]

**INT: LIST. TWO ANSWERS POSSIBLE**

**If TYPRTRAN(1a2)=(1, 2, 3, 4, 5, 6, 7, 8)**

**TYPRTRAN(1a2)**

How many times a week does he/she use it to go from your house to the care venue?

|__|__| (1 to 20) + DK=99

How long does the journey take? (hours/minutes)

**If TYPRTRAN1=(1, 2, 3, 4, 5, 6, 7, 8)**

**TPS1H**

Hours

|__|__| hours + DK=9

**If TYPRTRAN1=(1, 2, 3, 4, 5, 6, 7, 8)**

**TPS1M**

Minutes

|__|__| minutes + DK=99

**If TYPRTRAN2=(1, 2, 3, 4, 5, 6, 7, 8)**

**TPS2H**

Hours

|__|__| hours + DK=9

**If TYPRTRAN2=(1, 2, 3, 4, 5, 6, 7, 8)**

**TPS2M**

Minutes

|__|__| minutes + DK=99

**If LIEUGARD=2**

**TYPRTRAN(3a4)**

For the journey from the other home to the main care venue, what type of transport does/do the child/children use?

1. Car
2. Bus, coach
3. Train
4  Tramway  
5  Metro, suburban train  
6  On foot (possibly held in arms in baby-carrier or in a pram)  
7  Bike (in baby-seat)  
8  Motorized two-wheeler  
9  [Not applicable]  

INT: LIST. TWO ANSWERS POSSIBLE

If $\text{TYPTRAN}(3, 4) = (1, 2, 3, 4, 5, 6, 7, 8)$

<table>
<thead>
<tr>
<th>NRTRAJ(3, 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times a week do you use it to go from your house to the care venue?</td>
</tr>
<tr>
<td>[<em><strong>][</strong></em>] (1 to 20)</td>
</tr>
</tbody>
</table>

How long does the journey take? (hours/minutes)

If $\text{TYPTRAN}3 = (1, 2, 3, 4, 5, 6, 7, 8)$

<table>
<thead>
<tr>
<th>TPS3H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
</tr>
<tr>
<td>[<em><strong>][</strong></em>] hours</td>
</tr>
</tbody>
</table>

If $\text{TYPTRAN}3 = (1, 2, 3, 4, 5, 6, 7, 8)$

<table>
<thead>
<tr>
<th>TPS3M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
</tr>
<tr>
<td>[<em><strong>][</strong></em>] minutes</td>
</tr>
</tbody>
</table>

If $\text{TYPTRAN}4 = (1, 2, 3, 4, 5, 6, 7, 8)$

<table>
<thead>
<tr>
<th>TPS4H</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
</tr>
<tr>
<td>[<em><strong>][</strong></em>] hours</td>
</tr>
</tbody>
</table>

If $\text{TYPTRAN}4 = (1, 2, 3, 4, 5, 6, 7, 8)$

<table>
<thead>
<tr>
<th>TPS4M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
</tr>
<tr>
<td>[<em><strong>][</strong></em>] minutes</td>
</tr>
</tbody>
</table>

“In the last six months, has [ELFE child] made regular journeys every day or every week? (and excluding from your house to the main care venue), every day or every week?”

<table>
<thead>
<tr>
<th>DEPLACER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Yes</td>
</tr>
<tr>
<td>2  No</td>
</tr>
</tbody>
</table>

INT: if $\text{GARDENF}=7$ OR $\text{LIEUGARD}=3$ OR $\text{LIEUGARD}=2$ then (and excluding from your house to the main care venue)

If $\text{DEPLACER}=1$

<table>
<thead>
<tr>
<th>TYPTRAN(5a6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For these regular journeys, what type of transport does/do the child/children use?</td>
</tr>
<tr>
<td>1  Car</td>
</tr>
<tr>
<td>2  Bus, coach</td>
</tr>
<tr>
<td>3  Tramway</td>
</tr>
<tr>
<td>4  Metro, suburban train</td>
</tr>
<tr>
<td>5 Motorized two-wheeler</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
</tbody>
</table>

**INT: LIST. TWO ANSWERS POSSIBLE**

*If TYPTRAN5=6={1, 2, 3, 4, 5, 6, 7, 8}*

NRTRAJ(5à6)

How many times a week does he/she make these journeys by...?

| 1 | 2 | (1 to 20) |

**How long does the journey take? (hours/minutes)**

*If TYPTRAN5={1, 2, 3, 4, 5, 6, 7, 8}*

TPSSH

Hours

| 1 | 2 |

*If TYPTRAN5={1, 2, 3, 4, 5, 6, 7, 8}*

TPSSM

Minutes

| 1 | 2 |

*If TYPTRAN6={1, 2, 3, 4, 5, 6, 7, 8}*

TPS6H

Hours

| 1 | 2 |

*If TYPTRAN6={1, 2, 3, 4, 5, 6, 7, 8}*

TPS6M

Minutes

| 1 | 2 |
16. The child’s health

IF A02X_QMERECOMP2a=1

Questionnaire concerned:

- “Referent Mother”

If the mother is in a couple with the father of the child and cohabits on a permanent basis with him or she is in a couple with a woman on a permanent basis (SITUAFAMM=1 or SITUAFAM=3 with LIENTYP=7 SEXE=2), do not ask variables from SSA to COMPS4. If the father or the cohabiting female partner is not participating, the questions are asked to the mother.

IF VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire

Part to be repeated for twins

If no twin, “We are going to talk about the health of [ELFE child].”
If twin: “We are now going to talk about the care of [ELFE child] and [twin child]. We will start with [ELFE child] and then talk about [twin child].”

“For the rest of the questionnaire, we will need the information contained in the health booklet of [ELFE child]. Would you mind going to get it?”

“I am going to start with a few questions about social security coverage.”

a. Social security cover

IF A02X_TYPQMERE2A=1 AND A02X_ADOCUMERE2 in (1, 2)

SSA
Are part or all the healthcare costs of [ELFE child] reimbursed by social security?
1  Yes
2  No

INT: THE IDEA IS TO ASK IF IN ONE WAY OR ANOTHER THE HEALTHCARE COSTS OF THE CHILD ARE REIMBURSED BY SOCIAL SECURITY OR HEALTH INSURANCE (CHANGED AT START OF WAVE 1)

CARVIT
On which card is [ELFE child] registered? (to be adapted to the family situation)
1  His/her mother’s card
2  His/her father’s card
3  His/her parents’ card
4  The card of his/her parents in law
5  He/she is not registered on any card
(Changed at start of Wave 1)

For those with supplementary healthcare coverage:

IF E1A_COMPS1=1

COMPS1
DOES HE/SHE HAVE SUPPLEMENTARY HEALTHCARE COVERAGE (INCLUDING CMU UNIVERSAL HEALTHCARE COVERAGE) THAT REIMBURSES HIS/HER HEALTHCARE IN ADDITION TO SOCIAL SECURITY?
1  Yes
2  No
9  Doesn’t know

\textit{If COMPS1=1}
\textbf{COMPS2}
Is it CMU universal healthcare coverage?
1  Yes
2  No

\textit{For those without supplementary healthcare coverage or not previously documented}
\textit{If E1A\_COMPS1=(2, 9, .)}
\textbf{COMPS3}
CURRENTLY, DOES HE/SHE HAVE SUPPLEMENTARY HEALTHCARE COVERAGE (INCLUDING CMU UNIVERSAL HEALTHCARE COVERAGE) THAT REIMBURSES HIS/HER HEALTHCARE IN ADDITION TO SOCIAL SECURITY?
1  Yes
2  No
9  Doesn’t know

Since which date has he/she had this coverage?
\textit{If COMPS3=1}
\textbf{*MCOMPS3}
Months
|__|__|
\textbf{ACOMPS3}
Year
|__|__|__|__|

\textit{If COMPS3=1}
\textbf{COMPS4}
Is it CMU universal healthcare coverage?
1  Yes
2  No

\textbf{b.  Health booklet}

\textit{If A02X\_TYPQMERE2a=1}

For the rest of the questionnaire, we will need the information contained in the health booklet of [ELFE child]. Would you mind going to get it?
\textbf{CARNET}
1  [has the health booklet]
2  [doesn’t have the health booklet, you continue]
\textbf{INT: IF CARNET=2 TELL THE MOTHER WE WILL CALL HER BACK LATER FOR THE INFORMATION ON WEIGHT AND HEIGHT.}

First of all, we would like to note the measurements made when [ELFE child] was one year old. They are generally found on pages 38-39 of the health booklet.
If CARNET=1

CARNETREMP916
Can you see the measurements of [ELFE child] when he/she was around one year old?
1  Yes ⇒ TAIENF916
2  No ⇒ CARNETREMP1724

INT: ACCEPT MEASUREMENTS MADE BETWEEN AGE OF 9 AND 16 MONTHS

Could you choose an examination that includes the height and weight, and tell me:

TAIENF916
His/her height
\[ \text{\textbf{--}}, \text{\textbf{--}} \text{ cm} \ (55.0 \text{ to} 120.0) \]
INT: IN CENTIMETRES

POIENF916
His/her weight
\[ \text{\textbf{--}} \text{ kg} \ \text{\textbf{--}} \text{ gr} \ (5.000 \text{ to} 30.000) \]
INT: IN KILOGRAMS, EX: 8 KG AND 320 GRAMS, CODE “8.320”

CRAENF916
Cranial perimeter
\[ \text{\textbf{--}}, \text{\textbf{--}} \text{ cm} \ (38.0 \text{ to} 60.0) \]
INT: IN CENTIMETRES

MDATEX916
Age at consultation from 9 to 16 months

MDATEX916JR
Age at consultation from 9 to 16 months (in days)

On which date were these measurements made?

*MDATEX916J
The date
|__|__| (1 to 31) (NA/DK=99)

*MDATEX916M
The month
|__|__|
(1 to 12) (NA/DK=99)

MDATEX916A
The year
|__|__|__|__|
(2011 to 2013) (NA/DK=9999)

If CARNETREMP916=2

CARNETREMP1724
But do you have measurements from around 18 months? They are generally found on pages 40-41 of the health booklet.
“Could you choose an examination that includes the height and weight, and tell me”

**TAIENF1724**
His/her height

- ______ cm (60.0 to 120.0)

**POIENF1724**
His/her weight

- ______ kg ______ gr (6.000 to 30.000)

**CRAENF1724**
Cranial perimeter

- ______ cm (40.0 to 65.0)

**MDATEX1724**
Age at consultation from 17 to 24 months

**MDATEX1724JR**
Age at consultation from 17 to 24 months (in days)

On which date were these measurements made?

* **MDATEX1724J**
The date

- ___ /___ /___ (1 to 31) (NA/DK=99)

* **MDATEX1724M**
The month

- __/___

(1 to 12) (NA/DK=99)

**MDATEX1724A**
The year

- ___ /___ /___ /___

(2011 to 2013) (NA/DK=9999)

**CARNETREMP24**
Are pages 42-43 of the booklet filled in?

1 Yes ⇒ POIENF1724
2 No ⇒ (read INT remark) ENFSANT

INT: SO YOU HAVE YET TO DO [ELFE CHILD’S] 24 MONTH CONSULTATION. WE WOULD ASK YOU TO TAKE THE “ELFE 2 YEAR GENERAL PRACTITIONER QUESTIONNAIRE”, WHICH YOU SHOULD HAVE RECEIVED BY POST, TO THE NEXT CONSULTATION. THE MEDICAL DATA (ON VACCINATIONS, FOR EXAMPLE) WILL BE EXTREMELY HELPFUL TO THE RESEARCHERS.
QMEDTRAIT
Did you send us the ELFE 2 Year General Practitioner questionnaire?
1  Yes ⇒ (read INT remark)
2  No, but I’m going to ⇒ (read INT remark)
3  No, I haven’t filled in the questionnaire

INT: THANK YOU VERY MUCH. THE QUESTIONNAIRE CONTAINS INVALUABLE INFORMATION THAT WE CANNOT OBTAIN IN ANOTHER MANNER, INCLUDING ON VACCINATIONS.

### c. The child’s state of health

**IF A02X_TYPQMERE2a=1**

*For children with a “poor” or “rather poor” state of health reported at 1 year, the relating health issue is displayed for the interviewer*

You told us at 1 year that your child’s state of health was not good. How is he/she today?

**If no serious problem reported at 1 year or 1 year not done**

According to you, your child is currently

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>In good health</td>
</tr>
<tr>
<td>2</td>
<td>Mostly in good health</td>
</tr>
<tr>
<td>3</td>
<td>Mostly in poor health</td>
</tr>
<tr>
<td>4</td>
<td>In poor health</td>
</tr>
<tr>
<td>6</td>
<td>No answer</td>
</tr>
<tr>
<td>9</td>
<td>DK</td>
</tr>
</tbody>
</table>

**For children for whom a serious illness was reported at 1 year, the related pathology is displayed for the interviewer, who brings it up by saying:**

“Last year you told us about [name of health problem reported at 1 year]” “Did [ELFE child] visit a doctor several times between 1 and 2 years for [display DIAGPB1]?”

**DIAGPB1(1à4) (not available since empty)**

- 1  Yes
- 2  No
- 3  Doesn’t remember saying that in 1 year survey

**If DIAGPB1(1à4)= 1**

The illness reported at 1 year is displayed and the interviewer re-enters it in the list below or in “Other”

Have you had a more precise diagnosis since? If so, can you tell us about it?

**DIAGPB1YP(1à4) (not available since empty)**

- 1  Allergy
- 2  Asthma
- 3  Cystic fibrosis
- 4  Constipation
- 5  Celiac disease
- 6  Several cases of ear infection (more than 3)
- 7  Several cases of sore throat (more than 3)
- 8  Several cases of laryngitis (more than 3)
- 9  Consequences of an accident (burn, trauma)
- 10  Epilepsy, seizure
- 11  Other
- 12  [Did not have precise diagnosis]
If DIAGPB1TYP(1à4)=11
*DIAGPB1TYPP(1à4) (not available since empty)
Specify

___________

INT: DO NOT LIST. TWO ANSWERS POSSIBLE
THE ILLNESS REPORTED AT 1 YEAR IS DISPLAYED AND THE INTERVIEWER RE-ENTERS IT IN THE LIST OR IN “OTHER”
YOU CAN DESCRIBE THE ILLNESS IN MORE DETAIL BUT NOT ADD A NEW ONE

Has he/she been consulted by a doctor for an (OTHER) health problem or an illness requiring specialized care, excluding colds and sore throats?
If at 1 year serious illness AND DIAGPB=2
“But has he/she been consulted by a doctor for ANOTHER health problem or an illness also requiring specialized care, excluding colds and sore throats?”
If at 1 year serious illness AND DIAGPB=1
“Has he/she ALSO been consulted several times by a doctor for ANOTHER health problem or an illness requiring specialized care, excluding colds and sore throats?”
If no serious illness reported at 1 year or 1 year not done
“Between the ages of 1 and 2, was he/she consulted several times by a doctor for a health problem or an illness also requiring specialized care, excluding colds and sore throats?”

DIAGPB2
1 Yes
2 No

What was the illness?
If DIAGPB2=1

DIAGPB2TYP1
Allergy
1 Yes
2 No

DIAGPB2TYP2
Asthma
1 Yes
2 No

DIAGPB2TYP3
Cystic fibrosis
1 Yes
2 No

DIAGPB2TYP4
Constipation
1 Yes
2 No

DIAGPB2TYP5
Celiac disease
1 Yes
2 No
**DIAGPB2TYP6**
Several cases of ear infection (more than 3)
1 Yes
2 No

**DIAGPB2TYP7**
Several cases of sore throat (more than 3)
1 Yes
2 No

**DIAGPB2TYP8**
Several cases of laryngitis (more than 3)
1 Yes
2 No

**DIAGPB2TYP9**
Consequences of an accident (burn, trauma)
1 Yes
2 No

**DIAGPB2TYP10**
Epilepsy, seizure
1 Yes
2 No

**DIAGPB2TYP11**
Other
1 Yes
2 No

If **DIAGPB2TYP11**=1
*DIAGPB2TYP1*
Specify

INT: DO NOT LIST. TWO ANSWERS POSSIBLE
YOU CAN DESCRIBE THE ILLNESS IN MORE DETAIL BUT NOT ADD A NEW ONE

**MEDENF(1à2)**
Which doctor(s) have you seen the most often for your child's health treatment?
1 General practitioner (private)
2 Paediatrician (private)
3 Mother-and-infant-protection doctor
4 Hospital doctor (excluding emergency)
5 Doctor at municipal healthcare centre or dispensary
6 [None]
INT: LIST. TWO ANSWERS POSSIBLE
IF MORE THAN TWO ANSWERS GIVEN: "WHAT ARE THE TWO TYPES OF DOCTOR THAT YOU HAVE SEEN THE MOST?"
If MEDENF(1à2)=3

NRPMI

Since [date of last interview/if no interview at 2 months and 1 year since birth], how many times have you seen the mother-and-infant-protection doctor?

[___] + DK=99

INT: PARENTS CAN CHECK THE HEALTH BOOKLET AND INCLUDE:
- THE CONSULTATIONS ON PAGES 38-39 (9-16 MONTHS), AFTER [DATE OF LAST INTERVIEW];
- THE CONSULTATIONS ON PAGES 40-41 (17-24 MONTHS);
- THE CONSULTATION AT THE 24TH MONTH ON PAGES 42-43 IF IT HAS ALREADY BEEN DONE;
- THE CONSULTATIONS ON PAGES 44-45 (25-36 MONTHS) IF THE DOUBLE PAGE HAS STARTED TO BE FILLED IN;
- THEY CAN ALSO TALK ABOUT OTHER DOCTOR’S VISITS THEY REMEMBER THAT ARE NOT MARKED IN THE HEALTH BOOKLET.

HOMEO

For [ELFE child], do you regularly consult a doctor practicing homeopathic medicine?

1 Yes
2 No

d. Visits with specialists

IF A02X_TYPQMER2a=1

“I am now going to read out a list of healthcare professionals. Can you tell me if [ELFE child] has seen any such professionals since [date of last interview]?

DENTISTE

Dentist
1 Yes
2 No

ORL

Ear, nose and throat specialist
1 Yes
2 No

PPSY

Child psychiatrist
1 Yes
2 No

ALLERG

Allergist
1 Yes
2 No

KINE

Physiotherapist
1 Yes
2 No
OSTH
Osteopath
1 Yes
2 No

PSYM
Psychomotor therapist
1 Yes
2 No

PSY
Psychologist
1 Yes
2 No

PUER
Paediatric nurse
1 Yes
2 No

PROAUTR
Other professional(s)
1 Yes
2 No

PROAUC
We haven’t seen a professional
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

Which professional?
If PROAUTR=1

ORTHO
Orthopaedic surgeon
1 Yes
2 No

If ORTHO=1
ORTHOP
For what reasons did you see the orthopaedic surgeon?

CHIRU
A surgeon other than an orthopaedic surgeon
1 Yes
2 No
**If CHIRU=1**

**CHIRUP**

For what reasons **did you see this surgeon?**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DERM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>PNEUMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonologist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>GASTRO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>Yes</td>
<td>No</td>
</tr>
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<td><strong>ENDOCRINO</strong></td>
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<td>Endocrinologist</td>
<td>Yes</td>
<td>No</td>
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<td><strong>CARDIO</strong></td>
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<td>Cardiologist</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td><strong>OPHTAL</strong></td>
<td></td>
<td></td>
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<tr>
<td>Ophthalmologist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>INFI</strong></td>
<td></td>
<td></td>
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<tr>
<td>Nurse</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>ORTHF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthophonist</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>
ORTHP
Orthoptist
1  Yes
2  No

PROAUTRP
Other
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

*PROAUTRPP
Specify which other professionals
____________________________

RELATM
Regarding the people involved in the medical care of the child, how would you describe the relationship you have with them?
1  Friendly
2  Courteous
3  Strictly professional
4  Indifferent
5  Sometimes tense
6  You don’t have a relationship with them
7  [It depends a lot on the people]

Since XX month and XX year (date of last questionnaire) (since 1 year), has your family benefited from:

AIDPUER
The help of a paediatric nurse or midwife from a mother-and-infant protection centre
1  Yes
2  No

AIDTR
The help of a family worker
1  Yes
2  No

AIDASS
The support of a social assistant
1  Yes
2  No

FQPRO
How often have you met with this/these professional/s?
1  More than once a week
2  Once a week
3  2 to 3 times a week
4  Once a month at most
AEMOD
Is [ELFE child] supported as part of non-institutional educational action as decided on by a juvenile judge or educational assistance at home decided on by the child welfare service?
1  Yes, non-institutional educational action (decided on by a juvenile judge)
2  Yes, educational assistance at home (decided on by the child welfare service)
3  No

e. Emergency consultations

IF A02X_TYPQMERE2a=1

CONSURG
Since [date of last interview], has your child seen an emergency doctor at a hospital (or clinic) without being admitted?
1  Yes
2  No ⇔ SOS
9  Doesn’t know ⇔ SOS
INT: CONCERNS VISITS SINCE LEAVING THE MATERNITY WARD

CONSURGP
How many times?

| __ | __ | 1 to 99 (+ DK=99 +NA)

INT: FROM THE EARLIEST TO THE MOST RECENT. IF MORE THAN 10 EMERGENCY VISITS, DESCRIBE THE 10 MOST RECENT STARTING WITH THE EARLIEST.

For each emergency visit

If CONSURGP>1
“We are going to talk about these emergency visits from the earliest to the most recent”

TRAUCRAN(1à10)
Was it because of cranial trauma, i.e. a knock or fall on the head?
1  Yes
2  No ⇔ MOTCONS(1à10)(1à2)

What was the date of the accident?
If TRAUCRAN(1à10)=1

*DATACJ(1à10) (suffix 8 to 10 not available as empty)
Day
| __ | __ |
(1 to 31) (NA=88, DSK=99)

*DATACM(1à10) (suffix 8 to 10 not available as empty)
Months
| __ | __ |
(1 to 12) (NA=88, DSK=99)

DATACA(1à10) (suffix 8 to 10 not available as empty)
Year
| __ | __ | __ | __ |
(2011 to 2013) (NA=8888, DK=9999)
**PERTCON(1à10)** *(suffix 8 to 10 not available as empty)*

Did the trauma result in loss of consciousness?

1. Yes

2. No

*Note: If the parent is not sure if there was loss of consciousness, enter “NO”*

**PERTCONP(1à10)** *(suffix 4 to 10 not available as empty)*

How long did the loss of consciousness last?

1. Less than 5 minutes

2. 5 to 20 minutes

3. More than 20 minutes

**TYPACC(1à10)** *(suffix 8 to 10 not available as empty)*

Was it due to:

1. A road accident (as passenger or pedestrian)

2. Another type of accident

*If TRAUCRAN(1 à 10)=2*

**MOTCONS(1à10)(1à2)** *(suffixes 11, 21, 31, 41, 51, 61, 71, 81, 91, 101 not available as empty)*

What was the main reason for the emergency visit?

1. Cough

2. Respiratory problem

3. Skin problem

4. Diarrhoea, vomiting, dehydration

5. Suspected urinary infection, kidney infection

6. Faintness, dizziness

7. Convulsions

8. Fever

9. Earache

10. Stomach pains

11. Ingestion of medicine

12. Ingestion of cleaning products

13. Burns

14. Wound

15. Other trauma

16. Limping

17. Headaches

18. Crying for no reason

19. Other

*Note: Do not list. Maximum 2 reasons per visit*

*If MOTCONS(1à10)(1à2)=19*

**MOTCONSP(1à10)**

Specify

**SOS**

Has he/she (also) seen another emergency doctor?

1. Yes

2. No

9. Doesn’t know
f. Hospital visits

*IF A02X_TYPQMER2a=1*

“We are now going to talk about hospital visits”

**HOSP**
Has [ELFE child] been hospitalized for surgery or any other reason since MONTH YEAR [date of last interview]?
1 Yes
2 No ☞ SCAN
9 Doesn’t know

**INT:** PARENTS’ WORDS OR PAGES 84-85 OF HEALTH BOOKLET. NON-OVERNIGHT ADMISSIONS ARE ALSO INCLUDED (THE CHILD SPENDS ONLY A DAY AT THE HOSPITAL, ON APPOINTMENT, WHICH IS DIFFERENT FROM NON-OVERNIGHT EMERGENCY VISITS)

*If HOSP=1*

**NBHOSP**
How many times in all has he/she been hospitalized?
/ / / / 1 to 99 + DK=99 + refuses

Repeat from **HOSPJR** to **ETATHPACC** as many times as there are hospitalizations and provide for 10 hospitalizations

*What was the date of the hospital admission?*

If **NBHOSP=1**
“We are now going to talk about this hospital visit”
If **NBHOSP>1**
“We are going to detail each of these hospital visits starting with the earliest”

**HOSPJ(1à10)** (suffix 10 not available as empty)
What was the date of the hospital admission? (Day of entry)
1 to 31 + DK=99

**HOSPM(1à10)** (suffix 10 not available as empty)
What was the date of the hospital admission? (The month)
1 to 12 + DK=99

**HOSPA(1à10)** (suffix 10 not available as empty)
What was the date of the hospital admission? (The year)
2011 à 2013 + DK=9999

**HOSPJR(1à10)** (suffix 10 not available as empty)
Was it a non-overnight visit?
1 Yes
2 No

**HOSPACC(1à10)** (suffix 10 not available as empty)
Was the hospitalization related to an accident (fall, intoxication, burn, fingers trapped, near-drowning, insect bite, etc.)?
1 Yes
2 No ☞ CHIR(1à10)

**INT:** IT MAY BE AN EARLIER ACCIDENT THAT LEADS TO FURTHER HOSPITAL VISITS
If HOSPACC(1à10)=1
TYPACC(1à10) (suffix 10 not available as empty)
Was it a road accident?
1 Yes ⇒ ACC1J(1à10)
2 No

LIEUACC(1à10) (suffix 10 not available as empty)
Where did the accident happen?
1 Inside the house
2 Outside the house: garden, courtyard, garage, other outbuilding
3 Where the child is minded or on the way
4 At a sport or leisure venue (swimming pool, toboggan run, etc.)
5 Outside: in a public garden, shop, pavement, museum
6 Outside in the countryside: campsite, forest, beach, sea, lake, etc.

What was the date of the accident?

*ACC1J(1à10) (suffix 10 not available as empty)
Day
INT: THE DAY
(1 to 31) + DK=99

*ACC1M(1à10) (suffix 10 not available as empty)
Month
INT: THE MONTH
(1 to 12) + DK=99

ACC1A(1à10) (suffix 10 not available as empty)
Year
INT: THE YEAR
(2011 to 2013) + DK=9999

If TYPACC(1à10)=2
ACC1TYP(1à10) (suffix 10 not available as empty)
What type of accident?
1 He/she fell
2 He/she had a knock
3 He/she was burned
4 He/she was cut, stung, bitten
5 He/she suffered from an intoxication (by ingestion, inhalation or other)
6 He/she choked or nearly drowned
7 Other, specify
   INT: LIST

If ACC1TYP(1à10)=7
*ACC1TYPP(1à10) (suffix 2 to 10 not available as empty)
Specify

If HOSP=1 AND HOSPACC(1à10)=1
What was the damage?
ACC1LES1(1à10)
Wound, cut
1 Yes
2 No

ACC1LES2(1à10)
Burn
1 Yes
2 No

ACC1LES3(1à10)
Fracture
1 Yes
2 No

ACC1LES4(1à10)
Cranial trauma
1 Yes
2 No

ACC1LES5(1à10)
Sprain, dislocation
1 Yes
2 No

ACC1LES6(1à10)
Other
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If ACC1LES6(1à10)=1
*ACC1LESP(1à10) (suffix 3 to 10 not available as empty)
Specify
______________

If HOSP=1 AND HOSPACC(1à10)=1
What parts of the body were damaged?

ACC1PART1(1à10)
Head, neck, face
1 Yes
2 No

ACC1PART2(1à10)
Shoulder, arm
1 Yes
2 No
ACC1PART3(1à10)
Hand
1 Yes
2 No

ACC1PART4(1à10)
Knee, leg, foot
1 Yes
2 No

ACC1PART5(1à10)
Other
1 Yes
2 No

If ACC1PART5(1à10)=1
*ACC1PARTP(1à10) (suffix 4 to 10 not available as empty)
Specify
________________________

ACC1PC(1à10) (suffix 10 not available as empty)
Did [ELFE child] lose consciousness after the accident?
1 Yes
2 No

If ACC1PC(1à10)=1
PERTCOND(1à10) (suffix 3 to 10 not available as empty)
How long did the loss of consciousness last?
1 Less than 5 minutes
2 5 to 20 minutes
3 More than 20 minutes

CHIR(1à10) (suffix 10 not available as empty)
Was the child operated on in hospital?
1 Yes
2 No

If CHIR(1à10)=1
What type of surgery?
TYPCHIR1(1à10) (suffix 110 not available as empty)
Adenoidectomy
1 Yes
2 No

TYPCHIR2(1à10) (suffix 210 not available as empty)
Insertion of grommets, ear aerator (often linked to adenoidectomy)
1 Yes
2 No
TYPCHIR3(1à10) *(suffix 310 not available as empty)*
Removal of beauty spot
1  Yes
2  No

TYPCHIR4(1à10) *(suffix 410 not available as empty)*
Removal of tonsils (tonsillectomy)
1  Yes
2  No

TYPCHIR5(1à10) *(suffix 510 not available as empty)*
Inguinal hernia
1  Yes
2  No

TYPCHIR6(1à10) *(suffix 610 not available as empty)*
Lowering of the testicles (ectopic testis)
1  Yes
2  No

TYPCHIR7(1à10) *(suffix 710 not available as empty)*
Circumcision
1  Yes
2  No

TYPCHIR8(1à10) *(suffix 810 not available as empty)*
Appendectomy
1  Yes
2  No

TYPCHIR9(1à10) *(suffix 910 not available as empty)*
Fracture reduction
1  Yes
2  No

TYPCHIR10(1à10) *(suffix 1010 not available as empty)*
Other
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE. SEVERAL TYPES OF SURGERY POSSIBLE DURING SAME OPERATION

If TYPCHIR10(1à10)=1
*TYPCHIRP(1à10) *(suffix 10 not available as empty)*
Specify
________________
If HOSPJR(1à10)=1 AND HOSPACC(1à10)=2 AND CHIR(1à10)=2
What was/were the reason/s for the hospital visits?

MOTHOSPJ1(1à10) (suffixes 17, 18, 19, 110 not available as empty)
Asthma check-up
1  Yes
2  No

MOTHOSPJ2(1à10) (suffixes 27, 28, 29, 210 not available as empty)
Allergy check-up or reintroduction of medicine or food
1  Yes
2  No

MOTHOSPJ3(1à10) (suffixes 37, 38, 39, 310 not available as empty)
Check-up of insufficient height or weight increase
1  Yes
2  No

MOTHOSPJ4(1à10) (suffixes 47, 48, 49, 410 not available as empty)
Other endocrine check-up (hairiness, puberty, overweight)
1  Yes
2  No

MOTHOSPJ5(1à10) (suffixes 57, 58, 59, 510 not available as empty)
Check-up of psychomotor retardation (or development)
1  Yes
2  No

MOTHOSPJ6(1à10) (suffixes 67, 68, 69, 610 not available as empty)
Care for a chronic illness (transfusion for sickle-cell anaemia, chemotherapy for cancer, immunoglobulin perfusion for idiopathic thrombocytopenic purpura, etc.)
1  Yes
2  No

MOTHOSPJ7(1à10) (suffixes 77, 78, 79, 710 not available as empty)
Annual check-up of chronic pathology (GH, insulin treatment, sickle-cell anaemia, etc.)
1  Yes
2  No

MOTHOSPJ8(1à10) (suffixes 87, 88, 89, 810 not available as empty)
Other
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE
If HOSPJR(1à10)=2 AND HOSPACC(1à10)=2 AND CHIR(1à10)=2
What was/were the reason/s for this hospital visit?

MOTHOSPN1(1à10) (suffixes 17, 18, 19, 110 not available as empty)
Asthma attack
1  Yes
2  No

MOTHOSPN2(1à10) (suffixes 27, 28, 29, 210 not available as empty)
Bronchiolitis
1  Yes
2  No

MOTHOSPN3(1à10) (suffixes 37, 38, 39, 310 not available as empty)
Bronchitis
1  Yes
2  No

MOTHOSPN4(1à10) (suffixes 47, 48, 49, 410 not available as empty)
Pneumopathy
1  Yes
2  No

MOTHOSPN5(1à10) (suffixes 57, 58, 59, 510 not available as empty)
Gastroenteritis or dehydration
1  Yes
2  No

MOTHOSPN6(1à10) (suffixes 67, 68, 69, 610 not available as empty)
Urinary infection, kidney infection
1  Yes
2  No

MOTHOSPN7(1à10) (suffixes 77, 78, 79, 710 not available as empty)
Faintness, dizziness
1  Yes
2  No

MOTHOSPN8(1à10) (suffixes 87, 88, 89, 810 not available as empty)
Convulsions
1  Yes
2  No

MOTHOSPN9(1à10) (suffixes 97, 98, 99, 910 not available as empty)
Meningitis
1  Yes
2  No
MOTHOSPN10(1à10) *(suffixes 107, 108, 109, 1010 not available as empty)*
Fever
1  Yes
2  No

MOTHOSPN11(1à10) *(suffixes 117, 118, 119, 1110 not available as empty)*
Ear/nose/throat infection
1  Yes
2  No

MOTHOSPN12(1à10) *(suffixes 127, 128, 129, 1210 not available as empty)*
Skin disease
1  Yes
2  No

MOTHOSPN13(1à10) *(suffixes 137, 138, 139, 1310 not available as empty)*
Other reason
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

If MOTHOSP11(1à10)=1
*MOTHOSPN1P(1à10) *(suffixes 3 to 10 not available as empty)*
Specify
_____________________

If MOTHOSP13(1à10)=1
*MOTHOSPN2P(1à10) *(suffixes 5, 7, 8, 9, 10 not available as empty)*
Specify
_____________________

If HOSPJR(1à10)=2
HOSPREA(1à10) *(suffixes 8 to 10 not available as empty)*
During the hospitalization, was [ELFE child] in an intensive care unit?
1  Yes
2  No

ETATO(1à10) *(suffix 10 not available as empty)*
Following the hospitalization, today:
1  Everything is back to normal (everything is OK)
2  Your child’s health has improved but remains fragile (things are better)
3  His/her state of health is unchanged (the same)
4  His/her state of health has deteriorated (it has got worse)
g. Physical consequences/disabilities

IF A02X_TYPQMER2a=1

IF HOSPACC(1à10)=1 AND ETATO(1à10)={(2, 3, 4)}
ETATS(1à10) (suffix 10 not available as empty)

Does [ELFE child] suffer from any physical consequences of his/her health problems?
1 Yes
2 No \[SCAN\]
9 DK \[SCAN\]

IF ETATS(1à10)=1
*ETATSP(1à10) (suffix 10 not available as empty)
Which?

_______________________________

IF ETATS(1à10)=1
ETATH(1à10) (suffix 10 not available as empty)

Have these consequences led to a disability?
1 Yes
2 No

IF ETATH(1à10)=1
ETATHPACC(1à10) (not available as empty)

Can you tell me how you feel about this disability on a scale of 0 to 10?
/_/_/
INT: FROM 0, MEANING THAT [ELFE CHILD] DOESN’T HAVE A DISABILITY, TO 10, MEANING MAXIMUM DISABILITY. L_L_L 0 TO 10 + DK + REFUSES

IF ETATH(1à10)=1
MDPH (not available as empty)

Have you contacted the MDPH departmental centre for people with disabilities for one of the health problems you have told us about?
1 Yes
2 No \[SCAN\]

IF MDPH=1
ETATHI (not available as empty)

Does [ELFE child] have a disability recognized by the MDPH centre?
1 Yes
2 No \[SCAN\]

IF ETATHI=1

Can you tell us:

ETATHIP (not available as empty)
The disability rate: % 1 to 100
The disability category: Clear

h. Examinations (scans, MRIs, etc.)

IF A02X_TYPQMERE2a=1

SCAN
Since our last interview in [month/year of last survey made is displayed], has [ELFE child] had any scans done?
Display information collected in last interview, SCAN=1, NBSCAN, PASCAN1_9, and the date of the interview
1  Yes
2  No ☞ RADIO
9  Doesn’t know ☞ RADIO
INT: CONCERNS SCANS SINCE THE LAST TELEPHONE INTERVIEW.
A SCAN IS A MEDICAL IMAGING TECHNIQUE USING X-RAYS TO PRODUCE 2D OR 3D IMAGES. FREQUENTLY USED IN CHILD MEDICINE. A HEAD SCAN AFTER MAJOR TRAUMA IS IMPORTANT FOR DETECTING A HAEMATOMA.

Of what part of the body?
IF SCAN=1

PASCAN1
Entire body
1  Yes
2  No

PASCAN2
Head
1  Yes
2  No

PASCAN3
Chest (lung)
1  Yes
2  No

PASCAN4
Stomach (abdomen)
1  Yes
2  No

PASCAN5
Pelvis or hips
1  Yes
2  No

PASCAN6
Limb
1  Yes
2  No
PASCAN9
Doesn't know
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If PASCAN1=1
NBSCAN1
How many scans of the entire body?
I_l_l 0 to 10 + DK=99/Refuses

If PASCAN2=1
NBSCAN2
How many scans of this part of the body?
I_l_l 0 to 10 + DK=99/Refuses

If PASCAN3=1
NBSCAN3
How many scans of this part of the body?
I_l_l 0 to 10 + DK=99/Refuses

If PASCAN4=1
NBSCAN4
How many scans of this part of the body?
I_l_l 0 to 10 + DK=99/Refuses

If PASCAN5=1
NBSCAN5
How many scans of this part of the body?
I_l_l 0 to 10 + DK=99/Refuses

If PASCAN6=1
NBSCAN6
How many scans of this part of the body?
I_l_l 0 to 10 + DK=99/Refuses

RADIO
Since our last interview in [month/year of last survey made is displayed], has [ELFE child] had any x-rays done?
Display information collected in last interview, RADIO=1, NBRADIO, PARAD1-9, and the date of the interview
1 Yes
2 No ⇒ MRI
9 Doesn’t know ⇒ MRI

INT: CONCERNS X-RAYS SINCE LAST TELEPHONE INTERVIEW. WITH CHILDREN, THEY ARE MAINLY USED TO VISUALIZE THE BONES AND JOINTS (PHYSICAL TRAUMA) AND FOR LUNGS (INFECTION, ASTHMA).

Of what part of the body?
If RADIO=1
PARAD1
Entire body
1 Yes
2 No

PARAD2
Head
1 Yes
2 No

PARAD3
Chest (lung)
1 Yes
2 No

PARAD4
Stomach (abdomen)
1 Yes
2 No

PARAD5
Pelvis or hips
1 Yes
2 No

PARAD6
Limb
1 Yes
2 No

PARAD9
Doesn't know
1 Yes
2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If PARAD1=1
NBPARAD1
How many x-rays of the entire body?
I I I 0 to 10 + DK=99/Refuses

If PARAD2=1
NBPARAD2
How many x-rays of this part of the body?
I I I 0 to 10 + DK=99/Refuses
If PARAD3=1
NBPARAD3
How many x-rays of this part of the body?
\[
\text{I}_1 \text{ to } 10 + \text{DK}=99/\text{Refuses}
\]

If PARAD4=1
NBPARAD4
How many x-rays of this part of the body?
\[
\text{I}_1 \text{ to } 10 + \text{DK}=99/\text{Refuses}
\]

If PARAD5=1
NBPARAD5
How many x-rays of this part of the body?
\[
\text{I}_1 \text{ to } 10 + \text{DK}=99/\text{Refuses}
\]

If PARAD6=1
NBPARAD6
How many x-rays of this part of the body?
\[
\text{I}_1 \text{ to } 10 + \text{DK}=99/\text{Refuses}
\]

**INT:** IF THE MOTHER HAS A DOUBT ABOUT THE QUESTION, TELL HER THAT IT IS THE NUMBER OF EXAMINATIONS AND NOT THE NUMBER OF IMAGES

Since our last interview in [month/year of last survey made]/since birth, has [ELFE child] had any MRIs done?

If 1 year done
Since our last interview in [month/year of last survey made is displayed], has [ELFE child] had any MRIs done?
If 1 year not done
Since birth, has [ELFE child] had any MRIs done?

**IRM**
1  Yes
2  No  \(\Rightarrow\) SCINTI
9  Doesn't know  \(\Rightarrow\) SCINTI

**INT:** AN MRI IS AN EXAMINATION USING ELECTROMAGNETIC RESONANCE TO PRODUCE A 2D OR 3D IMAGE OF THE ORGANS.

Of what part of the body?
If \(\text{IRM}=1\)

**PARIRM1**
Head
1  Yes
2  No

**PARIRM2**
Other
1  Yes
2  No

**PARIRM9**
Doesn't know
1  Yes
2  No
INT: LIST. SEVERAL ANSWERS POSSIBLE

If PARIRM1=1
NBPARIRM1
How many MRIs of this part of the body?
I__I 0 to 10 + DK=99/Refuses

If PARIRM2=1
NBPARIRM2
How many MRIs of this part of the body?
I__I 0 to 10 + DK=99/Refuses

SCINTI
Since birth, has [ELFE child] had any gamma scans done?
1  Yes
2  No
9  Doesn’t know
INT: GAMMA SCANS: RADIOACTIVE PRODUCTS ARE INTRODUCED INTO THE BODY SERVING TO CLEARLY VISUALIZE CERTAIN PARTS OF THE BODY SUCH AS BONES AND LUNGS.

Of what part of the body?
If SCINTI=1

PARSC1
Skeleton
1  Yes
2  No

PARSC2
Lungs
1  Yes
2  No

PARSC3
Thyroid
1  Yes
2  No

PARSC4
Kidneys, bladder
1  Yes
2  No

PARSC5
Other
1  Yes
2  No
PARSC9
Doesn't know
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If PARSC1=1
NBPARSC1
How many gamma scans of this part of the body?
I J I 0 to 10 + DK=99/Refuses

If PARSC2=1
NBPARSC2
How many gamma scans of this part of the body?
I J I 0 to 10 + DK=99/Refuses

If PARSC3=1
NBPARSC3
How many gamma scans of this part of the body?
I J I 0 to 10 + DK=99/Refuses

If PARSC4=1
NBPARSC4
How many gamma scans of this part of the body?
I J I 0 to 10 + DK=99/Refuses

If PARSC5=1
NBPARSC5
How many gamma scans of this part of the body?
I J I 0 to 10 + DK=99/Refuses

DATESCINTI(1à5)
Was it? (for each part of the body)
1  Before 1 year old
1  After 1 year old

ECHO
Since birth, has [ELFE child] had any ultrasounds done?
1  Yes
2  No
9  Doesn't know
INT: ULTRASOUND EXAMINATIONS ARE MADE BY MOVING A PROBE OVER THE SKIN WITH A GEL.

Of what part of the body?
If ECHO=1
PARECHO1
Stomach
1  Yes
2  No

PARECHO2
Thyroid
1  Yes
2  No

PARECHO3
Other
1  Yes
2  No

PARECHO9
Doesn't know
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If PARECHO1=1
NBPARECHO1
How many ultrasounds of this part of the body?
I I I 0 to 10 + DK=99/Refuses

If PARECHO2=1
NBPARECHO2
How many ultrasounds of this part of the body?
I I I 0 to 10 + DK=99/Refuses

If PARECHO3=1
NBPARECHO3
How many ultrasounds of this part of the body?
I I I 0 to 10 + DK=99/Refuses

CASDEN
Has [ELFE child] ever broken a tooth/teeth by falling, taking a blow, or another means?
1  Yes
2  No

DENTABIM
Does [ELFE child] have any damaged teeth, i.e. decayed or in part destroyed, excluding a fall/blow?
1  Yes
2  No
i. Child illnesses or symptoms

IF A02X_TYPQMERE2a=1

“We are now going to talk about some of [ELFE child’s] illnesses or symptoms”

SYMPRESPI
Has [ELFE child] had a cough, respiratory problem or wheezing episode in the last 12 months?
1  Yes
2  No ☐ NEZMAL

In which months did [ELFE child] have these respiratory symptoms?

IF SYMPRESPI=1

RESP1
January
1  Yes
2  No

RESP2
February
1  Yes
2  No

RESP3
March
1  Yes
2  No

RESP4
April
1  Yes
2  No

RESP5
May
1  Yes
2  No

RESP6
June
1  Yes
2  No

RESP7
July
1  Yes
2  No
RESP8
August
1 Yes
2 No

RESP9
September
1 Yes
2 No

RESP10
October
1 Yes
2 No

RESP11
November
1 Yes
2 No

RESP12
December
1 Yes
2 No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

If SYMPRESPI=1
FQTOUX
Has he/she had any cough episodes?
1 Once a month at most
2 More than once a month but less than once a week
3 More than once a week
4 Never \(\Rightarrow\) SIFFP

If once a month response to RESP and FQTOUX question, go to SIFFP
(Changed at end of wave 1 – respiratory health group)

If SYMPRESPI=1 and FQTOUX=(1, 2, 3) AND SOMME(DE RESP(1à12)=1 and FQTOUX=1)

DURETOUX
On average, the cough episodes have lasted:
1 Less than 5 days \(\Rightarrow\) If FQTOUX=(1, 2, 3)
2 Between 5 and 10 days \(\Rightarrow\) If FQTOUX=(1, 2)
3 More than 10 days \(\Rightarrow\) If FQTOUX=(1, 2)
4 Every day or almost \(\Rightarrow\) If FQTOUX=3

If SYMPRESPI=1
DECLTOUX
Is the cough generally triggered by:
1 A cold
If DECLTOUX = 3
*DECLTOUP
Specify

TOUXNJ
Does [ELFE child] cough:
1  At night only
2  Night and day
3  In the day only and never at night

GUERTOUX
Between cough episodes, does [ELFE child] completely recover?
1  Yes
2  No

SIFFP
Has [ELFE child] had at least one episode of chest wheezing in the last 12 months?
1  Yes
2  No

If SIFFP = 1
FQSIFFP
Do these wheezing episodes occur:
1  Every day
2  More than once a week
3  More than once a month but less than once a week
4  Once a month at most

DECLSIFF
Are the wheezing episodes generally triggered by:
1  A cold
2  Running, getting excited, laughing
3  Other things

If DECLSIFF = 3
*DECLSIFFP
Specify

TOUXSIFF
Does this wheezing always accompany cough episodes?
1  Yes
2  No
BRONCHI
Has [ELFE child] had bronchiolitis since the age of 12 months?
1  Yes
2  No

EBRONCHI
Since birth, has [ELFE child] had bronchiolitis at least 3 times?
1  Yes
2  No

ASTHME
Has [ELFE child] had any asthma attacks in the last 12 months?
1  Yes
2  No

NEZMAL
According to you; does [ELFE child] often have a stuffed-up nose or runny nose?
1  Yes
2  No

ECZEMA

In which months did [ELFE child] have these rhinitis episodes?

If NEZMAL=1

NEZ1
January
1  Yes
2  No

NEZ2
February
1  Yes
2  No

NEZ3
March
1  Yes
2  No

NEZ4
April
1  Yes
2  No

NEZ5
May
1  Yes
2  No
NEZ6
June
1  Yes
2  No

NEZ7
July
1  Yes
2  No

NEZ8
August
1  Yes
2  No

NEZ9
September
1  Yes
2  No

NEZ10
October
1  Yes
2  No

NEZ11
November
1  Yes
2  No

NEZ12
December
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

ECZEMA
Has [ELFE child] had any eczema flare-ups in the last 12 months?
1  Yes
2  No

MEDRESP
Has [ELFE child] been treated at home or at hospital with inhaled medicines to improve his/her breathing, such as Ventoline, Bricanyl, Pulmicort, Flixotide or Becotide, at any moment, in the last 12 months?
1  Yes
2  No
MEDRESPB
Has [ELFE child] been treated at home or at hospital with orally administered or injected medicines (not inhaled medicines), such as Celestene, Solupred, Cortancyl, Solumedrol, Polaramine or Zyrtec, to improve his/her breathing, at any moment, in the last 12 months?
1  Yes
2  No

VITD
More broadly speaking, does your child currently take vitamin D (Zymad, Uvesterol, Sterogyl, Zymaduo, Fluosterol) on a daily basis (with a subscription of over 1 month)?
1  Yes
2  No

INT: CODE “YES” EVEN IF THE PARENT SAYS THEY SOMETIMES FORGET TO GIVE IT TO THEM

If VITD=2

VITDAMP
Has [ELFE child] taken an ampule of vitamin D in the last 6 months (Zymad, Vitamine D3 Bon, Uvedose)?
1  Yes
2  No

FER
And is [ELFE child] currently taking iron (Fumafer, Ferrostrane, Feromiel) on a daily basis (with a subscription of over 1 month)?
1  Yes
2  No

AUTMEDC
Is [ELFE child] currently taking any other type of medicine on an ongoing basis?
1  Yes
2  No ◄ANTIBIO

If AUTMEDC=1

FLUOR
Is it fluorine (Zymafluor, Fluorex, Fluor Crinex, Calcifluor, Zymaduo, Fluostero)?
1  Yes
2  No

ANTISEC
Anti-secretory drugs (Raniplex, Inexium, Mopral)?
1  Yes
2  No

ANTIAc
Anti-acids (Gaviscon, Polysilane, Maalox)?
1  Yes
2  No
PROKIN
Prokinetics (Motilium, Vogalene, Primperan)?
1  Yes
2  No

HOME
A homeopathic treatment?
1  Yes
2  No

ABCONT
An anti-biotic on an ongoing basis (Penicilline G, Amoxicilline, Clamoxy, Agram, Hiconcil)?
1  Yes
2  No

DERMOCOR
Dermocorticoids for eczema (Tridesonit, Locapred, Desonide, Locoīd, Diprosone)?
1  Yes
2  No

LAXAT
Laxatives (Forlax, Lansoyl)?
1  Yes
2  No

AUTMEDCP
Other medicines
1  Yes
2  No

INT: LIST IF NECESSARY. SEVERAL ANSWERS POSSIBLE
IF THE DERMOCORTICOID TREATMENT FOR ECZEMA IS TAKEN ONCE EVERY 2 OR 3 DAYS OR HAS EVEN NOT BEEN TAKEN IN THE MONTH FOR SHORT PERIODS OF TIME (LESS THAN 2 WEEKS), CODE “YES” ALL THE SAME.
PAY CLOSE ATTENTION TO THE NAMES OF THE MEDICINES BETWEEN BRACKETS

If AUTMEDCP=1
*AUTMEDCPP
Specify

ANTIBIO
(“Besides these ongoing courses of antibiotics) has [ELFE child] taken another course of antibiotics in the last 12 months (Clamoxy, Hiconcil, Agram, Amoxicilline, Augmentin, Ciblor, Orelox, Penicilline G, Oroken, Bristopen, Bactrim, Rocephine, Josacine, Zythromax, Pediazole, Pyostacine)?”

If ABCONT=1
“Besides these ongoing courses of antibiotics, has [ELFE child] taken another course of antibiotics in the last 12 months (Clamoxy, Hiconcil, Agram, Amoxicilline, Augmentin, Ciblor, Orelox, Penicilline G, Oroken, Bristopen, Bactrim, Rocephine, Josacine, Zythromax, Pediazole, Pyostacine)?”
If ABCONT not 1
“Has [ELFE child] taken a course of antibiotics in the last 12 months (Clamoxyl, Hiconcil, Agram, Amoxicilline, Augmentin, Ciblor, Orelox, Penicilline G, Oroken, Bristopen, Bactrim, Rocephine, Josacine, Zythromax, Pediazole, Pyostacine)?”
1  Yes
2  No
(Changed at start of Wave 1)

If ANTIBIO=1
NBANTIBIO

How many times?
1  Once
2  2 or 3 times
3  More than 3 times
9  DK

If DIAGPB1TYP(1à4) not 6
OTITE
Since birth, has [ELFE child] had an ear infection at least 3 times?
1  Yes
2  No

TRAUD
Is your child being treated for a hearing problem?
1  Yes
2  No  REFUSVACC

Ask TRAUDC only to those who did not respond to the ELFE 1 Year survey
If TRAUD=1 and VR_INT1A not 2

TRAUDC
Is it a congenital hearing problem (i.e. present at birth) or an acquired problem (for example, through an illness)?
1  Congenital
2  Acquired
9  DK

At what age was the hearing problem diagnosed?
If TRAUD=1

TRAUDM
Months
|___|__|
(NA=88, DK=99) min 0 max 30

TRAUDS
Weeks
|___|
(NA=8, DK=9) min 0 max 4

DEGSUR
What is the degree of deafness?
1  Slight
2  Average
3  Severe
4  Acute
5  Uncertain
9  DK

**TRAUDE**
*Does the hearing problem concern one ear or both?*
1  One ear
2  Both
9  [DK]

*If TRAUD=1 and DEGSUR=(3, 4)*

**APPAREILAUD**
*Does [ELFE child] wear a hearing aid?*
1  Yes
2  No

*At which establishment is [ELFE child] treated for his/her hearing problem?*
*If TRAUD=1 and DEGSUR=(3, 4)*

**SUILIE1**
Private consultation
1  Yes
2  No

**SUILIE2**
Hospital
1  Yes
2  No

**SUILIE3**
Specialized centre for hearing deficiencies (specialist centre for early medico-social action, early family education support service)
1  Yes
2  No

**SUILIE4**
Multi-purpose centre (centre for early medico-social action, healthcare centre for children with multiple handicaps, etc.)
1  Yes
2  No

**SUILIE5**
Other
1  Yes
2  No

**SUILIE6**
No current place of treatment *(exclusive item)*
1  Yes
2  No
**INT: LIST. SEVERAL ANSWERS POSSIBLE**

**If SUILIES=1**  
**SUILIEP** *(not available as empty)*  
Specify ____________

**REFUSVACC**  
For [ELFE child], have you ever refused a vaccination proposed by his/her GP?  
1  Yes  
2  No ⇔ VACCHB  
9  [DK] ⇔ VACCHB  
**INT:** ALSO ENTER "YES" IF A DOCTOR HAS ADVISED THE VACCINATION AND ANOTHER DOCTOR HAS ADVISED AGAINST IT.

**QUELREFUVAC(1à5)**  
Which one/s?  
1  Diphtheria, tetanus, polio (DTP, or Infanrix, or Pentavac, or Tetravac)  
2  Whooping cough (only did DTP or Revaxis)  
3  Measles (did neither DTP nor Revaxis)  
4  Hepatitis B (Infanrix HEXA, GenHevac B, HBvax pro, Engerix B, Twinrix)  
5  Mumps and rubella (only did rubella vaccine: Rouvax)  
6  Tuberculosis (BCG)  
7  Meningococcal meningitis C (Méningitec, Neisvac, Meninvact, Menjugate, Menveo)  
8  Pneumococcus (Prévenar 13)  
9  Chickenpox (Varilrix, Varivax)  
10  Diarrhoea, rotavirus (Rotarix, Rotateq)  
11  Influenza  
12  Hepatitis A (for travel): Havrix 720, Twinrix  
13  Yellow fever (for travel): Stamaril  
14  Extended pneumococcus in the event of a particular pathology (PNEUMO 23)  
15  Typhoid (Typhim)  
16  [No other vaccination]  
99  [DK]  
**INT:** DO NOT LIST. 5 ANSWERS POSSIBLE

**If QUELREFUVAC1 not (16, 99, .)**  
**MOTIFREFUVAC1C**  
What was the main reason for refusing the vaccine mentioned in QUELREFUVAC1?  
.................................................

**If QUELREFUVAC2 not (16, 99, .)**  
**MOTIFREFUVAC2C**  
What was the main reason for refusing the vaccine mentioned in QUELREFUVAC2?  
.................................................

**If QUELREFUVAC(1à5)=4 code VACCHB=2, if not ask the question**  
**VACCHB**  
Has your child been vaccinated against Hepatitis B?  
1  Yes  
2  No  
9  DK
INT: A child is considered to have been vaccinated against hepatitis B once one injection has been made (vaccination initiated). In the health booklet, this may be:

- INFANRIX HEXA (P 90-91)
- OR
- HEXA/GENHEVAC B/ENGERIX B10/HBVAXPRO 5/TWINRIX (P 92)

If QUELREFUVAC(1à5)=7 code VACC MENINGO=1, if not ask the question

VACC MENINGO
Has your doctor advised the vaccination against meningococcal meningitis C?
1  Yes
2  No
9  DK

INT: VACCINE PROTECTING AGAINST MENINGITIS (Changed at start of Wave 1)

COUVEUSE
Has [ELFE child] ever been placed in an incubator?
1  Yes
2  No

If COUVEUSE=1

COUVEUSEN
For how long?

COUVEUSEP
For how long? (unit)
1  [Period in hours]
2  [Period in days]
3  [Period in weeks]
17. The child’s play activities

IF A02X_QMERECOMP2a=1

Questionnaires concerned:
- “Referent Mother”
- “Non-Cohabiting Mother”

If the mother is in a couple with the father of the child and cohabits on a permanent basis with him or she is in a couple with a woman on a permanent basis, ask only the greyed-out questions
(SITUAFAMM=1 or SITUAFAM=3 with LIENTYP_1(1 à 20)=7 SEXE=2)

In other cases where the father did not participate in the 1 Year survey, ask him the entire module
(SITUAFAMM=(2, 4, 5, 6 or 7) or SITUAFAM=3 without LIENTYP_1(1 à 20)=7 SEXE=2)

If the cohabiting father is not participating, return later to the questionnaire with the mother, except for questions already documented.
If VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire

Ask this module twice for twins except CADOCHER

a. Games and leisure activities

IF A02X_TYPQUEMERE2a in (1, 4)

“We are now going to talk about [ELFE child’s] games and leisure activities.”

Random question order

When [ELFE child] plays, how often does he/she imitate the following situations?

**JOCCBB**
Taking care of a baby
1. Every day
2. Often but not every day
3. Occasionally
4. Never

**JCUIS**
Cooking
1. Every day
2. Often but not every day
3. Occasionally
4. Never

**JCOND**
Driving a car or a machine
1. Every day
2. Often but not every day
3 Occasionally
4 Never

**JBEAU**

Dressing up
1 Every day
2 Often but not every day
3 Occasionally
4 Never

**INT:** AS A SUB-QUESTION ASK 1 EVERY DAY / 2 OFTEN BUT NOT EVERY DAY / 3 OCCASIONALLY / 4 NEVER

Whether at home or in another place how often does [ELFE child]:

**Random question order**

**JBALLE**

Play with a ball?
1 Every day
2 Often but not every day
3 Occasionally
4 Never

**JDESS**

Draw or paint?
1 Every day
2 Often but not every day
3 Occasionally
4 Never

**JEMPIL**

Play stacking games, for example with cubes, or wooden towers?
1 Every day
2 Often but not every day
3 Occasionally
4 Never

**JEMBOIT**

Play games involving fitting things together, such as lego, duplo, clipo?
1 Every day
2 Often but not every day
3 Occasionally
4 Never

**JPuzzle**

Do jigsaw puzzles?
1 Every day
2 Often but not every day
3 Occasionally
4 Never
JPELUCH
Play with soft toys?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JPOUP
Play with dolls or baby dolls?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JVOIT
Play with toy cars?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JBAIN
Play in the bathtub or water games?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JPROM
Go on walks with you?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JACTP
Play physical games (ball, pool, etc.) with you?
1  Every day
2  Often but not every day
3  Occasionally
4  Never

JORDI
Does [ELFE child] play on a computer or tablet?
1  Every day or almost
2  Once or twice a week
3  Once or twice a month
4  Never or hardly ever
JSMART
Does [ELFE child] play with a smartphone?
1. Every day or almost
2. Once or twice a week
3. Once or twice a month
4. Never or hardly ever

INT: A SMARTPHONE IS A MOBILE PHONE WITH A TOUCHSCREEN OR KEYPAD. IT CAN BE USED FOR: BROWSING THE WEB, CHECKING EMAILS, GPS, DIGITAL PHOTOGRAPHY. EXAMPLES: IPHONE, ANDROID, GALAXY, BLACKBERRY, SOME NOKIA HANDSETS.

JVIDEO
Does [ELFE child] play video games (PSP, DS, etc.)?
1. Every day
2. Often but not every day
3. Occasionally
4. Never

If JVIDEO=[1, 2, 3]

VIDEOA
Since what age?
___ Months
(9<=age<=30; + DK=99)

INT: 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

How much time a day on average?
If JVIDEO=[1, 2, 3]

VIDEOTH
Hours
/____/ h
(Limits <25h, <61, + DK =99)

VIDEOTM
Minutes
/____/ min
(Limits <25h, <61, + DK =99)

Does [ELFE child] play with: (To be filtered with TCM and inter-generational relationships)

JPARREP
You?
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

JPARAUT
His/her father or your partner
(depending on LIENTYP_(1à20)=(1, 7))
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

**JFRERE**
His/her brother(s) or half-brother(s) (if he/she has any)?
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

**JAUTG**
Others/boys (depending on whether he/she has brothers or not)
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

**JSOEUR**
His/her sister(s) or half-sister(s) (if he/she has any)?
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

**JAUTF**
Others/girls (depending on whether he/she has sisters or not)
1. Every day
2. Often
3. Occasionally
4. Never
5. [Not applicable]

**INT:** AS SUB-QUESTIONS, ASK: 1 EVERY DAY / 2 OFTEN / 3 OCCASIONALLY / 4 NEVER. IF NOT APPLICABLE, CODE NA

### b. Other leisure activities

*IF A02X_TYPQME2a in (1, 4) AND A02X_ADOCUMERE4 in (1, 2)*

**TELE**
Does [ELFE child] watch television:
1. Every day or almost
2. Once or twice a week
3. Once or twice a month
4. Never or hardly ever
If TELE=(1, 2, 3)

**TELEA**

Since what age?

__ Months

(min 1 max 30 months; + DK=99 ; not allowed 0)

INT: SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

On the weekend, how much time in all does he/she spend watching television?”

If TELE=(1, 2)

**TELEWEH**

Hours

/____/ h

(Limits <49h, <61, + DK =99)

**TELEWEM**

Minutes

/____/ min

(Limits <49h, <61, + DK =99)

On a week day, how much time on average does he/she spend watching television?

If TELE=(1, 2)

**TELESH**

Hours

/____/ h

(Limits <25h, <61, + DK =99)

**TELESM**

Minutes

/____/ min

(Limits <25h, <61, + DK =99)

**PISCI**

Does he/she go to the pool?

1  Never ⇒ AIDLOIS
2  Occasionally
3  Often
4  [Pool at home] ⇒ AIDLOIS

INT: DO NOT LIST THE LAST WORDING

How often?

If PISCI=(2, 3)

**PISCREGN**

Number of times

/____________/ 1 to 99 + DK + NA
PISCREGF
[Times per week, month of year]
1 [times per week]
2 [times per month]
3 [times per year]
8 [Refuses]
9 [Doesn’t know]

If PISCI=(2, 3)
PISCACC
Who mainly takes him/her to the pool?
1 You
2 His/her father
3 [Your partner]
4 A grandmother
5 A grandfather
6 A sister
7 A brother
8 Another person
9 You go as a family
10 It depends

INT: DO NOT LIST

AIDLOIS
Do you benefit from financial aid for the leisure activities or holidays of [ELFE child], for example from a works council, or holiday coupons?
1 Yes
2 No

CADOCHER(1à4)
I am now going to describe a situation that parents could be confronted with. I will then ask you what you think about it.

Random choice

Situation 1: A ten-year-old boy insistently asks for a birthday present twice as expensive as the birthday present given two months earlier to his brother, also aged ten. To make him happy, the parents finally decide to give him the twice-as-expensive present. In your opinion, the parents are:

Situation 2: A ten-year-old boy insistently asks for a birthday present twice as expensive as the birthday present given two months earlier to his sister, also aged ten. To make him happy, the parents finally decide to give him the twice-as-expensive present. In your opinion, the parents are:

Situation 3: A ten-year-old girl insistently asks for a birthday present twice as expensive as the birthday present given two months earlier to her sister, also aged ten. To make her happy, the parents finally decide to give her the twice-as-expensive present. In your opinion, the parents are:

Situation 4: A ten-year-old girl insistently asks for a birthday present twice as expensive as the birthday present given two months earlier to her brother, also aged ten. To make her happy, the parents finally decide to give her the twice-as-expensive present. In your opinion, the parents’ decision is:
1 Entirely right
2 Somewhat right
3 Not really right
4 Not at all right
9 [Doesn’t know]
INT: IF THE PERSON DOESN’T FULLY UNDERSTAND THE QUESTION, TELL THEM IT IS A HYPOTHETICAL SITUATION IN WHICH THE TWO CHILDREN, WITHOUT BEING TWINS, ARE ABOUT THE SAME AGE, I.E. 9, 10 OR 11

*If interview done twice:
“We have reached the end of this interview. Would you like to continue now or would you prefer to make an appointment to continue in the coming days?”*

*(The INTERVIEW variable is displayed and may be changed)*

**ENTRETIEN2**
1 [continue with the questionnaire ⇒ go to part 2 of the questionnaire ⇒ ask questions]
2 [make an appointment to administer the rest of the questionnaire at a later date]
3 [no, refuses to continue]

*If VAGUE=1
(Valid only for Wave 1)*
18. The mother’s health

IF A02X_QMERECOMP2a=1 AND A02X_TYPQMERE2a in (1, 3, 4)

Questionnaire concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabitating Mother”

The questions from AGTRAVSOIN to GTRAVPERE are asked to the mother only if she didn’t participate in the 2 year full Referent Mother questionnaire

If MERBIL not 17
If VALIDCP1=(2 OR 3) AND EFFIT=1 full Referent Mother questionnaire

a. Work in a hospital environment

If occupational activity sector variable recoded at 2 months= “Healthcare” ask GTRAVSOIN

“We would like to ask you for more information about your occupational activity when you were pregnant with [ELFE child].”

INT: THIS INFORMATION WILL ENABLE US TO SPECIFY WHICH TYPE OF PRODUCTS AND RADIATION THE MOTHER WAS EXPOSED TO DURING HER PREGNANCY, SO AS TO PRECISELY ANALYZE WHETHER THIS EXPOSURE HAD CONSEQUENCES ON THE PREGNANCY AND THE FUTURE HEALTH OF HER CHILD

“During your pregnancy, you worked in a healthcare environment (hospital, clinic, doctor’s office, etc.).”

GTRAVSOIN(1 à 2) (suffix 2 not available as empty)

Can you tell us in which department/unit you worked in?
1. [Did not work in a healthcare environment]
2. Operating theatre
3. A&E (including paediatric)
4. Sterilization
5. Intensive care (including paediatric)
6. Oncology (including paediatric)
7. Haematology (including paediatric)
8. Radiology
9. Laboratory
10. Surgery
11. Paediatrics
12. Short-stay medical service
13. Medium- or long-stay medical service
14. Physical and rehabilitation medical service
15. Psychiatry
16. Private doctor’s office
17. Home hospitalization
18. Other

INT: DO NOT LIST

IF SEVERAL DEPARTMENTS/UNITS, NOTE THE TWO WHERE THE MOTHER SPENT THE MOST TIME DURING HER PREGNANCY

IF GTRAVSOIN(1 à 2)=18
*GTRAVSOINP
Specify
b. Work in a hospital environment (father)

(From AGTRAVSOIN to GTRAVPERE - questions asked to father. If the father is not participating, return to the mother)

**AGTRAVSOIN**

“During the year preceding your pregnancy with [ELFE child], did the father work in a healthcare environment (hospital, clinic, doctor's office, etc.)?”

1  Yes
2  No
9  DK

**INT:** IF SEVERAL JOBS DURING PERIOD, TAKE THE ONE HELD AT THE START OF THE MOTHER'S PREGNANCY (PERIOD OF CONCEPTION FOR THE FATHER)

**IF AGTRAVSOIN=1**

**AGTRAVSOINP**

In which department/unit did he work?

1  Operating theatre
2  A&E (including paediatric)
3  Sterilization
4  Intensive care (including paediatric)
5  Oncology (including paediatric)
6  Haematology (including paediatric)
7  Radiology
8  Laboratory
9  Surgery
10  Paediatrics
11  Short-stay medical service
12  Medium- or long-stay medical service
13  Physical and rehabilitation medical service
14  Psychiatry
15  Private doctor's office
16  Work in home hospitalization as for the mother
17  Other

**INT:** IF SEVERAL JOBS DURING PERIOD, TAKE THE ONE HELD AT THE START OF THE MOTHER'S PREGNANCY (PERIOD OF CONCEPTION FOR THE FATHER)

**IF AGTRAVSOINP=17**

*AGTRAVSOINPP*

Specify

____________________

**IF AGTRAVSOIN=2**

*GTRAVPERE*

What is the main activity of the company where the father of [ELFE child] worked at the start of your pregnancy? (Be as precise as possible: supermarket, IT maintenance and repair, healthcare, the transport of equipment or perishable foodstuffs, hotel, etc.).

“Now let’s talk about your life today”
c. Leisure (physical or sports activity)

**SPORTME**
As part of your current leisure pursuits, do you **regularly** practice a physical activity or sport (**regularly** meaning practically every week)?
1  Yes
2  No

*If SPORTME=1*
Which activities?

**SPORTMEP1**
Aerobics, fitness, zumba, etc.?
1  Yes
2  No

**SPORTMEP2**
Athletics
1  Yes
2  No

**SPORTMEP3**
Badminton?
1  Yes
2  No

**SPORTMEP4**
Basketball?
1  Yes
2  No

**SPORTMEP5**
Boxing?
1  Yes
2  No

**SPORTMEP6**
Horse riding?
1  Yes
2  No

**SPORTMEP7**
Cross-country running?
1  Yes
2  No

**SPORTMEP8**
Dancing?
1  Yes
2  No
SPORTMEP9
Climbing?
1 Yes
2 No

SPORTMEP10
Football?
1 Yes
2 No

SPORTMEP11
Golf?
1 Yes
2 No

SPORTMEP12
Gymnastics?
1 Yes
2 No

SPORTMEP13
Handball?
1 Yes
2 No

SPORTMEP14
Gardening?
1 Yes
2 No

SPORTMEP15
Jogging?
1 Yes
2 No

SPORTMEP16
Karate or judo?
1 Yes
2 No

SPORTMEP17
Bodybuilding?
1 Yes
2 No
SPORTMEP18
Swimming?
1 Yes
2 No

SPORTMEP19
Ice skating?
1 Yes
2 No

SPORTMEP20
Table tennis?
1 Yes
2 No

SPORTMEP21
Hiking?
1 Yes
2 No

SPORTMEP22
Rollerskating, rollerboarding, riding a scooter?
1 Yes
2 No

SPORTMEP23
Rugby?
1 Yes
2 No

SPORTMEP24
Squash?
1 Yes
2 No

SPORTMEP25
Tennis?
1 Yes
2 No

SPORTMEP26
Cycling?
1 Yes
2 No
d. Mental state

“I am now going to ask you a few questions about yourself on the way you have been feeling over the last 30 days.” “How often have you felt:”
(All the wordings must be read out each time the interviewer repeats them when reading the question)

**NERV**

Nervous
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses
**DESP**
Desperate
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses

**AGITE**
Agitated or unable to stay still
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses

**DEPRIM**
So depressed that nothing can cheer you up
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses

**EFFORT**
That everything requires an effort
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses

**RIEN**
Good for nothing
1. All the time
2. Most of the time
3. Sometimes
4. Rarely
5. Never
8. Refuses

**SENTIM**
Are your answers for the last 30 days representative of your usual feelings or is this a special period of time for you?
1. Usual feelings
2. A special period of time for you
19. Diet

\[
\text{IF } A02X\_QMERECOMP2a=1 \text{ AND } A02X\_TYPQMERE2a=1
\]

**Questionnaire concerned:**
- “Referent Mother”

“We are now going to talk about what [ELFE child] eats”

\[
\text{If at } 1 \text{ year } \text{TYPLAIT1}=1 \\
\text{If } 1 \text{ year not done (or neither } 1 \text{ year nor } 2 \text{ month), ask } \text{ALLAIT} \\
\text{If } \text{VR\_TYPLAIT1}=1 \text{ or } \text{(VR\_INT2M}=1 \text{ and VR\_INT1A}=1) \\
\text{ALLAIT} \\
\text{Did you breastfeed [ELFE child], even partly?} \\
1 \text{ Yes } \Rightarrow \text{LAITCROI} \\
2 \text{ No}
\]

\[
\text{If } \text{ALLAIT}=2 \\
\text{AGEDEF} \\
\text{How old was he/she, in months, when you stopped breastfeeding definitively?} \\
\text{IN MONTHS } ________ \\
\text{2 to 30 (+ DK(99) + NA(88))} \\
\text{INT: 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS}
\]

**For all mothers**

\[
\text{LAITCROI} \\
\text{Since [ELFE child] was one, have you regularly given him/her growing-up milk?} \\
1 \text{ Yes } \Rightarrow \text{TPLAITCR} \\
2 \text{ No } \Rightarrow \text{LAITVACH}
\]

\[
\text{If } \text{LAITCROI}=1 \\
\text{TPLAITCR} \\
\text{For how long?} \\
1 \text{ Less than 6 months} \\
2 \text{ 6 months or more}
\]

\[
\text{LAITVACH} \\
\text{Since [ELFE child] was one, have you regularly given him/her ordinary cow’s milk?} \\
1 \text{ Yes } \Rightarrow \text{TPSLAITV} \\
2 \text{ No } \Rightarrow \text{AUTLAIT}
\]

\[
\text{If } \text{LAITVACH}=1 \\
\text{TPSLAITV} \\
\text{For how long?} \\
1 \text{ Less than 6 months} \\
2 \text{ 6 months or more}
\]
What type(s) of milk?

If TPSLAITV=(1, 2)

**TYPLAITV1**
Whole milk
1  Yes
2  No

**TYPLAITV2**
Semi-skimmed
1  Yes
2  No

**TYPLAITV3**
Skimmed
1  Yes
2  No

**INT**: LIST. SEVERAL ANSWERS POSSIBLE

**AUTLAIT**
Since [ELFE child] was one, have you regularly given him/her another type of milk?
1  Yes
2  No  ⇒ TYPLAIT

What type(s) of milk?

If AUTLAIT=1

**TYPAUTL1**
Special preparation for allergic child
1  Yes
2  No

**TYPAUTL2**
Soy milk
1  Yes
2  No

**TYPAUTL3**
Almond milk
1  Yes
2  No

**TYPAUTL4**
Rice milk
1  Yes
2  No
TYPAUTL5
Goat’s milk
1  Yes
2  No

TYPAUTL6
Other plant-based drinks
1  Yes
2  No

TYPAUTL7
Other animal milk...
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

If AUTLAIT=1
TPSAUTL
For how long?
1  Less than 6 months
2  6 months or more

TYPLAIT
Currently, what type of milk does [ELFE child] mainly drink?
1  Growing-up milk
2  Whole cow’s milk
3  Skimmed and/or semi-skimmed cow’s milk
4  Other
5  Doesn’t drink milk
6  Mother’s milk

If TYPLAIT=(1, 2, 3, 4) or TYPLAIT=6 and ALLAIT=2
QTLAIT
On average, how many full bottles or large bowls of milk (250 ml) does [ELFE child] drink a day? (all milks combined)
1  Less than a full bottle or large bowl
2  Between 1 and 2 full bottles or large bowls
3  More than 2 full bottles or large bowls

ROBEAU
Does [ELFE child] drink tap water, including in the preparation of his/her bottle(s)?
1  Yes
2  No

If ROBEAU=1
AGROBEAU
How old was he/she when he/she started drinking tap water? (in months)
(min 1 max 30 months; + DK=99+NA=88; not allowed 0)
“I am going to read out a list of food. For each one, can you tell me how often [ELFE child] eats or drinks them at the moment? This includes meals at home and out of the home.”

At the moment, he/she eats or drinks...

### FRUIT

**Fruit juice**
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

### CEREAL

**Breakfast cereals, Blédine, in a bowl or bottle**
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

### FROM

**Cheese**
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

### PRODLAIT

**Other dairy products: yogurts, petits suisses**
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

### PATES

**Pasta, rice, semolina, boiled or mashed potatoes**
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never
LEGCUIT
Cooked vegetables including soup, excluding potatoes
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

VIANDE
Meat, ham
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

FRUIT
Fresh fruit
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

COMPOT
Stewed fruit
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

PAIN
Bread
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

VIENN
Pastries, biscuits, cakes
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never
INT: ASK AS SUB-QUESTIONS: 1 SEVERAL TIMES A DAY / 2 ONCE A DAY / 3 SEVERAL TIMES A WEEK / 4 SEVERAL TIMES A MONTH / 5 LESS OFTEN / 6 NEVER

At the moment, he/she eats or drinks...

**BOISSUCR**
Drinks containing sugar, including soda, syrups
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

**Frites**
Chips, fried potatoes
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

**Quiche**
Quiches, pizzas, savoury tarts
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

**Crudit**
Raw vegetables, salad
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never

**Charcut**
Cold cuts excluding ham
1. Several times a day
2. Once a day
3. Several times a week
4. Several times a month
5. Less often
6. Never
POISSON
Fish
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

OEUF
Eggs on their own or as a main ingredient of a meal, for example an omelette...
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

BONBON
Sweets, chocolate (Nutella, Kinder, etc.)
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

CHIPS
Crisps, appetizer biscuits
1  Several times a day
2  Once a day
3  Several times a week
4  Several times a month
5  Less often
6  Never

INT: ASK AS SUB-QUESTIONS: 1 SEVERAL TIMES A DAY / 2 ONCE A DAY / 3 SEVERAL TIMES A WEEK / 4 SEVERAL TIMES A MONTH / 5 LESS OFTEN / 6 NEVER

TELREP
Is the television generally on during [ELFE child’s] meals?
1  Yes
2  No

For each of the following sentences, tell me if it corresponds to [ELFE child]

COMPAL1
Your child is happy about sitting down at the table
1  Very false
2  False
3  Somewhat true
4  True
5  Very true
COMPAL2
Your child likes only a limited range of foods
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

COMPAL3
Your child doesn't eat much (regardless of what is on the plate, good or bad)
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

COMPAL4
Your child makes a fuss when confronted with new foods
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

COMPAL5
Your child has a good appetite
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

COMPAL6
Your child eats a wide variety of vegetables
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

COMPAL7
Your child rejects new foods merely on sight
1  Very false
2  False
3  Somewhat true
4  True
5  Very true
COMPAL8
Your child enjoys eating
1  Very false
2  False
3  Somewhat true
4  True
5  Very true

INT: ASK AS SUB-QUESTIONS: 1 VERY FALSE / 2 FALSE / 3 SOMEWHAT TRUE / 4 TRUE / 5 VERY TRUE

SUCRE
When you want to give [ELFE child] a treat or reward him/her, do you give them sweets?
1  Yes, often
2  Yes, sometimes
3  Yes, but rarely
4  No, never

ALLERGSUP
On the advice of a doctor, have you stopped giving your child certain foods owing to a food allergy?
1  Yes
2  No

Which allergies? Allergic to:

If ALLERGSUP=1

ALLERGQ1
Milk proteins
1  Yes
2  No

ALLERGQ2
Gluten
1  Yes
2  No

ALLERGQ3
Peanuts
1  Yes
2  No

ALLERGQ4
Fish
1  Yes
2  No

ALLERGQ5
Eggs
1  Yes
2  No
ALLERGQ6
Exotic fruit
1  Yes
2  No

ALLERGQ7
Soy
1  Yes
2  No

ALLERGQ8
Other
1  Yes
2  No

If ALLERGQ8=1
*ALLERGQP
Specify

INT: LIST. SEVERAL ANSWERS POSSIBLE
20. The parents’ cultural practices

IF A02X_QMERCMP2a=1

Questionnaires concerned:
- “Referent Mother”
- “Mother of Placed Child”
- “Non-Cohabiting Mother”

“We are now going to talk about your leisure activities”
“I am going to read out a list of outings. Tell me those you have done in the last 12 months, with or without [ELFE child].”

In the last 12 months you have...

CINE
... been to the cinema
1 Yes
2 No

MATCH
... been to see a match, sports competition
1 Yes
2 No

DISCO
... been to a night club, disco
1 Yes
2 No

CONC
... been to a concert
1 Yes
2 No

SPEC
... been to see a show (dance, theatre)
1 Yes
2 No

BIBL
... been to a library, media library
1 Yes
2 No

MUSEE
... been to a museum, an exhibition, visited a historical monument
"I am going to read out a list of activities. Tell me those you have done in the last 12 months."

In the last 12 months, how often have you:

**BRICO**
Done DIY or gardening activities
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**BROD**
Embroidered, knitted or sewn
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**DESSIN**
Drawn, sung, danced, played a musical instrument, etc.
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**DSPORT**
Practiced a sport, jogged
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**PROMENA**
Gone on a hike or a walk
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**CHASSE**
Been hunting or fishing
1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever
MOMTV
Have you watched TV shows or programmes, regardless of the medium, including on the web, and including recorded shows and programmes
1  Every day or almost
2  1 to 2 times a week
3  1 to 2 times a month
4  Never or hardly ever

INT: ASK AS SUB-QUESTIONS: 1 EVERY DAY OR ALMOST / 2 1 TO 2 TIMES A WEEK / 3 1 TO 2 TIMES A MONTH / 4 NEVER OR HARDLY EVER

“On the weekend, how much time in all do you spend watching TV shows or programmes, regardless of the medium, including on the web, and including recorded shows and programmes?”
If MOMTV=(1, 2)

TPSTVWEH
Hours
/_____/ h
(Limits <49h, <61, + DK =99)

TPSTVWEM
Minutes
/_____/ min
(Limits <49h, <61, + DK =99)

“On weekdays, how much time on average do you spend watching TV shows or programmes, regardless of the medium, including on the web, and including recorded shows and programmes?”
If MOMTV=(2)

TPSTVSEMH
Hours
/_____/ h
(Limits <25h, <61, + DK =99)

TPSTVSEMM
Minutes
/_____/ min
(Limits <25h, <61, + DK =99)

INT: WE ARE TALKING ABOUT A TYPICAL WEEKDAY. IF THE TIME SPENT WATCHING TELEVISION VARIERS FROM DAY TO DAY, HELP THE PERSON CALCULATE THE AVERAGE TIME PER DAY

MOMORDI
Again in the last 12 months, how often have you used a computer or tablet or smartphone for leisure purposes?
1  Every day or almost
2  1 to 2 times a week
3  1 to 2 times a month
4  Never or hardly ever

INT: ASK AS SUB-QUESTIONS: 1 EVERY DAY OR ALMOST / 2 1 TO 2 TIMES A WEEK / 3 1 TO 2 TIMES A MONTH / 4 NEVER OR HARDLY EVER
“On the weekend, how much time in all do you spend using a computer, tablet or smartphone for leisure purposes?”

**If MOMORDI=(1, 2)**

In hours

TPSORDIWEH

/_____ h
(Limits <49h, <61, + DK =99)

In minutes

TPSORDIWEM

/_____ min
(Limits <49h, <61, + DK =99)

“On weekdays, how much time do you spend using a computer, tablet or smartphone for leisure purposes?”

**If MOMORDI=(1, 2)**

TPSORDISEMH

Hours

/_____ h
(Limits <25h, <61, + DK =99)

TPSORDISEMM

Minutes

/_____ min
(Limits <25h, <61, + DK =99)

In the last 12 months, how often have you:

**RADI**

Listened to radio shows or programmes, regardless of the medium, including on the web

1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**MUSI**

Listened to music regardless of the medium, CD, DVD, web music sites, MP3

1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever

**VIDEO**

Played video games regardless of the medium, including on the web

1. Every day or almost
2. 1 to 2 times a week
3. 1 to 2 times a month
4. Never or hardly ever
INT: ASK AS SUB-QUESTIONS: 1 EVERY DAY OR ALMOST / 2 1 TO 2 TIMES A WEEK / 3 1 TO 2 TIMES A MONTH / 4 NEVER OR HARDLY EVER

In the last 12 months, how often have you:

**JOURN**
Read newspapers, magazines *regardless of the medium, including on the web and the free press*
1 Every day or almost
2 1 to 2 times a week
3 1 to 2 times a month
4 Never or hardly ever

**BD**
Read comics *regardless of the medium, including on the web*
1 Every day or almost
2 1 to 2 times a week
3 1 to 2 times a month
4 Never or hardly ever

**LIVR**
Read books, excluding comics, *regardless of the medium, including on the web*
1 Every day or almost
2 1 to 2 times a week
3 1 to 2 times a month
4 Never or hardly ever

INT: ASK AS SUB-QUESTIONS; EXCLUDING COMICS
1 EVERY DAY OR ALMOST / 2 1 TO 2 TIMES A WEEK / 3 1 TO 2 TIMES A MONTH / 4 NEVER OR HARDLY EVER

If LIVR=(1, 2, 3)

**NBLIVR**
And in the last 12 months, how many books have you *read for pleasure, not including professional reading and books read to children, regardless of the medium, including on the web?*  
/_________/ 1 to 999 + DK=9999

INT: NOT INCLUDING COMIC BOOKS

If NBLIVR=DK PROPOSE NUMBER SEGMENTS
If NBLIVR=9999

**NBLIVRB**
Number of books (segments)
1 [None]
2 1 or 2
3 3 to 5
4 6 to 10
5 11 to 20
6 More than 20

Do you have a subscription to:

**ABJOUR**
A daily newspaper *regardless of the medium, including on the web*
1 Yes
2 No
ABMAG
A magazine regardless of the medium, including on the web
1  Yes
2  No
INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

MANQTL
Do you ever feel like you lack free time to do the things you would like to do?
1  Yes, often
2  Yes, occasionally
3  No, never

“I am now going to ask you 2 or 3 questions about your political opinions. Naturally, you may choose not to answer these questions.”

PARTI
Are you a member of a political party?
1  Yes
2  No
8  Refuses

If PARTI=1
PARTIAR
Are you
1  Simply a member
2  Or do you have a position of responsibility
8  Refuses

*POLIT
In politics, people talk about “right” and “left”. On a scale of 1 to 10, 1 being most to the left and 10 most to the right, where would you put yourself?
INT: CODE A SINGLE NO.: 1 2 3 4 5 6 7 8 9 10 (+ NO OPINION=77 + DOES NOT WANT TO ANSWER=88)
21. District, neighbourhood

IF A02X_QMERECP2a=1 AND A02X_ADOCUMERE5 in (1, 2)

Questionnaires concerned:
- “Referent Mother” if father non-cohabiting
- “Mother of Placed Child” if father non-cohabiting
- “Non-Cohabiting Mother”

Module asked only if there has been a move since the last interview (DEMENAG=1) OR if 2 month and 1 year interviews not done

If the cohabiting father or cohabiting father of placed child is not participating, return later to the questionnaire with the mother.

If the district, neighbourhood section of the cohabiting father at 1 year and still cohabiting at 2 years was not documented at 1 year (the father did not participate and no feedback from mother), it will be documented by the mother at 2 years (full mother questionnaire) and if the father is taking part, ask him only the cohabiting father questions.

IF VALIDCP1=2 OR 3 AND EFVIT=1 full Referent Mother questionnaire

“We are now going to talk about your neighbourhood and the services available there, as well as how you get around”

INT:
- THESE QUESTIONS ARE ASKED PURELY TO MEASURE THE DEGREE TO WHICH THE PARENTS ARE INTEGRATED IN THEIR DISTRICT OR NEIGHBOURHOOD, INDEPENDENTLY OF THE REASONS EXPLAINING THIS INTEGRATION (EXISTENCE OR LACK OF SERVICES, DELIBERATE CHOICE ON THE PART OF THE PARENTS, ETC.).
- FILL IN ONLY THE ACTIVITIES CARRIED OUT BY THE PERSON.

When you yourself do the following activities, where do you generally do them?

MEDEC
Going to the doctor, pharmacy, etc.
1 Mainly in the neighbourhood or village
2 Mainly outside the neighbourhood or village
3 Half and half
4 You don’t

CAFE
Going to a café or restaurant
1 Mainly in the neighbourhood or village
2 Mainly outside the neighbourhood or village
3 Half and half
4 You don’t

ESPVERT
Going for a walk, using green spaces, sports facilities, etc.
1 Mainly in the neighbourhood or village
2 Mainly outside the neighbourhood or village
3 Half and half
4 You don’t
SPECT
Going to see a film, concert, etc.
1 Mainly in the neighbourhood or village
2 Mainly outside the neighbourhood or village
3 Half and half
4 You don’t

RENCAMI
Meeting friends
1 Mainly in the neighbourhood or village
2 Mainly outside the neighbourhood or village
3 Half and half
4 You don’t

\[\text{If } \text{RENCAMI} = (1, 2, 3)\]
FQAMI
How often do you see friends?
1 At least once a week
2 Once, twice or three times a month
3 Several times a year, but less than once a month
4 Only for special occasions

“We are now going to focus on your opinion of the environment of your dwelling and your neighbourhood.”

For the following criteria, tell us what you think about the situation of your neighbourhood or village:

QUALAIR
The air quality in your neighbourhood (dust, pollution, odours, etc.) is
1 Very satisfactory
2 Satisfactory
3 Moderately satisfactory
4 Not at all satisfactory

SECUQ
The security in your neighbourhood (the risk of being robbed, attacked, etc.) is
1 Very satisfactory
2 Satisfactory
3 Moderately satisfactory
4 Not at all satisfactory

ENTRUE
The maintenance of roads and highways and public spaces is
1 Very satisfactory
2 Satisfactory
3 Moderately satisfactory
4 Not at all satisfactory

RELATH
Your relations with the inhabitants are
1 Very satisfactory
2 Satisfactory
3 Moderately satisfactory
4 Not at all satisfactory

SERVI
The leisure and cultural services are
1 Very satisfactory
2 Satisfactory
3 Moderately satisfactory
4 Not at all satisfactory
5 [Not applicable]

TRANSQ
Is your neighbourhood or village accessible by public transport?
1 Yes
2 No ⇒ SEE PARENTS' SOCIAL NETWORK

UTILTR
Do you use public transport?
1 Yes
2 No ⇒ See PARENTS' SOCIAL NETWORK

PRATR
Do you find the public transport useful?
1 Yes, very
2 Yes, rather
3 No, not really
4 No, not at all
22. Parents’ social network

IF A02X_QMERECONMP2a=1 AND A02X_ADOCUMERE3 in (1, 2)

Questionnaires concerned:

- “Referent Mother” if father non-cohabiting
- “Mother of Placed Child” if father non-cohabiting
- “Non-Cohabiting Mother”

If the cohabiting father or cohabiting father of placed child is not participating, return later to the questionnaire with the mother.

IF VALIDCP1=(2 OR 3) AND EFVIT=1 full Referent Mother questionnaire

“Now let’s talk about the people that you [“and first name of LIENTYP_(1à20)=1 or LIENTYP=7” see “together” if LIENTYP_(1à20)=1 or LIENTYP_(1à20)=7].”

Besides the grandparents of [ELFE child], do you see these people at your house or at their house or in another place (cinema, café, restaurant, etc.), in respect of the last 12 months?

FREQPAR1
Family members in the broadest sense on your partner’s side
(If LIENTYP_(1à20)=(2, 7))
1  Yes
2  No

FREQPAR2
Family members in the broadest sense on your side
1  Yes
2  No

FREQPAR3
Friends
1  Yes
2  No

FREQPAR4
Neighbours
1  Yes
2  No

FREQPAR5
Work colleagues
1  Yes
2  No
If COUPLE1=1 OR COUPLE2=1
FREQPAR6
Work colleagues of partner
1  Yes
2  No

FREQPAR7
Other
1  Yes
2  No

FREQPAR8
No-one
(exclusive)  FETANNIV
1  Yes
2  No

FREQPAR9
Refuses
1  Yes
2  No

INT: LIST. SEVERAL ANSWERS POSSIBLE
If LIENTYP_(1à20)=1 We are interested in the family social network and thus in the people seen by both parents
If LIENTYP_(1à20)=7 We are interested in the family social network and thus in the people seen by the mother and her partner

If FREQPAR7=1
FREQPARP
Specify
_________________

If FREQPAR not 8 and several answers
If FREQPAR(1à7)=1
Display answer in FREQPAR/FREQPARP (apart from if one answer)
FREQPLU
Among these people, who do you see the most? I_1

INT: ONE ANSWER ONLY
FREQPLU IS RECODED AUTOMATICALLY IF JUST ONE ANSWER IN FREQPAR

If LIENTYP_(1à20)=1 We are interested in the family social network and thus in the people seen by both parents
If LIENTYP_(1à20)=7 We are interested in the family social network and thus in the people seen by the mother and her partner
FQFREQ
How often do you see them?
1  At least once a week
2  Once, twice or three times a month
3  Several times a year, but less than once a month
4  Only for special occasions
8  Refuses
CENTRINT
On the whole, do these people have the same interests or leisure pursuits as you?
1  Same as yours
2  Fairly similar
3  Fairly different
4  Very different
8  Refuses

NIVVIE
On the whole, the living standard of these people is
1  Lower than yours
2  The same
3  Higher than yours
8  Refuses

ORIGGEO
The country of origin of these people is
1  The same as yours
2  Different
8  Refuses
9  Doesn’t know

FET2ANS
Did you organize a special party for the second birthday of [ELFE child]?
1  Yes
2  No  See UNDERSTANDING AND SHARING OF TASKS IN COUPLE
9  DK

if FET2ANS=1
FETINVIT
Did you invite other children?
1  Yes
2  No  See UNDERSTANDING AND SHARING OF TASKS IN COUPLE
9  DK

if FETINVIT=1
NBGAR
How many of the boys invited attended?
_____ 0 à 99 + DK=999 + NA

NBFILLE
How many of the girls invited attended?
_____ 0 à 99 + DK=999 + NA
23. Understanding and sharing of tasks in couple

IF A02X_QMERECOMP2a=1 AND SITUAFAMM in (1, 3)

Questionnaires concerned:
- "Referent Mother"
- "Mother of Placed Child"
- "Non-Cohabiting Mother"

Asked only if the mother is in a couple and cohabits on a permanent basis with her partner (if SITUAFAMM=(1 or 3)). If "Mother of Placed Child" or "Non-Cohabiting Mother" questionnaire and SITUAFAMM=(1 or 3): ask questions VAISS to LINGE and MENAGE to VIOLEN only.

"Now let's look at the way you and your partner organize taking care of [ELFE child]"

Can you tell us who, you or your partner, takes care of the following tasks?

Questionnaire concerned: Referent Mother

IF A02X_TYPQMERE2a=1

IF SITUAFAMM=[1, 3]

IF SITUAFAMM=[1, 3] ask MANGB to QCHERCH

MANGB
Feeding the child
(If breastfeeding, fill in "Not applicable" box)
1 Always you
2 Mostly you
3 You and your partner
4 Mostly your partner
5 Always your partner
6 Always or mostly someone else
7 [Not applicable]

COUCHB
Putting them to bed
1 Always you
2 Mostly you
3 You and your partner
4 Mostly your partner
5 Always your partner
6 Always or mostly someone else
7 [Not applicable]
LAVB
Washing them or giving them a bath
1  Always you
2  Mostly you
3  You and your partner
4  Mostly your partner
5  Always your partner
6  Always or mostly someone else
7  [Not applicable]

NUITPLEU
Waking up at night if they cry
1  Always you
2  Mostly you
3  You and your partner
4  Mostly your partner
5  Always your partner
6  Always or mostly someone else
7  [Not applicable]

IF LIEUGARD not 1 or GARDENF=(7, 9) or JGARDENF=(7, 9)
QCHERCH
Taking them to and picking them up from child care
1  Always you
2  Mostly you
3  You and your partner
4  Mostly your partner
5  Always your partner
6  Always or mostly someone else
7  [Not applicable]

IF A02X_TYPQMER2a in (1, 3, 4)

IF SITUAFAMM=(1, 3)
Questionnaires concerned: “Referent Mother”, “Mother of Placed Child”, “Non-Cohabiting Mother”
IF SITUAFAMM=(1, 3) ask VAISS to LINGE
And now, concerning the sharing of tasks and the organization of everyday life in the week, can you tell me:

VAISS
Who does the washing up or loads the dishwasher?
1  Always you
2  Mostly you
3  You and your partner
4  Mostly your partner
5  Always your partner
6  Always or mostly someone else
7  [Not applicable]

COURSES
Who does the food shopping?
1  Always you
2  Mostly you
3. You and your partner  
4. Mostly your partner  
5. Always your partner  
6. Always or mostly someone else  
7. [Not applicable]

**REPAS**  
Who cooks meals?  
1. Always you  
2. Mostly you  
3. You and your partner  
4. Mostly your partner  
5. Always your partner  
6. Always or mostly someone else  
7. [Not applicable]

**LINGE**  
Who does the clothes washing?  
1. Always you  
2. Mostly you  
3. You and your partner  
4. Mostly your partner  
5. Always your partner  
6. Always or mostly someone else  
7. [Not applicable]

### a. Sharing of tasks and understanding

**IF A02X_TYPQMERE2a=1**

From **FQCHGSVN** to **FQCHGVETP**: referent mother AND SITUAFAMM=[1, 3]

**FQCHGSVN**  
How often is [ELFE child’s] underwear (underpants, socks, etc.) changed to be washed?  
|__|__| 1 to 99 + DK + REF

**FQCHGSVP**  
[How often]  
1. a day  
2. a week  
3. a month  
8. [Refuses]  
9. [DK]

How often are [ELFE child’s] other clothes (trousers, dress, shirt, etc.) changed to be washed?  
**FQCHGVETN**  
|__|__| 1 to 99 + DK + REF

**FQCHGVETP**  
[How often]  
1. a day
From MENAGE to VIOLEN: all types of mother AND SiTUFAMM=(1, 3)

MENAGE
Who does the housework?
1. Always you
2. Mostly you
3. You and your partner
4. Mostly your partner
5. Always your partner
6. Always or mostly someone else
7. [Not applicable]

REPAR
Who fixes things inside and outside of the house? Or who does repairs?
1. Always you
2. Mostly you
3. You and your partner
4. Mostly your partner
5. Always your partner
6. Always or mostly someone else
7. [Not applicable]

TACHMEN
Concerning household tasks (shopping, housework, washing up, washing, cooking, etc.), do you consider in your couple that:
1. You take care of most of the tasks
2. The tasks are shared with your partner
3. Your partner takes care of most of the tasks
4. Another person living in the household takes care of all the housework
5. Another person not living in the household takes care of all the housework

SAFTACM
Regarding housework, are you satisfied with the sharing of tasks between you and your partner?
1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
8. [Refuses]

SAFTACE
Regarding taking care of children, are you satisfied with the sharing of tasks between you and your partner?
1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
6. [Not applicable]
8. [Refuses]
Tensions often exist in couples. I am now going to ask you a few questions about this subject. But before I do, I would like to know if someone is listening to this conversation.

**DISPECOUTE**
Is someone listening?
1  Yes
2  No

In the last 12 months, have you yourself had an argument with your partner about:

**DISPVIEQ**
Everyday life: the sharing of tasks, outings, leisure activities
1  Never
2  Rarely
3  Sometimes
4  Often
8  [Refuses]

**DISPENF**
The children
1  Never
2  Rarely
3  Sometimes
4  Often
8  [Refuses]

**DISPTRA**
Your work or their work
1  Never
2  Rarely
3  Sometimes
4  Often
8  [Refuses]

**DISPREL**
Relations with family or friends
1  Never
2  Rarely
3  Sometimes
4  Often
8  [Refuses]

**DISPTOU**
About everything and nothing
1  Never
2  Rarely
3  Sometimes
4  Often
8  [Refuses]
If \( \text{DISPVIEQ}=(3, 4) \) or \( \text{DISPENF}=(3, 4) \) or \( \text{DISPTRA}=(3, 4) \) or \( \text{DISPREL}=(3, 4) \) or \( \text{DISPTOU}=(3, 4) \)

**PRESENF**
Have these arguments happened in front of [ELFE child]?
1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If \( \text{DISPVIEQ}=4 \) or \( \text{DISPENF}=4 \) or \( \text{DISPTRA}=4 \) or \( \text{DISPREL}=4 \) or \( \text{DISPTOU}=4 \)

**INSULTC**
During these arguments, has your partner ever insulted you or said hurtful things?
1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If \( \text{INSULTC}=(3, 4) \)

**VIOLENC**
Has your partner ever resorted to violence or thrown or broken objects?
1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If \( \text{DISPVIEQ}=4 \) or \( \text{DISPENF}=4 \) or \( \text{DISPTRA}=4 \) or \( \text{DISPREL}=4 \) or \( \text{DISPTOU}=4 \)

**INSULT**
During these arguments, have you insulted your partner or said hurtful things?
1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If \( \text{INSULT}=(3, 4) \)

**VIOLEN**
Have you ever resorted to violence or thrown or broken objects?
1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]
24. The child’s development

IF A02X_QMERECOMP2a=1 AND A02X_TYPQMERa=1

**Questionnaire concerned**

- “Referent Mother”

If the mother is in a couple with the father of the child and cohabits on a permanent basis with him or she is in a couple with a woman on a permanent basis, ask only the greyed-out questions (SITUAFAMM=1 or SITUAFAM=3 with LIENTYP (1à20)=7 SEXE=2)

In other cases where the father did not participate in the 1 Year survey, ask him the entire module (SITUAFAMM=2, 4, 5, 6, 7) or SITUAFAM=3 without LIENTYP (1à20)=7 SEXE=2)

If the cohabiting father is not participating, return later to the questionnaire with the mother, except for questions already documented.

IF VALIDCP1=(2 OR 3) AND EFVIT=1 full Referent Mother questionnaire

IF A02X_ADOCUMERE2=1

“We are now going to talk about some of [ELFE child’s] activities, his/her language and sleep.”

**GLOBE**

Does [ELFE child] walk without being helped?
1  Yes
2  Not yet ⇒ AUTOE

**If GLOBE=1**

**GLOBEAGE**

Since what age, in months?
| ___ | ___ | months 8 to 30 + NA 99 DK

INT: 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

**GLOBG**

Does [ELFE child] run?
1  Yes
2  Not yet

**GLOBH**

Does [ELFE child] ever kick a ball?
1  Yes
2  Not yet

**GLOBI**

Does [ELFE child] walk up the stairs one foot after another?
1  Yes
2  Not yet
PEDAL
Does [ELFE child] pedal on a tricycle or a bicycle with trainer wheels?
1  Yes
2  Not yet

AUTOE
Does [ELFE child] drink out of a glass or cup unassisted?
1  Yes
2  Not yet

AUTOG
Is [ELFE child] able to eat with a spoon unassisted?
1  Yes
2  Not yet

CHAUS
Does [ELFE child] put their slippers or socks on unassisted?
1  Yes
2  Not yet

SUSPOU
Does [ELFE child] suck their thumb or fingers?
1  Never
2  Sometimes
3  Often
4  All the time or almost
9  [DK]

TETINE
Does your child suck a dummy?
1  Never
2  Sometimes
3  Often
4  All the time or almost

SUSAUT
Does your child suck on anything else, such as a comforter or a piece of fabric?
1  Never
2  Sometimes
3  Often
4  All the time or almost
9  [Doesn’t know]

If DEGSUR=(3, 4) AND APPAREILAUD=2
“"You said that [ELFE child] had severe/acute deafness." “As I now have to ask you about the 100 words he/she can say unprompted, perhaps you would prefer me not to ask questions about this subject.”"
If DEGSUR=4 AND APPAREILAUD=2
“You said that [ELFE child] had acute deafness.”
“As I now have to ask you about the 100 words he/she can say unprompted, perhaps you would prefer me not to ask questions about this subject.”

SURMOT
1  Does not want to respond to these questions OR OPPSUGG
2  Wants to respond to these questions
(Changed at start of Wave 1)
Question added from 28/05

### a. The child’s pronunciation

IF A02X_TYPQMERE2a=1

In the list of words I am going to read out, could you tell me as we go along which ones [ELFE child] says unprompted. If [ELFE child’s] pronunciation is different from that of adults, please indicate the word all the same. I would like to warn you that the list is quite long. But it is essential for me to read out all the words and you will see that it won’t take too long.

If SURMOT=2

Does [ELFE child] say unprompted:

**MAIE**
OW
1  Yes
2  No

**MCHEVEUX**
HAIR
1  Yes
2  No

**MMOI**
ME
1  Yes
2  No

**MBATEAU**
BOAT
1  Yes
2  No

**MCOUCHE**
NAPPY
1  Yes
2  No

**MOU**
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MCOINCOIN
QUACK-QUACK
1  Yes
2  No

MMEUH
MOO
1  Yes
2  No

MAPEUR
IS/TO BE AFRAID
1  Yes
2  No

MEAU
SOME WATER
1  Yes
2  No

MPRENUM
[ELFE FIRST NAME]
1  Yes
2  No

MBOIS
DRINK
1  Yes
2  No

MFLEUR
FLOWER
1  Yes
2  No

MPARS
LEAVE/LEFT
1  Yes
2  No

MCA
THAT
1  Yes
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YOGURT
1 Yes
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MCHIEN
DOG/DOGGIE
1 Yes
2 No

MMONSIEUR
MISTER
1 Yes
2 No

MALLO
HI
1 Yes
2 No

MCOCOU
HEY
1 Yes
2 No

MOUAFOUAF
WOOF WOOF
1 Yes
2 No

MBEAU
BEAUTIFUL
1 Yes
2 No

MELEPHANT
ELEPHANT
1 Yes
2 No

MPLEURER
CRY
1 Yes
2 No
MBONJOUR
HELLO
1  Yes
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MICI
HERE
1  Yes
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MPYJAMA
PYJAMAS
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MCAILLOU
STONE
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MLUNE
MOON
1  Yes
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MVOITURE
CAR
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MCHEVAL
HORSE
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MMIAOU
MIAOW
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MBALLON
BALL
1  Yes
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MCOMPOTE
JAM
1 Yes
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MOREILLE
EAR
1 Yes
2 No

MBON
GOOD
1 Yes
2 No

MECOLE
SCHOOL/CRECHE
1 Yes
2 No

MPAS
NOT
1 Yes
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MCACHER
HIDE/TO HIDE
1 Yes
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MFROID
COLD
1 Yes
2 No

MPOT
A POT
1 Yes
2 No

MCHAUD
HOT
1 Yes
2 No
MLIVRE
BOOK
1 Yes
2 No

MTOMBER
FALL/TO FALL
1 Yes
2 No

MCOCHON
PIG
1 Yes
2 No

MMERCII
THANK YOU
1 Yes
2 No

MAUREVOIR
GOOD BYE
1 Yes
2 No

MDEHORS
OUTSIDE
1 Yes
2 No

MNEZ
NOSE
1 Yes
2 No

MBIBERON
BOTTLE
1 Yes
2 No

MFERMER
CLOSE/TO CLOSE
1 Yes
2 No
Start field 17/05/2013 – 12/10/2020 version

**MPAPA**
DADDY
1  Yes
2  No

**MBRAS**
ARM
1  Yes
2  No

**MLAPIN**
RABBIT
1  Yes
2  No

**MPOMME**
APPLE
1  Yes
2  No

**MCHAISE**
CHAIR
1  Yes
2  No

**MMAMAN**
MUMMY
1  Yes
2  No

**MSTP**
PLEASE
1  Yes
2  No

**MCHOCOLAT**
CHOCOLATE
1  Yes
2  No

**MMOTO**
MOTORBIKE
1  Yes
2  No
MYEUX
EYES
1  Yes
2  No

MCUILLERE
SPOON
1  Yes
2  No

MPAIN
SOME BREAD
1  Yes
2  No

MASSIETTE
PLATE
1  Yes
2  No

MENCORE
MORE
1  Yes
2  No

MPLUIE
RAIN
1  Yes
2  No

MBEBE
BABY
1  Yes
2  No

MLA
THERE
1  Yes
2  No

MQUOI
WHAT
1  Yes
2  No
MBOTTES
BOOTS
1  Yes
2  No

MMAIN
HAND
1  Yes
2  No

MVROUM
VROOM
1  Yes
2  No

MCANARD
DUCK
1  Yes
2  No

INT: - “UNPROMPTED MEANS THAT THE CHILD SAYS THE WORD WITHOUT IT HAVING JUST BEEN SAID - IT IS NOT SIMPLY THE REPETITION OF A WORD ALREADY HEARD” - IF [ELFE CHILD] DOESN’T SAY VERY MANY WORDS, SAY ONLY THAT THE QUESTIONNAIRE IS DESIGNED FOR CHILDREN AGED BETWEEN 2 AND 4. ENABLE THE INTERVIEWERS TO WRITE A SPECIAL REMARK ABOUT THIS PART OF THE QUESTIONNAIRE WHERE THE PARENTS SAY THAT THE CHILD SAYS ALL OR SOME OF THESE WORDS IN A LANGUAGE OTHER THAN FRENCH, AND DISPLAY THE FOLLOWING IN THE SPACE SO THAT THE INTERVIEWER CAN WRITE DOWN THE REMARK: “THE WORDS PRONOUNCED BY YOUR CHILD MUST BE IN FRENCH FOR REASONS OF CONSISTENCY RELATIVE TO LANGUAGE. NATURALLY, WE NOTE THAT YOUR CHILD OFTEN EXPRESSES HIMSELF OR HERSELF IN A LANGUAGE OTHER THAN FRENCH”
M.OU DISPLAY AS IN THE SENTENCE “WHERE IS THE CAT?”
M.OU DISPLAY AS IN THE SENTENCE “HE’S HERE!”
M.PAS DISPLAY AS IN THE SENTENCE “I DON’T WANT ANY”
M.PATES display EDIBLE PASTA
M.VERRE display TO DRINK
M.CA DISPLAY AS IN THE SENTENCE “I WANT THAT”
M.COINCOIN display LIKE a duck
M.MEUF display LIKE a cow
M.BEEBEE display LIKE a sheep
M.MIAOU display LIKE a cat
M.OUAFOUAF display LIKE a dog

ENQ1
Did the mother tell you that the child said all or some of these words in a language other than French?
1  Yes
2  No

IF ENQ1=1
ENQ2
In which other language does he/she say these words?

_________________________
PHRASE
Has [ELFE child] already begun making short two-word sentences, such as: “More cake”?
1  Not yet    OPPSUGG
2  Sometimes
3  Often
4  [He/she expresses himself/herself using longer sentences]
INT: DO NOT LIST THE LAST WORDING

What are the three longest sentences currently expressed by [ELFE child] unprompted (i.e. without repeating something that he/she has just heard)?

*PHRASE1
[Sentence 1]

*PHRASE2
[Sentence 2]

*PHRASE3
[Sentence 3]
INT: IF NO OTHER SENTENCES, CODE NA

If SURMOT=2
ORDIM
ORDI
1  Yes
2  No

b. The child’s behaviour

The following types of behaviour are sometimes seen among two-year-olds. Could you tell us how often you see this behaviour with [ELFE child]?

OPPSUGG
Disagrees with your suggestions?
1  Never
2  Rarely
3  Sometimes
4  Often
5  Always

DEFI
Challenges you, stands up to you when they he/she is told off?
1  Never
2  Rarely
3  Sometimes
4  Often
5  Always

**FRAPPE**
Hits you or destroys things when he/she is angry with you?
1  Never
2  Rarely
3  Sometimes
4  Often
5  Always

**c. The child’s sleep**

On weekdays in the evening, what time do you generally put [ELFE child] to bed?

“To conclude, I am going to ask you a few more questions. The questions mainly concern your child’s sleep and toilet training.”

**HEURCOUH**
Hours
|   |   | 18 to 24 + DK=99 + REFUSES=88

**HEURCOUM**
Minutes
|   |   | 0 to 59 + DK=99 + REFUSES=88
**INT**: PUT 8 PM IF PARENT SAYS 8 IN THE EVENING

And on the weekend?

**HEURCOUWEH**
Hours
|   |   | 18 to 24 + DK=99 + REFUSES=88

**HEURCOUWEM**
Minutes
|   |   | 0 to 59 + DK=99 + REFUSES=88

**LITDOR**
When you put [ELFE child] to bed, does he/she have problems getting to sleep? For example, does he/she call for you or cry for a long time?
1  Often
2  Sometimes
3  Never
9  [DK]

**DORAV**
Does he/she need a bottle or a drink dummy to get to sleep (excluding regular dummies)?
1  Yes
2  No ☐ DOUDOU
9  [Doesn’t know]
Is it a:

\[ \text{If } DORAV=1 \]

**DORAVQ1**
Bottle or dummy filled with water?
1 Yes
2 No

**DORAVQ2**
Bottle or dummy filled with sugared water (syrup or other)?
1 Yes
2 No

**DORAVQ3**
Bottle or dummy filled with milk?
1 Yes
2 No

**DORAVQ4**
Doesn't know
1 Yes
2 No

\[ \text{INT: LIST. SEVERAL ANSWERS POSSIBLE} \]

**DOUDOU**
Does he/she need an object such as a comforter or a regular dummy?
1 Yes
2 No
9 DK

**LAMPE**
Is there a lamp or night light in the room where he/she sleeps?
1 Yes
2 No
9 Doesn't know

\[ \text{If } LAMPE=1 \]

**LAMPEA**
Since what age?
____ (in months)
(min 1 max 30 months; + DK=99+NA=88; not allowed 0)
\[ \text{INT: SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS} \]
**DODOLIT**
Does [ELFE child] fall asleep in his/her own bed?
1  Yes
2  No
9  DK

**REVNUIT**
Does your child go through periods of waking up at night?
1  Yes
2  No
9  DK

**IF REVNUIT=1**
**TPSREVM**
This week, how many times has your child woken up in the night (if the child has been ill this week, ask for the last week when not ill)?
1  Never
2  1 or 2 times
3  3 or 6 times
4  Every night
9  [Doesn’t know]

**IF TPSREVM ne 1**
**NRREVM**
How often did he/she wake up in the night on average?
1  Once a night
2  At least twice a night
9  [Doesn’t know]

**IF REVNUIT=1**
**DODOLITV**
Does he/she ever end the night in your bed?
1  Yes
2  No
9  DK

On weekdays, what time does he/she wake up?

**HEURLEVH**
Hours
|   |   | 1 to 12 + DK=99 + REFUSES=88

**HEURLEVM**
Minutes
|   |   | 0 to 59 + DK=99 + REFUSES=88

And on the weekend?

**HEURLEVWEH**
Hours
|   |   | 1 to 12 + DK=99 + REFUSES=88
HEURLEVWEM
Minutes
|___|___| 0 to 59 + DK=99 + REFUSES=88

How much does he/she sleep in the DAY (on average)? Can you add up all these naps taken in the day?

TPSOMJH
Hours
|___|___| H (min 0 max 23)

TPSOMJM
Minutes
|___|___| Min (min 0 max 59)

INT: CODE 0 IF NO NAPS

BABYPH
Since [ELFE child] was born, have you used a babyphone?
1  Yes
2  No
9  Doesn’t know

If BABYPH=1
BABYPHU
Do you still use it?
1  Yes
2  No

On which date did you stop using it?
If BABYPHU=2
BABYPHUTM
The month
___

BABYPHUTA
The year
_____
d. The child’s usual behaviour

“To end, I am going to ask you a few questions about [ELFE child’s] usual behaviour”

AUT1
Does [ELFE child] like being rocked in your lap?
1 Yes
2 No

AUT2
Is he/she interested in other children?
1 Yes
2 No

AUT3
Does he/she like to climb on furniture or stairs?
1 Yes
2 No

AUT4
Does [ELFE child] like to play hide and seek or peek-a-boo?
1 Yes
2 No

AUT5
Does he/she like to play “pretend” games, for example pretending to be on the telephone or playing with soft toys or dolls?
1 Yes
2 No

AUT6
Does [ELFE child] use his/her index finger to point when asking for something?
1 Yes
2 No

AUT7
Does he/she use his/her index finger to show you things they find interesting?
1 Yes
2 No

AUT8
Does he/she play correctly with small toys without putting them in his/her mouth, fiddling with them or knocking them down?
1 Yes
2 No
AUT9
Does he/she bring objects to you to show you?
1 Yes
2 No

AUT10
[ELFE child] look you in the eyes for more than a second or two?
1 Yes
2 No

AUT11
Does your child ever seem excessively sensitive to noises, to the point of putting his/her hands over his/her ears?
1 Yes
2 No

AUT12
Does [ELFE child] ever smile back at you?
1 Yes
2 No

AUT13
Does [ELFE child] imitate you, for example when you pull a face?
1 Yes
2 No

AUT14
Does he/she respond when called by his/her name?
1 Yes
2 No

AUT15
If you show [ELFE child] an object at the other side of the room, does he/she look in that direction?
1 Yes
2 No

AUT16
Does he/she look at the objects you are looking at?
1 Yes
2 No

AUT17
Does he/she make unusual gestures with his/her hands close to his/her face?
1 Yes
2 No
AUT18
Does [ELFE child] try to draw your attention to what he/she is doing?
1 Yes
2 No

AUT19
Have you ever wondered whether he/she was deaf?
1 Yes
2 No
If DEGSUR >0
“Did you ever wonder whether he/she was deaf?”

AUT20
Does he/she understand what people say to him/her?
1 Yes
2 No

AUT21
Does he/she ever stare into space or walk around with no purpose?
1 Yes
2 No

AUT22
Does [ELFE child] look at your face to check your reaction when he/she is confronted with an unusual situation?
1 Yes
2 No

INT: ASK AS SUB-QUESTIONS 1 YES / 2 NO

e. Toilet training

POT
Do you ever put your child on the potty?
1 Never
2 Occasionally
3 Often
4 All the time

COUCHNUI
Does [ELFE child] wear a nappy at night?
1 Yes, always
2 Yes, sometimes
3 No

COUCHJOU
And in the day?
1 Yes, always
2 Yes, sometimes
3 No
PROPRE
Have you received, or have you felt you needed, advice on toilet training, i.e. using a potty and stopping the use of nappies?
1 Yes
2 No ☐ SECHEV

Concerning the potty and stopping the use of nappies, where do you find advice or from whom?
If PROPRE=1

CONSPROP1
A doctor
1 Yes
2 No

CONSPROP2
Your mother
1 Yes
2 No

CONSPROP3
The child’s other grandmother
1 Yes
2 No

CONSPROP4
Another family member, a friend, other parents
1 Yes
2 No

CONSPROP5
Staff at the crèche, a childcare assistant, a nursery school assistant
1 Yes
2 No

CONSPROP6
Neighbours
1 Yes
2 No

CONSPROP7
In books, print media
1 Yes
2 No

CONSPROP8
In TV programmes, on the radio, the web
1 Yes
2 No
CONSPROP9
From your own experience with other children
1  Yes
2  No

CONSPROP10
Other
1  Yes
2  No

CONSPROP11
No-one (exclusive)
1  Yes
2  No

INT: DO NOT LIST. SEVERAL ANSWERS POSSIBLE

SECHEV
Do you ever dry [ELFE child’s] hair with a hairdryer?
1  Yes
2  No

If SECHEV=1
SECHEVT
How often?
1  Less than once a week
2  Once a week
2  2 to 3 times a week
4  Almost every day

If SECHEV=1
SECHEVA
Since what age?

(min 1 max 30 months; + DK=99; not allowed 0)
INT: SINCE BIRTH=1 MONTH, 1 YEAR=12 MONTHS, 1 AND A HALF YEARS=18 MONTHS, 2 YEARS=24 MONTHS

TYPVET
Generally speaking, to dress [ELFE child]:
1  You prefer “little girl”/“little boy” clothes
2  You prefer clothes that suit girls and boys alike
3  You are indifferent to these considerations
25. Checking and correcting the following contact details

Mother
(If no mobile number, ask her):
“Do you have a mobile phone?”
1 Yes
2 No

Father
(If no mobile number, ask him):
“Do you have a mobile phone?”
1 Yes
2 No

Relay person

Childcare number

If LIEUGARD=(2, 3) OR GARDENF=7
If GARDENF 2 Year=GARDENF 1 Year carry over info and confirm by reading out the address and/or name of the crèche

Can you tell us the address of the childcare centre of your child?
INT. NOTE THE ADDRESS AS PRECISELY AS POSSIBLE

If LIEUGARD=(2, 3) OR GARDENF=(7, 9)

FINESS1
ID of childcare centre

*GARNOM
Name of crèche
(LIST) ⇒ GARCP

*GARNUM
Number
|___|___|___| (1 to 997) (+ DK=999 and NA=998)

*GARRUE
Street
(50 characters maximum) (LIST?)

*GARCP
Postcode
|___|___|___|___|___| (01000 to 97500) (LIST?)

*GARCOM
Municipality
(30 characters maximum) (LIST, to enable geocoding)
GARBAT
Is the building where [ELFE child] is looked after:
1. An individual house?
2. A collective building?
3. Other

GARETA
How many floors?
___ ___ ___
+ DK=99
INT: COUNT THE MEZZANINE FLOOR AS A GROUND FLOOR, CODE 0 IF NO FLOORS AND AUTHORIZE DK=99

If 99>GARETA>0
GARETAQ
On which floor is the childcare centre of [ELFE child]?
___ ___ ___
INT: 0 FOR MEZZANINE FLOOR OR GROUND FLOOR, IF THE CHILD IS KEPT ON SEVERAL FLOORS NOTE THE FLOOR WHERE THEY SPEND THE MOST TIME (Changed at start of Wave 1)

GARCONST
Do you know if the building was built:
1. Before 1949
2. After 1949
9. [DK]

IF GARDENF=9
Can you tell us the address of the nursery school of your child?

FINESS2
ID of nursery school

*ECODEP
First of all, in which department is the school located?
________________

*ECONOM
What is the name of his/her school?
________________

What is the address of the school?

*ECONUM
Number
___ ___ ___ | (1 to 9997) + DK and NA

*ECONUMCP
Additional street address information
*ECORUE
Street name (50 characters maximum)

*ECOCP
Postcode
|___|___|___|___|___| (01000 to 97500) + DK and NA

*ECOCOM
Municipality (30 characters maximum)

ECOETAG
How many floors?
|___|___|
+ DK=99
INT: COUNT THE MEZZANINE FLOOR AS A GROUND FLOOR, CODE 0 IF NO FLOORS AND AUTHORIZE DK=99

If 99>ECOETAG>0
QECOETAG
On which floor is the classroom of [ELFE child]?
|___|___| (+DK=999)
INT: 0 FOR MEZZANINE FLOOR OR GROUND FLOOR

DCONSEC
When was your child’s nursery school built?
1  Before 1949
2  After 1949
3  [Doesn’t know]

TYPECOLE
What kind of school is it?
1  Public (state)
2  Private
3  [Doesn’t know]