Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.

GENERAL INFORMATION ........................................................................................................2
PARENT CONTACT DETAILS ................................................................................................3
INFORMATION ON THE ELFE CHILD ..................................................................................6
INFORMATION ON THE INTERVIEW ....................................................................................7
GENERAL INFORMATION

Resumption 6-8 weeks or maternity unit necessary.

Information collected in maternity unit if 6-8 weeks not completed or at 6-8 weeks

<TELNIE>

ELFE child ID number

VAGUE

Wave number
1 no. 1
2 no. 2
3 no. 3
4 no. 4

LANG

Language used by interviewer in interview
1 English
2 Arabic
3 Turkish/Kurdish
4 Soninke
5 Bambara
6 Wolof
7 French

NAISGEM

Twin birth
1 Yes
2 No

<PRENF>

ELFE child first name ____________________

SEXE

(Select SEXE variable from FCC maternity unit questionnaire)

ELFE child sex:
1 Boy
2 Girl
## Parent Contact Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><code>&lt;NOMM&gt;</code></td>
<td>Mother’s last name</td>
</tr>
<tr>
<td><code>&lt;PRENM&gt;</code></td>
<td>Mother’s first name</td>
</tr>
<tr>
<td><code>&lt;NOMP&gt;</code></td>
<td>Father’s last name</td>
</tr>
<tr>
<td><code>&lt;PRENP&gt;</code></td>
<td>Father’s first name</td>
</tr>
</tbody>
</table>

### Most recent contact details for mother

- `<TELM1>`  Tel no.
- `<TELM2>`  Tel no.
- `<TELM3>`  Tel no.
- `<ADR1M>`  Stairway, floor, apartment, etc.
- `<ADR2M>`  Building
- `<ADR3M>`  Street number and street
- `<ADR4M>`  Additional address information
- `<ADRCPM>`  Mother’s postcode
- `<ADRCOMM>`  Municipality
- `<REGM>`  Mother’s region of residence (INSEE code)
- `<DEPM>`  Department of residence of mother
- `<CODGEOM>`  INSEE municipality code

### Most recent contact details for father

- `<TELP1>`  Tel no.
- `<TELP2>`  Tel no.
- `<TELP3>`  Tel no.
- `<TELP10>`  Telephone number used for interview
- `<TYPTLP>`  Type of telephone used
  - 1 Landline / Mobile
- `<EMAILPON>`  Email address different to mother’s
  - 1 Yes / 2 No
- `<EMAILP>`  Email address
- `<ADR1P>`  Stairway, floor, apartment, etc.
- `<ADR2P>`  Building
- `<ADR3P>`  Street number and street
- `<ADR4P>`  Additional address information
- `<ADRCPP>`  Father’s postcode
- `<ADRCOMP>`  Municipality
- `<REGP>`  Father’s region of residence (INSEE code)
- `<DEPP>`  Department of residence of father
- `<CODGEOP>`  INSEE municipality code

### Most recent contact details of first relay person

- `<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>`  Stairway, floor, apartment, etc.
- `<ADR2R>`  Building
- `<ADR3R>`  Street number and street
- `<ADR4R>`  Additional address information
- `<ADRCPR>`  Postcode
- `<ADRCOMR>`  Municipality

---

23/05/2016
CONTACTP
Final result of telephone contact:

1) The father has been contacted and agreed to take part ☑ EFVIT

2) The father has been contacted but would like the mother to respond to the 1-year questionnaire in his place ☑ questionnaire not asked to the father and the mother will be asked to respond to a "referent mother" questionnaire

3) The father is not able to respond (physical / mental / linguistic / impossible, dialogue impossible) (Reasons to be clearly specified) ☑ questionnaire not asked to the father and the referent mother will be asked to respond to a "referent mother" questionnaire

4) The father has not been contacted because he is hospitalized, bedridden or temporarily absent ☑ If the person on the phone says unprompted that it will be possible to do the survey at a later date (with-in the time frame of the wave) make an appointment. Otherwise, try to interview the mother, who becomes the "referent mother" for this survey. Otherwise end of interview: "We will contact you in a year for the second birthday of [ELFE child]"

5) The father has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (he says he doesn’t have the time, is bedridden, etc.) and does not agree with the mother being called on as a referent mother ☑ questionnaire not asked to the father and the mother will be asked to respond to a "referent mother" questionnaire

6) The father has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (he says he doesn’t have the time, is bedridden, etc.) but does not agree with the mother being called on as a referent mother ☑ End of interview We will contact you in a year for the second birthday of [ELFE Child]

7) The father has been contacted and abandoned ELFE (definitively refuses) and does not agree with the mother being called on as a referent father ☑ questionnaire not asked to the father and the mother will be asked to respond to a "referent mother" questionnaire

REFUS "Can you tell us why you do not want to take part in the ELFE survey?" __________________________ (specify)

8) The father has been contacted and abandoned ELFE (definitively refuses) and does not agree with the mother being called on as a referent mother

9) REFUS "Can you tell us why you do not want to take part in the ELFE survey?" __________________________ (specify) ☑ End of interview and thank you

10) The father cannot be contacted (wrong number, always busy, never answers, etc.): try to contact the mother, whether or not she took part in the 2-month survey

11) The father has not been contacted because the person contacted refuses contact with him

12) The ELFE child has died ☑ End of interview and phrase for death

13) The twin child has died ☑ "We are very sorry to have bothered you in these circumstances. Would you nevertheless like to take part in the survey?" If the person agrees: EFVITM (careful with the child’s first name!) If she refuses: the continuation of the phrase for death
14) The father has died ⇒ "We are very sorry to have bothered you in these circumstances. Would you nevertheless like to take part in the survey?" If there is a cohabiting or non-cohabiting mother, ask if she will become a referent mother. If she refuses: the continuation of the phrase for death if CONTACTP= 11, 12 and 13

In the event of the death of an ELFE child or the father:
"We are very sorry to have bothered you in these circumstances. Given the confidentiality of the survey procedures, we could not be aware of the loss; otherwise, naturally we would not have called. 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."

INT: IN THEORY, DO NOT ASK QUESTIONS, DO NOT PROMPT THE INTERVIEWEE BARRING A CONTRARY PERCEPTION OF THE INTERVIEWER TO EXPRESS HIS EMPATHY. NOTE DOWN THE INFORMATION GIVEN BY THE FAMILY (ILLNESS, HOSPITALIZATION, ACCIDENT).

TEXTDEC (text field) ___________________

ABAND  Reason for abandon currently processing ________________

TYPAB

Person to be excluded:
1  Definitive exit coded by the interviewer
2  Refusal to participate in the survey received by email

PERBIL

GFK report on the interview of the contact:
1  Busy
2  Doesn't answer
3  Fax / modem, answering machine, invalid numbers, numbers rejected
4  The father has been contacted and has definitively abandoned the ELFE survey (specify reason)
5  The father has been contacted but refuses to take part in the 1-year survey without making a definitive refusal (doesn't have the time, is bedridden, etc.) (specify reason)
6  The father has not been contacted because the person contacted refuses to put the call through to the father (specify reason)
7  The father has died
8  The father has not been contacted because he is in hospital, bedridden or absent for the period of the study
9  The father is unable to respond: Physical / mental / linguistic impossibility, dialogue impossible
10  The father would like the mother to respond to the 1-year questionnaire in his place
11  Another telephone number
12  Stop contact with father
13  Interview with father
14  Make an appointment to resume interview later
15  Contact appointment
16  Abandon: during the questionnaire
17  Abandon / cancellation on a request from the GFK ISL team leader
18  Abandon / cancellation on a request from INED
19  Abandon technical problem
20  Refuses to continue interview
21  Appointment made
22  Interview with mother done, but refusal to participate in the survey received by email
23  Father without telephone number
24  The ELFE child has died
25  The twin of the ELFE child has died
Both children have died
Relay / mother does not want to give father’s phone number
2012 appointment: refusal of reuse

**INFORMATION ON ELFE CHILD**

**EFVIT**
Is [ELFE child] alive?
if NAISGEM = 1
Do [ELFE child] and [(TWIN child)] live...?
1 With you and their mother ➞ Q Father Referent Parent
2 With you and not their mother ➞ INFPER then Q Father Referent Parent
3 With their mother and not you
4 With you and their mother on an alternating basis ➞ Q Father Referent Parent
5 Neither with you or their mother (he is with another person or at a non-hospital institution)

**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

**TYPP**
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

**TYPOM**
Type of mother:
1 referent mother: the mother lives with the child (all the time or alternating)
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
5 The mother has not been contacted because she is in hospital, bedridden or absent for the period of the study
6 The mother would like the father to respond to the 1-year questionnaire in her place
7 The mother is unable to respond: physical / mental / linguistic impossibility, dialogue impossible
**INFORMATION ON THE INTERVIEW**

**DATINTJ**
Day of interview
|__|__|

**DATINTM**
Month of interview
|___|

**DATINTA**
Year of interview
|__|__|__|__|

**Q3P**
Number of call attempts to contact the father
|__|__|

**QUALIT**
Quality of the interview indicated by the interviewer
1 Very easy
2 Quite easy
3 Neither easy nor difficult
4 Quite difficult
5 Very difficult

**RSANTE1**
Review of ELFE child health:
1 Yes
2 No

**QP**
Father questionnaire
0 Absent
1 Complete
2 Incomplete

**AGE1A**
(Constructed variable) Age of child in months at 1-year telephone interview
|__|__|
# FAMILY SITUATION AND PARTICIPATION OF PARENTS

<table>
<thead>
<tr>
<th>FATHERS CONCERNED:</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohabitng father</strong></td>
<td>1/ Mother as referent parent declares cohabiting father in household (LIENTYP=1 and LIENTYP=2 in household) and is not opposed to his participation. This last participates by answering the &quot;cohabiting father&quot; questionnaire. If the father does not participate in the interview in the end and so does not answer the part of the questionnaire destined for the &quot;cohabiting father&quot;, you have the possibility to return to the questionnaire at a later date with the mother. If the mother is against the participation of the father or says the father does not want or is unable to respond, once the questionnaire with the mother is completed, ask this last to answer the questions destined for the &quot;cohabiting father&quot;. 2/ It is a cohabiting same-sex-parent couple (LIENTYP=2 and LIENTYP=7, sexe=2). The mother as referent parent declares a female partner in the household and is not opposed to her participation. This last participates by answering the &quot;cohabiting father&quot; questionnaire.</td>
</tr>
<tr>
<td><strong>Non-cohabiting father</strong></td>
<td>The child lives with their mother only. The father participates by responding to the &quot;non-cohabiting father&quot; questionnaire.</td>
</tr>
<tr>
<td><strong>REF father</strong></td>
<td>The child lives with their father only. This last participates by answering the &quot;referent parent&quot; questionnaire. 2/ The child lives with both their parents but the mother does not want or is unable to participate in the ELFE 1 Year survey (hospitalized for period of study, wants the father to respond in her place, etc.). The father replaces the mother as questionnaire respondent.</td>
</tr>
<tr>
<td><strong>Father of placed child</strong></td>
<td>The child does not live with their parents, they are placed with a member of the family, in a nursery, a host family, etc. and the father has seen them since they were placed. The &quot;father of a placed child&quot; questionnaire is managed according to the cohabitation with the mother as described above.</td>
</tr>
</tbody>
</table>
NATIONAL SURVEY 1 YEAR
FATHER QUESTIONNAIRE

Contents

LIST AND CIVIL STATUS OF INHABITANTS OF DWELLING ................................................................. 10
PLACED CHILD ........................................................................................................................................ 15
FAMILY SITUATION .................................................................................................................................. 18
SITUATION OF NON-COHABITATION OR NON-PERMANENT COHABITATION BETWEEN THE FATHER
AND MOTHER ........................................................................................................................................... 22
SEPARATION AND RELATIONSHIP WITH MOTHER ............................................................................ 23
MAINTAINING RELATIONS WITH THE MOTHER WHEN THIS LAST DOES NOT LIVE IN THE HOUSEHOLD
EDUCATION .............................................................................................................................................. 28
MAIN SITUATION REGARDING WORK .................................................................................................. 29
HOUSING .................................................................................................................................................. 33
HOUSEHOLD INCOME ............................................................................................................................... 39
EXTENDED FAMILY .................................................................................................................................. 55
TYPE OF CARE ......................................................................................................................................... 59
HEALTH, DEVELOPMENT AND DIET ..................................................................................................... 66
DEVELOPMENT ......................................................................................................................................... 70
THE CHILD’S PSYCHOMOTOR DEVELOPMENT ..................................................................................... 77
DIET ........................................................................................................................................................... 91
THE CHILD’S HEALTH ............................................................................................................................... 94
THE FATHER’S HEALTH ............................................................................................................................. 114
INFORMATION ABOUT THE PARENTS’ CHILDHOOD ......................................................................... 123
EDUCATIONAL PRACTICES ..................................................................................................................... 125
VALUES AND AFFILIATIONS .................................................................................................................. 130
LOCAL AREA, NEIGHBOURHOOD ............................................................................................................ 135
CULTURAL GOODS IN THE HOUSEHOLD .................................................................................................. 137
LIST AND CIVIL STATUS OF INHABITANTS OF DWELLING

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"To begin with, we are going to talk about your family, your occupational and material situation, and your dwelling. This questionnaire may seem a little long to you, but it is vital to providing a full description of the family situation of [ELFE child]."

INT: If necessary: "The parents, grandparents, and all those who live in the household with the child have values, cultures and languages that, depending on the age of each person in the household, make up the child's everyday life. So it is important that we learn about, for example, the country of birth and the nationality and languages spoken in the child's home."

NBNOI
How many people generally live in your household?  | __|__|

NOI
Individual rank order: ________________

<PRENUM>
What is your (her) first name? ________________

SEX
You are:
1 Male
2 Female

What is your (her) date of birth?
*JNAIS Day (1 to 31, NA=88, DK=99)  | __|__|

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

ANASIS Year (1900 to 2012, NA=8888, DK=9999) | __|__|__|__|

LIENYP
You are (he, she is) the . . . of [ELFE child]?
1 Father
2 Mother
3 Brother, sister
4 Half-brother, half-sister on the mother's side
5 Half-brother, half-sister on the father's side
6 Another child with no family connection to [first name of ELFE child]
7 Partner of respondent parent
8 Maternal grandfather, grandmother
9 Paternal grandfather, grandmother
10 Other family connection
11 Other non-family connection
12 [ELFE child]

**LNAIS**
You were (he, she was) born in...
1 France (metropolitan or FODT)
2 Another country

**If LNAIS=1**

*DEPNAIS*
In which department or territory?
(Show list of departments and overseas territories)

**If LNAIS=2**

*PAYSNAIS*
In which country?
(Show list of 199 countries)

**PAYS25NAIS**
In which country?
(Show list of 199 countries)

*PAYSNAISP*
In which other country? ______________

**If CONFIG=2**

ADATADEPART
In which year did [first name] stop living regularly in the same dwelling as [ELFE child]? (2011 or 2012, NA=8888, DK=9999) |___|___|___|

**If CONFIG=2 LIENTYP=2 and CONTACTM=13 (deceased mother) code CAUSEDEPART=3 automatically**

CAUSEDEPART
Is it because [first name] ... 
1 ... lives DEFINITIVELY in another dwelling
2 ... lives TEMPORARILY in another dwelling
3 ... has died
8 [Refuses]
9 [Doesn't know]

Do not ask if ELFE 2 month survey not completed

**CONFIG**
Does [first name] still live with you? 
1 Yes, he/she is still present
2 No, he/she no longer lives here (leaving)
3 Entering

**NATIO1N**
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 NATIO1N=3
*NATIO2N
What is your (his/her) nationality?
(Show list of 200 nationalities)

If NATIO1N =1, 2 or 3
*NATIO2N2
Do you (he, she) have dual nationality? (If so, which one?)
(Show list of 200 nationalities)

*NATIO2NP
Specify other nationality if not in list ________________________________

ANARRIV
In which year did you (he, she) settle in metropolitan France?
(NA=8888, DK=9999)

Do not ask for LIENTYP=12 if cohabiting father questionnaire or cohabiting father of placed child questionnaire or if non-cohabiting father or non-cohabiting father of placed child and the child lives alternately with father and mother

TYPOLOG
Do you (he, she) live in your dwelling...?
1 All year or almost
2 Mainly weekends and holidays
3 Mainly in the week
4 A few months a year (including cases of alternating custody)
5 Less often
9 [Doesn't know]

If TYPOLOG=2
JOURAN
How many days a year? (1 to 366, NA=888, DK=999)

If TYPOLOG=3
JOURSEM
How many days a week? (1 to 7, NA=8, DK=9)

If TYPOLOG=4
MOISAN
How many months a year? (1 to 12, NA=88, DK=99)

If TYPOLOG = 5
JOUR2AN Around how many days in last year?
If refuses, code 888, if DK code 999
Do not ask for LIENTYP=12 if father of placed child questionnaire

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

If AUTLOG = 1

TYPLOGCO
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 father/mother
11 In a nursery, host family, children's home, other socio-educational centre
12 Individual housing
13 Other

If TYPLOGCO=13

*TYPLOGCOP
In what other place do you live (he, she live)? ________________

If LIENTYP=8 and SEXE=2

MEREPLAN
What language or patois does [first name of maternal GF] use the most often at home?
(Display list of 469 languages)

If LIENTYP=8 and SEXE=2

MEREMLAN
What language or patois does [first name of maternal GM] use the most often at home?
(Display list of 469 languages)

If LIENTYP=9 and SEXE=1

PEREPLAN
What language or patois does [first name of paternal GF] use the most often at home?
(Display list of 469 languages)

If LIENTYP=9 and SEXE=2

PEREMLAN
What language or patois does [first name of paternal GM] use the most often at home?
(Display list of 469 languages)
REGNAIS
(Constructed variable) In which region or territory?
(List)
**PLACED CHILD**

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"Now let's talk about [ELFE child]/[TWIN child]."

**PLACEM**

[ELFE child]/[TWIN child] doesn't live with you. Is that because they have been placed?
1. Yes
2. No

*If PLACEM=1*

**PLAC1**

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

*If PLAC1=1*

What is the date of the first placement of [ELFE child]/[TWIN child]?

*PLAC2M* Month (1 to 12) (NA=88, DK 99)

*PLAC2A* Year (2011 to 2012) (NA=8888, DK 9999)

*If PLAC1=1*

**PLAC3**

As part of the placement of [ELFE child]/[TWIN child], have you met with a juvenile court judge?
1. Yes
2. No

*If PLAC1=1*

**PLAC4**

Do you know how long the placement of [ELFE child]/[TWIN child] is planned for?
1. Yes
2. No

*PLAC4C* At what date or point is it planned?
1. [Give a date – month and year]
2. [Give a number of days]
3. [Give a number of weeks]
4 [Give a number of months]
8 [Refuses]
9 [Doesn't know]

If PLAC4=1

*PLAC4M
Months from end of placement (1 to 12) (NA=88, DK 99) |__|__|

If PLAC4=1

PLAC5A
Years from end of placement (2011 to 2030) (NA=8888, DK 9999) |__|__|__|__|

Or

If PLAC4=1

PLAC5J
No. of days |__|__|__|

Or

If PLAC4=1

PLAC5S
No. of weeks (NA=888, DK 999) min 1 max 9 |__|__|

Or

If PLAC4=1

PLAC5M
No. of months |__|__|

Who is present at the meetings when you see your child (ELFE child/[TWIN child])?

If PLAC4=1

PRESPROF
A professional
1 Always
2 Sometimes
3 Rarely
4 Never

If PLAC4=1

PRESPROC
A loved one
1 Always
2 Sometimes
3 Rarely
4 Never

If PLAC4=1

PRESAUTR
Someone else
1 Always
2 Sometimes
3 Rarely
4 Never
If \( PLAC4=1 \)

**HABFR**

Where [ELFE child]/[TWIN child] lives, do they live with brothers or sisters?
1. Yes
2. No

If \( HABFR=1 \)

**HABFRC** How many (brothers or sisters live with [ELFE child]/[TWIN child])?

|   |   |   |
FAMILY SITUATION

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

Questions to be asked to father for himself

If LIENTYP=2 or LIENTYP=7

(If LIENTYP=2 and LIENTYP=7 the mother is more important in this case, so we consider LIENTYP=2)

COPU1
Are you currently in a couple with [father first name]/[partner first name]?
1 Yes
2 No

If COPU1=2

COPU2
[But] are you currently in a couple?
1 Yes
2 No

If COPU1=1

MATRI COUPM
Are you "still married" (if at 2 months ETAMATRI=1) / "still in civil partnership (if at 2 months ETAMATRI=2) / "married or civil partnership" (if at 2 months ETAMATRI=1 or 2) with [father first name]/[partner first name]?
1 Yes
2 No

NB: This question added from wave 2.

If COPU2=1

MATRI COUPHM
Are you married/in a civil partnership with this person?
1 Yes
2 No

NB: This question added from wave 2.

If COPU2=1 and no LIENTYP=2 in household

MERENF
UPD (Corrected variable) Is this person the mother of the child?
1 Yes
2 No
8 [Refuses]
If MATRICOUPM=1 or 2 or MATRICOUPHM=1 or 2 or COUPLE2=2

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 COHABITION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?" IF THE PERSON DOES NOT UNDERSTAND "SINGLE". YOU CAN SAY "SO YOU ARE... /HE IS... " IF THE RESPONDENT HAS ALREADY TOLD YOU DURING THE CONVERSATION. IF THE PERSON SAYS THEY ARE MARRIED OR IN A CIVIL PARTNERSHIP, ONLY REFER TO MARRIED OR IN A CIVIL PARTNERSHIP

If MATRICOUPM=1 or MATRICOUPHM=1 or ETAMATRI=1 or 2

MARI

In what year were you married or did you form a civil partnership?
[___] [___] [___] [___]

If at 2 months father married or in civil partnership with mother:
Wave 1 MATRIPERE=1 and ETAMATRI=1 or 2 / wave 2, 3, 4 [MATRICOUPM=1 or (MATRICOUPHM=1 and PERNF=1)] and ETAMATRI=1 or 2

And at 1 year is no longer in a couple with the mother: (COUPLE1=2 with a LIENTYP=2) or [(COUPLE2=1 and PERENF=2) or COUPLE2=2] or SEPAR=1 of CONFIG=2 of LIENTYP=2

DIVORC

Has a request for divorce (or legal separation) or a declaration of the dissolution of a civil partnership been filed with the court?
1 Yes
2 No, not yet

Questions to be asked to the other 15+ members of the household except the father or the partner.

COPPELE3

Is [first name]he/she (still) in a couple?
1 Yes, with someone who lives in the dwelling
2 Yes with someone who doesn't live in the dwelling
3 No

ETAMATRI3

What is their legal marital status?
1 Married or remarried, including legally separated
2 In a civil partnership
3 Divorced
4 Single
5 Widowed
SITUAFAMP
(Constructed variable) Situation of couple and cohabitation of the father

- If SITUAFAMM=1 SITUAFAMP=1 (the mother says she is in a couple and cohabits on a permanent basis with the father of the child) or COUPLE1=1 and [for NOI(CONJOINTE): LIENTYP=2 and TYPOLOG=1] SITUAFAMP=1 (the father says he is in a couple and cohabits on a permanent basis with the mother of the child)
- If SITUAFAMM=2 SITUAFAMP=2 (the mother says she is in a couple and cohabits on a non-permanent basis with the father of the child)
- If COUPLE1=1 and [for NOI(CONJOINTE): LIENTYP=2 and TYPOLOG=1] SITUAFAMP=2 (the father says he is in a couple and cohabits on a non-permanent basis with the mother of the child)
- If COUPLE1=1 and [for NOI(CONJOINTE): TYPOLOG=1 and LIENTYP=7] (the father says he is in a couple with a person living in the household on a permanent basis and this person is not the mother of the "ELFE child") SITUAFAMP =3
- If COUPLE1=1 and [for NOI(CONJOINTE): TYPOLOG=1 and LIENTYP=7] (the father says he is in a couple with a person living in the household on a non-permanent basis and this person is not the mother of the "ELFE child") SITUAFAMP =4
- If SITUAFAMM=5 SITUAFAMP=5 - If COUPLE2=1 and PERENF=1 (the father is in a couple with the mother of the child and he does not live with her) SITUAFAMP=5
- If COUPLE2=1 and PERENF=2 or 9 (the father says he is in a couple with a person not living in the household and this person is not the mother of the child (or Doesn't know)) SITUAFAMP =6
- If COUPLE2=2 (the father is not in a couple) SITUAFAMP =7

- If father = cohabiting in same-sex couple then SITUAFAMP=1
- If father = placed child in same-sex couple then SITUAFAMP=3
- If father = cohabiting without twin questions in same-sex couple then SITUAFAMP=3

1 The father says he is in a couple and cohabits on a permanent basis with the mother of the child
2 The father says he is in a couple and cohabits on a non-permanent basis with the mother of the child
3 The father says he is in a couple with a person living in the household on a permanent basis and this person is not the mother of the "ELFE child"
4 The father says he is in a couple with a person living in the household on a non-permanent basis and this person is not the mother of the "ELFE child"
5 The father is in a couple with the mother of the child and he doesn't live with her
6 The father says he is in a couple with a person not living in the household and this person is not the mother of the child (or doesn't know)
7 The father is not in a couple

If not completed at 2 months

NOMFAM
What is the last name of [ELFE child]?
1 ... your last name
2 ... the mother’s
3 ... a composite of your last name and the mother’s
4 ... another name

NB: Different labels for variables depending on type of respondent

NOMFAM=4
<NOMFAMP> Specify which __________________________

INT: GIVE THE EXACT NAME AND RELATIONSHIP WITH CHILD
   NB: This question added from 01/09

NOMFAM=3
ORDNOM
In which order?
1  The name of the father followed by the name of the mother
2  The name of the mother followed by the name of the father

If SITUAFAMM=3 or 4 and LIENTYP=7 and SEXE=1
ROLEPAR
Does your partner play a parental role for [ELFE child]?
1  Yes
2  No
9  [Doesn't know]
SITUATION OF NON-COHABITATION OR NON-PERMANENT COHABITATION BETWEEN THE FATHER AND MOTHER

If SITUAFAMP=2 or 5

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td>Non-permanent cohabitation</td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td>But in couple with mother</td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td>But in couple with mother</td>
</tr>
</tbody>
</table>

If SITUAFAMP=2
For what reasons do you not live with the mother of [ELFE child] on a permanent basis?

If SITUAFAMP=5
For what reasons do you not live with the mother of [ELFE child]?

RAISNVP1 Owing to reasons of health, occupation, education 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
RAISNVP7 Owing to other reasons 1 Yes / 2 No

If RAISNVP7=1
*RAISNVPP Specify which __________________________
SEPARATION AND RELATIONSHIP WITH MOTHER

Do not ask this module if CONTACTM=13 (deceased mother) or (CONFIG=2 LIENTYP=2 and CAUSEDEPART=3)

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabitting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>From DESAC1 to QDESACP and from EXTYPREL to VERSPENS</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabitting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>From DESAC1 to QDESACP and from EXTYPREL to VERSPENS</td>
<td></td>
</tr>
</tbody>
</table>

NB: Programming error (corrected with SEPADIVC1 variable) but the following questions have not been correctly filtered (marked with an asterisk) for 9 mothers and 13 fathers whose procedures 2 and 3 of SEPADIV were inverted when transferring the questionnaire. Missing values concerning divorce under way for 11 people.

If COUPLE1=2 and LIENTYP =2 or COUPLE2=1 and PERENF=2 or COUPLE2=2

SEPARAP

What is your situation regarding the mother of [ELFE child]?
1. You were married to her but are now divorced
2. You were married to her but are in the midst of a divorce
3. You were married to her but have not initiated divorce proceedings
4. You were never married to her

Prefer corrected version* of SEPADIVC1

SEPADIV

I am going to ask you about your separation with the mother:
1. It is under way and you are not married to her
2. It is under way and a divorce hasn’t been asked for
3. It is under way and a divorce has been asked for
4. You are divorced

SEPADIVC

I am going to ask you about your separation with the mother:
1. It is under way and you are not married to her
2. It is under way and a divorce hasn’t been asked for
3. It is under way and a divorce has been asked for
4. You are divorced
If SEPADIV=1 or 2*

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

On which date did you begin the divorce/separation proceedings?
If SEPADIV=3 or 4* or JUGSEP=1

DATPROM Month |___|___|
DATPROA Year |___|___|___|___|

If SEPADIV=3 or 4* or JUGSEP=1

MEDFAM
Did you have recourse to family mediation to find an agreement?
1 Yes
2 No
9 [Doesn’t know]

If SEPADIV=4

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 ANSWERS, ONE ANSWER ONLY

If SEPADIV=3* or SEPADIV=1 or 2* and JUGSEP=1

JUGJUG
Has the family court judge handed down their ruling?
1 Yes
2 No
9 [Doesn’t know]

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

DATJUGM Month |___|___|
DATJUGA 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 $\text{SEPADIV}=4$ or $\text{JUGJUG}=1$

**JPENSALI**
Has the judge set child support for [ELFE child]?
1 Yes
2 No

If $\text{JPENSALI} = 1$

**PENSAL** What is the monthly sum of the child support decided on by the judge for [ELFE child]?
If DK, code 99999; if no amount set, code 88888 euros a month

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

INT: IF ONLY 1 CHILD, CODE ELFE CHILD. IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT

If $\text{SEPADIV}=4$

**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

If $\text{DESAC1}=1$

What do the disagreement(s) concern? 1 Yes / 2 No
**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
**QDDESACP** Another point of disagreement 1 Yes / 2 No

If $\text{QDDESACP}=1$

**QDDESACPP** Which? ________________________________

If $\text{SEPADIV}≠4$ and $\text{JUGJUG}=1$

**DESAC2**
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

If $\text{DESAC2}=1$

What do the disagreement(s) concern? 1 Yes / 2 No
**QDESAC1** The amount of child support 1 Yes / 2 No
**QDESAC2** The residence of [ELFE child] 1 Yes / 2 No
**QDESAC3** Visiting rights and housing arrangements 1 Yes / 2 No
**QDESAC4** The sharing of the couple's wealth 1 Yes / 2 No
**QDESAC5** The amount of compensatory allowance 1 Yes / 2 No
**QDESACP** Another point of disagreement (specify) 1 Yes / 2 No
If \(QDESACP=1\)
\(QDESACPP\) Specify __________________________

If \(SEPADIV=1, 2 \text{ or } JUGSEP=2\)
\(EXHEBAC\)
Have you come to an agreement with mother of [ELFE child] on their home?
1 Yes
2 No, because we don't agree
3 It's too early to say

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 \(SEPADIV=1, 2 \text{ or } JUGSEP=2\)
\(EXPENS\)
Have you come to an agreement with the mother of [ELFE child] on what she will provide you 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

If \(EXPENS=2 \text{ or } 3\)
\(EXPENS2\)
Although you do not really agree, does the mother of [ELFE child] pay you money to meet the child's needs?
1 Yes
2 No

If \(EXPENS=1 \text{ or } EXPENS2=1\)
\(EXPENSMON\)
What is the monthly amount? |___|___|___|___|___|
DK=99999, no amount set =88888 euros a month

If \(EXPENS=1 \text{ or } EXPENS2=1\)
\(EXPENSMONP\)
If you have several children, does this amount concern all your children or only [ELFE child]?
1 All your children
2 Only [ELFE child]
9 [Doesn't know]

INT: IF ONLY 1 CHILD, CODE ELFE CHILD. IF NONE, CODE NA. WE ARE TALKING ABOUT ALL THE CHILDREN LIVING IN THE HOUSEHOLD OR NOT
If EXPENSMONP=1
EXPENSMONPEC
Which other children are concerned by this support? (repeated 20 times)
1 Yes
2 No

NB: ELFE 1 yr - wave 1 - 23/05: Add EXPENSMONP=1 filter as forgotten

EXTYPREL
How would you describe the relations today between you and the mother of [ELFE child]?
1 Friendly
2 Indifferent
3 Tense
4 Very tense

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

If JPENSALI=1 or EXPENS=1 or EXPENS2 =1
PENSALI
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 PENSALI=1 or 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
MAINTAINING RELATIONS WITH THE MOTHER WHEN THIS LAST DOES NOT LIVE IN THE HOUSEHOLD

Do not ask this module if CONTACTM=13 (deceased mother) or (CONFIG=2 LIENTYP=2 and CAUSEDEPART=3)

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

SITUAFAMP=3, 4, 5, 6 or 7
ENFVOI
Does [ELFE child] see their mother?
1 Yes
2 No

If ENFVOI=1
FQVOI
How often?
1 Several times a week
2 Once a week
3 At least once every two weeks
4 Once a month
5 Irregularly

If ENFVOI=1
FQVOIP Specify _____________________________

If ENFVOI = 1
OUVOI Where?
1 Mainly at your house
2 Mainly at her house
3 Elsewhere

If ENFVOI = 3
OUVOIP Specify _____________________________
**EDUCATION**

This section concerns all the members of the household aged 2 or over, except FORMINIT, which is asked only to people aged 16 or over.

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohabiting father</strong></td>
<td>About himself And the other members of the family apart from the mother Age &gt;= 2 years</td>
<td>If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother.</td>
</tr>
<tr>
<td><strong>Non-cohabiting father</strong></td>
<td>FOR ALL Age &gt;= 2 years</td>
<td></td>
</tr>
<tr>
<td><strong>REF father</strong></td>
<td>FOR ALL Age &gt;= 2 years</td>
<td></td>
</tr>
<tr>
<td><strong>Cohabiting father of placed child</strong></td>
<td>About himself And the other members of the family apart from the mother Age &gt;= 2 years</td>
<td>If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother.</td>
</tr>
<tr>
<td><strong>Non-cohabiting father of placed child</strong></td>
<td>FOR ALL Age &gt;= 2 years</td>
<td></td>
</tr>
</tbody>
</table>

*If cohabiting father: "We are now going to talk about your education and (if in household LIENTYP≠2 age > 2 years) the educational level of those living with you, apart from the mother of [ELFE child], who has already answered this questionnaire."

*If referent or non-cohabiting father: "We are now going to talk about your education and (if over-2s in household) the educational level of those living with you."

**ETUDES**

- **between 2 and 16 (excluding):** Is he/she currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?
- **between 16 (including) and 21:** Are you (is he/she) currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?
- **21 and over:** Are you (is he/she) currently in school, i.e. enrolled at at educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?

1. Yes
2. No

*If at 1 yr ETUDES=2 and at 2 months ETUDES=2, go to the next module

*If ETUDES= 1 and >=16 yrs

FORMINIT
Is it part of your (his/her) initial training?
1  Yes
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=2 or FORMINIT=2

ANFINETU
In which year did you (he/she) finish your (his/her) initial studies? |___|___|___|___|
Refuses = 8888, Doesn't know = 9999

If ANFINETU=9999

AGFINETU
How old were you? |___|___|
Refuses = 88, Doesn't know = 99

Ask if >=16 ans, if not codify DIPLOME=1

DIPLOME
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

If DIPLOME=1

SCOLARITE
Which class are you in? / At which age did you (he/she) finish school?
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  [Doesn't know]
If DIPLOME=4
DIPLOM1E
Last diploma obtained
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 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=5
DIPLOM2E
Last diploma obtained
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 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=7
DIPLOM3E
Last diploma obtained
1 Two-year university degree
2 Vocational training certificate or equivalent
3 Two-year social and medical occupations diploma (nurse, etc.)
9 [Doesn't know which two-year higher education diploma]

INT: DO NOT LIST

If DIPLOME=8
DIPLOM4E
Last diploma obtained
1 Undergraduate degree
2 Undergraduate degree from prestigious school
3 Postgraduate degree (Masters)
4 Other doctorate degree excluding medical professions
9 [Doesn't know which post-two-year higher education diploma]

INT: DO NOT LIST

Current studies of father and mother

If ETUDES=1 and LIENTYP = (1, 2)
If ETUDES=1
ETABEC
In which school? (you, your partner)
1 Middle school
2 High school
3 University or other institute of higher education
4 Apprentice training school
5 Correspondence course
6 Continuing education course
7 Other training centre

If ETUDES=1

DIPLEC
To obtain which diploma? (you, your partner)
1 Certificate of general education
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 Two-year higher education diploma
6 Higher education diploma of over three years
7 Other diploma

If DIPLEC=7

DIPLECAUT What is the other diploma? (you, your partner) ____________________________

If DIPLEC=6

Which higher education diploma of over three years?

DIPLSEC1 Undergraduate degree 1 Yes / 2 No
DIPLSEC2 Undergraduate degree from prestigious school 1 Yes / 2 No
DIPLSEC3 Doctorate degree (including medicine, pharmacy, dental) 1 Yes / 2 No
MAIN SITUATION REGARDING WORK

Note on repeats:
1/ If ELFE 2 month questionnaire not done, ask the Work part in its entirety (to be specified if ELFE 2 month not done)
2/ If ELFE 2 month done, ask the Work part in its entirety for Entrants, update for others

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabit ing father</td>
<td>About himself</td>
<td>If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother.</td>
</tr>
<tr>
<td></td>
<td>And the other members of the family apart from the mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;= 15</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>FOR ALL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;= 15</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>FOR ALL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;= 15</td>
<td></td>
</tr>
<tr>
<td>Cohabit ing father of placed child</td>
<td>About himself</td>
<td>If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother.</td>
</tr>
<tr>
<td></td>
<td>And the other members of the family apart from the mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;= 15</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>FOR ALL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age &gt;= 15</td>
<td></td>
</tr>
</tbody>
</table>

"I am now going to ask you a few questions about the work situation of each person." Age >= 15

If LIEN TYP=2

CONGMATPAR

Are you ([First name] is he/she) 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)

SITUAE

Are you ([First name] is he/she) currently a student but also have/has a job? Are you (is he/she) an apprentice under contract or in a paid internship? Or are you (is he/she) unemployed?
1  Also has a job
2  Is an apprentice under contract or in a paid internship
3  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

if at 2 months CONGMATPAR=2, 3, 4 or 5

SITU

When [ELFE child] was 2 months, the mother was not on maternity leave. What was her situation at that time?
1. She was going to return to her job in the same conditions
2. She was going to return to her job but in different conditions with less work
3. She was going to return to her job but in different conditions with more work
4. She was going to look for a (another) job (added item)
5. She was an apprentice under contract or in a paid internship
6. She was unemployed
7. She was a homemaker
8. She was on parental leave or with the CLCA free choice of activity supplement
9. She was retired
10. You don't remember

INT: WHAT THE MOTHER INTENDED TO DO AFTER LEAVE

SITUA
You are ([First name] is) currently on [type of leave], but what is your (his/her) occupational situation?
1. Has a job
2. Is an apprentice under contract or in a paid internship
3. Is unemployed (registered or not with the national employment agency)
4. Is a homemaker
5. Is retired, retired from business or in pre-retirement
6. Is inactive with a disability allowance
7. 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

If at 2 months ACTIVANTE=1 or 2, do not ask the question
If SITUA≠1 or 2 or SITUAE≠1 or 2

ACTIVANTE
Have you ([First name] has he/she) already worked, even if it was a long time ago?
1. Yes
2. No

If ACTIVANTE=1
On what date did (first name) you (he/she) stop your (his/her) activity the last time?

*DATMDR Month |___|___|
Doesn't know = 99

DATADR Year |___|___|___|___|

If SITUA=1 or 2 or SITUAE=1 or 2 or ACTIVANTE=1

STATUT1
In your current/last job, are/were you (is/was he/she)...
1. Salaried (excluding salaried head of business or CEO)
2. Independent professional or head of business, CEO, minority manager, partner
3. Unpaid assistant to a member of the family in their work

If STATUT1=1

STATUT2
Are/were ([First name] is/was he/she) a salaried employee in the private sector?
1 Yes
2 No

If STATUT2=1
STATUT3
Are/were you ([First name is/was he/she])?
1 The employee of a private company in the crafts sector or an organization
2 The employee of a private individual

If STATUT2=2
STATUT4
Are/were you ([First name is/was he/she])?
1 A civil servant, i.e. an employee of the state
2 An employee in the public sector but not in the civil service

If STATUT1=2
SALARIES
How many employees do/did you ([First name] does/did he/she) employ? |__|__|__|__|__|__|
DK=999999

INT: IF WORKS ALONE, CODE 0

PROFI5
What is your exact occupation?
(Additional list of occupations)

*PROFI6
So what do/did you (does/did he/she) do exactly? ____________________________

PROFI7 is asked if the occupation is not found to question PROFI5 (INSEE occupation list in dropdown menu) or PROFI7 is asked if an INSEE occupation (item ticket in PROFI5), you will need to ask the person for their qualification to code for INSEE socio-occupational category on 2 positions.

If STATUT=1, 2, 3, 4 or 6

PROFI7
What is/was your/the qualification your/the status of (first name)?
1 Manager
2 Technician
3 Foreman, supervisor
4 Employees 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=10
*PROFI7B Specify ____________________________
Occupation and socio-occupational category (farmers are coded 10, 11 or 12)
10 Farmer
11 Farmer with small holding
12 Farmer with medium holding
13 Farmer with large holding
21 Self-employed craftsperson
22 Tradesperson or equivalent
23 Head of a business with 10 employees or more
31 Liberal profession
33 Public sector manager
34 Professor scientific occupation
35 Information, arts or entertainment occupation
37 Company administrative commercial executive
38 Company engineer or technical executive
42 School teacher or equivalent
43 Intermediate occupation in healthcare of social work
44 Clergy, religious
45 Intermediate administrative occupation in civil service
46 Intermediate administrative and commercial occupation
47 Technician
48 Supervisor
52 Civilian employee, civil service officer
53 Police or military
54 Company administrative employee
55 Commercial employee
56 Employed in direct service to private individuals
62 Qualified worker, industry
63 Qualified worker, crafts
64 Driver
65 Qualified worker, handling, warehousing and transport
67 Unqualified worker, industry
68 Unqualified worker, crafts
69 Agricultural worker
88 Refuses
99 Doesn't know

If STATUT1=1

TYPEMPLOI

What is/was the type of your (his/her) current or most recent job?
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)]

If TYPEMPLOI=1 or 2

CDAID
Was it an assisted job (government employment scheme)?
1 Yes
2 No

If TYPEMPLOI=2, 3, 4, 7, 8 or 9
TPSCONT
In D = days W = weeks M = months Y = years
1 [Period in days]
2 [Period in weeks]
3 [Period in months]
4 [Period in years]
9 [Doesn’t know]

if TYPEMPLOI=2, 3, 4, 7, 8 or 9
DURCONT
What is/was the period of your (his/her) contract (or temp assignment)?

*DATMSIR
Months
|__|__|

Wave 2 starting from 14/09, possibility of adding Doesn’t know

DATASIR
Years
|__|__|__|__|

People saying they are farmers

SUPH
What is the surface area of your (his/her) holding (in UAA hectares)?
|__|__|__|

SUPA
What is the exact area in ares?
|__|__|__|

OPA
What is your main agricultural production?
1 Polyculture (plough land crops)
2 Market gardening or horticulture
3 Vines or fruit trees
4 Herbivore livestock (bovines, ovines)
5 Seed-eating livestock (poultry, pigs, etc.)
6 Polyculture - livestock
7 Herbivore livestock and grain-eating livestock
8 Other

EMPL
In your (his/her) current or most recent job, do/did you (he/she) work...?
1 Full time
2 Part time
3 Not applicable (for non-salaried people who consider that this question doesn’t apply)

If EMPL=2
EMPLTX At what rate (%)?
|__|__|
If $EMPL=2$

**PQPART**

**What was the main reason for working part time?**

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 children
5. To have free time or do housework
6. For another reason
7. [Doesn't know]

**INT:** DO NOT LIST – ONE ANSWER ONLY TO "DIDN'T HAVE CHOICE" QUESTION. FOLLOW UP WITH "WHY DIDN'T YOU HAVE A CHOICE?"

**RECHEMPLOI**

**Are you (is he/she) looking for a (another) job?**

1. Yes, for at least a year
2. Yes, for over a year
3. No
## HOUSING

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>Asked only the questions not asked to mother: from ESCAL to SURFR, PROPART to PROPRI, ANLOG to GARAG, and LOGHT to ORDIL4.</td>
<td>1/ After asking the mother, take that data and ask the cohabiting father. If this last is not participating, you have the possibility to return to the questionnaire at a later date with the mother. But be careful: For the 2 month survey, where parents cohabited, the home was described in part by the REF mother and in part by the cohabiting father. So, if at 2 months the home: 1/ was not described: ALL questions starting from DATMAR are asked to the mother 2/ was not described in full: questions DATMAR to DEMREZP then CHAMB to the end are asked to the mother</td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>Idem &quot;cohabiting father&quot;</td>
<td>Idem &quot;cohabiting father&quot;</td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

* "2 months not done" (for housing part) = home not described or not fully described

### DEemenag

**Have you moved since the child was two months old?**

1. Yes  
2. No

**When did you move?**

If **DEemenag=1**

*Jdatdem* Day of move  
|___|___|

**MDatdem** Month of move  
Refuses=88, DK=99  
|___|___|

**ADatdem** Year of move  
From 2011 to 2012. Refuses=8888, DK=9999  
|___|___|___|___|

**When did you move in to this dwelling?**

If **DEemenag=2 and 2 months not done**

**DATMAR** Month  
|___|___|

---

39
Refuses=88, DK=99

\[\text{DATAAR Year} \quad | \quad | \quad | \quad | \quad | \]

Refuses=8888, DK=9999

If DEMENAG=2 and 2 months not done or father didn't participate at 2 months and DATAAR >=2009

DEMREZ1
Did you move because of the birth of [child]?

1 Yes
2 No

If DEMENAG=1
What were the reasons for your move?

Or if DEMENAG=2 and 2 months not done or non-participating father at 2 months and DATAAR >=2009

Was there another reason why you moved? (Give one reason maximum)

DEMREZ21 Professional reasons

DEMREZ22 Divorce/separation, widowed

DEMREZ23 Leaving home of parents or parents-in-law and desire for independence

DEMREZ24 Change of environment (to go to the city, the country, the provinces, live in a house of the opposite, etc.)

DEMREZ25 To be closer to family or friends

DEMREZ26 To have a better-quality or larger home

DEMREZ27 To have a smaller home

DEMREZ28 For health reasons

DEMREZ29 For financial reasons

DEMREZ30 For other reasons

DEMREZ31 [No, there are no other reasons]

If DEMREZ30 = 1

DEMREZP Which? ____________________________

"Now let's talk about where you live."

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
7 A home in a place not intended for habitation (street, vehicle, building lobby, makeshift shelter)
8 Another type of residence

INT: LIST UNTIL THE PERSON STOPS YOU. THIS IS THE MAIN RESIDENCE OF THE RESPONDENT.

If TYPLOG=4

TYPLOGP
Is it...
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 or 8
TYPLOGT
What type of dwelling is it exactly? __________________________

If TYPLOG = 1, 2, 3, 4, 5 or 8
ETAGE
How many floors? |___|___|

If ETAGE > 0
QETAGE
What floor do you live on? |___|___|

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

If TYPLOG ≠ 7
NPIECES
How many rooms? Count rooms such as the dining room, living room, bedroom, etc. regardless of surface area |___|___|

INT: A COMBINED KITCHEN AND LIVING ROOM COUNTS AS ONE ROOM, UNLESS SEPARATED BY A WALL. 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.

CHAMB
If NPIECES > 1
Has/does [ELFE child] always had/have their own room?
Or if NPIECES > 2 and NAISGEM = 1
Do [ELFE child] and [TWIN child] each have their own room?
1  Yes
2  No

If NPIECES > 2 and NAISGEM=1
CHAMB2
Do [ELFE child] and [TWIN child] share (always/still) the same room just the two of them?
1  Yes
2  No

If CHAMB=2 or CHAMB2=2
CHAMB4
Does [ELFE child] sleep:
1  In their parents' room
2  In a room with brother/sister
3 In another room (alone or with someone else)

If CHAMB4=3
CHAMB4P
Does he/she sleep...
1 ... in the living room
2 ... or in another room

If CHAMB4P=2
CHAMB4PP Which one? ____________________________

If NPIECES >1 and CHAMB4≠1
CHAMB5
Does [ELFE child] sometimes sleep with you in your room?
1 Yes
2 No

If TYPLOG=1, 2, 3, 4, 5 or 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≠7
SURFACE
What is the surface area of your dwelling in m²?
|__|__|__|__|
 Doesn’t know = 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.

If SURFACE=9999
SURFTR
What do you think it measures?
1 Less than 25 m²
2 From 25 to 40 m²
3 From 40 to 70 m²
4 From 70 to 100 m²
5 From 100 to 150 m²
6 150 m² or more
9 [Doesn’t know]

NB: Changed in wave 2. Starting from 14/09, addition of Doesn’t know

If TYPLOG=1, 2, 6 or 8
STOC
Your household occupies this dwelling as...
1 ...Renters or sub-letters, i.e. paying rent even if the rent is paid by someone outside the household
2 ...First-time buyers
3 ...Non-first-time buyers including undivided co-ownership
4 ...Usufructuary (without bare ownership) including life tenant
5. ...Lodged at no charge, possibly paying service charges
6. ...Occupies the dwelling without the authorization of the landlord or with no legal authorization

If $STOC=1$ or 5

**PROPART**
Is the dwelling owned by a private owner?
1. Yes
2. No

If $PROPART=1$

**PROPFAM**
Is this person a member of the family?
1. Yes
2. No

If $PROPART=2$

**PROPHLM**
Is the owner a social rental housing body (HLM or similar body such as OPAC)?
1. Yes
2. No

If $PROPHLM=2$

**PROPRI**
Is it:
1. The employer of a member of the household within the framework of company accommodation
2. An administration, a Social Security organisation, 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, Doesn’t know = 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, Doesn’t know = 9999

If $TYPLOG=1$ or 2

**ANLOG**
What year was your dwelling built in?

|___|___|___|___|

Doesn’t know = 9999
**If ANLOG=9999**

**EPOQ**

From which period?
1 After 1989
2 1980-1989
3 1970-1979
4 1950-1969
5 1915-1949
6 Before 1915
9 [Doesn’t know]

INT: DO NOT LIST

**If EPOQ=9**

**ANCIENT**

Do you think it was built before 1949?
1 Yes
2 No
9 [Doesn’t know]

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 too small and doesn't have enough rooms  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

**If CRITIQ6=1**

The noise is due to:

**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

**EAUCH**

Do you have running hot water in your dwelling?
1 Yes
2 No

**SDB**

Is there a bathroom or shower room in your dwelling?
1 Yes
2 No

**TOIL**
Are there toilets inside your dwelling?
1 Yes
2 No
23/05/2016

<table>
<thead>
<tr>
<th>Changed from 08/06: if TYPLOG= from 3 to 7 then do not ask</th>
<th>Changed from 08/06: if TYPLOG= from 3 to 7 then do not ask</th>
<th>Your living room?</th>
<th>This question is not asked if NBPIECES=1 or (CHAMB4P=1 and CHAMB4JP=1) or if CHAMB≠1 and CHAMB≠2 The child's room?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your kitchen?</td>
<td>Your bathroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many openings are there in...?  
(0 to 10; 88 Refuses; 99 Doesn't know)

<table>
<thead>
<tr>
<th>CUIOUV</th>
<th>SDBOUV</th>
<th>SEJOUV</th>
<th>PIEOUV</th>
</tr>
</thead>
<tbody>
<tr>
<td>[__</td>
<td>__</td>
<td>__</td>
<td>]</td>
</tr>
</tbody>
</table>

Is there ventilation in...?

<table>
<thead>
<tr>
<th>If CUIOUV=0 CUIVEN</th>
<th>If SDBOUV=0 SDBVEN</th>
<th>If SEJOUV=0 SEJVEN</th>
<th>If PIEOUV=0 PIEVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 q Yes</td>
<td>1 q Yes</td>
<td>1 q Yes</td>
<td>1 q Yes</td>
</tr>
<tr>
<td>2 q No</td>
<td>2 q No</td>
<td>2 q No</td>
<td>2 q No</td>
</tr>
<tr>
<td>9 q [Doesn't know]</td>
<td>9 q [Doesn't know]</td>
<td>9 q [Doesn't know]</td>
<td>9 q [Doesn't know]</td>
</tr>
</tbody>
</table>

What is the floor covering in...?  
Several answers possible

<table>
<thead>
<tr>
<th>CUISOL1</th>
<th>Tiling</th>
<th>SDBSOL1</th>
<th>Tiling</th>
<th>SEJSOL1</th>
<th>Tiling</th>
<th>PIESOL1</th>
<th>Tiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUISOL2</td>
<td>Cement</td>
<td>SDBSOL2</td>
<td>Cement</td>
<td>SEJSOL2</td>
<td>Cement</td>
<td>PIESOL2</td>
<td>Cement</td>
</tr>
<tr>
<td>CUISOL3</td>
<td>Rush</td>
<td>SDBSOL3</td>
<td>Rush</td>
<td>SEJSOL3</td>
<td>Rush</td>
<td>PIESOL3</td>
<td>Rush</td>
</tr>
<tr>
<td>CUISOL4</td>
<td>Cork</td>
<td>SDBSOL4</td>
<td>Cork</td>
<td>SEJSOL4</td>
<td>Cork</td>
<td>PIESOL4</td>
<td>Cork</td>
</tr>
<tr>
<td>CUISOL5</td>
<td>Carpet</td>
<td>SDBSOL5</td>
<td>Carpet</td>
<td>SEJSOL5</td>
<td>Carpet</td>
<td>PIESOL5</td>
<td>Carpet</td>
</tr>
<tr>
<td>CUISOL6</td>
<td>Wood</td>
<td>SDBSOL6</td>
<td>Wood</td>
<td>SEJSOL6</td>
<td>Wood</td>
<td>PIESOL6</td>
<td>Wood</td>
</tr>
<tr>
<td>CUISOL7</td>
<td>Stone</td>
<td>SDBSOL7</td>
<td>Stone</td>
<td>SEJSOL7</td>
<td>Stone</td>
<td>PIESOL7</td>
<td>Stone</td>
</tr>
<tr>
<td>CUISOL8</td>
<td>Plastic (linoleum)</td>
<td>SDBSOL8</td>
<td>Plastic (linoleum)</td>
<td>SEJSOL8</td>
<td>Plastic (linoleum)</td>
<td>PIESOL8</td>
<td>Plastic (linoleum)</td>
</tr>
<tr>
<td>CUISOL9</td>
<td>Sisal</td>
<td>SDBSOL9</td>
<td>Sisal</td>
<td>SEJSOL9</td>
<td>Sisal</td>
<td>PIESOL9</td>
<td>Sisal</td>
</tr>
<tr>
<td>CUISOL10</td>
<td>Other</td>
<td>SDBSOL10</td>
<td>Other</td>
<td>SEJSOL10</td>
<td>Other</td>
<td>PIESOL10</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CUISOLP Specify:</th>
<th>SDBSOLP Specify:</th>
<th>SEJSOLP Specify:</th>
<th>PIESOLP Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the floor covering in...?  
Several answers possible

<table>
<thead>
<tr>
<th>CUIMUR1</th>
<th>Tiling</th>
<th>SDBMUR1</th>
<th>Tiling</th>
<th>SEJMUR1</th>
<th>Tiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUIMUR2</td>
<td>Roughcast</td>
<td>SDBMUR2</td>
<td>Roughcast</td>
<td>SEJMUR2</td>
<td>Roughcast</td>
</tr>
<tr>
<td>CUIMUR3</td>
<td>Panelling</td>
<td>SDBMUR3</td>
<td>Panelling</td>
<td>SEJMUR3</td>
<td>Panelling</td>
</tr>
<tr>
<td>CUIMUR4</td>
<td>Carpet</td>
<td>SDBMUR4</td>
<td>Carpet</td>
<td>SEJMUR4</td>
<td>Carpet</td>
</tr>
<tr>
<td>CUIMUR5</td>
<td>Wood panels</td>
<td>SDBMUR5</td>
<td>Wood panels</td>
<td>SEJMUR5</td>
<td>Wood panels</td>
</tr>
<tr>
<td>CUIMUR6</td>
<td>Wallpaper</td>
<td>SDBMUR6</td>
<td>Wallpaper</td>
<td>SEJMUR6</td>
<td>Wallpaper</td>
</tr>
<tr>
<td>CUIMUR7</td>
<td>Paint</td>
<td>SDBMUR7</td>
<td>Paint</td>
<td>SEJMUR7</td>
<td>Paint</td>
</tr>
<tr>
<td>CUIMUR8</td>
<td>Stone</td>
<td>SDBMUR8</td>
<td>Stone</td>
<td>SEJMUR8</td>
<td>Stone</td>
</tr>
<tr>
<td>CUIMUR9</td>
<td>Plaster</td>
<td>SDBMUR9</td>
<td>Plaster</td>
<td>SEJMUR9</td>
<td>Plaster</td>
</tr>
<tr>
<td>CUIMUR10</td>
<td>PVC</td>
<td>SDBMUR10</td>
<td>PVC</td>
<td>SEJMUR10</td>
<td>PVC</td>
</tr>
<tr>
<td>CUIMUR11</td>
<td>Plastic</td>
<td>SDBMUR11</td>
<td>Plastic</td>
<td>SEJMUR11</td>
<td>Plastic</td>
</tr>
<tr>
<td>CUIMUR12</td>
<td>Tapestry</td>
<td>SDBMUR12</td>
<td>Tapestry</td>
<td>SEJMUR12</td>
<td>Tapestry</td>
</tr>
<tr>
<td>CUIMUR13</td>
<td>Fibreglass material</td>
<td>SDBMUR13</td>
<td>Fibreglass material</td>
<td>SEJMUR13</td>
<td>Fibreglass material</td>
</tr>
<tr>
<td>CUIMUR14</td>
<td>Other</td>
<td>SDBMUR14</td>
<td>Other</td>
<td>SEJMUR14</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CUIMURP Specify:</th>
<th>SDBMURP Specify:</th>
<th>SEJMURP Specify:</th>
<th>PIEMURP Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"We are now going to ask you a few questions about your living habits in your home."
If TYPLOG=1, 2, 3 or 6

CHAUFC
Do you have collective heating?
1 Yes
2 No

To heat your home and boil water, you use ...?
If CHAUF=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: SEVERAL ANSWERS POSSIBLE

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

What do you use to cook?
CUISCH1 Town or mains gas 1 Yes / 2 No
CUISCH2 Gas from a bottle or tank 1 Yes / 2 No
CUISCH3 Fuel oil 1 Yes / 2 No
CUISCH4 Petrol 1 Yes / 2 No
CUISCH5 Electricity 1 Yes / 2 No
CUISCH6 Wood 1 Yes / 2 No
CUISCH7 Another source of energy 1 Yes / 2 No

If CUISCH7=1
CUISCHP Which other source of energy? ___________________________

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 No

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

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

If TYPLOG=1, 2 or 6
OPRENO
If DEMENAG=2
Have you had any renovations or repairs done in the dwelling since our last telephone interview when [ELFE child] was two months old?

If DEMENAG=1
Have you had any renovations or repairs done in the dwelling since you have lived in it (including terraces)?
1 Yes
2 No

If OPRENO=1
Which ones?
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

If OPRENO=1
RENOCH
If DEMENAG=2
Have there been any renovations in the room where [ELFE child] currently sleeps since the last telephone interview at 2 months?
If DEMENAG=1
Have there been any renovations in the room where [ELFE child] currently sleeps since you have lived in this dwelling?
1 Yes
2 No
9 [Doesn’t know]

If RENOCHE=1
Which ones?
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

If QLRENO11=1
QLRENOOP What are the OTHER renovations or repairs (in the room where [ELFE child] currently sleeps)? ________________________

48
If OPRENO=1 or RENOCH=1
PRESTRENF
Was [ELFE child] present in the dwelling during the work?
1 Yes
2 No

If DEMENAG=1 or 2 months not done
LOGHT
Is your dwelling close to a high-voltage overhead line (no more than 1 km)?
1 Yes
2 No
9 [ Doesn’t know ]

If LOGHT=1
LOGHTD
How far in metres? |___|___|___|___|

If DEMENAG=1 or 2 months not done
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 [ Doesn’t know ]

Is there a cordless landline telephone with a base (DECT) in your dwelling?
TELFIX1 In the room where you work 1 Yes / 2 No / 9 [Doesn’t know]
TELFIX2 In your room 1 Yes / 2 No / 9 [Doesn’t know]
TELFIX3 In the living room 1 Yes / 2 No / 9 [Doesn’t know]

WIFI1
Do you have WiFi in your home (excluding public networks)?
1 Yes, connected on a permanent basis
2 Yes, connected sometimes
3 No
9 [Doesn’t know]

ORDI1
At home, do you use a computer for several hours a day?
1 Yes
2 No
9 [Doesn’t know]

Where is the central unit of the computer(s)?
If ORDI1 = 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
"Now let’s look at the income of your household and your living conditions." Let’s start with work-related income.

In your household, is there currently one or more people receiving the following income:

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RSAL</strong></td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td><strong>RNSAL</strong></td>
<td>Income from self-employed professional activity (freelance, liberal profession…)?</td>
</tr>
<tr>
<td><strong>RCHO</strong></td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td><strong>RRSA</strong></td>
<td>Active solidarity income (RSA)?</td>
</tr>
<tr>
<td><strong>RBOU</strong></td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td><strong>RRET</strong></td>
<td>Pensions, early retirement (including old age pension, veteran’s pension, survivors’ benefits pension)?</td>
</tr>
<tr>
<td><strong>NB</strong>: ELFE 1 Year - starting from wave 2, elimination of early retirement, pensions.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RIMM</strong></td>
<td>Rent and tenant farming (if you rent out houses or land)?</td>
</tr>
<tr>
<td><strong>RFIN</strong></td>
<td>1 Yes/ 2 No</td>
</tr>
<tr>
<td><strong>RMAL</strong></td>
<td>Does your household receive illness- or disability-related benefits (AAH allowance for disabled adults, disability allowance, allowance related to dependency, daily subsistence</td>
</tr>
</tbody>
</table>
allowance)? 1 Yes / 2 No

RLOG  Housing benefit, housing allowance  1 Yes / 2 No

CLCA  Does your household receive the CLCA free choice of activity allowance?
1 Yes
2 No
9 [Doesn't know]

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≠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?
1 €143
2 €247
3 €325
4 €384
5 €430
6 €566
7 Other amount
8 [Refuses]
9 [Doesn't know]
10 [No answer]

INT: LIST, EACH TIME SAYING "IN THE REGION OF..."

If ACLCA=7

ACLCAP Specify the monthly amount  |___|___|___|___|___|

Do not ask if ACLCA=4 or 6

CLCMG
Does your household receive the CLCMG free choice of child-minding allowance?
1 Yes
2 No
9 [Doesn't know]

NB: ELFE 1 Year - wave 1: filter changed from 26 June question asked to everyone.
Specify:
1 Monthly
2 Annual
8 [Refuses]
9 [Doesn't know]

If CLCMG=1
ACLCMG What is the monthly or annual amount of this allowance? |___|___|___|___|

RPED
Does your household receive the PAJE infant accommodation benefit?
1 Yes
2 No
9 [Doesn't know]

RFAM
Any other child support (for example, child support supplement, back-to-school allowance)?
1 Yes
2 No
9 [Doesn't know]

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

What types of aid?
If RTRA=1
TYPTRA1 Rent payment (direct or indirect) 1 Yes / 2 No
If RTRA=1
TYPTRA2 Alimony 1 Yes / 2 No
If RTRA=1
TYPTRA3 Other regular financial aid 1 Yes / 2 No

"Lastly, let's look at your living conditions in terms of finances."

If SITUA=1 or 2 or SITUAE=1 or 2
SALMON
What is the NET monthly or annual amount of your salary (or income from an independent activity)? |___|___|___|___|

If SITUA=1 or 2 or SITUAE=1 or 2
SALMONP
Specify:
1 Monthly
2 Annual
5 [Do not receive salary]
8 [Refuses]
9 [Doesn't know]
If LIENTYP =1 or 7 with SITUA=1 or 2 or SITUAE=1 or 2

SALMONC
What is the NET monthly or annual amount of your partner's salary (or income from an independent activity)?

|  |  |  |  |  |

If LIENTYP =1 or 7

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

TOTREVEN
Taking account of all the types of income or your household, what is the current amount of your net monthly resources? (1 to 99999)

|  |  |  |  |  |

TOTREVENP
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 From €700 to less than €1,200 a month
3 From €1,200 to less than €1,500 a month
4 From €1,500 to less than €1,800 a month
5 From €1,800 to less than €2,200 a month
6 From €2,200 to less than €2,500 a month
7 From €2,500 to less than €3,000 a month
8 From €3,000 to less than €3,500 a month
9 From €3,500 to less than €4,000 a month
10 From €4,000 to less than €4,500 a month
11 From €4,500 to less than €5,000 a month
12 €5,000 a month or more
88 [Refuses]
99 [Doesn't know]

If TOTREVEN is reported

ITOTREV
Does this amount include the income from all the members of the household?
1 Yes
2 No
3 [No, because doesn't know total income]

NB: If ITOTREV=2, go back and indicate total income on previous screen.
**EXTENDED FAMILY**

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabitating father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabitating father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

**If 2 months not done:**

1. If in household a LIENTYP=8, sex=2 and not LIENTYP=8, sex=1 \(\Rightarrow\) code VIEMER=1 and ask VIEPER
2. If in household a LIENTYP=8, sex=1 and not LIENTYP=8, sex=2 \(\Rightarrow\) ask VIEMER=1 and code VIEPER=1
3. If in household a LIENTYP=8, sex=2 and sex=1 \(\Rightarrow\) code VIEMER=1 and VIEPER=1
4. If no LIENTYP=8 ask VIEMER and VIEPER

**If 2 months done:**

1. If no grandparents living at 2 months: at 2 months no LIENTYP=8, sex=2 and (MBVIE=1 or MBVIEB=1) and no LIENTYP=8, sex=1 and (PBVIE=1 or PBVIEB=1) \(\Rightarrow\) go to GARDENF

2. Both grandparents living at two months at 2 months: [(MBVIE=1 or MBVIEB=1) ET (PBVIE=1 or PBVIEB=1) or (LIENTYP=8, sex=1 et LIENTYP=8, sex=2] and:
   - [1 YR no LIENTYP=8 and not LIENTYP=8 leaving CAUSEDEPART=3] \(\Rightarrow\) ask VIEMER and VIEPER - [1 YR LIENTYP=8, sex 1 and LIENTYP=8, sex 2 in household] \(\Rightarrow\) code VIEMER=1 and VIEPER=1
   - [1 YR LIENTYP=8, sex 1 in household and no LIENTYP=8, sex 2 leaving CAUSEDEPART=3] \(\Rightarrow\) ask VIEMER and code VIEPER=1
   - [1 YR LIENTYP=8, sex 1 in household and LIENTYP =8, sex 2 leaving CAUSEDEPART=3] \(\Rightarrow\) code VIEMER=2 and VIEPER=1
   - [1 YR LIENTYP=8, sex 2 in household and no LIENTYP=8, sex 1 leaving CAUSEDEPART=3] \(\Rightarrow\) code VIEMER=1 and ask VIEPER
   - [1 YR LIENTYP=8, sex 2 in household and LIENTYP =8, sex 1 leaving CAUSEDEPART=3] \(\Rightarrow\) code VIEMER=1 and VIEPER=2
   - [1 YR LIENTYP=8, leaving CAUSEDEPART=3 AND LIENTYP=8, sex 1 leaving CAUSEDEPART=3] code VIEMER=2 and VIEPER=2

3. Only the grandmother alive at 2 months: (MBVIE=1 or MBVIEB=1) AND (PBVIE=1 or PBVIEB=1) OR [LIENTYP=8, sex=2]
   - [1 YR no LIENTYP=8, sex 2 and no LIENTYP=8, sex 2 leaving CAUSEDEPART=3] \(\Rightarrow\) ask VIEMER and code VIEPER=2
   - [1 YR LIENTYP=8, sex 2 in household] \(\Rightarrow\) code VIEMER=1 and VIEPER=2 - [1 YR LIENTYP=8, sex 2 leaving CAUSEDEPART=3] \(\Rightarrow\) code VIEMER=2 and VIEPER=2
4 Only the grandfather alive at 2 months: (PBVIE=1 or PBVIEB=1) AND (MBVIE#1 or MBVIEB#1) OR [LIENTYP=8, sex=1]
- [1 YR no LIENTYP=8, sex 1 and no LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and ask VIEPER
- [1 YR LIENTYP=8, sex 1 in household] ⇒ code VIEMER=2 and VIEPER=1
- [1 YR LIENTYP=8, sex 1 leaving CAUSEDEPART=3] ⇒ code VIEMER=2 and VIEPER=2

**VIEMER**
Is your mother still alive?
1 Yes
2 No

**VIEPER**
Is your father still alive?
1 Yes
2 No

Since the birth of [ELFE child], has your mother ...
*If VIEMER=1*

**MJOUE**
... played with them?
1 Yes
2 No

**INT:** IF GRANDPARENT STILL ALIVE BUT NO CONTACT WITH FAMILY, CODE "NO"

*If VIEMER=1*

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

*If VIEMER=1*

**MGARDR**
... since the birth of [ELFE child], has your mother minded them regularly?
1 Yes
2 No

*If VIEMER=1 and MGARDR=2*

**MGARD**
... has she minded them occasionally (in your absence or that of your partner)?
1 Yes
2 No

*If VIEMER=1*

**MSOUT**
... has she advised or supported you?
1 Yes
2 No

*If VIEMER=1*

**MAIDM**
... has she helped you with your housework?
1 Yes
2 No

If VIEMER=1
MAIDF
... has she helped you financially?
1 Yes
2 No

Since the birth of [ELFE child], has your father ...
If VIEPER=1
PJOUE
... played with them?
1 Yes
2 No

If VIEPER=1
PREPA
... given them a meal or taken care of them?
1 Yes
2 No

If VIEPER=1
PGARDR
... has he minded them regularly?
1 Yes
2 No

If PGARDR=2
PGARD
... has he minded them occasionally (in your absence or that of your partner)?
1 Yes
2 No

If PGARDR=2
PSOUT
... has he advised or supported you?
1 Yes
2 No

If PGARDR=2
PAIDM
... has he helped you with your housework?
1 Yes
2 No

If PGARDR=2
PAIDF
... has he helped you financially?
1 Yes
2 No
"We are now going to talk about the main type of care used for [ELFE child], and then, possibly, about another type of care you may also use."

If twin: "We are now going to talk about the type of care used for [ELFE child] and [Twin child]"

**If NAISGEM=1**

**MEMGARD**

Do you currently use the same type of child care for the two of them during the week from Monday to Friday from 9 am to 6 pm?

1 Yes
2 No

If MEMGARD=1 ⇒ GARDENF and the questions are asked just once (ELFE child)
If MEMGARD=2 ⇒ ask 'Type of care' later for the twin

**GARDENF**

What is the main type of child care used during the week from Monday to Friday from 9 am to 6 pm?

The formats of the variables differ according to the respondent

1 Yourself
2 Your partner
3 Yourself and your partner
4 The child's grandparents or grandparent (display if VIEMER=1 and/or VIEPER=1)
5 The child's paternal grandparents or grandparent (display if VIEMER=2 and VIEPER=2)
6 A childcare assistant (accredited or non-accredited except grandmother who is a childcare assistant)
7 A crèche
8 Paid home help
9 Other type of care

INT: IF THE FATHER UNPROMPTED MENTIONS SEVERAL TYPES OF CARE, ASK HIM TO CHOOSE THE ONE HE CONSIDERS AS THE MAIN TYPE. IF THE FATHER SAYS HIS PARTNER IS NOT THE FATHER, YOU SHOULD TELL HIM THAT IT IS HIS PARTNER HE IS TALKING ABOUT.
If GARDENF=9
GARDENFP
Specify other type of care ________________

If GARDENF=1, 2 or 3
PQGARD1 / PQGARD2
For what main reasons did you choose this type of care for your child? (repeated twice)
1 Other types of care cost too much
2 You don't have another solution
3 Your work hours are incompatible with the hours of child care solutions
4 You want to fully devote yourself to raising your child
5 It is the most beneficial solution for your child
6 You (or your partner) are out of work
7 For another reason

If GARDENF=4, 5, 6, 7, 8 or 9
PQGARD3 / PQGARD4
For what reasons did you choose this type of care? (repeated twice)
1 Other types of care cost too much
2 You don't have another solution
3 Your work hours are incompatible with the hours of child care solutions
4 It is the most beneficial solution for your child
5 For another reason

INT: IF THE MOTHER IS A CHILDCARE ASSISTANT, ASK HER ALL THE SAME FOR WHAT OTHER REASONS SHE DECIDED TO USE CHILD CARE.

If GARDENF=4 or 5
If GARDENF=4 or 5 and VIMER≠1 and VIEPER≠1, don’t ask GPARD2
and code 2 if VIMER=2 and VIEPER=2
If childcare type identical for ELFE child and his/her Twin, ask "Are your children in childcare?"

GPGARD1
Is your child minded by his/her grandparents: paternal?
1 Yes
2 No

GPGARD2
Is your child minded by his/her grandparents: maternal?
1 Yes
2 No

INT: CODE THE TWO AS YES IF THE MATERNAL AND PARENTAL GRANDPARENTS SHARE THE TASK OF MINDING THE CHILD EQUALLY

If GARDENF≠7
LIEUGARD
Are [ELFE child] (and his/her twin) minded at your home (main type of care)?
1 Yes
2 No
If $GARDENF=7$

CRECHE
It is:
1 ...a company crèche
2 ...a parental crèche
3 ...a municipal crèche at a social centre
4 ...a crèche run by an organization
5 ...a family crèche
6 Other
7 [Doesn't know]

If $GARDENF=4, 5, 6, 7$ or 9, ask
If $LIEUGARD=1$, don't ask

TYPTRAN1 / TYPTRAN2
For the journey from your house to the care centre, what type of transport does the child/children use? (2 answers possible) (repeated twice)
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 [Not applicable]

NRTRAJ1 / NRTRAJ2
How many times a week? (repeated twice) |___|___|
Doesn't know = 99

TPS1H / TPS2H
How long does the journey take? Hours (repeated twice) |___|___|

TPS1MIN / TPS2MIN
How long does the journey take? Minutes (repeated twice) |___|___|

If $GARDENF=1, 2, 3, 4, 5, 6, 7$ or 9

NBENF
If $GARDENF=6, 7$ or 9
How many children attend the care centre?
If $GARDENF=1, 2, 3, 4, 5$ or 8
How many children are in the care centre with [ELFE child] (if twin and same centre: with the children)? |___|___|___|
Refuses = 888, Doesn't know = 999

How old was/were your child/children when you first used this type of care solution?
If $GARDENF=4, 5, 6, 7, 8$ or 9
AGENFM Months |___|___|
Refuses = 88, Doesn't know = 99
If \( \text{GARDENF} = 4, 5, 6, 7, 8 \text{ or } 9 \)

\( \text{AGENFS} \) Weeks

If \( \text{GARDENF} = 4, 5, 6, 7, 8 \text{ or } 9 \)

\( \text{TPSLIEUJ} \)

How much time does/do he/she/they spend at this care centre? Number of days per week

\( |___| \)

\( \text{INT: IF 1.5 DAYS, CODE 1.5; IF DK, CODE 9.9; IF REFUSAL, CODE 8.8} \)

If \( \text{GARDENF} = 4, 5, 6, 7, 8 \text{ or } 9 \)

\( \text{TPSLIEUJS} \)

And how much time in total in hours?

Refuses = 888, Doesn’t know = 999

Would you say that this type of care enables your child (children if twin) to:

If \( \text{GARDENF} = 4, 5, 6, 7, 8 \text{ or } 9 \)

\( \text{AMBIAN} \) Benefit from a warm environment 1 Yes / 2 No
\( \text{RHYTHE} \) Respect their rhythm 1 Yes / 2 No
\( \text{HYGIENE} \) Benefit from every guarantee of hygiene and safety 1 Yes / 2 No

\( \text{COMGARD} \)

Do you use an additional type of child care?

1 Yes
2 No

If \( \text{COMGARD} = 1 \)

\( \text{QLCOM} \)

Which one?
Format of variables differs according to respondent.
1 Yourself
2 His/her grandparents, grandparent
3 His/her paternal grandparents, grandparent
4 Your partner
5 A childcare assistant (accredited or not)
6 A crèche
7 Paid home help
8 Another type of care
9 Daycare centre

\( \text{NB: 1 Yr wave 1 - starting from 14/05/2012: Daycare centre item added} \)

If \( \text{QLCOM} = 8 \)

\( \text{QLCOMP} \) Specify ______________________________

\( \text{TPSMAM} \)

Overall, in the week, from Monday to Friday from 9 am to 6 pm, how many hours does your child spend with you?

\( |___|___|___| \)

Refuses = 888, Doesn’t know = 999
NB: Wave 1 - asked if additional type of care Changed from 05/06/2012: Question asked to everyone

*If SITUAFAMM≠7*

**TPSPAP**

Overall, in the week, from Monday to Friday from 9 am to 6 pm, how many hours does your child spend with your partner? ___ ___ ___ |

Refuses = 888, Doesn’t know = 999

NB: Wave 1 - change from 05/06/2012: Question asked to everyone

*If GARDENF=4, 5, 6, 7, 8 or 9*

**ACCEPT**

When you entrust [ELFE child]/[twin child] to the person who looks after them, would you say in general that he/she/they:

1. Accept(s) your departure easily
2. Accept(s) your departure with difficulty
3. It depends
4. [Not applicable]

*If GARDENF=4, 5, 6, 7, 8 or 9*

**HUMEUR**

When you pick him/her/them up from this type of care, is/are he/she/they...

1. ...happy to see you
2. ...unhappy (anger, screams, crying)
3. ...express(es) nothing in particular
4. ...it depends
5. [Not applicable]

*If GARDENF=4, 5, 6, 7, 8 or 9*

**RELAT**

Do you get on well with the people who look after him/her/them?

1. Yes
2. No
3. It depends
4. [Not applicable]

NB: RELAT question eliminated in wave 2.

Have you ever had a disagreement with the person(s) minding him/her/them (or who take care of him/her/them) about the following:

*If GARDENF=4, 5, 6, 7, 8 or 9*

**DESALI** Food 1 Yes / 2 No / 3 [No answer] / 4 [Doesn’t know]

**DESSOM** Sleep 1 Yes / 2 No / 3 [No answer] / 4 [Doesn’t know]

**DESHYG** Hygiene 1 Yes / 2 No / 3 [No answer] / 4 [Doesn’t know]

**DESAUTR** Other 1 Yes / 2 No / 3 [No answer] / 4 [Doesn’t know]

*If DESAUTR=1*

**DESAUTRP** Have you disagreed with them about anything else? ____________________________

Do you benefit from the following aid for the care of [ELFE child]/[Twin child]:

*If GARDENF=4, 5, 6, 7, 8 or 9*

**AIDEIMPO** Income tax reduction or tax credit independent of the application of the family quotient 1 Yes / 2 No / 3 [No answer] / 4 [Doesn’t know]
AIDEMUN  Aid from the municipality  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]
AIDEAUTR  Other types of aid  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

if AIDEAUTRE=1
AIDEAUTRP Which? ____________________________

Does your employee propose...?
if SITUA=1 or 2 or SITUAE=1 or 2 and STATUT1=1
SCRECH  A crèche at the workplace or near the workplace  1 Yes / 2 No / 3 [Doesn't know]
SGARDE  A subsidy for child care  1 Yes / 2 No / 3 [Doesn't know]
SENTR  Aid from the work council  1 Yes / 2 No / 3 [Doesn't know]
SCHEC  Universal employment service cheque pre-financed in part by the employer  1 Yes / 2 No / 3 [Doesn't know]
SMGARD  Assistance in choosing and finding care  1 Yes / 2 No / 3 [Doesn't know]
SRESAID  A parent club or mutual assistance network  1 Yes / 2 No / 3 [Doesn't know]

If SITUA=1, 2 or SITUAE=1, 2
APELURG
If you are called at work to pick up [ELFE child]/[twin child] due to an emergency (health, temporary unavailability of care, etc.):
1  ...you can go without having to ask for leave
2  ...you can go without having to ask for a half day of leave
3  ...you cannot leave your job
4  Other

if APELURG=4
APELURGP Specify ____________________________

SUFMUN
Do you think the municipality provides sufficient support to families for childcare?
1  Yes
2  No
3  [No opinion]

SUFCAF
Do you think the family allowance office provides sufficient support to families for childcare?
1  Yes
2  No
3  [No opinion]

INT: WELCOME SYSTEM AS WELL AS FINANCIAL SUPPORT

GARBAT
Is the childcare building of [ELFE child]...?
1  An individual house
2  A residential building
3  Other

GARETA
How many floors? |___|___|

GARETAQ
On which floor is the care centre of [ELFE child]? |__|__|

**GARCONST**
Do you know if the building was built:
1 Before 1945
2 After 1945
3 [Doesn't know]

**<ADRCRECHE>**
Address of the crèche of [ELFE child] ____________________________

**<GARNOM>**
Name of the crèche ____________________________

**<GARNUM>**
Number |__|__|

**<GARRUE>**
Street ____________________________

**<GARCP>**
Postcode ____________________________

**<GARCOM>**
Municipality ____________________________
HEALTH, DEVELOPMENT AND DIET (LIGHTER QUESTIONNAIRE ASKED ONLY TO COHABITING FATHERS AND FATHERS NOT COHABITING WITH THE CHILD)

<table>
<thead>
<tr>
<th>Fathers concerned</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

To be asked for each child if twin.

"We are going to ask you a few questions on the health, language and diet of your child and their reactions when they find themselves in a new place or with a person they don't know."

ENFSANT1
According to you, your child is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health
5 [Doesn't know]

REALIM1
How does your child react when placed in a confined or restricted area (e.g. a child car seat, a baby seat, etc.)?
1 He/she mostly accepts it
2 He/she sometimes accepts it
3 He/she generally protests
4 [Doesn't know]

LANGE1
What languages, dialect or patois do you usually use when speaking to [ELFE child] (and [TWIN child])? (repeated 3 times)
(List of 467 languages)

INT: TELL THE RESPONDENT THAT SEVERAL LANGUAGES OR PATOIS ARE POSSIBLE

LANG1EP
Specify which language, dialect or patois (repeated 3 times) __________________________
Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN] child)?
1 Yes
2 No

**LANG1DOM1**
Which ones?
Language 1: __________________________
(List of 467 languages)

**LANG2DOM1**
Which ones?
Language 2: __________________________
(List of 467 languages)

**LANG3DOM1**
Which ones?
Language 3: __________________________
(List of 467 languages)

**LANGDOM1P**
Specify the language, dialect or patois: __________________________

**ADAPTE1**
Does your child adapt easily to new things (e.g. new people, new places, new food)?
1 Always
2 Often
3 Sometimes
4 Almost never
5 Doesn't know

**ANXEUX1**
Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 Doesn't know

**TRISTE1**
Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
4 Doesn't know

**AGITE1**
In the last few months, have you found that during the day your child has been particularly worked up, unable to keep still?
1 Often
2 From time to time
3 Rarely or never
4 Doesn't know
MOTIFINQ1
Have you any reason to be concerned about your child?
1 Yes
2 No
3 [Doesn’t know]

For what reason(s)?
if MOTIFINQ1 = 1
QMOTIF11 Sleep 1 Yes / 2 No
QMOTIF21 Crying 1 Yes / 2 No
QMOTIF31 Diet 1 Yes / 2 No
QMOTIF41 Frequent health problems 1 Yes / 2 No
QMOTIF51 Early learning problems 1 Yes / 2 No
QMOTIF61 Difficulties with contact (does your child hide in your arms, communicate by looking in your eyes, smiling, rock constantly, etc.) 1 Yes / 2 No
QMOTIF71 Other 1 Yes / 2 No
QMOTIF91 [Doesn’t know] 1 Yes / 2 No

if QMOTIF71 = 1
QMOTIFP1 Specify ______________________

To whom have you spoken about these concerns?
if MOTIFINQ1 = 1
AQIPAR11 Partner 1 Yes / 2 No
AQIPAR21 Family members 1 Yes / 2 No
AQIPAR31 Friends 1 Yes / 2 No
AQIPAR41 Professionals 1 Yes / 2 No
AQIPAR51 No-one 1 Yes / 2 No
AQIPAR61 Other 1 Yes / 2 No
AQIPAR91 [Doesn’t know] 1 Yes / 2 No

if AQIPAR61 = 1
AQIPARP1 If other, specify ______________________

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHILDCARE SPECIALIST, AN OSTEOPATH, ETC.

if MOTIFINQ1 = 1
RECUST1
Do you receive support for this problem?
1 Yes
2 No
3 [Doesn’t know]

From whom?
if MOTIFINQ1 = 1 and RECUST1 = 1
RECUSTQ11 Partner 1 Yes / 2 No
RECUSTQ21 Family members 1 Yes / 2 No
**RECUSTQ31** Friend(s)  1 Yes / 2 No
**RECUSTQ41** Professional(s)  1 Yes / 2 No
**RECUSTQ51** Other  1 Yes / 2 No
**RECUSTQ91** [Doesn't know]  1 Yes / 2 No

**INT:** LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHILDCARE SPECIALIST, AN OSTEOPATH, ETC.

*If RECUSTQ51=1*

**RECUSTQP1** If other, specify ______________________________
DEVELOPMENT (LIGHTER QUESTIONNAIRE ASKED ONLY TO FATHERS OF PLACED CHILDREN)

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabitating father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Cohabitating father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

To be asked for each child if twin.

"We are going to ask you a few questions about the language and health of [ELFE child] and the dialogue and relations you have with him/her when you see him/her."

**LANG1ED**
Language spoken to child:
Language 1: ______________________
(List of 467 languages)

**LANG2ED**
Language spoken to child:
Language 2: ______________________
(List of 467 languages)

**LANG3ED**
Language spoken to child:
Language 3: ______________________
(List of 467 languages)

**LANG1EDP**
Specify the language, dialect or patois:
Language 1: ______________________

**LANG2EDP**
Specify the language, dialect or patois:
Language 2: ______________________

**LANG3EDP**
Specify the language, dialect or patois:
Language 3: ______________________
Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN]child)?
1 Yes
2 No

**LANG1DOMD**
Which ones?
Language 1: __________________
(List of 467 languages)

**LANG2DOMD**
Which ones?
Language 2: __________________
(List of 467 languages)

**LANG3DOMD**
Which ones?
Language 3: __________________
(List of 467 languages)

**LANG1DOMDP**
Specify the language, dialect or patois:
Language 1: __________________

**LANG2DOMDP**
Specify the language, dialect or patois:
Language 2: __________________

**LANG3DOMDP**
Specify the language, dialect or patois:
Language 3: __________________

When you meet with [ELFE child]:

**ACTIJEUD** Do you play little games with the child (hide and seek, itsy-bitsy spider, construction or manipulation games)? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

**ACTILECTD** Do you read [ELFE child] picture or story books? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

**ACTIDESD** Do you do drawings with [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

**ACTITVD** Do you watch television or screens with [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

**ACTICALMD** Do you spend calm time with [ELFE child], talking to them? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

**ACTICHAND** Do you sing little songs or nursery rhymes to [ELFE child]? 1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]
ACTICORD  Do you play games with his/her body (feet, hands) such as tickling, massaging, having him/her jump?  1 Often / 2 From time to time / 3 Rarely or never / 4 [Doesn't know]

If ACTIEUD=3 and ACTILECTD=3 and ACTIDESD=3 and ACTITVD=3 and ACTICALMD=3 and ACTICHAND=3 and ACTICORD=3

ACTIAUTD  Do you do other activities with your child?
1  Yes
2  No
3  [Doesn't know]

If ACTIAUTD=1

ACTIQUD  Which one(s)? _________________________

Which of these toys does your child have:

JPOUPD  Doll  1 Yes / 2 No
JVOITD  Toy car  1 Yes / 2 No
JBALD  Ball  1 Yes / 2 No
JLIVD  Baby books (in cardboard or cloth)  1 Yes / 2 No
JCONSND  Construction games  1 Yes / 2 No
JEVEILD  Early learning games such as a play mat...  1 Yes / 2 No
JMUZD  Musical instruments  1 Yes / 2 No

JDISD  Does your child have CDs and cassettes to listen to? Does your child have CDs and cassettes to listen to?
1  Yes
2  No

GARDINF1D  Do you ever personally write information in the health booklet of your child, such as their weight, height, minor illnesses or other things?
1  Yes
2  No
3  [Doesn't know]

What kind of information do you note down?

If GARDINF1D = 1

INFPTD  Weight or height curves  1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFPMD  Minor illnesses  1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFPFD  "First times" (first smile, first step, first tooth, etc.)  1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

INFAUTD  Other observations  1 Yes / 2 No / 3 [Doesn't know] / 4 [No answer]

GARDINF2D  Do you ever write things about your child in a notebook or on the web (blog, Facebook, etc.)?
1  Yes
2  No
3  [Doesn't know]
SUSPOUD
Does your child suck their thumb or fingers?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn’t know]

TETINED
Does your child suck a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn’t know]

SUSAUTD
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
5 [Doesn’t know]

CALMENFD
Is it easy or difficult for you to calm your child when they are upset?
1 Very easy
2 In general quite easy
3 Difficult
4 [Doesn’t know]

ANXEUXD
Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn’t know]

TRISTED
Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn’t know]

NB: ELFE 1 Yr - question added 23/05 in wave 1 because forgotten

ENFSANTD
According to you, your child is currently:
1 In good health
2 Mostly in good health
Since your child was two months old, has your family benefited from:

**AIDPUERD** Help from a childcare worker or an MCP midwife  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDTRD** Help from a family worker  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDASSD** Support from a social assistant  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDPSYD** Support from the child welfare service  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDSOCD** Support from the child welfare service  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDEDD** Support from an educator  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

**AIDJUGD** Supervision by a juvenile judge  1 Yes / 2 No / 3 [No answer] / 4 [Doesn't know]

How often do you meet …

If **AIDPUERD=1**

**FQPROD1**

...the childcare worker / midwife?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

If **AIDTRD=1**

**FQPROD2**

...the family worker?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

If **AIDASSD = 1**

**FQPROD3**

... the social assistant?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn’t know]

If **AIDPSYD=1**

**FQPROD4**

... the psychologist?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn’t know]
If AIDSOCD=1
FQPROD5
the child welfare service?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

If AIDEDD=1
FQPROD6
... the educator?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

If AIDJUGD=1
FQPROD7
... the juvenile judge?
1 More than once a week
2 Once a week
3 2 or 3 times a week
4 Once a month at most
5 [Doesn't know]

DSUIVID
When did this support begin (in days, months or years)? (repeated 7 times)
|__|__|__|__|

DSUIVIPD
When did this support begin (in days, months or years)? (repeated 7 times)
1 [Indicates number of days]
2 [Indicates number of months]
3 [Indicates number of years]
4 [Doesn't know]

If AIDASSD=1 or AIDSOCD=1 or AIDEDD=1 or AIDJUGD=1
AEMODD
Is the [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 child welfare service)
3 No
4 [Doesn't know]

When did this support begin (the beginning may pre-date the birth of the child)?
If AIDASSD=1 or AIDSOCD=1 or AIDEDD=1 or AIDJUGD=1 and AEMODD=1
*DATPRJD Day
|__|__|
Refuses = 88, Doesn't know = 99

*DATPRMD  Month
Refuses = 88, Doesn't know = 99

DATPRAD  Year
Refuses = 8888, Doesn't know = 9999

If AIDASSD=1 or AIDSOCO=1 or AIDEDD=1 or AIDJUGD=1 and AEMODD=1
DUREPRISD  How long is the support planned for? Number of weeks
Refuses = 888, Doesn't know = 999
THE CHILD’S PSYCHOMOTOR DEVELOPMENT

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

"We are now going to talk about [ELFE child’s] activities. Among the following activities, he/she is probably capable of doing some of them now and will be able to do the others later? Don’t be surprised if the child hasn’t mastered some of the activities."

**SOCA**
Is attentive to what happens around them and listens to others.
1. Yes
2. No
3. [Doesn't know]

**SOCB**
Is interested in his/her reflection. Or used to be.
1. Yes
2. No
3. [Doesn't know]

**SOCC**
Shows affection to other children.
1. Yes
2. No
3. [Doesn't know]

**SOCD**
Shows affection: hugs others.
1. Yes
2. No
3. [Doesn't know]

**SOCE**
Sometimes says no when not in agreement.
1. Yes
2. No
3. [Doesn't know]
SOCF
Wants a doll, teddy bear or comforter to go to bed with. Or used to ask for this when younger.
1  Yes
2  No
3  [Doesn't know]

SOCG
Plays with other children, does things with them.
1  Yes
2  No
3  [Doesn't know]

SOCH
Pretends to do everyday activities such as speaking on the phone or sleeping. Or used to.
1  Yes
2  No
3  [Doesn't know]

AUTOA
Eats a biscuit alone.
1  Yes
2  No
3  [Doesn't know]

AUTOB
Holds a spoon by the handle.
1  Yes
2  No
3  [Doesn't know]

AUTOC
Takes off his/her socks.
1  Yes
2  No
3  [Doesn't know]

AUTOD
Chews food.
1  Yes
2  No
3  [Doesn't know]

AUTOE
Holds a glass or cup to his/her lips and drinks.
1  Yes
2  No
3  [Doesn't know]
Remembers where household objects are kept.
1 Yes
2 No
3 [Doesn't know]

If AUTOB=1
AUTO
Eats on his/her own with a spoon.
1 Yes
2 No
3 [Doesn't know]

If AUTOG = 1
AUTOH
Which hand does he/she use?
1 Right
2 Left
3 Both
4 [Doesn't know]

If AUTOB=1
AUTOI
Eats with a spoon with no or few spills.
1 Yes
2 No
3 [Doesn't know]

GLOBA
Sits down without help.
1 Yes
2 No
3 [Doesn't know]

GLOBB
Can stand without being held.
1 Yes
2 No
3 [Doesn't know]

GLOBC
Can stand up without being helped.
1 Yes
2 No
3 [Doesn't know]

GLOBD
Gets around furniture or bed holding on or walking.
1 Yes
2 No
3 [Doesn't know]

GLOBE
Walks without being helped.
1 Yes
2 No
3 [Doesn't know]

If $GLOBE=1$
GLOBF
Throws a ball while standing and doesn't fall over.
1 Yes
2 No
3 [Doesn't know]

If $GLOBE=1$
GLOBG
Runs.
1 Yes
2 No
3 [Doesn't know]

If $GLOBE=1$
GLOBH
Kicks a ball.
1 Yes
2 No
3 [Doesn't know]

FINA
Takes objects in hands.
1 Yes
2 No
3 [Doesn't know]

FINB
Holds two objects at same time, one in each hand.
1 Yes
2 No
3 [Doesn't know]

FINC
Uses both hands to hold a large object.
1 Yes
2 No
3 [Doesn't know]

FIND
Picks up small objects such as a piece of cereal or a grain of rice using the thumb and another finger.
1 Yes
2 No
3 [Doesn't know]

FINE
**Shifts an object from one hand to the other.**
1. Yes
2. No
3. [Doesn't know]

**FINF**
Builds a tower made up of two or more cubes.
1. Yes
2. No
3. [Doesn't know]

**FING**
Scrawls with a pencil or pen. Or used to.
1. Yes
2. No
3. [Doesn't know]

**FINH**
Turns the pages of children's book one by one.
1. Yes
2. No
3. [Doesn't know]

**FINI**
Picks up two small toys with one hand.
1. Yes
2. No
3. [Doesn't know]

**FINJ**
Uses one hand more than another, prefers to use it.
1. Yes
2. No
3. [Doesn't know]

"We are now going to talk about the language expressed by and understood by your child."

**LANG1E**
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 1: ________________
(List of 467 languages)

**LANG2E**
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 2: ________________
(List of 467 languages)

**LANG3E**
What languages, dialect or patois do you personally usually use when speaking to [ELFE child] (and [TWIN child])?
Language 3: ______________________________
(List of 467 languages)

INT: TELL THE RESPONDENT THAT SEVERAL LANGUAGES OR PATOIS ARE POSSIBLE

LANG1EP
Specify the language, dialect or patois:
Language 1: ______________________________

LANG2EP
Specify the language, dialect or patois:
Language 2: ______________________________

LANG3EP
Specify the language, dialect or patois:
Language 3: ______________________________

LANGDOM
Are any other languages, dialects or patois used on a daily basis at the home of [ELFE child] (and [TWIN] child)?
1 Yes
2 No

LANG1DOM
Which ones?
Language 1: ______________________________
(List of 469 languages)

LANG2DOM
Which ones?
Language 2: ______________________________
(List of 469 languages)

LANG3DOM
Which ones?
Language 3: ______________________________
(List of 469 languages)

LANG1DOMP
Specify the language, dialect or patois:
Language 1: ______________________________

LANG2DOMP
Specify the language, dialect or patois:
Language 2: ______________________________

LANG3DOMP
Specify the language, dialect or patois:
Language 3: ______________________________
EXTRA
Can [ELFE child] make a series of identical syllables or sounds (e.g. bababa)?
1 Yes
2 No
3 [Doesn't know]

EXPRB
Can [ELFE child] make a series of different syllables or sounds (e.g. bodaga)?
1 Yes
2 No
3 [Doesn't know]

If EXRA=2 and EXPRB=2, do not ask and code EXRC=2

EXRC
"Babble": can he/she make a series of sounds as if making a sentence. Or did so when younger.
1 Yes
2 No
3 [Doesn't know]

If EXRA=1 and EXPRB=1

EXRD
Shows objects.
1 Yes
2 No
3 [Doesn't know]

EXRE
Can make appropriate mimicry to indicate "Yes, "No" and "I want".
1 Yes
2 No
3 [Doesn't know]

EXPRF
Calls you "Mummy" or "Daddy" or a similar name.
1 Yes
2 No
3 [Doesn't know]

INT: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LANGUAGES SPOKEN IN HOUSEHOLD"

EXPRG
Asks to drink or eat using words or sounds.
1 Yes
2 No
3 [Doesn't know]

INT: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LANGUAGES SPOKEN IN HOUSEHOLD"

For each of the following words, say if the child understands.
EXPRH1 Bottle 1 Yes / 2 No / 3 [Doesn't know]
EXPRH2 Biscuit 1 Yes / 2 No / 3 [Doesn't know]
EXPRH3  Ball  1 Yes / 2 No / 3 [Doesn't know]
EXPRH4  Bed  1 Yes / 2 No / 3 [Doesn't know]
EXPRH5  Bread  1 Yes / 2 No / 3 [Doesn't know]
EXPRH6  Foot  1 Yes / 2 No / 3 [Doesn't know]
EXPRH7  Wait / to wait  1 Yes / 2 No / 3 [Doesn't know]
EXPRH8  Drink / to drink  1 Yes / 2 No / 3 [Doesn't know]
EXPRH9  Sleep / to sleep / go beddy-byes  1 Yes / 2 No / 3 [Doesn't know]
EXPRH10  Give / to give  1 Yes / 2 No / 3 [Doesn't know]
EXPRH11  Look / to look  1 Yes / 2 No / 3 [Doesn't know]
EXPRH12  Goodbye (not with the hand)  1 Yes / 2 No / 3 [Doesn't know]

INT: CODE "YES" EVEN IF THE CHILD UNDERSTANDS THE WORD ONLY IN ONE SITUATION

Does [ELFE child] currently use the following word unprompted?
EXPRI1  Bottle
EXPRI2  Biscuit
EXPRI3  Ball
EXPRI4  Bed
EXPRI5  Bread
EXPRI6  Foot
EXPRI7  Wait / to wait
EXPRI8  Drink / to drink
EXPRI9  Sleep / to sleep / go beddy-byes
EXPRI10  Give / to give
EXPRI11  Look / to look
EXPRI12  Goodbye (not with the hand)

INT: UNPROMPTED MEANS THAT THE CHILD SAYS THE WORD WITHOUT THE WORD BEING SAID (NOT JUST REPETITION OF A WORD HEARD). IF HIS/HER PRONUNCIATION IS DIFFERENT TO THAT OF ADULTS, ANSWER "YES". IF THE MOTHER SAYS THE CHILD DOESN'T SPEAK, CODE "NO"

EXPRIL
In general, does [ELFE child] say these words in French or another language?
1 Generally in French
2 Generally in another language spoken in the household
3 In one or another language indiscriminately
4 [Doesn't know]

if at least two words said in list, do not ask EXPRI1 to 12 and code EXPRI=1

EXPRJ
Uses at least 2 words in addition to the words "Mummy" and "Daddy".
1 Yes
2 No
3 [Doesn't know]

INT: IF MORE THAN ONE LANGUAGE SPOKEN IN CHILD'S HOUSEHOLD: "IN AT LEAST ONE OF THE LANGUAGES SPOKEN IN HOUSEHOLD"

COMPA
Understands "No, no" and stops what he/she is doing at least for a short time.
1 Yes
2 No
3 [Doesn't know]
**COMPB**
Answers to his/her name, turns round and looks.
1 Yes
2 No
3 [Doesn't know]

**COMPC**
Imitates some of the sounds you make, or did so when younger.
1 Yes
2 No
3 [Doesn’t know]

**COMPD**
Generally [ELFE child] comes when called.
1 Yes
2 No
3 [Doesn’t know]

**COMPE**
Make a hand gesture to say goodbye.
1 Yes
2 No
3 [Doesn’t know]

**COMPF**
Follows simple orders.
1 Yes
2 No
3 [Doesn’t know]

**COMPG**
Generally [ELFE child] holds out a toy to you when asked.
1 Yes
2 No
3 [Doesn’t know]

**COMPH**
Understands the meaning of "Yes" and "OK".
1 Yes
2 No
3 [Doesn’t know]

**SUSPOU**
Does [ELFE child] suck his/her thumb or fingers?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn’t know]
Does your child suck a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost
5 [Doesn't know]

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
5 [Doesn't know]

"We are now going to talk about your child's development and your relations, dialogue with him/her..."

CALMENF
Is it easy or difficult for you to calm your child when they are upset?
1 Very easy
2 In general quite easy
3 Difficult
4 [Doesn't know]

CONSENF
When your child cries, can they be consoled by other adults apart from yourself?
1 Yes, often
2 From time to time
3 Very rarely
4 [Doesn't know]

RESTSEUL
When awake, does your child agree to remain for a short time in a room that you are not in?
1 Yes, often
2 From time to time
3 Very rarely, never even
4 [Never leave him/her alone]
5 [Doesn't know]

REALIM
How does your child react when placed in a confined or restricted area (e.g. a child car seat, a baby seat, etc.)?
1 He/she mostly accepts it
2 He/she sometimes accepts it
3 He/she generally protests
4 [Doesn't know]

ADAPTE
Does your child adapt easily to new things (e.g. new people, new places, new food)?
1 Always
2 Often
3 Sometimes
4 Almost never
5 [Doesn’t know]

ANXEUX
Have you noticed in the last few months that your child is fearful or anxious?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn’t know]

TRISTE
Also in the last few months, has the child seemed unhappy or sad to you?
1 Often
2 From time to time
3 Rarely or never
9 [Doesn’t know]

NB: Wave 1 - 23/05 questioned added because forgotten

AGITE
In the last few months, have you found that during the day your child has been particularly worked up, unable to keep still?
1 Often
2 From time to time
3 Rarely or never
4 [Doesn’t know]

MOTIFINQ1
Have you any reason to be concerned about your child?
1 Yes
2 No
3 [Doesn’t know]

For what reasons?

if MOTIFINQ=1
QMOTIF1 Sleep 1 Yes / 2 No
QMOTIF2 Crying 1 Yes / 2 No
QMOTIF3 Diet 1 Yes / 2 No
QMOTIF4 Frequent health problems 1 Yes / 2 No
QMOTIF5 Early learning problems 1 Yes / 2 No
QMOTIF6 Difficulties with contact (does your child hide in your arms, communicate by looking in your eyes, smiling, rock constantly, etc.) 1 Yes / 2 No
QMOTIF7 Other 1 Yes / 2 No
QMOTIF9 [Doesn’t know] 1 Yes / 2 No

if QMOTIF7=1
QMOTIFP Other, specify ______________________

To whom have you spoken about these concerns?

if MOTIFINQ=1
AQIPAR1  Partner  1  Yes / 2 No
AQIPAR2  Family members  1  Yes / 2 No
AQIPAR3  Friends  1  Yes / 2 No
AQIPAR4  Professionals  1  Yes / 2 No
AQIPAR5  No-one  1  Yes / 2 No
AQIPAR6  Other  1  Yes / 2 No
AQIPAR9  [Doesn't know]  1  Yes / 2 No

If AQIPAR6=1
AQIPARP  Specify __________________________

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHILDCARE SPECIALIST, AN OSTEOPATH, ETC.

If MOTIFIN=1
RECUST
Do you receive support for this problem?
1  Yes
2  No
3  [Doesn't know]

From whom?
if RECUST=1
RECUSTQ1  Partner  1  Yes / 2 No
RECUSTQ2  Family member(s)  1  Yes / 2 No
RECUSTQ3  Friend(s)  1  Yes / 2 No
RECUSTQ4  Professional(s)  1  Yes / 2 No
RECUSTQ5  Other  1  Yes / 2 No
RECUSTQ9  [Doesn't know]  1  Yes / 2 No

INT: LIST. 2 ANSWERS POSSIBLE. IF MORE THAN 2 ANSWERS: "TO WHOM HAVE YOU TALKED THE MOST". PROFESSIONALS ENCOMPASSES EARLY CHILDHOOD PROFESSIONALS AND HEALTH PROFESSIONALS IT MAY BE A CHILDMINDER, A CHILDCARE ASSISTANT IN A CRÈCHE, THE DIRECTOR, A NURSERY SCHOOL ASSISTANT, A TEACHER IN A DAYCARE CENTRE, A PSYCHOLOGIST, A DOCTOR, A CHILDCARE SPECIALIST, AN OSTEOPATH, ETC.

if RECUSTQ5=1
RECUSTQP  Specify __________________________

"We are now going to talk about your child's sleep..."

LITDOR
When you put [ELFE child] to bed, does he/she have problems going to sleep (for example, they call you or cry for a long time)?
1  Always
2  Sometimes
3  Never
4  [Doesn't know]
PRES
Do they require your presence to go to sleep?
1 Yes
2 No
3 [Doesn’t know]

DORAV
Do they need a bottle or a dummy bottle to go to sleep?
1 Yes
2 No
3 [Doesn’t know]

Is it:
If DORAV = 1
DORAVQ1 A bottle or dummy bottle filled with water 1 Yes / 2 No
DORAVQ2 A bottle or dummy bottle filled with sugared water (syrup or other) 1 Yes / 2 No
DORAVQ3 A bottle or dummy bottle filled with milk 1 Yes / 2 No
DORAVQ9 [Doesn’t know] 1 Yes / 2 No

DOUDOU
Does he/she need an object such as a comforter or a dummy?
1 Yes
2 No
3 [Doesn’t know]

DODOLIT
Does [ELFE child] go to sleep in their own bed?
1 Yes
2 No
3 [Doesn’t know]

If DODOLIT = 1
DODOLITV
Do they ever finish the night in your bed?
1 Yes
2 No
3 [Doesn’t know]

How much do they sleep at night (on average)?
TPSOMNH Hours: |___|___|
TPSOMNM Minutes: |___|___|___|

INT: DON’T COUNT THE HOURS IN WHICH YOUR CHILD IS AWAKE. IF THE MOTHER DOESN’T KNOW, ASK HER ABOUT LAST NIGHT

RENVUIT
Does your child go through periods of waking up at night?
1 Yes
2 No

If RENVUIT = 1
TPSREVM
This week, how many nights has your baby woken up (if the child was ill this week, ask about a week when the child wasn't ill)?
1 Never
2 1 or 2 nights
3 3 to 6 nights
4 Every night

If TPSREVM=2, 3 or 4
NRREVM
How many times did he/she wake up during the night on average?
1 Once a night
2 At least twice a night
3 [Doesn't know]

If REVNUIT=1
RESNUI
Does your child sometimes wake up due to respiratory symptoms?
1 Yes
2 No

If RESNUI=1
NRREV
How many times has he/she woken up in the last 12 months due to respiratory symptoms?
1 Less than one night a month
2 Less than once a week
3 Once or more per week

How much do they sleep in the DAY (on average)? Add up all the naps taken in the day.

TPSOMJH  Hours:  \[\begin{array}{|c|c|} \hline \_ & \_ \\ \hline \end{array} \]
TPSOMJM  Minutes:  \[\begin{array}{|c|c|c|} \hline \_ & \_ & \_ \\ \hline \end{array} \]
DIET

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>From FQLEG to REJALIM7</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

If no Twin: "We are going to talk about what [ELFE child]eats: the type of milk he/she drinks, what his/her meals comprise, and so on."
If Twin: "We are going to talk about what [ELFE child] and [TWIN child] eat: the type of milk they drink, what their meals are comprised of, and so on. We will start with [ELFE child] and then move on to [TWIN child]"

What type of milk does your child currently drink?
- TYPLAIT1 Mother’s milk 1 Yes / 2 No
- TYPLAIT2 Follow-up milk 1 Yes / 2 No
- TYPLAIT3 Growing-up milk 1 Yes / 2 No
- TYPLAIT4 Skimmed or semi-skimmed cow’s milk 1 Yes / 2 No
- TYPLAIT5 Whole cow’s milk 1 Yes / 2 No
- TYPLAIT6 Other milk: sheep’s milk, soya 1 Yes / 2 No
- TYPLAIT7 Preparation for children allergic to the proteins in cow’s milk 1 Yes / 2 No
- TYPLAIT8 [Doesn’t drink milk] 1 Yes / 2 No

INT: SEVERAL ANSWERS POSSIBLE: TICK AT LEAST TWO BOXES IF COMBINED MILK (BREAST + OTHER MILK). ONCE THE MOTHER SAYS WHICH TYPE OF MILK, ASK HER ONCE "ANY OTHER TYPE?".

NB: ELFE 1 Yr wave 1 - 21/05: addition of growing-up milk. ELFE 1 Yr wave 1 - 29/05: addition of "Doesn't drink milk" item.

If TYPLAIT1=1 and TYPLAIT2=1 or TYPLAIT3=1 or TYPLAIT4=1 or TYPLAIT5=1 or TYPLAIT6=1 or TYPLAIT7=1 and 2-month interview not done

LAITMAT1
Have you ever fed your child exclusively on mother’s milk?
1 Yes
2 No

If TYPLAIT1=1 and TYPLAIT2=1 or TYPLAIT3=1 or TYPLAIT4=1 or TYPLAIT5=1 or TYPLAIT6=1 or TYPLAIT7=1 and LAITMAT1=1 or at 2 months TYPALI=1 or TYPALI2=1
How old was the child (number of months and weeks) when it stopped being fed exclusively with mother’s milk?
AGEXCLM Months |___|___|
AGEXCLS Weeks  |___|___|
"I am going to ask you some questions about different types of pre-cooked food and prepared meals found in supermarkets and that [ELFE child] may have eaten, including baby food jars, stewed fruit and preserves."

**NB:** ELFE 1 Yr -from wave 2: addition of details "such as baby food jars, stewed fruit and preserves"

**FQLEG**
When the child is with you, how often do you give them ready-to-eat vegetables?
1. Every meal or almost
2. Regularly
3. As a stopgap solution
4. Never

**FQLEGP**
Is it special food for babies?
1. Always or nearly always
2. Sometimes
3. Rarely

**FQLEGVI**
When the child is with you, how often do you give them ready-to-eat combinations of vegetables and meat or fish?
1. Every meal or almost
2. Regularly
3. As a stopgap solution
4. Never

If **FQLEGVI**=1 or 2

If **FQLEG=1 or 2**
Is it special food for babies?
1 Always or nearly always
2 Sometimes
3 Rarely

**FQFRUIT** When the child is with you, how often do you give them ready-to-eat fruits, such as baby food jars, stewed fruits or preserves?
1 Every meal or almost
2 Regularly
3 As a stopgap solution
4 Never

*If FQFRUIT=1 or 2*

**FQFRUITP**
Is it special food for babies?
1 Always or nearly always
2 Sometimes
3 Rarely

**RFMANG**
If your child doesn't finish his/her plate or refuses to eat and he/she is not ill, what do you do?
1 You insist
2 You propose something else
3 You don't insist
4 It never happens

**HEMANG**
Does your child eat every day at around the same time?
1 Yes, every day
2 Yes, except on the weekend
3 No, it depends on the day

**NVALIM**
Since your child has consumed food other than milk, does he/she like this food?
1 He/she accepts it easily
2 It depends on the food
3 He/she rejects it often
4 [Doesn't know]

What food does your child reject the most often?
*If NVALIM=(2 or 3)*

**REJALIM1** Vegetables 1 Yes / 2 No
**REJALIM2** Fruit 1 Yes / 2 No
**REJALIM3** Combinations (vegetables/meat or fish) 1 Yes / 2 No
**REJALIM4** Eggs 1 Yes / 2 No
**REJALIM5** Dairy products 1 Yes / 2 No
**REJALIM6** Biscuits 1 Yes / 2 No
**REJALIM7** Other 1 Yes / 2 No
## THE CHILD'S HEALTH

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabitating father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabitating father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

To be asked for each child if twin.

"We are going to talk about [ELFE child’s] health." For the rest of the questionnaire, we will need information noted in [ELFE child’s] health booklet. Would you be able to go and get it for us?"

**If INTROSENF=1**

**EXAM4**

Has the four-month examination been done? (or medical visit close to this date)

1. Yes
2. No

**The date of the examination:**

**If EXAM4=1**

*MDATEX4J Day

Refuses = 88, Doesn’t know = 99

**If EXAM4 = 1**

*MDATEX4M Month

Refuses = 88, Doesn’t know = 99

**If EXAM4=1**

MDATEX4A Year

Refuses = 8888, Doesn’t know = 9999

MDATEX4 Age at four-month visit

**If EXAM4=1**

POIENF4C1 (Corrected variable) Weight (W)

Refuses = 88888, Doesn’t know = 99999

**If EXAM4=1**

TAIENF4 Height (H)

Refuses = 888, Doesn’t know = 999
23/05/2016

**If EXAM4=1**

CRAENF4
Cranial perimeter (CP)  
Refuses = 888, Doesn’t know = 999

**If INTROSENF=1 and EXAM4=1**

MESMAL4
Was your child ill at the time of the visit?  
1 Yes  
2 No  
4 [Not applicable, the visit did not take place]  
9 [Doesn’t know]

**If INTROSENF=1**

EXAM9
Has the nine-month examination been done?  
1 Yes  
2 No  
4 [Not applicable, the visit did not take place]  
9 [Doesn’t know]

The date of the examination:

**If EXAM9=1**

*MDATEX9J Day  
Refuses = 88, Doesn’t know = 99

**If EXAM9=1**

*MDATEX9M Month  
Refuses = 88, Doesn’t know = 99

**If EXAM9=1**

MDATEX9A Year  
Refuses = 888, Doesn’t know = 999

MDATEX9 Age at nine-month visit  
Refuses = 8888, Doesn’t know = 9999

**If INTROSENF=1**

POIENF9C1 (Corrected variable) Weight (W)  
Refuses = 8888, Doesn’t know = 9999

**If EXAM9=1**

TAIENF9 Height (H)  
Refuses = 888, Doesn’t know = 999

**If EXAM9=1**

CRAENF9 Cranial perimeter (CP)  
Refuses = 888, Doesn’t know = 999
If INTROSENF=1
MESMAL9
Was your child ill at the time of the visit?
1 Yes
2 No
4 [Not applicable, the visit did not take place]
9 [Doesn't know]

For children for whom a "poor" or "rather poor" state of health was reported at 2 months, place an alert at ENFSANT for the interviewer and add the introductory sentence; if not answered at 2 months, the question is asked directly
"During the 2-month survey you told us that your child's state of wealth was not good. How is he/she today..."

ENFSANT
According to you, your child is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health
5 [Don't know]
6 [No answer]

If health problem reported at 2 months: PBSANT=1 or PBTYP=filled in or MALAD=filled in or PQHO11=1 or PQHO12=1 fall, knock on the head or other accident
*DIAGPB
Is [ELFE child] still being treated for [the pathology in question]? (repeated 4 times)
1 Yes
2 No
3 [Doesn't remember saying that at 2 months]

If DIAGPB=1
*DIAGPBP
Tell us if you have had a more detailed diagnosis since then: (repeated 4 times)
__________________________

If health problem reported at 2 months
DIAGPBA
Is [ELFE child] treated for any other illness or health problem requiring specialized care?
1 Yes
2 No

If DIAGPBA=1
*DIAGPBPAP
Can you tell us which health problem: (repeated 10 times) ________________

If no interview at 2 months an no serious illness at 2 months (PBSANT≠1 and PBTYP=empty and MALAD=empty and PQHO11=2 and PQHO12=2)
DIAGPBB
Is [ELFE child] treated for any other illness or health problem requiring specialized care?
1 Yes
2 No

If DIAGPBB=1
*DIAGPBBP
Can you tell us which health problem: (repeated 10 times) _______________________

MEDENF1 / MEDENF2
Which doctor(s) have you seen the most often for your child's health treatment? (2 answers possible)
1 General practitioner (private)
2 Paediatrician (private)
3 Mother-and-infant-protection doctor
4 Hospital doctor
5 Doctor at municipal healthcare centre or dispensary

INT: TWO ANSWERS POSSIBLE. IF MORE THAN TWO ANSWERS GIVEN: "WHAT ARE THE TWO TYPES OF DOCTOR THAT YOU HAVE SEEN THE MOST?" PARENTS CAN CHECK THEIR CHILDREN'S HEALTH BOOKLETS: VISITS BETWEEN 2 AND 4 MONTHS ON AGES 24-25; 4 MONTHS ON PAGES 26-27; 4 TO 9 MONTHS ON PAGES 30-31 AND 32-33; 9 MONTHS ON PAGES 34-35; BETWEEN 9 AND 16 MONTHS ON PAGES 38-39. THEY CAN ALSO TALK ABOUT OTHER DOCTOR'S VISITS THEY REMEMBER THAT ARE NOT MARKED IN THE HEALTH BOOKLET.

Since your child came home from hospital (after birth), how many times have you seen a...
NRGEN General practitioner (private) ||
NRPED Paediatrician (private) ||
NRPMI Mother-and-child-protection doctor ||
NRHOSP Hospital doctor ||
DISP Doctor at child welfare service or dispensary ||
NBCONSULT Total number of visits ||

If NBCONSULT=1
RFIEVR
Was it because of a fever?
1 Yes
2 No
3 [Doesn't know]

If (NRGEN + NRPED + NRPMI + NRHOSP + DISP) >= 2
NRFIEVR How many cases were because of a fever? ||
Doesn't know = 99

FIEVR
Generally speaking, when your child has a fever, you give him/her:
1 Paracetamol only (Doliprane, Efferalgan)
2 Anti-inflammatory medicine (Advil, Nuréflex)
3 Paracetamol and anti-inflammatory medicine on an alternating basis
4 Other
5 [Has never had a fever]
If FIEVR=4
FIEVRP Specify: ______________________________

"I am now going to read you a list of specialist or emergency doctors. For each one, tell me if [ELFE child] has seen him/her since coming home after birth.

<table>
<thead>
<tr>
<th>URG</th>
<th>Hospital emergency doctor</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOS</td>
<td>Other emergency doctor (emergency home visit, medical centre, etc.)</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>ORTHO</td>
<td>Orthopaedic surgeon</td>
<td>1 Yes / 2 No</td>
</tr>
</tbody>
</table>

If ORTHO = 1

<table>
<thead>
<tr>
<th>ORTHOP</th>
<th>For what reason(s)?</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
</table>

| CHIRU | A surgeon other than an orthopaedic surgeon | 1 Yes / 2 No |

If CHIRU = 1

<table>
<thead>
<tr>
<th>CHIRUP</th>
<th>For what reason(s)?</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ORL</th>
<th>Ear, nose and throat doctor</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>DERM</td>
<td>Dermatologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>PNEUMO</td>
<td>Pulmonologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>ALLERG</td>
<td>Allergist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>ENDOCRINO</td>
<td>Endocrinologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>CARDIO</td>
<td>Cardiologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>OPHTAL</td>
<td>Ophthalmologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>PPSY</td>
<td>Child psychiatrist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>MEDAUTR</td>
<td>Other doctor(s)</td>
<td>1 Yes / 2 No</td>
</tr>
</tbody>
</table>

MEDAUTRP Other doctor(s), specify ______________________________

<table>
<thead>
<tr>
<th>MEDAUCUN</th>
<th>[Hasn't seen a doctor]</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
</table>

NB: ELFE 1 Yr - starting from wave 2. Deleted: "Other doctor(s)" and "Other doctor(s), specify".

Has [ELFE child] seen any other healthcare professionals since coming home after birth?

<table>
<thead>
<tr>
<th>KINE</th>
<th>Physiotherapist</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSTH</td>
<td>Osteopath</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>PSY</td>
<td>Psychologist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>PSYM</td>
<td>Psychomotor therapist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>Puer</td>
<td>Paediatric nurse</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>INFI</td>
<td>Nurse</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>ORTHF</td>
<td>Speech therapist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>ORTHP</td>
<td>Orthoptist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>OPT</td>
<td>Optician</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>AUD</td>
<td>Hearing-aid specialist</td>
<td>1 Yes / 2 No</td>
</tr>
<tr>
<td>PROAUTR</td>
<td>Other professional(s)</td>
<td>1 Yes / 2 No</td>
</tr>
</tbody>
</table>

If PROAUTR=1

| PROAUTRP | Which other professional(s): ______________________________ |

| PROAUCUN | [No other professional] | 1 Yes / 2 No |

NB: ELFE 1 Yr - starting from wave 2. Orthoptist item in bold and optician removed.

With your child have you visited a:

<table>
<thead>
<tr>
<th>CAMPS</th>
<th>Centre for early medico-social action</th>
<th>1 Yes / 2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Medico-psychology centre or medico-psycho-educational centre</td>
<td>1 Yes / 2 No</td>
</tr>
</tbody>
</table>
Since your child was 2 months old, has your family benefited from?
- **AIDPUER** The help of a paediatric nurse or midwife from a mother-and-child protection centre  
  - Yes / 2 No
- **AIDTR** The help of a family worker  
  - Yes / 2 No
- **AIDASS** The support of a social assistant  
  - Yes / 2 No
- **AIDED** Support from an educator  
  - Yes / 2 No

*If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDED=1*

**FQPROA**
How often have you met with these professionals?
1. More than once a week
2. Once a week
3. 2 or 3 times a week
4. Once a month at most

*If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDED=1*

**AEMOD**
Is the [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

**CONSURG**
If 2-month survey done and CONSURG=1 to 2 months:
Since he/she was two months old, has your child seen an emergency doctor at a hospital (or clinic) without being admitted? (Display information collected at 2 months CONSURG=1 /CONSURGT2 and TYPACC2 and the date of the interview.)

**INT:** CONCERNS VISITS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD

*If 2-month survey done and CONSURG#1 to 2 months or if 2-month interview not done:*
Has your child seen an emergency doctor at a hospital (or clinic) without being admitted?

**INT:** CONCERNS VISITS SINCE LEAVING THE MATERNITY UNIT
1. Yes
2. No
3. [Doesn’t know]

*If CONSURG=1*

**CONSURGP** How many times?  
[___][___]
Refuses = 88, Doesn’t know = 99

**MOTCONS1 / MOTCONS2**
What was the reason for the visit (repeated 5 times)?
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 Weight gain
10 Earache
11 Stomach pains
12 Ingestion of medicine
13 Ingestion of cleaning products
14 Burns
15 Cranial trauma (knock or fall on head) with loss of consciousness
16 Cranial trauma (knock or fall on head) without loss of consciousness
17 Wound
18 Other trauma (contusion, fractured limb, finger, etc.)
19 Limping
20 Headaches
21 Crying for no reason
22 Other

INT: LIST IF NECESSARY, MAXIMUM 2 REASONS PER VISIT. IF SEVERAL VISITS, CONCENTRATE ON THE 5 MOST RECENT, FROM THE MOST RECENT TO THE LEAST RECENT. IF THE PARENT DOESN'T KNOW IF THERE WAS A LOSS OF CONSCIOUSNESS, NOTE "WITHOUT LOSS OF CONSCIOUSNESS". ONE REMINDER ONLY: "WERE THERE ANY OTHER REASONS FOR THIS VISIT?"

*Refuses = 88 for the day and the month, 8888 for the year: Doesn't know = 99 for the day and the month, 9999 for the year

If MOTCONS=15
PERTCON
The loss of consciousness lasted... (repeated 5 times)
1 Less than 5 minutes
2 5 to 20 minutes
3 20 minutes or more

TYPACC
Was it due to: (repeated 5 times)
1 A road accident (as passenger or pedestrian)
2 Another type of accident

What was the date of the accident? (repeated 5 times)

If 2-month survey done and HOSP=1 to 2 months:
Since your child was two months old, has he/she been admitted to hospital? (Display information collected at 2 months HOSP = 1, NBHOSP, PQHO, PQHOP and the date of the interview.)

If 2-month survey done and HOSP ≠1 at 2 months or if 2-month interview not done:
Has your child ever been admitted to hospital?

INT: CONCERNS VISITS SINCE LEAVING THE MATERNITY UNIT
If HOSP=1

NBHOSP  How many times?  
Refuses = 88, Doesn't know = 99

"We are now going to talk about that hospital visit / focus on each hospital visit."

ENQ: HAVE THE RESPONDENT DESCRIBE FROM THE MOST RECENT TO THE LEAST RECENT: MAX. 5 HOSPITAL VISITS, FOR EACH ONE ASK HOSPJ TO HOSPREA

**HOSPJ**
Day admitted (repeated 5 times)  
[___] [___]  
Refuses = 88, Doesn't know = 99

**HOSPM**
Month (repeated 5 times)  
[___]  
Refuses = 88, Doesn't know = 99

**HOSPA**
Year (repeated 5 times)  
[___] [___] [___] [___]  
Refuses = 88, Doesn't know = 99

**HOSPJR**
Was it a day visit? (repeated 5 times)  
1 Yes  
2 No

**HOSPN**
How many nights did he/she spend at the hospital? (repeated 5 times)  
[___] [___]  
Refuses = 88, Doesn't know = 99

**HOSPACC**
Did the hospital visit result from an accident (fall, intoxication, burn, fingers trapped, near-drowning, insect bite, etc.)? (repeated 5 times)  
1 Yes  
2 No

**TYPACCC**
Was it a road accident (as car passenger or as pedestrian)? (repeated 5 times)  
1 Yes  
2 No

**ACCJ**
Day of accident (repeated 5 times)  
[___] [___]  
Refuses = 88, Doesn't know = 99
23/05/2016

*ACCM Month of accident (repeated 5 times)
Refuses = 88, Doesn't know = 99

ACCA Year of accident (repeated 5 times)
Refuses = 88, Doesn't know = 99

ACCTYP
What type of accident? (repeated 5 times)
1 ...fell
2 ...had a knock
3 ...burn
4 ...cut, sting, bite
5 ...intoxication (by ingestion, inhalation or other)
6 ...choked or nearly drowned
7 ...other

INT: LIST. ONE ANSWER ONLY. IF THE PERSON REPORTS SEVERAL TYPES OF ACCIDENT, NOTE THE ONE THAT SEEMS THE MOST INFORMATIVE. HE/SHE FELL, WAS BURNED: CHOOSE BURNED; HE/SHE FELL, HAD A KNOCK: CHOOSE KNOCK

If ACC1TYP=7
ACCTYPP Specify (repeated 5 times) __________________________

What was the damage? (multiple answers)
ACCLES1 Wound, cut 1 Yes / 2 No / 9 Doesn't know
ACCLES2 Burn 1 Yes / 2 No / 9 Doesn't know
ACCLES3 Fracture 1 Yes / 2 No / 9 Doesn't know
ACCLES4 Cranial trauma 1 Yes / 2 No / 9 Doesn't know
ACCLES5 Sprain, dislocation 1 Yes / 2 No / 9 Doesn't know
ACCLES6 Other 1 Yes / 2 No / 9 Doesn't know
If ACC1LES6=1
ACCLESP Specify __________________________

INT: LIST.

What parts of the body were damaged? (multiple answers)
ACCPART1 Head, neck, face 1 Yes / 2 No / 9 Doesn't know
ACCPART2 Shoulder, arm 1 Yes / 2 No / 9 Doesn't know
ACCPART3 Hand 1 Yes / 2 No / 9 Doesn't know
ACCPART4 Knee, leg, foot 1 Yes / 2 No / 9 Doesn't know
ACCPART5 Other 1 Yes / 2 No / 9 Doesn't know
If ACC1PART5=1
ACCPARTP Specify (repeated 5 times) __________________________

INT: LIST.

If HOSPACC=1
ACCPC
Did [ELFE child] lose consciousness after the accident? (repeated 5 times)
1 Yes
2 No
If ACC1PC=1
PERTCONN
The loss of consciousness lasted... (repeated 5 times)
1 Less than 5 minutes
2 5 to 20 minutes
3 20 minutes or more

If HOSPJ filled in
CHIR
Was the child operated on in hospital? (repeated 5 times)
1 Yes
2 No

If CHIR=1
TYPCHIR
What kind of surgical operation? (repeated 5 times) __________________________

If CHIR=2 and HOSPACC=2
What were the reasons for the hospital admissions (several answers)? (repeated 5 times)
MOTHOSP1 Asthma attack 1 Yes / 2 No
MOTHOSP2 Bronchiolitis 1 Yes / 2 No
MOTHOSP3 Bronchitis 1 Yes / 2 No
MOTHOSP4 Pneumopathy 1 Yes / 2 No
MOTHOSP5 Gastroenteritis, or dehydration 1 Yes / 2 No
MOTHOSP6 Urinary infection, kidney infection 1 Yes / 2 No
MOTHOSP7 Unwelcome weight gain 1 Yes / 2 No
MOTHOSP8 Faintness, dizziness 1 Yes / 2 No
MOTHOSP9 Convulsion 1 Yes / 2 No
MOTHOSP10 Meningitis 1 Yes / 2 No
MOTHOSP11 Fever 1 Yes / 2 No
MOTHOSP12 Ear, nose, throat illness 1 Yes / 2 No
MOTHOSP13 Skin disease 1 Yes / 2 No
MOTHOSP14 Other reason 1 Yes / 2 No

INT: LIST IF NECESSARY. SEVERAL ANSWERS POSSIBLE.

If MOTHOSP=12
ORL1 / ORL2 / ORL3 / ORL4 / ORL5
Specify the ear/nose/throat infection __________________________

If MOTHOSP=14
MOTHOSPP
Specify the other reason for hospital admission? (repeated 5 times) __________________________

If HOSPJ filled in
HOSPREA
During the hospital visit, was he/she in an intensive care unit? (repeated 5 times)
1 Yes
2 No
SCAN
If 2-month survey done and SCAN=1 at 2 months
Since [ELFE child] was two months old, have they had any scans done? (Display information collected at 2 months, SCAN = 1, NBSCAN, PASCAN1_9, and the date of the interview)
INT: CONCERNS SCANS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD A SCAN IS A MEDICAL IMAGING TECHNIQUE THAT PRODUCES 2D IMAGES (ANATOMICAL SECTIONS) OR 3D IMAGES (RELIEF)
If 2-month survey done and SCAN ≠1 at 2 months or if 2-month interview not done:
Has [ELFE child] ever had any scans done?
INT: CONCERNS SCANS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn't know]

If SCAN=1
NBSCAN How many?

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 Limbs 1 Yes / 2 No
PASCAN9 Doesn’t know 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

RADIO
If 2-month survey done and RADIO = 1
Since [ELFE child] was two months old, have they had any x-rays done? (Display information collected at 2 months, RADIO = 1, NBRADIO, PARAD1_9, and the date of the interview)
INT: CONCERNS X-RAYS SINCE THE LAST TELEPHONE INTERVIEW WHEN THE CHILD WAS 2 MONTHS OLD
If 2-month survey done and RADIO ≠ 1 or if 2-month survey not done:
Has [ELFE child] ever had any x-rays?
INT: CONCERNS X-RAYS SINCE LEAVING THE MATERNITY UNIT
1 Yes
2 No
3 [Doesn’t know]

If RADIO=1
NBRADIO How many x-rays?

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 Limbs 1 Yes / 2 No
PARAD9 Doesn't know 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

IRM
Since he/she was born, has [ELFE child] had an MRI?
1 Yes
2 No
3 [Doesn't know]

If IRM=1
NBIRM How many?

Of what part of the body?
If 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 at 2 months VACBCG≠1 or 2-month not done
VACBCG
Has your child had the BCG vaccination for tuberculosis? Please look at page 90 in the child’s health booklet.
1 Yes
2 No
3 [Doesn’t know]

INT: THE FIRST BOX IS FOR THE PRIOR IDR NECESSARY WHEN THE BABY IS TWO MONTHS OLD. THIS IS NOT IMPORTANT. THE SECOND BOX IS FOR THE BCG VACCINATION. THE ONLY VACCINE AVAILABLE IS CALLED BCG SSI, THE DOSE FOR THIS AGE BEING 0.05 ML. THE DATE IS TO THE LEFT OF THE BOX.

On what date did he/she receive the BCG vaccination?
*DATIVAC Day

*DATMVC Month

DATAVAC Year
Refuses = 88 for the day and the month, 8888 for the year; Doesn’t know= 99 for the day and the month, 9999 for the year

If VACBCG=1
AGEVAC (Calculated variable) Age of child when BCG vaccinated (calculated variable)

“We are now going to talk about some of the illness or symptoms your child may have had.”

If MOT1HOSP=2 or MOT2HOSP=2 or MOT3HOSP=2 or MOT4HOSP=2 or MOT5HOSP=2 automatic entry of BRONCHI if not ask BRONCHI!
BRONCHI
Has your child ever had bronchiolitis?
1 Yes
2 No

*If BRONCHI=1*

**EBRONCHI**
How many bouts of bronchiolitis?
1 Less than 3
2 3 or more

At what age did the first bout occur?
*If BRONCHI=1*

**BRONCM** Months

*If BRONCHI=1*

**BRONCS** Weeks

Doesn't know = 99 for number of months 9 for number of weeks. If they say 8 and a half months, enter 8 months and 2 weeks

Has your child had the following symptoms in the last 12 months:

**SIFFP**
Wheezing in the chest?
1 Yes
2 No

*If SIFFP=1*

**NBSIFFP**
How many times?
1 1 to 3 times
2 4 to 12 times
3 More than 12 times

**TOUX**
Coughing at night while sleeping?
1 Yes
2 No

*If TOUX=1*

**NBTOUX**
How many times in the last 12 months?
1 1 to 3 times
2 4 to 12 times
3 More than 12 times

**GENRES**
Problems breathing?
1 Yes
2 No

*If GENRES=1*

**NBGENRES**
How many times in the last 12 months?
1 1 to 3 times
2 4 to 12 times
3 More than 12 times

ENCOMB
Congestion?
1 Yes
2 No

If ENCOMB=1

NBENCOMB
How many times in the last 12 months?
1 1 to 3 times
2 4 to 12 times
3 More than 12 times

Did these respiratory symptoms...
If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENBIB
Bother the child in breastfeeding or taking his/her bottle?
1 Yes
2 No
3 [Doesn’t know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENURG
Did they require an emergency medical visit?
1 Yes
2 No
3 [Doesn’t know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

GENDOC
Did they require a non-emergency medical visit?
1 Yes
2 No
3 [Doesn’t know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1 and MOTHOSP=1,2,3 or 4

SONDHO
Did they receive oxygen (tube in nose) during this visit? (repeated 5 times)
1 Yes
2 No
3 [Doesn’t know]

If SIFFP=1 or TOUX=1 or GENRES=1 or ENCOMB=1

SYMKINE
More generally, did the respiratory symptoms call for chest physiotherapy?
1 Yes
2 No
If $SIFFP = 1$ or $TOUX = 1$ or $GENRES = 1$ or $ENCOMB = 1$

**MEDRESP**

Has [ELFE child] taken inhaler medicines at home or at hospital to improve his/her breathing at any time over the last 12 months?  
1 Yes  
2 No  
3 [Doesn't know]

If $MEDRESP = 1$

Which ones?  
**MEDRESPL1** Adrenaline 1 Yes / 2 No  
**MEDRESPL2** Hypertonic saline aerosols 1 Yes / 2 No  
**MEDRESPL3** AIROMIR 1 Yes / 2 No  
**MEDRESPL4** BECOMETASONE via nebulization 1 Yes / 2 No  
**MEDRESPL5** BECOMETASONE via inhalation chamber 1 Yes / 2 No  
**MEDRESPL6** BECLOSPIN via nebulization 1 Yes / 2 No  
**MEDRESPL7** BECOTIDE via inhalation chamber 1 Yes / 2 No  
**MEDRESPL8** BRICANYL via nebulization only 1 Yes / 2 No  
**MEDRESPL9** BUDESONIDE via nebulization 1 Yes / 2 No  
**MEDRESPL10** BUDESCONIDE via nebulization 1 Yes / 2 No  
**MEDRESPL11** FLIXOTIDE FLUTICASONE 1 Yes / 2 No  
**MEDRESPL12** FORMOAIR formoterol via inhalation chamber 1 Yes / 2 No  
**MEDRESPL13** PULMICORT via inhalation chamber 1 Yes / 2 No  
**MEDRESPL14** PULMICORT via nebulization 1 Yes / 2 No  
**MEDRESPL15** SALBUTAMOL via inhalation chamber 1 Yes / 2 No  
**MEDRESPL16** SALBUTAMOL via nebulization 1 Yes / 2 No  
**MEDRESPL17** SERETIDE (salmeterol + fluticasone) 1 Yes / 2 No  
**MEDRESPL18** TERBUTALINE via nebulization only 1 Yes / 2 No  
**MEDRESPL19** VENTOLINE via inhalation chamber 1 Yes / 2 No  
**MEDRESPL20** VENTOLINE via nebulization 1 Yes / 2 No  
**MEDRESPL21** Other 1 Yes / 2 No

If $MEDRESP = 1$

MEDRESPP Which ones: _____________________________

**INT:** NOTE WORD BY WORD

**MEDRESPB**

Has [ELFE child] taken inhaler orally administered or injectable medicines (other than inhaled medicines) at home or at hospital to improve his/her breathing at any time over the last 12 months?  
1 Yes  
2 No  
3 [Doesn't know]

If $MEDRESPB = 1$

Which ones?  
**MEDRESPBL1** AERIUS 1 Yes / 2 No  
**MEDRESPBL2** BETAMETHASONE orally 1 Yes / 2 No  
**MEDRESPBL3** CESLESTENE orally 1 Yes / 2 No  
**MEDRESPBL4** CORTANCYL 1 Yes / 2 No  
**MEDRESPBL5** Dexamethasone, injectable 1 Yes / 2 No
MEDRESPBL6 Methylprednisolone, injectable 1 Yes / 2 No
MEDRESPBL7 Montelukast orally 1 Yes / 2 No
MEDRESPBL8 POLARAMINE (for infants) 1 Yes / 2 No
MEDRESPBL9 PREDNISOLONE orally 1 Yes / 2 No
MEDRESPBL10 PREDNISONE 1 Yes / 2 No
MEDRESPBL11 Singulair orally 1 Yes / 2 No
MEDRESPBL12 Solumedrol, injectable 1 Yes / 2 No
MEDRESPBL13 SOLUPRED orally 1 Yes / 2 No
MEDRESPBL14 ZYRTEC drops 1 Yes / 2 No
MEDRESPBL15 Other 1 Yes / 2 No

INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE

If MEDRESPBL15=1
MEDRESPBP
Specify which medicines were administered orally or injected? __________________________

More generally, does your child currently take the following medicine an ongoing basis
(prescription of over one month):
VITD Vitamin D (ZYMAD UVESTEROL STEROGYL ZYMADUO FLUOSTEROL) 1 Yes / 2 No
FLUOR Fluorine ( ZYMAFLUOR FLUOREX FLUOR CRINEX CALCIFLUOR ZYMADUO FLUOSTEROL) 1
Yes / 2 No
REFLUX Reflux treatment? Prepulsid, Motilium, Primperan, Azantac, Polysilane Gel, Gaviscon 1
Yes / 2 No
ANTAC Anti-secretory drugs: Raniplex Inexium Mopral 1 Yes / 2 No
VENTO Disease-modifying treatment for respiratory problems? Ventoline, Becotide, Flixotide,
Pulmicort, Bricanyl 1 Yes / 2 No
FER Iron: Fumafer, Ferrostrane, Feromiel 1 Yes / 2 No
HOMEO Homeopathic treatment 1 Yes / 2 No
ANTICO Anti-convulsive drugs (treatment for convulsions, epilepsy) 1 Yes / 2 No
NATUR Natural products to help with sleep 1 Yes / 2 No

ANTIBI
Since birth, has your child ever received antibiotic treatment?
1 Yes
2 No

If ANTIBI=1
NBANTIBI
How many times?
1 Once
2 2 to 3 times
3 More than 3 times
4 [Doesn't know]

NEZMAL
In the last 12 months, has your child often had a runny or stuffed-up nose or have they sneezed
without being ill (cold, throat infection, bronchitis)?
1 Yes
Has your child ever had a skin rash (red patches, spots, etc.) that are irritating (the child wants to scratch them) and that appear and disappear intermittently?
1 Yes
2 No

Has your child been diagnosed with eczema?
1 Yes
2 No

If SEXE=1

At birth, had both testicles descended into the scrotum?
1 Yes, both
2 No, only one
3 No, neither
4 [ Doesn't know ]

If ENDNAIS=1, 2 or 3

This observation was made by
1 A doctor
2 Yourself

If ENDNAIS=2, 3 or 4

Are both testicles now in place in the scrotum?
1 Yes, both
2 No, only one
3 No, neither
4 [ Doesn't know ]

If ENDAUJ=1, 2 or 3

This observation was made by
1 A doctor
2 Yourself

Has your child been diagnosed with a hearing problem?
1 Yes
2 No
3 Uncertain (currently being tested)
4 [ Doesn't know ]

At what age was the hearing problem diagnosed?
If TRAUD=1

TRAUDM
Months

If TRAUD=1

TRAUDS Weeks

Doesn't know = 99 for the number of months and 9 for the number of weeks. If the respondent says 8 and a half months, enter 8 months and 2 weeks.

If TRAUD=1
If TRAUD=1

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
3 [Doesn't know]

If TRAUD=1

DEGSUR

What is the degree of deafness?

1 Slight
2 Average
3 Severe
4 Profound
5 Uncertain
6 [Doesn't know]

If TRAUD=1 or 3

TRAUDO

Does the hearing problem concern one ear or both?

1 One ear
2 Both
3 [Doesn't know]

What kind of treatment or care is your child receiving?

If TRAUD=1 or 3

SUIVAUD1 Simple treatment 1 Yes / 2 No
SUIVAUD2 Medical treatment 1 Yes / 2 No
SUIVAUD3 Surgery 1 Yes / 2 No
SUIVAUD4 Hearing aid 1 Yes / 2 No
SUIVAUD5 Speech therapy 1 Yes / 2 No
SUIVAUD6 Other 1 Yes / 2 No
SUIVAUD7 No current treatment 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE

If SUIVAUD6=1

SUIVAUDP

Specify the treatment or care __________________________
If SUIVAUD3=1

QLCHIR
What type of surgery?
1 Adenoids (adenoidectomy)
2 Grommets
3 Implants
4 Other

If QLCHIR=4
QLCHIRP If other, specify __________________________

If SUIVAUD1 to 6=1

Where is [ELFE child's] hearing problem treated?
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 1 Yes / 2 No

SUILIEP If other, specify __________________________

INT: LIST. SEVERAL ANSWERS POSSIBLE

LUNET
Does your child wear glasses?
1 Yes
2 No

If LUNET=1
Since what age?
LUNETM In months ____________

LUNETS In weeks ____________
Doesn't know = 99 for number of months 9 for number of weeks. If the respondent says 8 and a half months, enter 8 months and 2 weeks.

If LUNET=1
CACHE
Does he/she sometimes need to wear an eye patch?
1 Yes
2 No

STRAIN
Have you or your doctor noticed that your child has a strabismus ("lazy eye")?
1 Yes
2 No

ANYEUX
[But] is your child being treated for a problem [another problem] with his/her eyes?
1 Yes
2 No
3 [Doesn't know]

NB: ELFE 1 Yr - starting from wave 2: question deleted.

If ANYEUX=1 or 3 or LUNET=1 and STRAB=2
Is it:
LACRY A blocked tear duct 1 Yes / 2 No
CATAR A cataract 1 Yes / 2 No
RETINO Retinoblastoma 1 Yes / 2 No
GLAUC Glaucoma 1 Yes / 2 No

NB: ELFE 1 Year - starting from wave 2: LACRY to GLAUC questions deleted.

PBSANTE
Has your child been diagnosed with a major health problem that we haven't brought up here
(chromosome or genetic disorder, illness, malformation, for example, sickle-cell anaemia, cystic
fibrosis, Down's syndrome, hypothyroidism or toxoplasmosis)?
1 Yes
2 No
3 [Doesn't know]

If PBSANTE=1
*PBTYP Which one? ____________________________

INT: NOTE DOWN WORD BY WORD. MAKE THE RESPONDENT SPELL THE WORD IF YOU DON'T FULLY
UNDERSTAND THE NAME OF THE ILLNESS, WRITE WHAT YOU HEAR

SUISPE
Has specific treatment been proposed to [ELFE child] concerning a family illness?
1 Yes
2 No
3 [Doesn't know]

If SUISPE=1
*MALAD Which illness? ____________________________
THE FATHER’S HEALTH

NB: NB: the SF-12 questionnaire is a model test including 12 questions. It is used to measure quality of life relative to health. In waves 2, 3 and 4, the reference version of this questionnaire was asked. However, in wave 1, a version that was very similar but slightly different, mainly in the wording of the answers, was used.

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"The following questions concern your health, from your point of view. This information will help us to find out more about how you feel in your everyday life."

SANTGE
How would you describe your current state of health?
1 Very good
2 Good
3 Average
4 Poor
5 Very poor
8 [Doesn’t want to answer]

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

EFFMOD
Have you for at least six months had a health problem that has limited your capacity to carry out moderate physical efforts such as moving a table, vacuuming or playing bowls?
1 Yes, very limited
2 Yes, slightly limited
3 No, not at all limited

NB: Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

MONTER
Have you for at least six months had a health problem that has limited your capacity to climb several flights of stairs?
1 Yes, very limited
2 Yes, slightly limited
3 No, not at all limited

**NB:** Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

**ACCOMPH**

In the last four weeks, and owing to your state of physical health, have you accomplished as many things as you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**NB:** Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

**ARRETPH**

In the last four weeks, and owing to your state of physical health, have you had to stop doing certain things?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**NB:** Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

**ACCOMEM**

In the last four weeks, and owing to your state of emotional health (feeling sad, nervous or depressed), have you accomplished as many things as you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**NB:** Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

**FAIMOINS**

In the last four weeks, and owing to your state of emotional health (feeling sad, nervous or depressed), have you done what you needed to do with less care and attention than usual?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**NB:** Question asked in wave 1 then replaced by SF-12 in waves 2, 3 and 4.

**LIMITPH**

To what extent has your physical pain limited you in your work or domestic activities?
1 Not at all
In the last four weeks, have there been times when:

**CALME**
You have felt calm and relaxed?
1. Continuously
2. Very often
3. A few times
4. Rarely
5. Never

**NRJ**
You have felt overflowing with energy?
1. Continuously
2. Very often
3. A few times
4. Rarely
5. Never

**TRISTEDEP**
You have felt sad and depressed?
1. Continuously
2. Very often
3. A few times
4. Rarely
5. Never

**LIMITM**
Has your state of physical or emotional health disturbed you in your social life and your relationships with family members, friends or acquaintances?
1. Not at all
2. A little bit
3. Moderately
4. A lot
5. Enormously
SF12: complete questionnaire added in wave 2.

"The following questions concern your health, from your point of view. This information will help us to find out more about how you feel in your everyday life."**

**SF121**

*Overall, do you think your health is:*

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

NB: New SF-12 question added in waves 2, 3 and 4.

"Here is a list of activities that you may have to perform in your everyday life. For each one, say if you are limited due to your current state of health."

**SF122**

* Moderate physical efforts such as moving a table, vacuuming, playing bowls.*

1 Yes, very limited
2 Yes, somewhat limited
3 No, not at all limited

NB: New SF-12 question added in waves 2, 3 and 4.

**SF123**

* Climb several flights of stairs*

1 Yes, very limited
2 Yes, somewhat limited
3 No, not at all limited

NB: New SF-12 question added in waves 2, 3 and 4.

"In the last four weeks, owing to your physical state of health:"

**SF124**

* Have you done FEWER THINGS than you would have liked?*

1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

**SF125**

* Have you had to stop doing certain things?*

1 Continuously
2 Very often
3 A few times
4 Rarely
"In the last four weeks, and owing to your state of emotional health (such as feeling sad, nervous or depressed):"

**SF126**
Have you done FEWER THINGS than you would have liked?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**SF127**
Have you done what you needed to do with less care and attention than usual?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

**SF128**
In the last four weeks, to what extent has your physical pain limited you in your work or domestic activities?
1 Not at all
2 A little bit
3 Moderately
4 A lot
5 Enormously

"In the last four weeks, have there been times when:"

**SF129**
You have felt calm and relaxed?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.
SF1210
You have felt overflowing with energy?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

SF1211
You have felt sad and depressed?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

SF1212
In the last four weeks, have there been times when your state of physical or emotional health has disturbed you in your social life and your relationships with family members, friends or acquaintances?
1 Continuously
2 Very often
3 A few times
4 Rarely
5 Never

NB: New SF-12 question added in waves 2, 3 and 4.

CONPSY
Before you were pregnant with [CHILD], did you see a psychiatrist, a psychologist, a therapist or a doctor for psychological problems for yourself?
1 Yes
2 No
8 [Doesn’t want to answer]

If CONPSY=1
CONPSYAN
What year was your first consultation? ___ ___
Refuses = 8888, Doesn’t know = 9999

INT: IF THE WOMAN DOESN’T REMEMBER, ASK HER ABOUT WHAT AGE SHE HAD, THEN WRITE DOWN IN YEARS

If CONPSY=1
CONPSYTR
During that or those consultation(s) before the birth of [CHILD] were you offered treatment in the form of drugs or therapy?
POIDSP
What is your current weight?  __ __ __ __
Refuses = 888, Doesn't know = 999

TAILLEP
What is your current height?  __ __ __ __ cm
Refuses = 888, Doesn't know = 999

INT: EXAMPLE: IF HE MEASURES 1.75M, CODE 175CM
NB: Question not included in "Mother" questionnaire.

TABA
Do you smoke?
1 Yes
2 No

If TABA=1
NBTABA
How many cigarettes a day on average?  __ __ __

EXPTAB
Is your child currently exposed to cigarette smoke?
1 Never or almost never
2 Less than one hour a day
3 1 to 2 hours a day
4 2 to 5 hours a day
5 Over 5 hours a day

SANDENT
How is the state of health of your mouth, teeth and gums?
1 Very good
2 Good
3 Average
4 Poor
5 Very poor

CONDQD
When did you last go to a dentist?
1 Less than a year ago
2 1 to 2 years ago
3 2 to 5 years ago
4 Over 5 years ago
5 You have never been to a dentist

PROTHD
Do you wear a dental prosthesis such as a bridge, braces or implants?
1  Yes
2  No
9  [Doesn't know]

DENTABS
Not counting your wisdom teeth, how many teeth have you lost that have not been replaced (by a bridge, braces, etc.)?
1  None
2  1 to 4
3  5 to 10
4  Over 10
5  All of them
9  [Doesn't know]

NB: ELFE 1 Yr wave 3: replace "apart from" by "not counting".

Have you for yourself seen one of the following healthcare specialists since the last interview when your children was two months old?
CONPRO1 General practitioner 1 Yes / 2 No
CONPRO2 Gynaecologist 1 Yes / 2 No
CONPRO3 Physiotherapist 1 Yes / 2 No
CONPRO4 Psychiatrist 1 Yes / 2 No
CONPRO5 Psychologist 1 Yes / 2 No
CONPRO6 Other specialist 1 Yes / 2 No
CONPRO7 [None, have seen no healthcare specialist] 1 Yes / 2 No

INT: LIST. SEVERAL ANSWERS POSSIBLE
NB: In the "Father" questionnaire, "Gynaecologist" is removed except for same-sex parenting.

If CONPRO6=1
CONPROP Specify __________________________

RENSOIN
Since the birth of your child, have you for yourself forgone seeing a doctor or forgone medical treatment (dentist, glasses, etc.) for whatever reason?
1  Yes
2  No

If RENSOIN=1
QLSOIN What treatment have you forgone (repeated 3 times)?
1  [Has forgone no other treatment]
2  Dental prosthetics (crowns, bridges, braces, implants, etc.)
3  Dental care (fillings, cleaning, extraction, root canal work, etc.)
4  Glasses (lenses, frames)
5  Specialist consultations treatment
6  GP consultations treatment
7  X-rays and other imaging examinations
8  Other
**QLSOINP** Specify (repeated 3 times) __________________________

*For each treatment*
*If QLSOIN1≠1 or QLSOIN2≠1 or QLSOIN3≠1*

**PQSOIN**

What was the main reason you forwent this treatment (repeated 3 times)?

1. For financial reasons
2. Because of the waiting period
3. Because it was too far
4. Because I was nervous about seeing a doctor
5. Because I preferred to wait for things to get better
6. Because I didn't have the time
7. Because it was too complicated
8. For another reason, specify
9. [No reason identified]

**PQSOINP** Specify (repeated 3 times) __________________________
# INFORMATION ABOUT THE PARENTS' CHILDHOOD

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"I am now going to ask you a few questions about your youth."

During your youth, did you have any of the following difficulties?

**DIFMATH** Difficulties learning mathematics 1 Yes / 2 No / 3 [Refuses]

**DIFLIR** Difficulties learning how to read 1 Yes / 2 No / 3 [Refuses]

INT: IF THE PARENT HAD DIFFICULTIES BECAUSE FRENCH WASN'T THEIR MOTHER TONGUE, ASK THEM IF THEY HAD THE SAME DIFFICULTIES WITH THEIR MOTHER TONGUE

NB: ELFE 1 Yr - wave 1 - modif 5 July if DIFLIR=1

**DIFORTH** Difficulties learning how to write without making spelling mistakes 1 Yes / 2 No / 3 [Refuses]

NB: ELFE 1 Yr - wave 1 - modif 5 July if DIFORTH=1

INT: IF THE PARENT HAD DIFFICULTIES BECAUSE FRENCH WASN'T THEIR MOTHER TONGUE, ASK THEM IF THEY HAD THE SAME DIFFICULTIES WITH THEIR MOTHER TONGUE

**RLGG** Late language skills 1 Yes / 2 No / 3 [Refuses]

**DIFORA** Difficulties expressing yourself orally or making yourself understood 1 Yes / 2 No / 3 [Refuses]

**PBCOM** Behavioural problems 1 Yes / 2 No / 3 [Refuses]

If **PBCOM=1**

**PBCOMP** What behavioural problems? _______________________

If **DIFLIR=1** or **DIFORTH=1** or **RLGG=1** or **DIFORA=1** or **PBCOM=1**

**CONSPB**
Did you see a doctor, a specialist or a medical structure for this/these problem/s?

1 Yes
2 No

If **CONSPB=1**
QCONSPB  Which doctors, specialists or medical structures? (repeated 4 times)

If CONSPB=1 and QCONSPB filled in

FQCONSPB

How often [answer in QCONSPB]? (repeated 4 times)
1  Regularly for a certain amount of time
2  Several times
3  Once

For each person, the FQCONSPBx answer refers to their particular answer in QCONSPBx.

If DIFMATH=1 or DIFLIR=1 or DIFORTH=1 or RLGG=1 or DIFORA=1 or PBCOM=1

SCOLSP

Did you have special schooling?
1  Yes
2  No

If SCOLSP=1

SCOLSPP

Was it:
1  an advanced course (adapted general and professional training)
2  an adaption class or structure
3  an introductory class (for non-French-speaking students)
4  in another structure
9  [Doesn't know]

If SCOLSPP=4

SCOLSPPP Other structure, specify __________________________
# EDUCATIONAL PRACTICES

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| Cohabiting father  | From ACTIJEU to QUELFET and POT to TYPVETJ | 1/ Mirror questions when the referent and cohabitant participate. Each one responds to these questions:  
- from ACTIJEU to ACTIQ (waves 1, 2, 3, 4)  
- from JDIS to QUELFET (waves 1, 2, 3, 4)  
- from POT to TYPVETJ (waves 1, 2, 3, 4)  
- and from JPOUP to JMUZ (vwave1) and (waves 2, 3, 4 if the cohabitant didn’t do the 2 month)  
2/ Starting from wave 2: Questions asked only to the cohabitant if this last did the 2 month: from JPOUP to JMUZ. If the cohabitant does not participate, you have the possibility to return to the questionnaire at a later date with the mother for the questions JPOUP to JMUZ. If the cohabitant didn’t do the 2 month, both parents are asked as a precautionary measure.  
3 / Questions asked to the referent mother only: FQBAIN to RDENT |

| Non-cohabiting father | ALL | |
| REF father | ALL | |
| Cohabiting father of placed child | NONE | |
| Non-cohabiting father of placed child | NONE | |

"We are going to talk about your activities with [ELFE child]."

**ACTIJEU**
Do you play little games with the child (hide and seek, itsy-bitsy spider, construction or manipulation games)?
1. Often
2. From time to time
3. Rarely or never

**ACTILECT**
Do you read [ELFE child] picture or story books?
1. Often
2. From time to time
3. Rarely or never
**ACTIDES**
Do you do drawings with [ELFE child]?
1. Often
2. From time to time
3. Rarely or never

**ACTITV**
Do you watch television or screens with [ELFE child]?
1. Often
2. From time to time
3. Rarely or never

INT: SCREEN = COMPUTER, GAME CONSOLE

**ACTICALM**
Do you spend calm time with [ELFE child] talking with him/her?
1. Often
2. From time to time
3. Rarely or never

**ACTICHAN**
Do you sing little songs or nursery rhymes to [ELFE child]?
1. Often
2. From time to time
3. Rarely or never

**ACTICOR**
Do you play games with his/her body (feet, hands) such as tickling, massaging, having him/her jump?
1. Often
2. From time to time
3. Rarely or never

If ACTIEJEU=3 and ACTILECT=3 and ACTIDES=3 and ACTITV=3 and ACTICALM=3 and ACTICHAN=3 and ACTICOR=3

**ACTIAUT**
Do you do activities with your child?
1. Yes
2. No

if ACTIAUT=1

**ACTIQ** Which ones? ________________________

Among the various toys I am going to list, which ones does [ELFE child] have?
JPOUP Doll 1 Yes / 2 No
JVOIT Toy car 1 Yes / 2 No
JBAL Ball 1 Yes / 2 No
JLIV Baby books (in cardboard or cloth) 1 Yes / 2 No
23/05/2016

**JCONS** Construction games  1 Yes / 2 No
**JEVEIL** Early learning games such as a play mat  1 Yes / 2 No
**JMUZ** Musical instruments such as a xylophone or little piano  1 Yes / 2 No

**JDIS**
Does your child have CDs or cassettes to listen to?
1 Yes
2 No

**GARDINF1**
Do you ever write down information in your child’s health booklet?
1 Yes
2 No

*If GARDINF1=1*
What kind of information?
**GINFPT** Weight and height curves  1 Yes / 2 No
**GINFPM** Minor illnesses  1 Yes / 2 No
**GINFPF** Your child’s first smiles, first steps, first teeth, etc.  1 Yes / 2 No

**GARDINF2**
Do you ever write things about your child in a notebook or on the web (blog, Facebook, etc.)?
1 Yes
2 No

*If FETENF=1*
**QUELFET**
Can you tell us which ceremony or party? __________________________

"We are now going to talk about some of the everyday care provided to [ELFE child]."

**INT:** QUESTIONS IN TWO GOES, NOTE THE NUMBER OF TIMES IN THE BOX AND CHECK THE RELEVANT TIME UNIT

In general, how often ...
1 [Give a time period per day]
2 [Give a time period per week]
3 [Give a time period per month]
4 [Refuses]
5 [Doesn’t know]
6 [Never]

**FQBAIN**
Does he/she have a bath?
Frequency |__|__|
Refuses = 88, Doesn't know = 99, Never = 0

If \( FQBAIN \neq 0, 88, 99 \)

**FQBAIN**

Rhythm
1. Per day
2. Per week
3. Per month

**FQCHEV**

Does he/she have their hair washed (frequency)?
Refuses = 88, Doesn't know = 99, Never = 0

If \( FQCHEV \neq 0, 88, 99 \)

**RCHEV**

Rhythm
1. Per day
2. Per week
3. Per month

**FQONG**

Does he/she have their nails cut?

Refuses = 88, Doesn't know = 99, Never = 0

If \( FQONG \neq 0, 88, 99 \)

**RDENT**

Rhythm
1. Per day
2. Per week
3. Per month

"For the following activities, would you say that:"

**POT**

You put your child on his/her potty?
1. Never
2. From time to time
3. Often
4. All the time
BAIN
You give your child a bath
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

COUP
You cut your child's nails
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

MOUCH
You blow your child's nose
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

TOILCH
You change your child's nappy
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

SOIN
You treat them for an irritation (buttocks, head, eyes, etc.)
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

MANGE
You feed your child
1 You like doing this
2 You do it because you have to
3 You avoid doing it yourself

TYPVET
Generally speaking, to dress [ELFE child]:
(Conditional display of items 1 and 2 depending on sex of child)
1 ...You prefer "little girl" clothes
2 ...You prefer "little boy" clothes
3 ...You prefer clothes that suit girls and boys alike
4 ...You are indifferent to these considerations
VALUES AND AFFILIATIONS

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"We would now like to ask you a few questions about your affiliations, i.e. your membership in organizations and your social awareness, and a few questions about school. These questions will give us a better idea of the social environment of the child and how your values and ideas are transmitted to him/her. Naturally, you can refuse to answer these questions."

I am going to list some organizations. Can you tell me if you are a member or not of the following:

**PARELE**
A parent-teacher organization
1  Yes
2  No
8  [Refuses]

*If PARELE=1*

**PARELEAR**
Are you:
1  ...a simple member
2  ...or do you have a position of responsibility
8  [Refuses]

**CULTU**
A cultural or musical organization
1  Yes
2  No
8  [Refuses]

*If CULTU=1*

**CULTUAR**
Are you:
1  ...a simple member
2  ...or do you have a position of responsibility
8  [Refuses]
A family organization
1 Yes
2 No
8 [Refuses]

If ASFAM=1
ASFAMAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

LOC PRO
An organization of tenants, homeowners or co-homeowners
1 Yes
2 No
8 [Refuses]

If LOC PRO=1
LOC PRO AR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

SYNDIC
A trade union or a professional organization
1 Yes
2 No
8 [Refuses]

If SYNDIC=1
SYNDICAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

HUMA
A humanitarian organization
1 Yes
2 No
8 [Refuses]

If HUMA=1
HUMA AR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

SOLID
A socially-minded organization or one that defends human rights
1. Yes
2. No
8. [Refuses]

If SOLID=1
SOLIDAR
Are you:
1. ...a simple member
2. ...or do you have a position of responsibility
8. [Refuses]

RELIG
A religious or parish group
1. Yes
2. No
8. [Refuses]

If RELIG=1
RELIGAR
Are you:
1. ...a simple member
2. ...or do you have a position of responsibility
8. [Refuses]

SPORT
A sports organization or sports club
1. Yes
2. No
8. [Refuses]

If SPORT = 1
SPORTAR
Are you:
1. ...a simple member
2. ...or do you have a position of responsibility
8. [Refuses]

ENVIR
An environmental organization
1. Yes
2. No
8. [Refuses]

If ENVIR=1
ENVIRAR
Are you:
1. ...a simple member
2. ...or do you have a position of responsibility
8. [Refuses]

QUART
A neighbourhood or local-area organization
1 Yes
2 No
8 [Refuses]

If QUART=1
QUARTAR
Are you:
1 ...a simple member
2 ...or do you have a position of responsibility
8 [Refuses]

ELECT
Are you signed up to an open digital network such as Facebook, Twitter or LinkedIn?
1 Yes
2 No
8 [Refuses]

ELECTF
Are you signed up to a closed digital network such as an alumni network or a professional intranet?
1 Yes
2 No
8 [Refuses]

ECOVAL
Do you think that schools properly recognize the qualities of students?
1 Absolutely
2 Mostly
3 Mostly not
4 Not at all
5 [No opinion]
8 [Refuses]

ECOMER
Do you yourself think you succeeded at school as you deserved to?
1 Absolutely
2 Mostly
3 Mostly not
4 Not at all
5 [No opinion]
8 [Refuses]

ECOFREQ
Here is a situation that parents may be faced with. Please tell me what you think: The local primary school of a certain family has a poor reputation. After discussing the matter, the parents decide to send their children to a school with a better reputation in a different neighbourhood. In your opinion, are the parents:
1 Absolutely right to do so
2 Somewhat right
3 Somewhat wrong
4 Absolutely wrong
8 [Refuses]  
9 [Doesn’t know]  

**VOTE**  
Since you have been old enough to vote, you have voted...  
1 In all the elections  
2 In almost all the elections  
3 In some elections  
4 None  
5 [Not applicable]  
8 [Refuses]  

I am now going to talk about a number of institutions that play a major economic and social role in France today. For each one, can you tell me how much trust you have in them in general:  
**CONFECO School** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFMED The media** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFPOL Political institutions** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFREL Religious institutions** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFARM The army** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFSEC Social Security** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]  
**CONFJUD The judiciary** 1 Considerable trust / 2 A certain amount of trust / 3 Not much trust / 4 No trust at all / 5 [No opinion] / 6 [Refuses]
## LOCAL AREA, NEIGHBOURHOOD

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"We are now going to talk about your neighbourhood and the services available there, as well as how you get around."

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 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

**INT:** THE PURPOSE OF THESE QUESTIONS IS PURELY TO MEASURE HOW INTEGRATED HTE PARENTS ARE IN THEIR LOCAL AREA OR NEIGHBOURHOOD, INDEPENDENTLY OF WHAT COULD EXPLAIN THEIR INTEGRATION (LACK OR EXISTENCE OF POSSIBILITIES, DELIBERATE CHOICE BY THE PARENTS, ETC.)

If $RENCAMI=1, 2 \text{ or } 3$

**FQAMI**
How often do you see friends?
1  At least once a week
2  Two 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 Highly
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 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

**ENTRY** The maintenance of roads and highways and public spaces is...  1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

**RELATH** Your relations with the inhabitants are...  1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

**SCWI** The leisure and cultural services are...  1 Highly satisfactory / 2 Satisfactory / 3 Moderately satisfactory / 4 Not at all satisfactory

**TRANSQ**
Is your neighbourhood or village accessible by public transport?
1 Yes
2 No

*If TRANSQ=1*

**UTILTR**
Do you use public transport?
1 Yes
2 No

*If UTILTR=1*

**PRATR**
Do you find the public transport useful?
1 Yes, very
2 Yes, rather
3 No, not much
4 No, not at all
# Cultural Goods in the Household

<table>
<thead>
<tr>
<th>Fathers concerned:</th>
<th>Questions asked</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>REF father</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td>Non-cohabiting father of placed child</td>
<td>ALL</td>
<td></td>
</tr>
</tbody>
</table>

"We are going to talk about the equipment in your household, including televisions and computers."

**TV**

Do you have one or more television sets?
1. Yes
2. No

*If TV=1*

**NBTV**

How many?  
Refuses = 88, Doesn't know = 99

Do you own at home ...
*If TV=1*

**MAGN** A VCR 1 Yes / 2 No
**DVD** A DVD/Dvix player 1 Yes / 2 No
**VIDEO** A game console that hooks up to the TV (Playstation) 1 Yes / 2 No
**CABL** A paid subscription to a cable operator, TPS, CanalSat, Canal+, etc. 1 Yes / 2 No

**MUSIQ**

Do you own one or more pieces of equipment for listening to music?
1. Yes
2. No

*If MUSIQ=1*

What kind?
**QMUSIQ1** An MP3 player, iPod, audio USB key 1 Yes / 2 No
**QMUSIQ2** A cassette player 1 Yes / 2 No
**QMUSIQ3** A HiFi system 1 Yes / 2 No
**QMUSIQ4** A portable radio-cassette player 1 Yes / 2 No
**QMUSIQ5** Other 1 Yes / 2 No

NB: ELFE 1 Yr - starting from wave 2: Other item deleted.
**QMUSIQ5**

QMUSIQP Specify ________________________

**DISC**

Do you have any CDs, records or cassettes?
1 Yes
2 No

**ORDI**

Do you have one or more computers?
1 Yes
2 No

**IMPR** A printer? 1 Yes / 2 No
**WEBC** A webcam? 1 Yes / 2 No
**GRAV** A CD/DVD burner? 1 Yes / 2 No
**SCANN** A scanner? 1 Yes / 2 No
**CDEDU** Cultural or educational software or CD-ROMs? 1 Yes / 2 No
**INTER** An internet connection? 1 Yes / 2 No

At home, do you have...?

**ENCY** One or more encyclopaedias? 1 Yes / 2 No
**DICO** One or more dictionaries? 1 Yes / 2 No
**ART** One or more reproductions of art works (posters, sculptures, etc.)? 1 Yes / 2 No

**LIVRE**

Do you have any books?
1 Yes
2 No

**LIVRE**

NBLIVRE

If so, how many?
1 Between 1 and 29
2 Between 30 and 99
3 Between 100 and 199
BD
Do you have any comic books or graphic novels?
1 Yes
2 No

If BD=1
NBBD
If so, how many?
1 Between 1 and 29
2 Between 30 and 99
3 Between 100 and 199
4 200 or more
9 [Doesn't know]

ABON
Are you (or is your partner) subscribed to a newspaper or magazine?
1 Yes
2 No

If ABON=1
QABON Which one(s)? ______________________________

FINACT
To conclude, is there an activity or leisure activity that you don't currently practice but would like to?
1 Yes
2 No

If FINACT=1
FINACTP Which one? ______________________________