NATIONAL 2 MONTH SURVEY
Administered in 2011
FATHER'S CONTACT FORM

[Pre-filled information collected in maternity unit]

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 interview ..........................................................................................................................5
GENERAL INFORMATION

<TELNIE>
ELFE child ID number

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

NAISGEM
Twin birth
1 Yes
2 No

RANGALEA
Twin birth order (generated randomly: used for the random selection of one of the twins)

<PRENF>
ELFE child first name _________________________

<SEXE>
ELFE child sex
1 Boy
2 Girl
# PARENT CONTACT DETAILS

<table>
<thead>
<tr>
<th>Mother’s contact details</th>
<th>Father’s contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;NOMM&gt; Mother’s last name</td>
<td>&lt;PERNOM&gt; Father’s last name</td>
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<tr>
<td>&lt;MERPREN&gt; Mother’s first name</td>
<td>&lt;PERPREN&gt; Father’s first name</td>
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**Mother’s contact details**

<table>
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<tr>
<th>Field</th>
<th>Description</th>
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</thead>
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<tr>
<td>&lt;TELM1&gt;</td>
<td>Tel no.</td>
</tr>
<tr>
<td>&lt;TELM2&gt;</td>
<td>Tel no.</td>
</tr>
<tr>
<td>&lt;TELM3&gt;</td>
<td>Tel no.</td>
</tr>
<tr>
<td>&lt;EMAILMON&gt;</td>
<td>Email address 1 Yes / 2 No</td>
</tr>
<tr>
<td>&lt;EMAILM&gt;</td>
<td>Email address</td>
</tr>
<tr>
<td>&lt;INTDOM&gt;</td>
<td>Internet access at home 1 Yes / 2 No</td>
</tr>
<tr>
<td>&lt;ADR1M&gt;</td>
<td>Stairway, floor, apartment, etc.</td>
</tr>
<tr>
<td>&lt;ADR2M&gt;</td>
<td>Building</td>
</tr>
<tr>
<td>&lt;ADR3M&gt;</td>
<td>Street number and street</td>
</tr>
<tr>
<td>&lt;ADR4M&gt;</td>
<td>Additional address information</td>
</tr>
<tr>
<td>&lt;ADRCPM&gt;</td>
<td>Mother’s postcode</td>
</tr>
<tr>
<td>&lt;ADRCOMM&gt;</td>
<td>Municipality</td>
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<tr>
<td>&lt;CODGEOM&gt;</td>
<td>Mother’s municipality of residence (INSEE code)</td>
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<tr>
<td>REGM</td>
<td>Mother’s region of residence (INSEE code)</td>
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**Father’s contact details**

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<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>&lt;TELP1&gt;</td>
<td>Tel no.</td>
</tr>
<tr>
<td>&lt;TELP2&gt;</td>
<td>Tel no.</td>
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<tr>
<td>&lt;TELP3&gt;</td>
<td>Tel no.</td>
</tr>
<tr>
<td>&lt;TEL10P&gt;</td>
<td>Tel no. used to get in touch with the father</td>
</tr>
<tr>
<td>&lt;EMAILP&gt;</td>
<td>Email address</td>
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<tr>
<td>&lt;ADR1P&gt;</td>
<td>Stairway, floor, apartment, etc.</td>
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<tr>
<td>&lt;ADR2P&gt;</td>
<td>Building</td>
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<td>&lt;ADR3P&gt;</td>
<td>Street number and street</td>
</tr>
<tr>
<td>&lt;ADR4P&gt;</td>
<td>Additional address information</td>
</tr>
<tr>
<td>&lt;ADRCPP&gt;</td>
<td>Father’s postcode</td>
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<td>&lt;ADRCOMP&gt;</td>
<td>Municipality</td>
</tr>
<tr>
<td>&lt;CODGEOP&gt;</td>
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<td>REGP</td>
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**Relay person 1**

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<tr>
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<tr>
<td>&lt;NOMR&gt;</td>
<td>Last name of relay person</td>
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<tr>
<td>&lt;PRENR&gt;</td>
<td>First name of relay person</td>
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<td>&lt;TELR1&gt;</td>
<td>Tel no. 1 of relay person</td>
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<tr>
<td>&lt;TELR2&gt;</td>
<td>Tel no. 2 of relay person</td>
</tr>
<tr>
<td>&lt;TELR3&gt;</td>
<td>Tel no. 3 of relay person</td>
</tr>
<tr>
<td>&lt;ADR1R&gt;</td>
<td>Stairway, floor, apartment, etc.</td>
</tr>
<tr>
<td>&lt;ADR2R&gt;</td>
<td>Building</td>
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<tr>
<td>&lt;ADR3R&gt;</td>
<td>Street number and street</td>
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<tr>
<td>&lt;ADR4R&gt;</td>
<td>Additional address information</td>
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<td>&lt;ADRCPR&gt;</td>
<td>Postcode</td>
</tr>
<tr>
<td>&lt;ADRCOMR&gt;</td>
<td>Municipality</td>
</tr>
</tbody>
</table>
REGMUDA
Mother’s region of residence (UDA code):
1  Paris region
2  North
3  East
4  Paris basin, east
5  Paris basin, west
6  West
7  South-west
8  South-east
9  Mediterranean

REGPUDA
Father’s region of residence (UDA code):
1  Paris region
2  North
3  East
4  Paris basin, east
5  Paris basin, west
6  West
7  South-west
8  South-east
9  Mediterranean
INFORMATION ON THE INTERVIEW

*DATINTJ
Day of interview

DATINTM
Month of interview

DATINTA
Year of interview

AGE2M
(Constructed variable) Age of the child in months at the 2-month telephone interview

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

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

END
NATIONAL 2 MONTH SURVEY
Administered in 2011
FATHER QUESTIONNAIRE

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LIST AND CIVIL STATUS OF INHABITANTS OF DWELLING

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

The variables from NOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the ELFE child and their possible twin.

With:

NOI=1 for the ELFE child and NOI=2 for the twin, then the first name, sex, date of birth, link=12 and department of birth, each value corresponding to the NOI of the child concerned.

In this way, the ELFE child is present in all types of questionnaire whether or not they live with the interviewed parent.

With "referent father" questionnaires, the wording is as follows:

INTRODUCTION: "We are going to start by talking about [ELFE child’s] family. We will begin with the list of people who live here on a regular basis and quickly describe them:

Obviously there is..."

Display variables NOI to NATIO1N already coded for the ELFE child (and where applicable the twin) and validation by the interviewer.

Then "Now let’s move on to the people who live here on a regular basis. Let’s start with you"

With "Non-cohabiting Father" or "Non-cohabiting Father of Placed Child" questionnaires

INTRODUCTION: "We are going to start by talking about your family and I am going to check some information about [ELFE child] with you."

Display variables NOI to NATIO1N already coded for the ELFE child (and where applicable the twin) and validation by the interviewer. Then "Let’s make a list of the people who habitually live here, starting with yourself."

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

For the "cohabiting father" or "cohabiting father of placed child" questionnaires, all the information on the make-up of the household are taken from the mother questionnaire, so there are no questions on the make-up of the household. The questionnaire is filled in automatically as some variables may subsequently serve as filters.
**MTYPPERE1**

Type of father (mother interview)
1 Referent father
2 Cohabiting father
3 Non-cohabiting father
4 Co-habiting father of placed child
5 Non-cohabiting father of placed child
6 Cohabiting father (same-sex parenting)
7 "Cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
8 (Same-sex parenting) "Cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
9 "Non-cohabiting Father of Placed Child" questionnaire (without the placed child questions) + twin questions in their entirety
10 Cohabiting father without the twin questions
11 (Same-sex parenting) Cohabiting father without the twin questions
12 Non-cohabiting father without the twin questions

For the respondent, the questions are worded with "you", "your", etc.

Go from NOI(i) up to PAYSNAIS(i) for each person living here on a regular basis

Add the following recommendation for justifying the make-up of the household Screen displayed starting from the SEXE question through to the AUTLOG question.

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 currently live in the dwelling you live in, including yourself?  

|__|__|

**NOI**

Individual rank order: ________________

**<Prenom>**

What is your (his/her) first name?  ________________

**SEXEC1**

(Corrected variable) You (he/she) are (is)...
1 Male
2 Female

What is your (his/her) date of birth?  

*JNAIS Day (1 to 31, NA=88, DK=99)  |__|__|
**MNAIS** Month (1 to 12, NA=88, DK=99)

**ANAIS** Year (1900 to 2011, NA=8888, DK=9999)

⇒ See end of chapter for constructed variable

**LIENHTYP**
You are (he/she is) the ... of [ELFE child]?
1 Father
2 Mother (*Filter if the mother does not live with the father except for bedridden mother, refusal, long-term absence*)
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 [ELFE child]: child of partner, stepchild of a parent
7 Partner of mother or father
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 (if France)

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

If LNAIS=2 (if another country)

**PAYS25NAIS**
(Corrected variable) In which country?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

**PAYSNAISP**
In which other country? ______________________

Go from NATIO1N(i) to TYPLOGCOP (i) for each person living here on a regular basis.
**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
*NATIO2SN1 (Corrected variable) What is your (his/her) nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If NATIO1N=1, 2 or 3
**NATIODBL**
Do you (he/she) have dual nationality?
1 Yes
2 No

If NATIODBL=1
*NATIO2SN2 (Corrected variable) If you have dual nationality, what is your other nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*NATIO2NP
Specify other nationality: _______________________

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 languages and ad hoc code)

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 languages and ad hoc code)

If LIENTYP=8 and SEXE=1
MEREPLAN
What language or patois does [first name of maternal GF] use the most often at home?
(Display list of languages and ad hoc code)

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 languages and ad hoc code)

If there is a LIENTYP=9 and sex=1
PEREPBIO
Is [first name] your:
1 Biological, adoptive or legal father
2 Or a person that you consider as the grandfather of the child

INT: BY LEGAL, WE MEAN THE ONE WHO RECOGNIZED YOU LEGALLY

If there is a LIENTYP=9 and sex=2
PEREMBIO
Is [first name] your:
1 Biological, adoptive or legal mother
2 Or a person that you consider as the grandmother of the child

INT: BY LEGAL, WE MEAN THE ONE WHO RECOGNIZED YOU LEGALLY

Do not ask for LIENTYP=12 if "non-cohabiting father of placed child" ("non-cohabiting father" and EFVIT≠4).
For all members of the household
TYPOLOG
Do you (does he/she) live here...?
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 (are you) ([First name]) present)?
(1 to 366, NA=888, DK=999)

 If TYPOLOG=3
JOURSEM
How many days a week (are you) ([First name]) present)?
(1 to 7, NA=8, DK=9)

 If TYPOLOG=4
MOISAN
29/03/2016

How many days a month in the last year (are you (is) ([First name]) present)?
(1 to 12, NA=88, DK=99) |__|__|

If TYPOLOG=5
JOUR2AN
Roughly how many days in the last year (are you (is) ([First name]) present)?
(1 to 366, NA=888, DK=999) |__|__|__|

For LIENTYP=12 if referent father and for all other household members
AUTLOG
Do you also live (does he/she live) somewhere else sometimes?
1 Yes
2 No
For LIENTYP=12 if referent father and for all other household members
If AUTLOG=1 (if the person lives in another dwelling)

**TYPLOGCO**

Where (do you (does he/she([First name])) live from time to time)?
For LIENTYP=12 if EFVIT=4 (the child lives alternately with his/her parents) add "Not at your house or at his mother's"

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

INT: LIST IF NECESSARY.

If TYPLOGCO=13
*TYPLOGCOP
Other, specify: ______________________

**AGE**  (Constructed variable) Age in number of years passed  |___|___|

**REGUDANAI**S
In which region or territory (UDA code)? ________________________

**AGE18ARRIV**  Age arriving in France before 18?
0  No
1  Yes

**DURARRIV**  Time since arriving in France at the time of the birth of [ELFE child]?
0  <2
2  2-4
5  5-9
10 10-14
15 15-19
20 20-24
25 25 and over

**REGNAIS**  (Constructed variable) In which region or territory?
00  Territory/territories other than France
01  Guadeloupe
02  Martinique
03  French Guiana
<table>
<thead>
<tr>
<th>Code</th>
<th>Région</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>La Réunion</td>
</tr>
<tr>
<td>06</td>
<td>Mayotte</td>
</tr>
<tr>
<td>11</td>
<td>Île-de-France</td>
</tr>
<tr>
<td>21</td>
<td>Champagne-Ardenne</td>
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<td>Picardie</td>
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<td>Haute-Normandie</td>
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<td>Centre</td>
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<td>Basse-Normandie</td>
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<td>Auvergne</td>
</tr>
<tr>
<td>91</td>
<td>Languedoc-Roussillon</td>
</tr>
<tr>
<td>93</td>
<td>Provence-Alpes-Côte d'Azur</td>
</tr>
<tr>
<td>94</td>
<td>Corse</td>
</tr>
</tbody>
</table>
PLACED CHILD

Questionnaire concerned: "Non-cohabiting father of placed child"

This part concerns the ELFE child.

**PLACEM**
[ELFE child] doesn't live with you. Is that because they have been placed?
1 Yes
2 No  ⇒ PRESPROF

*If PLACEM=1*
**PLAC1**
I would like to ask you a few questions on the placement of [ELFE child]: the duration, the place, and the type of measure. Is that OK with you?
1 Yes
2 No  ⇒ Next module

*If PLAC1=1*
What is the date of the first placement of [ELFE child]?

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

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

**APLAC2M** (Constructed variable) Age in months on first placement

**PLAC3**
As part of the placement of [ELFE child], have you met with a juvenile court judge?
1 Yes
2 No

**PLAC4**
Do you know how long the placement of [ELFE child] is planned for?
1 Yes
2 No

*If PLAC4=1*
**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]

**INT**: INDICATE IF THE INTERVIEWEE GIVES A DATE OR A NUMBER OF MONTHS OR WEEKS
Date (month and year)
*PLAC4M
Month (1 to 12) (NA=88, DK 99)

PLAC5A
Year (2000 to 2009) (NA=8888, DK 9999)

APLAC4
(Constructed variable) Age in months at expected end of placement

Or duration:
PLAC5J
No. of days:

Or
PLAC5S
No. of weeks: (NA=888, DK 999) min 1 max 99

Or
PLAC5M
No. of months:

When you see [ELFE child]:

PRESPROF
Is a professional present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

PRESPROC
Is a loved one present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

PRESAUTR
Is someone else present at these meetings?
1 Always
2 Sometimes
3 Rarely
4 Never

HABFR
Where [ELFE 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])?

FAMILY SITUATION

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

"Let's go back to your family situation."

If \( \text{age} \geq 15 \)

**COUPLE**

Are you (is he/she) currently 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

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

**CONJOINT** (Display the people and take the NOI corresponding to the first name given)

With whom? | \\
| --- |

If \( \text{COUPLE} = 2 \) and father concerned and mother not part of the household

**MERENF**

Is it the mother of [ELFE child] ([TWIN child])?
1. Yes
2. No

**SITUAFAMP**

Family situation of the father

When the referent mother said she was in a couple with the father (SITUAFAMM=1 or 2) or with a partner (SITUAFAMM=3 with partner in household), the code of the family situation of the father question was taken from the code of the family situation of the mother:

1 or 2 if mother’s family situation = 1 or 2,

1 if the mother’s family situation = 3 with partner in household.

If \( \text{SITUAFAMM} = 1 \) (mother Q)

OR if \( \text{COUPLE=1 and ((CONJOINT=NOI and TYPOLOG(NOI)=1 and LIENTYP(NOI)=2))} \) (father Q)

1. The father is in a couple and cohabits on a permanent basis with the mother of the child or it is a partner (same-sex couple)

If \( \text{SITUAFAMM} = 2 \) (mother Q)

OR if \( \text{COUPLE=1 and ((CONJOINT=NOI and TYPOLOG(NOI)<>1 and LIENTYP(NOI)=2))} \) (father Q)

2. The father is in a couple with the mother of [ELFE child] but on a non-permanent basis

If \( \text{COUPLE=1 and [for NOI(CONJOINT)*: TYPOLOG=1 and LIENTYP\neq 2]} \)

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 [ELFE child] ([TWIN child])

If \( \text{COUPLE=1 and [for NOI(CONJOINT)*: TYPOLOG\neq 1 and LIENTYP\neq 2]} \)

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 [ELFE child] ([TWIN child])
If SITUAFAMM=5 (mother Q)  
OR (COUPLE=2 and MERENF=1) (father Q)  
5 The father is in a couple with the mother of the child and he doesn’t live with her  

If COUPLE=2 and MERENF=2  
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 [ELFE child]  

If COUPLE1=3  
7 The father says he is not in a couple  

ETAMATRI  
What is your legal marital status (or the legal marital status of [First name])? Are you (is he/she)?  
1 Married or remarried including legally separated  
2 Civil partnership  
3 Divorced  
4 Single  
5 Widowed  
6 Married or civil partnership  

INT: A CIVIL PARTNERSHIP IS CONSIDERED AS A MARITAL STATUS. IF AFTER READING THE LIST THE PERSON INTERVIEWED SAYS THEY ARE IN A COHABITATION, FOLLOW UP WITH "OK, BUT WHAT IS YOUR LEGAL MARITAL STATUS?". IF THE PERSON DOES NOT UNDERSTAND, CODE "SINGLE"  

If ETAMATRI=1 or 2  
MARI  
In what year were you (was he/she) married or did you (he/she) form a civil partnership?  
Consistency: if PACSE, MARI must be >= 1999  
Year of marriage, of civil partnership (1960 to 2011, DK: 9999)  

|___|___|___|___|  

For LIENTYP = 1 and COUPLE = 1 or 2 and ETAMATRI = 1 or 2  
MATRICONJ  
Are you married or in a civil partnership with the person you are in a couple with?  
1 Yes  
2 No
SIBLINGS OUTSIDE THE HOUSEHOLD

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

"We are now going to talk about any other children you may have had."

ADFRAT
If LIENTYP=7 and SEXE=2 (same-sex couple)
Have you had other children, whether still living or not? Do not count the children living in your household.
For fathers:
Have you had other children with a person other than the mother of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.
1 Yes
2 No => ENFADOPT

NBNOIDFRA
How many (whether still living or not)?

NOIDFRA
Individual rank order: ________________

<PRENDGRA>
Starting with the eldest, what is the first name of each of these children: ______________

SEXEDFRA
[PRENDGRA] is (was)...
1 A man
2 A woman

LOGDFRA
Does [PRENDGRA] live:
1 In an individual dwelling
2 With another member of the family => LODGFAFRA
3 In a medical institution
4 Other => LOGINDFRA
5 He is dead => ANDECDFRA
9 [Doesn’t know]

If LOGDFRA=2
LOGFADFRA
Does [PRENDGRA] live:
1 With their mother
2 With their father (filtered item)
3 With another family member

If LOGDFRA=4
LOGINDFRA
Does [PRENDGRA] live:
1 In a nursery
2 In a boarding school-home
3 In a host family
4 In a children’s village
Another, specify

\textbf{INT: LIST.}

\textbf{If LOGDFRA=5}
\textbf{ANDECDFRA}
In what year did [PRENDFRA] die?  
Move on to next child

\textbf{If LOGDFRA≠5}
\textbf{DNADFRA}
What is the year of birth of [PRENDFRA]?

\textbf{*DNMDFRA}
What is the month of birth of [PRENDFRA]?

\textbf{PAYSDFRA}
Where does [PRENDFRA] live?
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]

\textbf{If over 14}
\textbf{ACTIVDFRA}
[PRENDFRA] currently:
1 ...has a job
2 ...is an apprentice under contract or on a paid internship
3 ... is a student, pupil, in training or in an unpaid internship
4 ...is unemployed (registered with the national employment agency or not)
5 Other situation
9 [Doesn't know]

\textbf{If ACTIVDFRA=3 ask NIVEAUDFRA, if not go to COUPLEDFRA}
\textbf{NIVEAUDFRA}
What class or year of studies is he/she currently in?
(Code based on list)

\textbf{INT: LIST IF NECESSARY. ONE ANSWER ONLY. IF THERE ARE TWO REGISTRATIONS AT UNIVERSITY OR IF REGISTERED AT UNIVERSITY WHILE STILL AT SCHOOL, DESCRIBE THE MAIN STUDIES HERE. FOR STUDENTS WHO DON'T YET HAVE THEIR SECOND-SESSION RESULTS, TAKE LAST YEAR'S CLASS}

\textbf{If age>=16}
\textbf{COUPLEDFRA}
Is [PRENDFRA] in a couple?
1 Yes
2 No
9 [Doesn't know]

\textbf{ENDFRA}
Does [PRENDFRA] have any children?
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1 Yes
2 No
9 [Doesn’t know]

**NBENDFRA**
How many?

*If referent father and at least one LIENYP in (3, 4, 5) or NOIDFRA ≥1*

**ENFADOPT**
Are any of the brothers, sisters, half-brothers or half-sisters of [ELFE child] adopted?
1 Yes
2 No ⇒ Next module

*If ENFADOP=1*

**ADOPT1**
Adopted child 1 | ____ |

**ADOPT2**
Adopted child 2 | ____ |
EXTENDED FAMILY

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

"Now let's talk about your parents and the grandparents of [ELFE child] [TWIN child]."

(GDPARDOM and MENDOMGP were initially asked in the Household Composition part - following the pilot)

\textbf{If at least one LIENTYP in \{8,9\}}

\textbf{If cohabiting father}

The mother of [ELFE child] (and [TWIN child]) told me [first name of LIENTYP=8], [first name of LIENTYP=9] lived in this dwelling.

\textbf{If referent or non-cohabiting father}

You told me that [first name of LIENTYP=8] [first name LIENTYP=9] lived in this dwelling.

\textbf{GDPARDOM}

Would you say that it is he/she/them who live(s) with you?

1  Yes
2  No

\textbf{If GDPARDOM =2}

\textbf{MENDOMGP}

So you live with your mother (or your father or your parents or the mother of your partner or the father of your partner or the parents of your partner – depending on filter)?

1  Yes
2  No

\textbf{Generation of GPPATERD} (situation of paternal grandparents in dwelling)

\textbf{If no LIENTYP =9} (No maternal grandparents (biological or otherwise) in dwelling) \Rightarrow GPPATERD=0

\textbf{If PEREMBIO=1 and PEREPBIO=1} (Both biological grandparents in dwelling) \Rightarrow GPPATERD=1

\textbf{If PEREMBIO=1 and PEREPBIO=2} (Maternal biological in dwelling and social grandfather) \Rightarrow GPPATERD=2

\textbf{If PEREPBIO=1 and PEREMBIO=2} (biological grandfather and social grandmother) \Rightarrow GPPATERD=3

\textbf{If PEREPBIO=2 and PEREMBIO=2} (Both paternal grandparents social) \Rightarrow GPPATERD=4

\textbf{If PEREMBIO=1 and PEREPBIO='blank'} (Only biological paternal grandmother) \Rightarrow GPPATERD=5

\textbf{If PEREMBIO=2 and PEREPBIO='blank'} (Only social paternal grandmother) \Rightarrow GPPATERD=6

\textbf{If PEREPBIO=1 and PEREMBIO='blank'} (Only biological paternal grandfather) \Rightarrow GPPATERD=7

\textbf{If PEREPBIO=2 and PEREMBIO='blank'} (Only social paternal grandfather) \Rightarrow GPPATERD=8

GPPATERD=0 \Rightarrow VIEMER
GPPATERD=1 \Rightarrow ELEV
GPPATERD=2 \Rightarrow VIEPERB
GPPATERD=3 \Rightarrow VIEMERB
GPPATERD=4 \Rightarrow VIEMERB
GPPATERD=5 \Rightarrow VIEPER
GPPATERD=6 \Rightarrow VIEMERB
GPPATERD=7 \Rightarrow VIEMER
GPPATERD=8 \Rightarrow VIEMER
"Now let's talk about your parents."

*If GPPATERD in (3, 4, 6)*

VIEMERB
Is your biological mother still alive?
1 Yes ⇒ MBCOUP
2 No ⇒ MBDECE
8 [Doesn’t want to talk about it] ⇒ VIEPERB
9 [Doesn’t know] ⇒ VIEPERB

*If GPPATERD in (0, 7, 8)*

VIEMER
Is your mother still alive?
1 Yes ⇒ MBCOUP
2 No ⇒ MBDECE
8 [Doesn’t want to talk about it] ⇒ VIEPERB
9 [Doesn’t know] ⇒ VIEPERB

**INT:** BY MOTHER WE MEAN BIOLOGICAL OR ADOPTIVE MOTHER OR ANY OTHER PERSON CONSIDERED AS THE MOTHER

*If VIEMERB=2 or VIEMER=2*

MBDECE
In what year did she die? (1950 to 2010) |___|___|___|___| ⇒ MBANAIS
(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

*If VIEMERB=1 or VIEMER=1, ask MBCOUP*

If GPPATERD in (3, 6, 7, 8), do not ask wording 1: we know the biological mother does not live with the biological father

MBCOUP
Is she in a couple?
1 Yes, with your father
2 Yes, with someone else
3 No
9 [Doesn’t know]

*If VIEMERB=1 or VIEMER=1*

In what year was she born (or how old is she)?

MBANAIS
Year (1900 à 1990) Doesn’t know (9999) |___|___|___|___|

MBAGE
Age (0 to 120) Doesn’t know (999) |___|___|___|

*If VIEMERB=2 or VIEMER=2*

MBAGEDC
How old was she when she died? (0 to 120) Doesn’t know (999) |___|___|___|

MBLIEU
Was she born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn’t know]
If $MBLIEU=2$ (if another country)

$*MBPAYS25$

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

$*MBPAYSP$

Other country, specify ____________________________

$MBFRANC$

Is/was she:
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If $MBFRANC=3$

$*MBNATION5$

(Corrected variable) What is/was her nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If $MBFRANC = 1, 2$ or $3$

$MBNATIONDBL$

Does/did she have dual nationality?
1 Yes
2 No

If $MBNATIONDBL=1$

$*MBNATION25$

(Corrected variable) If she has/had dual nationality, what is/was the other nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*MBNATIONP2
Other nationality, specify _______________________

If VIERMERB=1 or VERMER=1 or (VIERMERB=2 or VIERMER=2)

MBSITUA
Currently, she.../ What was her last occupational situation? She...
1 ... has/had a job
2 ... is/was retired or retired from business or in pre-retirement
3 ... is/was in another situation (unemployment, homemaker, etc.)
9 ... [Doesn't know]

If MBSITUA=2, 3 or 4

MBACTIVANTE
Has she worked or did she ever work, even a long time ago?
1 Yes
2 No

If MBSITUA =1 or MBACTIVANTE=1

MBPROFI5
What is/was her (last) occupation? __________________________
(Automatic coding)
If DK, code undetermined occupation

INT: CODE THE PROFESSION

If MBPROFI5 not coded

MBPROFI6C2
In other words, what kind of work does/did she do exactly? (What is/was her (last) occupation?) (Corrected) ______________________

MBCSP
Grandmother occupation code
(Display socio-occupational list)

MBLANG
What language or patois does/did she use the most often at home?
(Display list of languages)

INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE THE MOTHER EXPRESSES / EXPESSED HERSELF

MBLANGP
Other language, specify ______________________
If \( \text{GPPATERD} \) in \((2, 4, 8)\) and \( \text{MBCOUP} \neq 1 \)
If \( \text{GPPATERD} \) in \((2, 4, 8)\) and \( \text{MBCOUP} = 1 \), filter and \( \text{VIEPERB} = 1 \)

\text{VIEPERB}

Is your biological father still alive?
1 Yes \( \Rightarrow \text{PBCOUP} \)
2 No \( \Rightarrow \text{PBDECE} \)
8 [Doesn't want to talk about it] \( \Rightarrow \text{ELEV} \)
9 [Doesn't know] \( \Rightarrow \text{ELEV} \)

If \( \text{GPPATERD} \) in \((0, 5, 6)\) and \( \text{MBCOUP} \neq 1 \)
If \( \text{GPPATERD} \) in \((0, 5, 6)\) and \( \text{MBCOUP} = 1 \), filter and \( \text{VIEPERE} = 1 \)

\text{VIEPER}

Is your father still alive?
1 Yes \( \Rightarrow \text{MBCOUP} \)
2 No \( \Rightarrow \text{MBDECE} \)
8 [Doesn't want to talk about it] \( \Rightarrow \text{ELEV} \)
9 [Doesn't know] \( \Rightarrow \text{ELEV} \)

\text{INT: BY FATHER WE MEAN BIOLOGICAL OR ADOPTIVE FATHER OR ANY OTHER PERSON CONSIDERED AS THE FATHER}

If \( \text{VIEPERB} = 2 \) or \( \text{VIEPERE} = 2 \)

\text{PBDECE}

In what year did he die? \((1950\) to \(2010)) \quad |___|___|___|___| \( \Rightarrow \text{PBANAIS} \)
(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

If \( \text{VIEPERB} = 1 \) or \( \text{VIEPERE} = 1 \), ask \( \text{PBCOUP} \)
(If \( \text{VIEPERB} = 1 \) or \( \text{VIEPERE} = 1 \) and \( \text{GPPATERD} \) in \((2, 5)\) or \( \text{VIEPERB} = 2 \) or \( \text{VIEPERE} = 2 \), do not ask wording 1) we know the biological father does not live with the biological mother
(If \( \text{MBCOUP} = 1 \), filter and \( \text{PBCOUP} = 1 \))

\text{PBCOUP}

Is he in a couple?
1 Yes, with your mother
2 Yes, with someone else
3 No
9 [Doesn't know]

If \( \text{VIEPERB} = 1 \) or \( \text{VIEPERE} = 1 \)
In what year was he born (or how old is he)?

\text{PBANAIS}

Year \((1900\) à \(1990)) \) Doesn't know \((9999)\) \quad |___|___|___|___|

\text{PBAGE}

Age \((0\) to \(120)) \) Doesn't know \((999)\) \quad |___|___|___|

If \( \text{VIEPERB} = 2 \) or \( \text{VIEPERE} = 2 \)

\text{PBAGEDC}

How old was he when he died? \((0\) to \(120)) \) Doesn't know \((999)\) \quad |___|___|___|

\text{PBLIEU}

Was he born in:
1 France (metropolitan or FODT)
2 Another country
9 [Doesn't know]
If PBLIEU=2 (if another country)

*PBPAYS25

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

*PBPAYSP

Other country, specify ______________________

PBFRANC

Is/was he:
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If PBFRANC=3

*PBNATIONS

(Corrected variable) What is/was his nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If PBFRANC=1, 2 or 3

PBNATIONDBL

Does/did he have dual nationality?
1 Yes
2 No

If PBNATIONDBL =1
*PBNATION25
(Corrected variable) If he has/had dual nationality, what is/was the other nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*PBNATIONP2
Other nationality, specify ______________________

If VIEPERB=1 or VIEPERE =1

PBSITUA
Currently, he.../ What was his last occupational situation? He...
1 ... has/had a job
2 ... is/was retired or retired from business or in pre-retirement
3 ... is/was in another situation (unemployment, homemaker, etc.)
9 ... [Doesn't know]

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 

If PBSITUA=2 or 3 or 4

PBACTIVANTE
Has he worked or did he ever work, even a long time ago?
1 Yes
2 No

If PBSITUA =1 or PBACTIVANTE=1

PBPROFI5
What is/was his (last) occupation? __________________
(Automatic coding)
If DK, code undetermined occupation

INT: CODE THE PROFESSION

If PBPROFI5 not coded

PBPROFI6C2
In other words, what kind of work does/did he do exactly? (What is/was his (last) occupation?) (Corrected) __________________

PBCSP
Grandfather occupation code
(Display socio-occupational list)

PBLANG
What language or patois does/did he use the most often at home? 

(Display list of languages)

INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE THE FATHER EXPRESSES / EXPESSED HIMSELF

*PBLANGP

Other language, specify ____________________________

If $PBCOUP=2$ (mother-in-law alive) ⇒ $BPANAIS$

In what year was she born (or how old is she)?

$BMANAIS$

Year (1900 to 1990) Doesn’t know (9999) |___|___|___|___|

$BMAGE$

Age (0 to 120) Doesn’t know (999) |___|___|___|

$BMLIEU$

She was born in:

1 France (metropolitan or FODT)
2 Another country
9 [Doesn’t know]

If $BMLIEU=2$ (if another country)

*BMPAYS25

[UPD] (Corrected variable) In which country?

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

*BMPAYSP

Other country, specify ____________________________

$BMFRANC$

Is she?

1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn’t know]

If $BMFRANC=3$

*BMNATION5
(Corrected variable) What is/was her nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If BMFRANC = 1, 2 or 3
BMNATIONDBL
Does/did she have dual nationality?
1 Yes
2 No

If BMNATIONDBL = 1
*BMNATION25
(Corrected variable) If she has/had dual nationality, what is/was the other nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

*BMNATIONP2
Other nationality, specify _______________________

BMSITUA
Currently, she...
1 ... has/had a job
2 ... is/was retired or retired from business or in pre-retirement
3 ... is/was in another situation (unemployment, homemaker, etc.)
9 ... [Doesn't know]

If BMSITUA = 2 or 3 or 4
BMACTIVANTE
Has she worked or did she ever work, even a long time ago?
1 Yes
2 No
If \textit{BMSITU}\_\text{A} = 1 or \textit{BMACTIVANTE} = 1

\textbf{BM\_PROFI}\_5

What is/was her (last) occupation?

(Automatic coding)

If DK, code undetermined occupation

\textbf{INT}: CODE THE PROFESSION

\textbf{If BM\_PROFI}\_5 \textit{not coded}

\textbf{BM\_PROFI}\_6\_C\_2

\textbf{UPD} \> What kind of job does/did she exactly? (corrected) ______________________

\textbf{BM\_CSP}

Mother-in-law occupation code

(Display socio-occupational list)

\textbf{BM\_LANG}

What language or patois does she use the most often at home?

(Display list and codes)

\textbf{*BM\_LANG}\_P

Other language, specify ______________________

\textbf{If MBCOUP} = 2 \textit{ (father-in-law alive)}

In what year was he born (or how old is he)?

\textbf{BP\_ANAIS}

Year (1900 to 1990) Doesn’t know (9999) |___|___|___|___|

\textbf{BP\_AGE}

Age (0 to 120) Doesn’t know (999) |___|___|___|

\textbf{BP\_LIEU}

Was he born in:

1 France (metropolitan or FODT)
2 Another country
9 [Doesn’t know]

\textbf{If BP\_LIEU} = 2 \textit{ (if another country)}

\textbf{*BP\_PAYS25}

\textbf{UPD} \> (Corrected variable) In which country?

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

*BPPAYSP
Other country, specify ________________________

BPFRANC
Is he?
1 French by birth, including by reintegration
2 French by naturalization, marriage, declaration or option on majority
3 Not French
4 Stateless
9 [Doesn't know]

If BPFRANC=3
*BPNATION5
(Corrected variable) What is/was his nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported

If BPFRANC=1, 2 or 3
BPNATIONDBL
Does/did he have dual nationality?
1 Yes
2 No

If BPNATIONDBL=1
*BPNATION25
(Corrected variable) If he has/had dual nationality, what is/was the other nationality?
1 European Union
2 Turkey
3 Morocco
4 Algeria
5 Tunisia
6 French-speaking Sub-Saharan Africa
7 Other Sub-Saharan Africa
8 Eastern/Central Europe
9 Asia
10 South/Central America
11 Other
12 Not reported
*BPNATIONP2
Other nationality, specify ______________________

BPSITUA
Currently, he...
1 ...has/had a job
2 ...is/was retired or retired from business or in pre-retirement
3 ...is/was in another situation (unemployment, homemaker, etc.)
9 ...[Doesn't know]

INT: LIST UNTIL THE PERSON STOPS YOU. DO NOT TAKE SUMMER HOLIDAYS INTO ACCOUNT. IF VOLUNTEER WORK, ENTER "OTHER SITUATION".

If BPSITUA=2 or 3 or 4
BPACTIVANTE
Has he worked or did he ever work, even a long time ago?
1 Yes
2 No
If BPSITUA =1 or BPACTIVANTE=1
BPPROFI5
What is/was his (last) occupation?
(Automatic coding) (If DK, code undetermined occupation)

INT: CODE THE PROFESSION

If BPPROFI5 not coded
BPPROFI6C2
What kind of job does/did he have exactly? (Corrected) ______________________

BPCSP
Grandfather occupation code
(Display socio-occupational list)

BPLANG
What language or patois does he use the most often at home? ____________
(Display list of languages)

*BPLANGP
Other language, specify ______________

Among the following people, who raised you personally from the age of 0 to 18?
For example, you may answer that you were raised by "both your parents" then "your mother alone"? From 0 to 18, you personally were raised by...

ELEV1 Both your parents living together 1 Yes / 2 No
ELEV2 Your mother alone 1 Yes / 2 No
ELEV3 Your father alone 1 Yes / 2 No
ELEV4 The husband or partner of your mother (possibly several consecutive husbands or partners) 1 Yes / 2 No
ELEV5 The wife or partner of your father (possibly several consecutive wives or partners) 1 Yes / 2 No
ELEV6 Other family members 1 Yes / 2 No
ELEV7 A host family 1 Yes / 2 No
ELEV8 In a foster home 1 Yes / 2 No
ELEV9 None 1 Yes / 2 No
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INT: LIST – SEVERAL ANSWERS POSSIBLE

If MENDOMGP not 1
AGEAUTO
At what age did you begin living in a dwelling other than that of your parents? |___|___|
(Check age: The age entered must not be higher than the age of the person being interviewed)

RETPAR
Did you return to live with your parents on a long-term basis?
(Changed on 01/06/2011: "ever" replaced by "on a long-term basis")
1 Yes
2 No

If RETPAR=1
AGERETPAR
How old were you? |___|___|

If RETPAR=1
TEMRETPAR
For how long? |___|___|

TEMRETPAR
W=in weeks, M=months, Y=years |___|

If MENDOMGP = 1
ADDUR
Have you ever lived in a dwelling other than that of your parents on a long-term basis?
1 Yes
2 No

If ADDUR = 1
AGEADDUR
How old were you when you began living in a dwelling other than that of your parents? |___|___|

INT: RECALL THE AGE OF THE INTERVIEWEE

If ADDUR = 1
PBFADDUR
Do you live with them for financial reasons?
1 Yes
2 No

The following questions are asked to the interview, concerning the maternal grandparents of [ELFE child] [TWIN child] taking account of their situation, whether they live in the same household or not.
- Paternal grandmother
- Paternal grandfather

Ask if the paternal grandmother is alive and whether she lives in dwelling or not

- Grandparents alive not in dwelling
  If GPPATERD=1 or ((VIEMERB=1 or VIEMER=1) and (VIEPERB=1 or VIEPERE =1))
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandmother to play?

- Grandmother alive not in dwelling
  If (GPPATERD in (2,5) or (VIEMERB=1 or VIEMER=1)) and (VIEPERB<>1 or VIEPERE<>1)
Between now and the start of nursery school for [ELFE child] [(TWIN child)], if it were possible, what roles would you like their paternal grandmother to play?

- Grandmother in dwelling, grandfather not
  if (GPPATERD in (2,5) and (VIEPERB=1 or VIEPERE=1)

Between now and the start of nursery school for [ELFE child] [(TWIN child)], if it were possible, what roles would you like their paternal grandmother who lives with you to play?

- Grandfather in dwelling, grandmother not
  if (GPPATERD in (3,7) and (VIEMERB=1 or VIEMER=1)

Between now and the start of nursery school for [ELFE child] [(TWIN child)], if it were possible, what roles would you like their paternal grandmother who doesn't live with you to play?

For each of the following roles, tell me whether you would prefer "Yes, often", "Yes, from time to time" or "No"

**MPPEDU**

Play an educational role (transmit knowledge)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

**MPPOCUP**

Take care of him/her/them (minding, meals, care, etc.)
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

**MPPVAL**

Transmit values
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

**MPPJEU**

Play with him/her/them
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]

**MPPSOUT**

Advise and support you
1 Yes, often
2 Yes, from time to time
3 No
9 [Doesn't know]
INT: FOR EACH OF THE FOLLOWING ROLES, TELL ME WHETHER YOU WOULD PREFER "YES, OFTEN", "YES, FROM TIME TO TIME" OR "NO"

Ask if the paternal grandfather is alive and whether he lives in dwelling or not

- Grandparents alive not in dwelling
  \[\text{if } \text{GPPATERD} = 1 \text{ or } (\text{VIEMERB} = 1 \text{ or } \text{VIEMER} = 1)\text{ and } (\text{VIEPERB} = 1 \text{ or } \text{VIEPERE} = 1)\]
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather to play?

- Grandfather alive, not in dwelling
  \[\text{if } (\text{GPPATERD} \text{ in } (2,5) \text{ or } (\text{VIEPERB} = 1 \text{ or } \text{VIEPERE} = 1)) \text{ and } (\text{VIEMERB} <> 1 \text{ or } \text{VIEMER} <> 1)\]
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who lives with you to play?

- Grandfather not in dwelling, grandmother not alive
  \[\text{if } (\text{GPPATERD} \text{ in } (2,5) \text{ and } (\text{VIEMERB} = 1 \text{ or } \text{VIEMER} = 1))\]
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who doesn't live with you to play?

- Grandparents not in dwelling
  \[\text{if } (\text{GPPATERD} = 4 \text{ and } (\text{VIEMERB} <> 1 \text{ and } \text{VIEMER} <> 1 \text{ and } \text{VIEPERB} <> 1 \text{ and } \text{VIEPERE} <> 1))\]
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their paternal grandfather who doesn't live with you to play?

For each of the following roles, tell me whether you would prefer "Yes, often", "Yes, from time to time" or "No"

**PPPEDU**
Play an educational role (transmit knowledge)
1. Yes, often
2. Yes, from time to time
3. No
9. [Doesn't know]

**PPPOCUP**
Take care of him/her/them (minding, meals, care, etc.)
1. Yes, often
2. Yes, from time to time
3. No
9. [Doesn't know]

**PPPVAL**
Transmit values
1. Yes, often
2. Yes, from time to time
3. No
9. [Doesn't know]
"We are now going to ask you a few questions about the other members of your family."

FRER
Do you have any living brothers or sisters, including half-brothers and half-sisters?
1 Yes
2 No
9 [Doesn't know]

If FRER=1
NBFERER
How many in all? (1 to 15, 0 by default)

ARRGPVI
Does/do[ELFE child] [(TWIN child) have living great grandparents on the mother's and father's side?]
1 Yes
2 No
9 [Doesn't know]

If ARRGPVI=1
NBARRGMP1
How many great grandparents on your (paternal) side in all? (1 to 15, 0 by default)

NBARRGMP2
How many great grandparents on the mother's (maternal) side in all? (1 to 15, 0 by default)
EDUCATION

Questionnaires concerned: "Cohabitating Father" or "Cohabitating father of placed child" if SITUAFAMP=1 or 3 (same-sex couple with LIEN TYPO=7, SEXE=2 in the make-up of the household reported by the mother) Use the answers given by the mother concerning her, then ask him questions and then the rest of the family members; "Referent father", "Non-cohabiting father", "Non-cohabiting father of placed child". (If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.)

"We are now going to talk about the education of all those living with you (aged 2 and over)."

ETUDES
Are you (is he/she) currently in school, i.e. enrolled at an educational establishment (including correspondence courses or apprenticeship, special education, medical-educational institute, medical-occupational institute)?
1 Yes
2 No ⇒ ANFINETU

If ETUDES=1 and age ≥16
FORMINIT
Is it part of your (his/her) initial training?
1 Yes ⇒ DIPLOME
2 No

If ETUDES=2 or FORMINIT=2 (the person is no longer following their initial studies)
ANFINETU
In which year did you (he/she) finish your (his/her) initial studies?
(NA=8888, DK=9999) |__|__|__|__|

If ANFINETU=9999 (Doesn't know)
AGFINETU
At what age did you (he/she) finish your (his/her) initial studies?
(NA=88, DK=99) |__|__|

If age≥2
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
5 Technical or occupational high school diploma or diploma of this level
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
If DIPLOME=1 and ETUDES=2 "Which year were you/was he/she in when you/he/she finished school?"
If DIPLOME=1 and ETUDES=1 Which year were you/was he/she in?
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]

INT: DO NOT LIST

If DIPLOME=4
DIPLOM1E
Specify type of certificate of professional competence, diploma of occupational studies
1 Certificate of professional competence, specialist qualification
2 Diploma of occupational studies, specialist qualification
3 Other diploma and titles at certificate of professional competence or diploma of occupational studies level
9 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=5
DIPLOM2E
What type of high-school diploma?
1 Technical high school diploma (series F, G, H, SMS, STI, STL, STT, STG)
2 Occupational high school diploma
3 Occupational, or technician or master craftsperson certificate
9 [Doesn't know]

INT: DO NOT LIST

If DIPLOME=7
DIPLOM3E
What type of two-year higher education diploma?
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**
What type of two-year-plus higher education diploma?
1 Undergraduate degree (BA, etc.)
2 Undergraduate degree from prestigious school
3 Postgraduate degree (Masters, etc.), Ph.D (medicine, pharmacy, dental)
4 Other doctorate degree excluding medical professions
9 [Doesn't know which post-two-year higher education diploma]

**INT**: DO NOT LIST

If ETUDES=1 and LIENTYP in (1, 2)

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

**INT**: DO NOT LIST

**DIPEC**
To obtain which diploma?
1 Certificate of general education (only if under 18)
2 Certificate of professional competence/diploma of occupational studies
3 Technical or occupational high school diploma
4 General high school diploma (series A, B, C, D, E, ES, L, S)
5 Two-year higher education diploma
6 Three-year higher education diploma
7 Other, specify

**INT**: DO NOT LIST

If DIPEC =7

**DIPLECAUT**
Which other diploma?

If DIPEC =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
**DIPLSEC4** Doesn't know 1 Yes / 2 No

**INT**: LIST - SEVERAL ANSWERS POSSIBLE
**SUPPLEMENT ON EDUCATION**

Questionnaires concerned: "referent father", "non-cohabiting father", "father of placed child"

**REDOUB**
Did you ever have to redo a year in school?
1 Yes
2 No

*If REDOUB =1*
Which class(es)?
- **PRIMA** In primary school 1 Yes / 2 No
- **COLL** In middle school 1 Yes / 2 No
- **LYCE** In high school 1 Yes / 2 No
- **ESUP** In higher education 1 Yes / 2 No

**INT:** LIST - SEVERAL ANSWERS POSSIBLE

*If ETUDES=2 for LIENTYP =1*
**RETUD**
After your initial studies, have you returned to your studies?
1 Yes
2 No

*If RETUD=1*
**ARETUD**
At what age (did you return to your studies after your initial studies)? _______________ | __ | __ |

**DURETUD**
For how long (did you return to your studies after your initial studies)? _______________ | __ | __ |

**TPSETUD**
In W=weeks, M=months or Y=years _______________ | __ |

**INT:** IF SEVERAL RETURNS, CONSIDER THE MOST RECENT

*If LIENTYP =1*
**FORPRO**
Have you taken a qualifying professional training course (with a diploma at the end)?
1 Yes
2 No

**INT:** ONLY COMPLETED COURSES COUNT

*If FORPRO=1*
**AFORPRO**
At what age (did you take a professional training course)? | __ | __ |

**TFORPRO**
For how long (did you take a professional training course)? | __ | __ |

**TFORPROP**
In W=weeks, M=months or Y=years | __ |

**INT:** IF SEVERAL RETURNS, CONSIDER THE MOST RECENT
Questionnaires concerned: "cohabiting father" or "cohabiting father of placed child" if SITUAFA MPH = 1 or 3 (same-sex couple with LIENTYP = 7, SEXE = 2 in the make-up of the household reported by the mother) Use the answers given by the mother concerning her, then ask him questions and then the rest of the family members; "referent father", "non-cohabiting father", "non-cohabiting father of placed child" (if the cohabiting father or the cohabiting father of placed child is not participating, return to the work questionnaire later with the mother)

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

Age >= 15 years

If LIENTYP = 1

CONGMATPAR

Are you (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]

If ETUDES = 1

SITUA

(First name) You told me that you're currently a student, but do you also have a job? Are you an apprentice under contract or in a paid internship? Or are you unemployed?

If LIENTYP = 2

(First name) is currently a student, but does she also have a job? Is she an apprentice under contract or in a paid internship? Or is she unemployed?

If LIENTYP <= 1,2

(First name) is currently a student, but does he/she also have a job? Is he/she an apprentice under contract or in a paid internship? Or is he/she unemployed?

You told me that you / [First name] are/is currently a student but do you (does he/she) also have a job? Are you (is he/she) an apprentice under contract or in a paid internship? Or are you (is he/she) unemployed?
1 ...has a job
2 ...is an apprentice under contract or on a paid internship
3 Is (are) unemployed (registered with the national employment agency or not)
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

SITUA

If CONGMATPAR = 1 and LIENTYP = 1

You are currently on paternity leave, but what is your (his) occupational situation?

If CONGMATPAR = 2 and LIENTYP = 1

You are currently on parental child-rearing leave, but what is your occupational situation?

If CONGMATPAR = 3 or 4 and LIENTYP = 1

You are currently on leave, but what is your occupational situation?

If CONGMATPAR = 5 and LIENTYP = 1

What is your current occupational situation?

If CONGMATPAR = 1 and LIENTYP = 2
(First name) is currently on maternity leave, but what is her occupational situation?
If CONGMATPAR =2 and LIENTYP =2
(First name) is currently on parental child-rearing leave, but what is her occupational situation?
If CONGMATPAR =3 or 4 and LIENTYP =2
(First name) is currently on leave, but what is her occupational situation?
If CONGMATPAR =5 and LIENTYP =2
What is her current occupational situation?
LIENTYP≠1 or 2
(First name) What is her current occupational situation?
1 ...has a job
2...is an apprentice under contract or on a paid internship
3 ...is unemployed (registered with the national employment agency or not)
4...is a homemaker
5...is retired or retired from business or in pre-retirement
6...is economically inactive with a disability pension
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 SITUA =3, 4, 5, 6 or 7 OR SITUAE =3 or 4
ACTIVANTE
Have you (has he/she) already worked, even if it was a long time ago?
1 Yes
2 No

If ACTIVANTE =1
On what date did you (he/she) stop your (his/her) activity the last time?
DD/MM/YYYY (from 01/01/1960 to 31/12/2011)
*DATMDR Month (From 1 to 12)
|__|__|__|
DATADR Year
|__|__|__|__|

If SITUA=1 or 2 or SITUAE =1 or 2 or ACTIVANTE=1 (For all those who work or have already worked)

STATUT1
In your/his/her current or last job, are/were you (is/was he/she):
1 An employee (except for salaried business head or CEO)
2 An independent professional, salaried business head, CEO, minority director, partner
3 Unpaid assistant to a member of the family in their work

INT: LIST.

If STATUT1 =1

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

If STATUT2 =1

STATUT3
Are/were you (is/was he/she)?
1  An employee of a private company, a self-employed tradesperson, an organization
2  An employee of a private individual

If STATUT2 = 2
STATUT4
Are/were you (is/was he/she)?
1  An employee in the civil service, i.e. the state, a regional authority, a public hospital
2  An employee in the public sector but not the civil service (a state-owned industrial and commercial establishment, a social housing entity (HLM), public housing office (OPH), public enterprise)

If STATUT1 = 2
SALARIES
How many employees do you (does he/she) employ?
0  None
1  Under 10
2  10 or more

INT: IF WORKS ALONE, CODE 0

If SITUA=1 or 2 or SITUAE=1 or 2 or ACTIVANTE=1
PROFI5
What is your (her) main or last occupation? ______________________

If occupation not found in PROFI5
PROFI6C2
[UPD] In other words, what kind of work does/did she do exactly? (What is/was her (last) occupation?) (Corrected) ______________________

Profi7 is asked if the occupation is not found in question Profi5 (which implies that Profi6 is asked to obtain information on the occupation)
Profi7 is also asked if the same INSEE occupation name (item ticked in Profi5) may correspond to several INSEE codes (2 positions) depending on the person’s qualification.

PROFI7
What is/was your/the qualification your/the status of (first name)?
1  Manager..................................................................................................................
2  Technician
3  Foreman, supervisor
4  Employee service staff
5  Qualified worker
6  Unqualified worker
7  Category A of civil service / state
8  Category B of civil service / state
9  Category C of civil service / state
10 Other
11 [None]

If PROFI7=10
*PROFI7B
What is/was your/the qualification your/the status of (first name)? ______________________
P8CSP
Occupation and socio-occupational category
(Drop-down socio-occupational menu)

For all those working apart from family carers/assistants.

STATUT=1

TYPEMPLOI
What is/was the type of your (his/her) current or most recent job? IF NONE OF THE LISTED WORDINGS CHOSEN: "WHAT TYPE OF JOB DO YOU (DOES HE /SHE) HAVE?"
1 Open-ended contract (including "Nouvelle embauche" contract), job without limit duration, holder of public office
2 Fixed-term contract
3 Placed via temp agency
4 Replacement
5 Paid internship at company
6 Assisted job (government scheme such as an employment support contract (CAE), "contrat d’avenir", CES employment contract for the long-term unemployed, SEJE occupational support for young people)
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
8 [Doesn’t want to talk about it]
9 [Doesn’t know]

If TYPEMPLOI=2, 3, 4, 7,8 or 9

DURCONT
What is the period of your (his/her) contract (or temp assignment)?

TPSCONT
In D=days, W= weeks, M= months, Y= years

On which date did you (he/she) sign this contract?

MM/YYYY (from 01/2007 to 12/2011)

*DATMSIR Month (1 to 12) 99 if DK

DATUSIR Year

People saying they are farmers

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

If less than 5 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

SITUA=1, 2 or SITUA=1,2
EMPL
In your (his/her) main job, do/did you (he/she) work...?
1 Full time ⇒ ADATE1EMP
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 (%)?
(from 10 to 97)

INT: POSSIBLE VALUES FROM 10% TO 97%, QUARTER TIME = 25%, HALF TIME = 50%, THREE-FIFTHS = 60%, FOUR-FIFTHS = 80%

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. IF "DIDN'T HAVE CHOICE" ANSWER, FOLLOW UP WITH "WHY DIDN'T YOU HAVE A CHOICE?"

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

"Let's go back to your occupational situation."

If SITUA=1,2 or SITUA=1,2 or ACTIVANTE=1
A1EMP
In which year, during or after completing your education, did you get your first job (fixed-term or open-ended, temp) or your first small paid job?
29/03/2016

Code 0000 if never worked

INT: STATE YEAR IN FOUR DIGITS - EX: 2010. CODE 0 IF NEVER WORKED. DISPLAY YEAR OF BIRTH AS REMINDER.

If A1EMP not 0
INTER
Have you ever had one or more temp jobs? (If TYPEMPLOI=3, "Have you had one or more other temp jobs?")
1 Yes
2 No

ACDD
Have you ever had a fixed-term contract? (If TYPEMPLOI=2, "Have you had another fixed-term contract?")
1 Yes
2 No

ACDI
Have you ever had an open-ended contract? (If TYPEMPLOI=1, "Have you had another open-ended contract?")
1 Yes
2 No

PTBOULO
Have you ever had a small paid job (events, babysitting, working with members of your family or any other kind of small job)?
1 Yes
2 No

If INTER=1
You told me that you had already had a temp job (If TYPEMPLOI=3 "You told me that you already had another temp job").

AGINT
How old were you or in what year did you get your first temp job?  

DURINT
Since you have worked, how much time IN TOTAL have you spent in temp work (in weeks, months or years)?

TPSINT
In W=weeks, M=months or Y=years

If ACDD=1
You told me that you had already had a fixed-term contract (If TYPEMPLOI=2 "You told me that you already had another fixed-term contract").

AGCDD
How old were you or in what year did you get your FIRST fixed-term contract?

DURCDD
Since you have worked, how much time IN TOTAL have you worked on fixed-term contracts (in weeks, months or years)?

TPSCDD
In W=weeks, M=months or Y=years

If ACDI=1
You told me that you had already had an open-ended contract (If TYPEMPOI=1 "You told me that you already had another open-ended contract").

AGCDI
How old were you or in what year did you get your FIRST open-ended contract?  |___|___| or |___|___|___|___|

DURCDI
Since you have worked, how much time IN TOTAL have you worked on open-ended contracts (in weeks, months or years)?  |___|___|

TPSCDI
In W=weeks, M=months or Y=years  |___|

If PTBOULO=1
You told me that you had already done small paid jobs.

AGPTBO
How old were you or in what year did you get your FIRST small paid job?  |___|___| or |___|___|___|___|

DURPTBO
Since you have worked, how much time IN TOTAL have you spent in small paid jobs (in weeks, months or years)?  |___|___|

TPSPTBO
In W=weeks, M=months or Y=years  |___|

If A1EMP not 0
PERCHOM
Have you had periods of unemployment?
1 Yes
2 No

If PERCHOM =1
AGCHOM
How old were you or in what year were you FIRST unemployed?  |___|___| or |___|___|___|___|

If PERCHOM =1
DURCHOM
How much time in TOTAL have you been unemployed (in weeks, months or years)?  |___|___|

TPSCHOM
In W=weeks, M=months or Y=years  |___|
Housing

Questionnaires concerned: "cohabiting father", "cohabiting father of placed child", "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis (if SITUAFAAMM = 1 OR (SITUAFAAM = 3 with LIENTYP = 7, SEXE = 2) use the answers given by the mother (greyed-out questions) then ask rest of module.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

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

**TYPLOG**

What type of dwelling?
1 An individual house
2 Apartment or studio or one room with an independent entry
3 A 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 ⇒ NPIECES
7 A home in a place not intended for habitation (street, vehicle, building lobby, makeshift shelter) ⇒ Next module
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 A maternal centre
3 Another collective home (collective living) on a permanent basis such as a home for people with disabilities, dependent persons
4 Temporary accommodation centre open all year or seasonally

**INT:** LIST.

If TYPLOG = 5, 7 or 8

**TYPLOGT**
What type of dwelling is it exactly? __________________________________________

**INT:** NOTE PRECISELY

If TYPLOG = 1, 2, 3, 4, 5 or 8 ask ETAGE

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

If ETAGE <> 0 ask QETAGE

**QETAGE**
What floor do you live on?
0 to 99

INT: IF DUPLEX, MARK THE LOWEST FLOOR.

If TYPOLOG=7

NPIECES
How many rooms?
Count rooms such as the dining room, living room, bedroom, etc. regardless of surface area
(Number of rooms from 1 to 99)

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
Does [ELFE child] have his/her own room (alone in room)?
NPIECES >1 and there is a twin
Do the twins each have their own room?
1 Yes
2 No

If CHAMB=2 and there is a twin

CHAMB2
Do the twins share the same room just the two of them?
1 Yes
2 No

CHAMB3
If NPIECES>1 and no twin
Does [ELFE child] sometimes sleep with you in your room?
If NPIECES>1 and twins
Do the twins sometimes sleep with you in your room?
1 Yes
2 No

If PIEGE=1 (maternity variable)

PIEGEINS
Have you installed the dust sensor that was given to you at the maternity unit?
1 Yes
2 No
3 [Did not receive at maternity unit]

If PIEGEINS=1

PIEGERENV
Have you already sent it back?
1 Yes
2 No

INT: IDENTIFY ADDRESS OF LABORATORY THE SENSOR IS SENT BACK TO IN THE EVENT THAT THE PRE-STAMPED ENVELOPE HAS BEEN LOST
If PIEGERENV=2
Don’t forget to do so when it is time.
0 VALIDATE

If PIEGEINS=2
PIEGEPOS
Is it still possible for you to install it and send it back to us?
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?
Take account of all rooms, including corridor, kitchen, toilet, bathroom.
Do not take account of balconies, terraces, basements, attics or parking spaces, or rooms for purely professional use.
Surface area in m² (square metres) (Doesn't know, code 9999)  |___|___|___|___|

If SURFACE=9999 (DK)
SURFTFR
What do you think it measures?
(Wording [DK] added starting from wave 2 – 14/09)
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]

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 (if tenant or lodged at no charge)
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 Other situation

If TYPLOG=1 or 2
ANLOG
What year was your dwelling built in?
(From 1800 to 2012; 9999 if "DK")

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

When did you move into the dwelling?
*DATMAR
Month (1 to 12) (88 Refuses; 99 DK)
DATAAR
Year (1950 to 2010; 88 Refuses; 99 Doesn't know)

INT: SPECIFY THE MONTH ONLY IF THE ARRIVAL DATE WAS LESS THAN A YEAR AGO. IF NEVER LEFT THIS DWELLING, IT IS THE DATE OF BIRTH OF THE INTERVIEWEE AND THE MONTH

What was your previous address?
*NUMPRE
Number (0 to 9999) __________

*RUEPRE
Street (maximum 60 characters) ______________________

*BATPRE
Building (maximum 60 characters) ______________________

*COMPLPRE
Additional address information (maximum 50 characters ______________________

*CPPRE
Postcode (from 01000 to 99000) __________

*VILPRE
Municipality (maximum 60 characters) ______________________

INT: IF YOU NEED TO: "TO MEASURE ENVIRONMENTAL EXPOSURE DURING AND AFTER THE PREGNANCY, WE WILL GEO-LOCATE THE DWELLINGS. SO THE ADDRESSES ARE ESSENTIAL"

DEMPREV
Did you move because of the birth of [child]?
1 Yes
2 No

Do the following criticisms apply to your dwelling?
CRITIQ1 It is too small or doesn't have enough rooms 1 Yes / 2 No
Ask if ESCAL = 1
CRITIQ2 There are too many stairs (for exiting or moving around in the dwelling) 1 Yes / 2 No
CRITIQ3 It is difficult or costly to heat 1 Yes / 2 No
CRITIQ4 It is too damp 1 Yes / 2 No
CRITIQ5 There is mould on the walls 1 Yes / 2 No
CRITIQ6 It is noisy (internal or external noise) 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If CRITIQ6 = 1
The noise is due to:
BRCIRC Traffic (cars, trains, planes, etc.) 1 Yes / 2 No
BRETA Surrounding establishments (plants, shops, schools, etc.) 1 Yes / 2 No
BRTEC The technical equipment of the dwelling or building (lift, heating, ventilation, etc.) 1 Yes / 2 No
BRVOIS Neighbours (children, dogs, etc.) 1 Yes / 2 No
BRAUT Other things 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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

If NPIECES > 1 and CHAMB = 2 and no twin

SALON
Does [ELFE child] sleep in the living room?
1 Yes
2 No

"Now we are going to describe..."

<table>
<thead>
<tr>
<th>Changed from 08/06/2011: if TY-PLOG= from 3 to 7 then do not ask</th>
<th>Changed from 08/06/2011: if TY-PLOG= from 3 to 7 then do not ask</th>
<th>Your living room?</th>
<th>Your kitchen?</th>
<th>Your bathroom?</th>
<th>Your living room?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUIOUV</td>
<td>SDBOUV</td>
<td>SEJOUV</td>
<td>PIEOUV</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

How many openings are there in...? (1)
(0 to 10; 88 Refuses; 99 Doesn't know)

INT: OPENINGS GIVING DIRECTLY ON TO THE EXTERIOR (FOR EXAMPLE, WINDOWS)

<table>
<thead>
<tr>
<th>If CUIOUV = 0</th>
<th>If SDBOUV = 0</th>
<th>If SEJOUV = 0</th>
<th>If PIEOUV = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUIVEN</td>
<td>SDBVEN</td>
<td>SEJVEN</td>
<td>PIEVEN</td>
</tr>
<tr>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
<td>2 No</td>
</tr>
</tbody>
</table>

Is there ventilation in...?

1 Yes
2 No
9 [DK]
"We are now going to ask you a few questions about your living habits in your home."

If $\text{TYPLOG}=1, 2, 3$ or $6$

**CHAUFC**
Do you have collective heating?
1 Yes
2 No

If $\text{CHAUFC}=2$

**UPD** To heat your home and boil water, you use ...?

**EAUCHC1** Town or mains gas  1 Yes / 2 No
**EAUCHC2** Gas from a bottle or tank  1 Yes / 2 No
**EAUCHC3** Fuel oil  1 Yes / 2 No
**EAUCHC4** Petrol  1 Yes / 2 No
**EAUCHC5** Electricity  1 Yes / 2 No
**EAUCHC4** Wood  1 Yes / 2 No
Another source of energy 1 Yes / 2 No

If \( EAUCH7 = 1 \)

EAUCHP
Which other source of energy? 

INT: ASK IN SUB-QUESTIONS 1 Yes / 2 No

What do you use to cook?

CUISCHC1 Town or mains gas 1 Yes / 2 No
CUISCHC2 Gas from a bottle or tank 1 Yes / 2 No
CUISCHC3 Fuel oil 1 Yes / 2 No
CUISCHC4 Petrol 1 Yes / 2 No
CUISCHC5 Electricity 1 Yes / 2 No
CUISCHC6 Wood 1 Yes / 2 No
CUISCHC7 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

INT: LIST.

If \( TYPLOG = 1, 2 \) or 6

OPRENO
Did you do any renovations or repairs in the dwelling during the pregnancy of [first name of ELFE child's mother]. If so, which?
1 Yes
2 No

If \( OPRENO = 1 \)

OPRENO1 Sanding of old paint 1 Yes / 2 No
OPRENO2 Wall paint / new wallpaper 1 Yes / 2 No
OPRENO3 Floor covering / polishing / varnish 1 Yes / 2 No
OPRENO4 Plumbing 1 Yes / 2 No
OPRENO5 Change or elimination of lead plumbing and/or lead water connections in the street 1 Yes / 2 No
OPRENO6 Repair or change of windows / doors 1 Yes / 2 No
If OPRENO=1 and CHAMB=1

RENOCH

During your pregnancy, were there any renovations or repairs in the room where [ELFE child] sleeps?
1 Yes
2 No
9 [Doesn't know]

If RENOC=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

INT: ASK IN SUB-QUESTIONS

If QLRENO11=1
QLRENO1P
What are the OTHER renovations or repairs (in the room where [ELFE child] currently sleeps)?
____________________________________________________________

INT: PRECISELY NOTE THE ANSWER

If OPRENO=1 and CHAMB=1 and twins

RENOCH2
And during your pregnancy, were there any renovations or repairs in the room of [TWIN child]?
1 Yes
2 No
9 [Doesn't know]

If RENOC=1
Which ones?
QLRENO21 Installation of carpet 1 Yes / 2 No
QLRENO22 Installation of panelling (or wood panels) 1 Yes / 2 No
QLRENO23 Installation of wallpaper or tapestries 1 Yes / 2 No
QLRENO24 Installation of fibreglass material 1 Yes / 2 No
QLRENO25 Wall painting 1 Yes / 2 No
QLRENO26 Installation of plastic coverings 1 Yes / 2 No
QLRENO27 Installation of floor linoleum 1 Yes / 2 No
QLRENO28 Sanding and varnishing of wooden floors 1 Yes / 2 No
QLRENO29 Installation of PVC windows 1 Yes / 2 No
QLRENO30 Installation of wooden floors 1 Yes / 2 No
QLRENO211 Other renovations or repairs 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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

INT: PRECISELY NOTE THE ANSWER

If OPRENO=1 or RENOCH=1 or RENOCH2=1
PRESTR
Was [first name of ELFE child's mother] present in the dwelling during the work?
1 Yes
2 No

If PRESTR=1
PARTTR
Did she take part in the work?
1 Yes
2 No
9 [Doesn't know]

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?
|__|__|__|__|

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]

INT: LIST.

TELFIX1 to ORDI1 part not asked if non-cohabiting father or non-cohabiting father of placed child.

In your home, does [first name of ELFE child's mother] have a cordless landline telephone with a base (DECT)?

TELFIX1 In the room where she works 1 Yes / 2 No / 9 [Doesn't know]
TELFIX2 In her room 1 Yes / 2 No / 9 [Doesn't know]
TELFIX3 In the living room 1 Yes / 2 No / 9 [Doesn't know]

INT: IF THE PERSON ASKS, SAY THAT WORK HERE IS MEANT IN ITS BROADEST SENSE, INCLUDING NON-
PROFESSIONAL WORK SUCH AS ADMINISTRATIVE TASKS, ACCOUNTS, ETC.
**WIFI1**
In your home, does [first name of ELFE child's mother] have a WiFi connection (excluding public networks)?
1 Yes, connected on a permanent basis
2 Yes, connected sometimes
3 No
9 [Doesn't know]

**ORDI1**
In your home, does she use a computer for several hours a day?
1 Yes
2 No
9 [Doesn't know]

**If ORD1=1**
Where is the central unit of the computer(s)?
**ORDI1** It is a laptop 1 Yes / 2 No
**ORDI2** On the floor 1 Yes / 2 No
**ORDI2** On a desk 1 Yes / 2 No
**ORDI4** Other 1 Yes / 2 No

**INT:** LIST if necessary. Several answers possible.

"I'm now going to ask you a few precise questions about the use of pesticides in your dwelling in the last 12 months."

**Ask if TYPLOG=1, otherwise go to PLANTEXT filter**

**ARBRES**
Have you maintained fruit trees at your home in the last 12 months?
1 Yes
2 No

**POTAGER**
Have you maintained a vegetable garden at your home in the last 12 months?
1 Yes
2 No

**If ARBRE=1 or POTAGER=1**

**PESPOT**
Have pesticides been used at your home in the last 12 months to treat your fruit trees or vegetable garden (weeds, insects, disease, other)?
1 Yes
2 No

**INT:** IF NECESSARY, SAY WHAT PESTICIDE MEANS: "THE WORD 'PESTICIDES' REFERS TO CHEMICAL SUBSTANCES DESIGNED TO REPEL, DESTROY OR FIGHT AGAINST PESTS AND UNDESIRABLE PLANT AND ANIMAL SPECIES CAUSING DAMAGE TO FOODSTUFFS, FARMING PRODUCE, WOOD, WOOD PRODUCTS, AND PET FOOD."

**If PESPOT=1**

**APPLPOT**
Who applied this treatment?
1 Yourself
2 Your partner or someone in your family
3 A professional
INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

*If PESPOT=1*

**BUTPOT**

To treat what mainly?

1. Insects
2. Weeds
3. Moss, lichen
4. Diseases
5. Snails, slugs
6. Other
9. [Doesn't know]

INT: LIST IF NECESSARY. WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

*If BUTPOT=6*

**BUTPOTP**

Specify if other purposes: __________________________

*If PESPOT=1*

**FQPOT**

How much in the last 12 months?

1. Once or twice a year
2. Three to 11 times a year
3. One to three times a month
4. One to six times a week
5. Once a day or more
9. [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

*If PESPOT=1*

**FORMPOT**

Which form were the pesticides used in mainly?

1. Spray / aerosol or liquid + sprayer
2. Liquid + watering can
3. Pellets or powder
4. Other
9. [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

*If FORMPOT=4*

**FORMPOTP** What other form these pesticides were used in mainly?? _________________

Ask if TYPLOG=1, 2 or 5, otherwise go to PLANTINT filter

**PLANTEXT**

At your home in the last 12 months, have you maintained a lawn, a path, bushes or other outdoor plant or flowers (including on a balcony/terrace)?

1. Yes
If PLENTEXT=1

PESPLAN
Have pesticides been used at your home in the last 12 months to treat your lawn, paths, bushes, flowers or other outdoor plants (including on a balcony/terrace)?
1 Yes
2 No
9 [Doesn't know]

If PESPLAN=1

APPLPLAN
Who applied this treatment?
1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR LAWN, PATHS, BUSHES, FLOWER OR OTHER OUTDOOR PLANTS (INCLUDING ON A BALCONY/TERRACE).

If PESPLAN=1

BUTPLAN
To treat what?
1 Insects
2 Weeds
3 Moss, lichen
4 Diseases
5 Snails, slugs
6 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR LAWN, PATHS, BUSHES, FLOWER OR OTHER OUTDOOR PLANTS (INCLUDING ON A BALCONY/TERRACE).

If BUTPLAN=6

BUTPLAP
Specify for other purposes: ____________________

If PESPLAN=1

FQPLAN
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME TO TREAT YOUR FRUIT TREES OR YOUR VEGETABLE GARDEN (WEEDS, INSECTS, DISEASE, OTHER).

If PESPLAN=1

FORMPLAN
Which form were the pesticides used in mainly?
1. Spray / aerosol or liquid + sprayer
2. Liquid + watering can
3. Pellets or powder
4. Other
9. [Doesn’t know]

*If FORMPLAN=4*

**FORMPLANP**

Specify which other form: ____________________

*Ask if TYPLOG not 6, otherwise go to INSVOL filter*

**PLANTINT**

Have you maintained plants inside your home in the last 12 months?
1. Yes
2. No

*If PLANTINT=1*

**PESINT**

Have pesticides been used in the last 12 months to treat your indoor plants?
1. Yes
2. No

*If PESINT=1*

**BUTINT**

To treat what?
1. Insects
2. Diseases
3. Other
9. [Doesn’t know]

**INT:** LIST IF NECESSARY - WE ARE TALKING ABOUT PESTICIDES USED TO TREAT INDOOR PLANTS AT HOME

*If BUTINT=3*

**BUTINTP**

Specify for other purposes ____________________

*If PESINT=1*

**FQINT**

How much in the last 12 months?
1. Once or twice a year
2. Three to 11 times a year
3. One to three times a month
4. One to six times a week
5. Once a day or more
9. [Doesn’t know]

*If PESINT=1*

**FORMINT**

Which form were the pesticides used mainly?
1 Spray / aerosol or liquid + sprayer
2 Liquid + watering can
3 Pellets or powder
4 Other
9 [Doesn’t know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT INDOOR PLANTS AT HOME

If FORMINT=4
FORMINTP
Specify which other form: ________________

INSVOL
In the last 12 months, have pesticides been used at your home against flying insects such as flies, mosquitoes, bees, wasps, hornets or moths?
1 Yes
2 No

If INSVOL=1
FQVOL
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn’t know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME AGAINST FLYING INSECTS

If INSVOL=1
FORMVOL
Which form were the pesticides used in mainly?
1 Spray
2 Electric or non-electric diffuser
3 Spiral
4 Mothballs
5 Traps
6 Other
9 [Doesn’t know]

INT: WE ARE TALKING ABOUT PESTICIDES USED AT HOME AGAINST FLYING INSECTS

If FORMVOL = 6
FORMVOLP
Specify which other form: ________________

INSRAM
In the last 12 months, have pesticides been used at your home against crawling insects such as ants, cockroaches, or spiders?
1 Yes
2 No
If **INSRAM=1**

**FQRAM**

How much in the last 12 months?
1. Once or twice a year
2. Three to 11 times a year
3. One to three times a month
4. One to six times a week
5. Once a day or more
9. [ Doesn't know ]

**INT:** WE ARE TALKING ABOUT PESTICIDES AGAINST CRAWLING INSECTS

If **INSRAM=1**

**FORMRAM**

Which form were the pesticides used in mainly?
1. Spray / electric or non-electric diffuser
2. Liquid gel
3. Pellets or powder
4. Traps
5. Other
9. [ Doesn't know ]

**INT:** WE ARE TALKING ABOUT PESTICIDES AGAINST CRAWLING INSECTS

If **FORMRAM=6**

**FORMRAMP**

Specify which other form: ________________

**TRAITRON**

In the last 12 months, have pesticides been used at your home against rodents such as mice, rats or moles?
1. Yes
2. No

If **TRAITRON=1**

**APPLRON**

Who applied this treatment?
1. Yourself
2. Your partner or someone in your family
3. A professional

**INT:** WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If **TRAITRON=1**

**FQRON**

How much in the last 12 months?
1. Once or twice a year
2. Three to 11 times a year
3. One to three times a month
4. One to six times a week
5. Once a day or more
9. [ Doesn't know ]

**INT:** WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If **TRAITRON=1**
FORMRON
Which form were the pesticides used in mainly?
1 Pellets
2 Traps
3 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES AGAINST RODENTS

If FORMRON=3
FORMRONP
Specify which other form: ________________

TRAITTER
In the last 12 months, have pesticides been used at your home to protect beams and wood against termites, wood-boring beetles or dry rot?
1 Yes
2 No

If TRAITTER=1
APPLTER
Who applied this treatment?
1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT

If TRAITTER=1
FQTER
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT

If TRAITTER=1
FORMTER
Which form were the pesticides used in mainly?
1 Spray
2 Liquid (syringe or brush)
3 Spray
4 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO PROTECT BEAMS AND WOOD AGAINST TERMITES, WOOD-BORING BEETLES AND DRY ROT
If FORMTER=4
FORMTERP
Specify which other form: ________________

ANIMAU
Do you have pets?
1 Yes
2 No

If ANIMAU=1
TRAITPUC
In the last 12 months, have you used any pesticides to treat your pets against fleas and ticks?
1 Yes
2 No

If TRAITPUC=1
APPLPUC
Who applied this treatment mainly?
1 Yourself
2 Your partner or someone in your family
3 A professional

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If TRAITPUC=1
FQPUC
How much in the last 12 months?
1 Once or twice a year
2 Three to 11 times a year
3 One to three times a month
4 One to six times a week
5 Once a day or more
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If TRAITPUC=1
FORMPUC
Which form were the pesticides used in mainly?
1 Spray
2 Bath or immersion
3 Collar
4 Shampoo
5 Powder
6 Pipette
7 Other
9 [Doesn't know]

INT: WE ARE TALKING ABOUT PESTICIDES USED TO TREAT PETS AGAINST FLEAS AND TICKS

If FORMPUC=7
FORMPUCP
Specify which other form: ________________
If \texttt{ANIMAU}=1

\textbf{What pets do you have?} (multiple choices)

\texttt{ANIMAUL1}  \hspace{1em} \textbf{Cat} \hspace{1em} 1 Yes / 2 No
\texttt{ANIMAUL2}  \hspace{1em} \textbf{Dog} \hspace{1em} 1 Yes / 2 No
\texttt{ANIMAUL3}  \hspace{1em} \textbf{Birds} \hspace{1em} 1 Yes / 2 No
\texttt{ANIMAUL4}  \hspace{1em} \textbf{Hamster, rabbit, guinea pig} \hspace{1em} 1 Yes/ 2 No
\texttt{ANIMAUL5}  \hspace{1em} \textbf{Other} \hspace{1em} 1 Yes / 2 No

\texttt{TRAITPOU}

In the last 12 months, have any pesticides been used at your home to treat against lice or scabies (on you or your children)?

1 Yes

2 No

\texttt{If TRAITPOU=1}

\texttt{APPLPOU}

Who applied this treatment?

1 Yourself

2 Your partner or someone in your family

3 A professional

\texttt{INT: WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES}

\texttt{If TRAITPOU=1}

\texttt{FQPOUC}

How much in the last 12 months?

1 Once or twice a year

2 Three to 11 times a year

3 One to three times a month

4 One to six times a week

5 Once a day or more

9 [Doesn't know]

\texttt{INT: LIST. WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES}
**HOUSEHOLD INCOME**

**Questionnaires concerned:**
"cohabiting father", "cohabiting father of placed child", "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis \( \text{If } \text{SITUAFAMM}=1 \text{ OR } (\text{SITUAFAM}=3 \text{ with } \text{LIENTYP}=7, \text{SEX}=2) \) ask all the module except for the greyed-out questions asked to the mother.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

"Now let's look at the income of your household and your living conditions."

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

**RSAL**
Salary, wage or bonus? (including the 13th month – a year-end bonus equal to one month’s salary – paid vacations, overtime, daily subsistence allowance, remuneration for temporary employment, secondary activities, salaries of directors who are employees of their companies, profit sharing and holdings)?

1. Yes
2. No

**RBOU**
Grants?
1. Yes
2. No

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

**RCHO**
Unemployment benefits?
1. Yes
2. No

**RRET**
Pensions, early retirement? (including old age pension, veteran’s pension, survivors’ benefits pension)
1. Yes
2. No

**RMAL**
Illness- or disability-related benefits? (AAH allowance for disabled adults, disability allowance, allowance related to dependency, daily subsistence allowance not related to maternity)
1. Yes
2. No

**RLOG**
Housing benefits, housing allowance?
1. Yes
2. No
RPED
Infant accommodation benefit (PAJE)?
1 Yes
2 No

RFAM
Any other child support? (for example, child support supplement, family support benefit, back-to-school allowance)
1 Yes
2 No

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

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

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

RTRA
Alimony, regular financial aid from parents, family or friends including for rent, directly or indirectly?
1 Yes  ⇒ TYPTRA
2 No  ⇒ SALMON if SITUA=1, 2, 3 or 7 otherwise PAYVAL

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

If for NOI=1 we are talking about the non-cohabiting referent or non-referent parent: SITUA=1, 2 or SITUAE=1, 2

SALMON
What is the NET monthly or annual amount of your salary (or income from an independent activity)?
0 to 99,999 + (DK) + (NA) + (REF)

INT: THIS IS THE NET SALARY (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX (INCLUDING MATERNAL LEAVE PAYMENTS)

SALMONP
Specify:
1 Monthly
2 Yearly
If the referent father has a partner or not, the mother of ELFE child or not, in SITUA=1 or 2 OR in SITUAE=1 or 2

SALMONC

What is the NET monthly or annual amount of your partner's salary (or income from an independent activity)?
0 to 99,999 + (DK) + (NA) + (REF)

INT: THIS IS THE NET SALARY (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX (INCLUDING MATERNAL LEAVE PAYMENTS)

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

If RPED=1

CLCA
Does your household receive the CLCA free choice of activity allowance?
1 Yes
2 No

If CLCA=1

ACLCA
What is the monthly or annual amount of this allowance?
0 to 99,999 + (DK) + (NA) + (REF)

ACLCP
Specify
1 Monthly
2 Yearly
8 [Refuses]
9 [Doesn't know]

If RPED=1

CLCMG
Does your household receive the CLCMG free choice of child-minding allowance?
1 Yes
2 No

If CLCMG=1

ACLCMG
What is the monthly or annual amount of this allowance?
0 to 99,999 + (DK) + (NA) + (REF)

ACLCMP
Specify:
1 Monthly
2 Yearly
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?

0 to 99,999 + (DK) + (NA) + (REF) | __ | __ | __ | __ | __ |

INT: THIS IS NET INCOME (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX. IF THE INCOME FLUCTUATES, TAKE THE AVERAGE.

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]

**PAYVAL**

Generally speaking, do you think people are paid what they deserve in France?
1 Absolutely
2 Somewhat
3 Not really
4 Not at all
5 [No opinion]

If SITUA=1, 2 or SITUAE=1, 2

**PAYMER**

Do you think you yourself are paid what you deserve?
1 Absolutely
2 Somewhat
3 Not really
4 Not at all
5 [No opinion]
Questionnaires concerned:
"cohabiting father", "cohabiting father of placed child", "referent father", "non-cohabiting father", "non-cohabiting father of placed child".

If the mother said she is in a couple with the father of the child and permanently cohabits with him or that she is in a couple with a woman on a permanent basis (If SITUAFAMM=1 OR (SITUAFAM=3 with LIENTYP=7, SEXE=2) ask all the module except for the greyed-out questions asked to the mother.

If the cohabiting father or the cohabiting father of the placed child do not take part, we will come back to this questionnaire later with the mother.

If STOC = 1

LOYER
What is your monthly rent, service charges included?
€ /month (0 to 9,999)

"We are now going to look at any loans your household may have contracted."

CRED
Do you yourself or a member of the household currently have a loan, including revolving credit?
1 Yes
2 No ⇒ PROJ

Why did you take out the loan?
PQCRED1 Property loan 1 Yes / 2 No
PQCRED2 Consumer credit 1 Yes / 2 No
PQCRED3 Other 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

What is the monthly or annual amount of the reimbursements?
If PQCRED=1
IMOM Property loans (per month) |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn’t know")
OR IMOAN Property loans (per year) |__|__|__|__| year (0 to 99998 ; 99999 if “Doesn’t know”)

If PQCRED=2
CONSM Consumer credit |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn’t know")
OR CONSAN Consumer credit |__|__|__|__| year (0 to 99998 ; 99999 if “Doesn’t know”)

If PQCRED=3
AUTM Other |__|__|__|__| month (0 to 9998 ; 9999 if "Doesn’t know")
OR AUTAN Other |__|__|__|__| year (0 to 99998 ; 99999 if "Doesn’t know")

INT: BY YEAR OR MONTH, WE MEAN WHETHER THE INTERVIEWEE WANTS TO EXPRESS THE SUM IN MONTHLY OR YEARLY TERMS
Without having to borrow, in the last 12 months have you on one or more occasion spent a considerable sum (equal to over one month’s income) on property or capital goods?
1 Yes
2 No  ⇒ DEC

If PROJ=1
Was it for:
PQPROJ1 A property purchase  1 Yes / 2 No
PQPROJ2 A capital goods purchase  1 Yes / 2 No
PQPROJ3 Other  1 Yes / 2 No
PQPROJ4 None  1 Yes / 2 No

If PQPROJ=2  ⇒ DEC

INT: ASK IN SUB-QUESTIONS

DEPLIE
Were these expenses related to the birth of [ELFE child] / [TWIN child]?
1 Yes
2 No  ⇒ DEC

DEC
In the last 12 months, have you or someone in the household had a bank overdraft?
1 Yes, very often (at least once a month)
2 Yes, often (more than twice in the year)
3 Yes, but only once or twice in the year
4 No
8 [Doesn't want to answer]
9 [Doesn't know]

RENT
In the last 12 months, have you come into an outstanding amount of money equal to over one month’s income? (an inheritance, a donation, the sale of on-financial goods, a lottery win, etc.)
1 Yes, and linked to the arrival of the child
2 Yes, but not linked to the arrival of the child
3 No
8 [Doesn't want to answer]

"We would also like to hear your opinion about the living standard of your household."

ACTFI
Currently, for the household, would you say that financially:
1 You are comfortable
2 Things are OK
3 Things are tight, we have to pay attention
4 Things are difficult
5 You can’t get by without going into debt
8 [Doesn’t want to answer]

FUTFI
In the ten coming years, do you think the living standard of the household will:
ECOFUT
Generally speaking, do you think the social and economic situation of the country will:
1 Improve considerably
2 Improve slightly
3 Remain the same
4 Worsen slightly
5 Worsen considerably
9 [Doesn't know]

Owing to money problems, have you in the last 12 months been unable to pay by yourself on time:

PFACF
Electricity, gas, water or telephone bills
1 Yes
2 No
9 [Doesn't know]

PEMPR
Property loan reimbursements
1 Yes
2 No
9 [Doesn't know]

PACH
Consumer credit or other loan reimbursements
1 Yes
2 No
9 [Doesn't know]

PLOY
Rent and service charges
1 Yes
2 No
9 [Doesn't know]

PVERS
Tax payments (income tax, local taxes)
1 Yes
2 No
9 [Doesn't know]

INT: IF LOAN REPAYMENT PLAN OBTAINED, CODE THAT THERE HAVE BEEN DIFFICULTIES (YES)

Do the financial resources of your household allow you to:

FITEMP
Keep your house at the correct temperature?
1 Yes
2 No

FIVAC
Pay for a week’s holiday away from home once a year?
1 Yes
2 No

FIMEU
Replace end-of-life furniture?
1 Yes
2 No

FIVET
Buy new clothes (rather than used clothes)?
1 Yes
2 No

FIVIA
Eat meat, chicken or fish every two days?
1 Yes
2 No

FIREC
Have family or friends over for a drink or dinner at least once a month?
1 Yes
2 No

FICAD
Give presents to the family or friends at least once a year?
1 Yes
2 No

FICHAU
Own two good pairs of shoes for each adult in the household?
1 Yes
2 No

REPA
In the last two weeks, have you or a member of the household had to go a whole day without having at least one complete meal due to a lack of money?
1 Yes
2 No
SITUATION OF COUPLE

Questionnaires concerned: "referred father", "non-cohabiting father", "non-cohabiting father of placed child"

"We would like to ask you a few questions about your relationship with the mother of [ELFE child] ([TWIN child])."

If SITUAFAMP=1 or 2
DEBREL
In what year did your relationship with the mother of [ELFE child] ([TWIN child]) begin?
Year (1960 to 2011) |___|___|___|___|

If SITUAFAMP=1 or 2
DEBTOITP
In what year did you start living together in the same dwelling? |___|___|___|___|

INT: TAKE INTO ACCOUNT COUPLES LIVING WITH PARENTS OR WITH FLATMATES

If SITUAFAMP=2
For what reasons do you not live with the mother of [ELFE child] ([TWIN child]) on a permanent basis?
RAISNV1 Owing to professional reasons of health, occupation, education 1 Yes / 2 No
RAISNV2 You and/or your partner want to keep your independence 1 Yes / 2 No
RAISNV3 You are with [first name] and in the midst of a separation 1 Yes / 2 No
RAISNV4 He is in a couple 1 Yes / 2 No
RAISNV5 He is in the midst of a separation with another person 1 Yes / 2 No
RAISNV6 You yourself are in the midst of a separation with a former partner 1 Yes / 2 No
RAISNV7 Owing to other reasons 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If RAISNV7=1
*RAISNVPP
What are the other reasons? (Maximum 50 characters) ________________________________

"Referent father questionnaire"

VUPER
Since his/her (their) birth, has/have [ELFE child] ([TWIN child]) seen his/her (their) mother?
1 Several times a week
2 Once a week
3 At least once every fortnight
4 Once
5 Never

"We would like to ask you a few questions about your current situation with your partner who is not the mother of [ELFE child] ([TWIN child])."

If SITUAFAMP=3, 4 or 6
DEBREL
In what year did the relationship begin? |___|___|___|___|

If SITUAFAMP =4 or 6
For what reasons do you not live with your current partner on a permanent basis?

RAISNVVC1 Owing to professional reasons of health, occupation, education  1 Yes / 2 No
RAISNVVC2 You and/or your partner want to keep your independence  1 Yes / 2 No
RAISNVVC3 You are with [first name] and in the midst of a separation  1 Yes / 2 No
RAISNVVC4 He is in a couple  1 Yes / 2 No
RAISNVVC5 He is in the midst of a separation with another person  1 Yes / 2 No
RAISNVVCP6 You yourself are in the midst of a separation with a former partner  1 Yes / 2 No
RAISNVVC7 Owing to other reasons  1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If PLAC4=1
*RAISNVCP Specify which (Maximum 50 characters) ____________________________

If SITUAFAMP=3 or 4
DEBTOITC
In what year did you start living together in the same dwelling? |__|__|__|__|

INT: TAKE INTO ACCOUNT COUPLES LIVING WITH PARENTS OR WITH FLATMATES

If SITUAFAMP=6
VECU6MC
Have you in the past lived with your current partner for a period of at least 6 months in the same dwelling?
  1 Yes
  2 No

If VECU6MC=1 then ask VECDEBC and VECFINC
VECDEBC
Starting when (from which year)? |__|__|__|__|

VECFINC
Until when (which year)? |__|__|__|__|

If MATRICONJ=1 and RAISNVVC3=1
DIVORCJ
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

INT: THE REQUEST HAS BEEN FILED BY THE LAWYER
THE CHILD'S HEALTH

Questionnaires concerned: "referent father"

If no twin: "We are going to talk about the health of [ELFE child] since he/she came home.
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 twin: "We are going to talk about the health of [ELFE child] and [TWIN child] since they came home. We will begin with [ELFE child] and then move on to [TWIN child].
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?"

ENFSANT
According to you, [ELFE child] is currently:
1 In good health
2 Mostly in good health
3 Mostly in poor health
4 In poor health

SAGEF
Since the child left the maternity unit, have you had a visit from a midwife at your house (once or more)?
1 Yes
2 No

SAGEFTYP
Does the mother know what type of midwife visited the house?
1 Yes
2 No

If SAGEFTYP=1
Was it:
SAGEFTYP1 A midwife who came to your house one or two days after you left the maternity unit following your hospitalization (we sometimes talk about home hospitalization)? 1 Yes / 2 No
SAGEFTYP2 A freelance midwife you contacted yourself? 1 Yes / 2 No
SAGEFTYP3 A midwife from a mother-and-child protection organization? 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

NBVISSF
How many times have the midwife visited you? |__|__|

INT: ENTER THE TOTAL NUMBER OF VISITS IF SEVERAL PROFESSIONALS CONCERNED

If in the maternity medical file the exit year of the child is NA / DK / EMPTY and non-transferred child
On what date did [ELFE child] leave the maternity unit? (You will find this information on page 10 of the health booklet)

*DATSJ
Day (1 to 31) (NA=88, DK 99) |__|__|

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

DATSA
Year (2011 or 2012)

AGESE (Constructed variable) Age of child in days when leaving maternity unit

If in the maternity medical file the exit year of the child is NA / DK / EMPTY and non-transferred child

On what date did [ELFE child] leave the neonatal unit? (You will find this information on page 10 of the health booklet)

*DATSTJ
Day (1 to 31) (NA=88, DK 99)

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

DATSTA
Year (2011 or 2012)

AGESET (Constructed variable) Age of child in days when leaving neonatal unit

If in the maternity medical file the exit weight of the child is NA / DK / EMPTY and non-transferred child

POIDSSORTIEC2 (Corrected variable) How much did the child weigh when leaving? (g)
(Modification wave 2 from 14/09/2011 - threshold lowered to 1.950 kg instead of 2 kg)
(1,950 to 9999)

INT: YOU WILL FIND THIS INFORMATION ON PAGE 10 OF THE HEALTH BOOKLET. NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS AND 625 GRAMS, NOTE 3.625 If DK, note 9,999; if refusal, note 8,888; if child not weighed, note 0

POIDSSORTIETC2 (Corrected variable) How much did the child weigh on leaving
(Modification wave 2 from 14/09/2011 - threshold lowered to 1.950 kg instead of 2 kg)
Kg (1,950 to 9999)

INT: YOU WILL FIND THIS INFORMATION ON PAGE 10 OF THE HEALTH BOOKLET. NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS AND 625 GRAMS, NOTE 3.625 If DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

PUERPMI
Since leaving the maternity unit, have you had any visits from a paediatric nurse from a mother-and-child protection organization?
1 Yes, one visit
2 Yes, several visits
3 No, no visits

CONSUL
Since [ELFE child] left the maternity (or neonatal) unit, have you taken them to see a doctor (including at A&E)?
1 Yes, once
2 Yes, several times
3 No, not yet, but you have made an appointment with a doctor ⇒ DATJVI B
4 No, not yet, and you haven't made an appointment with a doctor ⇒ HOSP
If CONSUL=1 or 2
On what date was [ELFE child’s] (first) doctor’s visit?
You can look at pages 18-19 in the health booklet.

*DATJVI
Day (1 to 31) (NA=88, DK 99)

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

DATAVI
Year (2011 to 2012; 88 Refuses; 99 Doesn’t know)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER

AGEVI
Constructed variable: How old was he/she on this (first) doctor’s visit (days)?
(Days)

If CONSUL=1 or 2
POIENF1C2
(Corrected variable) What was the child’s weight on the date of this (first) doctor’s visit?
Kg (2.000 to 9.999)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS 625, NOTE 3.625. IF DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

TAIENF1
What was the child’s height on the date of this (first) doctor’s visit?
(1 to 99), cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF CENTIMETRES (CM) WITH A DECIMAL, E.G.: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

CRAENF1
What was the child’s cranial perimeter on the date of this (first) doctor’s visit?
(1 to 99), cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF CENTIMETRES (CM) WITH A DECIMAL, E.G.: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0
QIPR
Who did you see on this first visit?
(From wave 3 on: addition of items 8 and 9 maternity unit paediatrician and hospital paediatrician => previous items 8 and 9 become 10 and 11) (From wave 3 on: deletion of maternity unit doctor item, item 5)
1 A freelance paediatrician
2 A general practitioner
3 A mother-and-child protection doctor
4 Hospital emergency unit
5 A maternity-unit doctor
6 A home emergency doctor
7 Other
8 A maternity-unit paediatrician
9 A hospital paediatrician
10 Another freelance or hospital specialist
11 Other

INT: LIST.

If QIPR=10 or 11
*QIPRP
Specify with whom: ____________________________

What was the reason for the visit? (DO NOT LIST)
DEBSUR
The beginning of regular treatment (including vaccination)
1 Yes
2 No

CONTR
A check-up recommended by the maternity unit
1 Yes
2 No

INQ
You were concerned about the child's health
1 Yes
2 No

PROBS
A health problem
(Addition at end of the specification "Occurring after leaving the maternity unit", 06/06)
1 Yes
2 No

SUIVI
Treatment requested by doctors for a health problem occurring at birth or diagnosed in the neonatal period/during pregnancy
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)
1 Yes
2 No
If SUIVI=1

*PROBSNP
Specify the problem occurring at birth: __________________________
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)

If INQ=1 or if PROBS=1
Can you tell me what you were concerned about?
(From wave 3: addition of constipation (item 7) and thrush (item 13) => and "shock" item became 14 and "Other" 15)

PREOC1 Needed advice on the diet of [ELFE child] 1 Yes / 2 No
PREOC2 Weight problem 1 Yes / 2 No / 9 [Doesn't know]
PREOC3 Jaundice (doctors also refer to it as icterus) 1 Yes / 2 No / 9 [Doesn't know]
PREOC4 Regurgitation 1 Yes / 2 No / 9 [Doesn't know]
PREOC5 Colic 1 Yes / 2 No / 9 [Doesn't know]
PREOC6 Diarrhoea 1 Yes / 2 No / 9 [Doesn't know]
PREOC7 Constipation 1 Yes / 2 No / 9 [Doesn't know]
PREOC8 Respiratory problem 1 Yes / 2 No / 9 [Doesn't know]
PREOC9 Dizziness 1 Yes / 2 No / 9 [Doesn't know]
PREOC10 Fever 1 Yes / 2 No / 9 [Doesn't know]
PREOC11 Cold, rhinitis, stuffed-up nose 1 Yes / 2 No / 9 [Doesn't know]
PREOC12 Conjunctivitis, blocked tear duct 1 Yes / 2 No / 9 [Doesn't know]
PREOC13 Thrush 1 Yes / 2 No / 9 [Doesn't know]
PREOC14 Shock, trauma 1 Yes / 2 No / 9 [Doesn't know]
ACCLES6 Other 1 Yes / 2 No / 9 Doesn't know

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOC15=1

*PREOCP
Specify (maximum 30 characters) _______________________________

If PREOC14=1

CONSURGT
Was it a blow to the head (cranial trauma)?
1 Yes
2 No ⇒ HOSP
9 Doesn't know ⇒ HOSP

If CONSURGT=1

TYPACC
Was it:
1 A traffic accident
2 Another type of accident

If CONSURGT=1

When did the accident happen?

*DATACJ
Day (1 to 31) (NA=88, DK 99) |___|___|

*DATACM
Month (1 to 12) (NA=88, DK 99) |___|___|
**DATACA**

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

**AGEC** (Constructed variable) Age of child in days on date of accident leading to medical visit

*If CONSUL=1 ⇒ go to HOSP*

*If CONSUL=2 ⇒ DATJVI2*

On what date was [ELFE child’s] LAST doctor’s visit?
You can look at pages 18-19 in the health booklet.

**DATJVI2**

Day (1 to 31) (NA=88, DK 99)

**DATMVI2**

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

**DATAVI2**

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

**AGEVI2**

Constructed variable: Age of child on this LAST doctor’s visit (Days)

**POIENF2C2**

(Corrected variable) What was the child’s weight on the date of this last doctor’s visit?

Kg (2.000 to 9.999)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER NOTE THE NUMBER OF KILOS AFTER THE GRAM DECIMAL, E.G.: IF 3 KILOS 625, NOTE 3.625. IF DK, NOTE 9,999; IF REFUSAL, NOTE 8,888; IF CHILD NOT WEIGHED, NOTE 0

**TAIENF2**

What was the child’s height on the date of this last doctor’s visit?

(1 to 99), cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER EXAMPLE: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

**CRAENF2**

What was the child’s cranial perimeter on the date of this last doctor’s visit?

(1 to 99), cm (0 to 9)

INT: THIS INFORMATION SHOULD BE NOTED ON THE SAME PAGE (18-19) OF THE HEALTH BOOKLET OF [ELFE CHILD], BUT THIS VISIT MAY NOT BE INDICATED. IN THIS CASE, ENTER THE INFORMATION GIVEN BY THE MOTHER EXAMPLE: 65.1 CENTIMETRES. IF DK, NOTE 99; IF REFUSAL, NOTE 98; IF CHILD NOT MEASURED, NOTE 0

*If CONSUL = 2 and QIPR ≠ 4 (Several visits and we only know that the first was not at an emergency service)*

**CONSURG**

For [ELFE child], have you ever visited an emergency service at a hospital or clinic without the child being hospitalized?

1 Yes
If CONSURG=1

CONSURGT2
In at least one case, was it a visit following a blow to the head or a fall (cranial trauma)?
1 Yes
2 No ⇒ HOSP
9 [Doesn’t know] ⇒ HOSP

If CONSURGT2=1

TYPACC2
Was it:
1 A traffic accident
2 Another type of accident

If CONSURGT2=1

When did the accident happen?

*DATACJ2
Day (1 to 31) (NA=88, DK 99)

*DATACM2
Month (1 to 12) (NA=88, DK 99)

DATACA2
Year (2011 to 2012) (NA=8888, DK 9999)

AGECU (Constructed variable) Age of child in days on date of accident leading to medical visit

If CONSUL=3

What date is this first medical visit planned for?

*DATJVIB
Day (1 to 31) (NA=88, DK 99)

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

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

AGEVIB (Constructed variable) Age of child in days on date of first planned medical visit

If CONSUL=3

QIPRB
Who did you make an appointment with for this first visit?

[From wave 3, elimination of item 5 (doctor in maternity unit) and addition of items 8 and 9 (maternity-unit paediatrician and hospital paediatrician)]

1 A freelance paediatrician
2 A general practitioner
3 A mother-and-child protection doctor
4 Hospital emergency unit
5 A maternity-unit doctor
6 A home emergency doctor
7 Other
8 A maternity-unit paediatrician
9 A hospital paediatrician
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10  Another freelance or hospital specialist
11  Other

If QIPRB=10 or 11

*QIPRBP
Specify which (Maximum 30 characters) _______________________

For what reason did you make this appointment?
DEBSURB
The beginning of regular treatment (including vaccination)
  1  Yes
  2  No

CONTRB
A check-up recommended by the maternity unit
  1  Yes
  2  No

INQB
You were concerned about the child's health
  1  Yes
  2  No

PROBSB
A health problem
(Addition at end of the specification "Occurring after leaving the maternity unit", 06/06)
  1  Yes
  2  No

SUIVIB
Treatment requested by doctors for a health problem occurring at birth or diagnosed in the neonatal period/during pregnancy
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)
  1  Yes
  2  No

If SUIVIB=1

*PROBSNBP
Specify the problem occurring at birth: _______________________
(Variable added on 06/06)
(Addition of the specification "or diagnosed in the neonatal period/during pregnancy" starting from wave 3)

If INQB=1 or PROBSB=1

Can you tell me what you were concerned about?
(From wave 3: addition of constipation (item 7) and thrush (item 13) => and "shock" item became 14 and "Other" 15)
PREOC1  Needed advice on the diet of [ELFE child]  1 Yes / 2 No
PREOC2  Weight problem  1 Yes / 2 No / 9 [Doesn't know]
PREOC3  Jaundice (doctors also refer to it as icterus)  1 Yes / 2 No / 9 [Doesn't know]
PREOC4  Regurgitation  1 Yes / 2 No / 9 [Doesn't know]
PREOC5  Colic  1 Yes / 2 No / 9 [Doesn't know]
PREOC6 Colic  1 Yes / 2 No / 9 [Doesn't know]
PREOC7 Regurgitation  1 Yes / 2 No / 9 [Doesn't know]
PREOC8 Respiratory problem  1 Yes / 2 No / 9 [Doesn't know]
PREOC9 Dizziness  1 Yes / 2 No / 9 [Doesn't know]
PREOC10 Fever  1 Yes / 2 No / 9 [Doesn't know]
PREOC11 Cold, rhinitis, stuffed-up nose  1 Yes / 2 No / 9 [Doesn't know]
PREOC12 Conjunctivitis, blocked tear duct  1 Yes / 2 No / 9 [Doesn't know]
PREOC13 Thrush  1 Yes / 2 No / 9 [Doesn't know]
PREOC14 Shock, trauma  1 Yes / 2 No / 9 [Doesn't know]
PREOCB15 Other  1 Yes / 2 No / 9 Doesn't know

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOCB15=1
*PREOCBP
Other, specify clearly (Maximum 30 characters) ______________

For all children

HOSP
Since coming home, has [ELFE child] been hospitalized? (including day admission)
1 Yes
2 No → VACBCG

If HOSP=1
NBHOSP
How many times has [ELFE child] been hospitalized?
(1 to 30) |__|__|

TPSHOS
Since coming home, how many days in all has he/she been hospitalized?
(1 to 70) |__|__|

INT: COMING HOME CORRESPONDS TO LEAVING THE MATERNITY UNIT OR LEAVING THE NEONATAL UNIT FOR CHILDREN HOSPITALIZED DIRECTLY AFTER BIRTH VIA TRANSFER FROM THE MATERNITY UNIT

If HOSP=1
For what reasons was he/she hospitalized?
PQHO1 Fever (38° or +) with no other symptoms  1 Yes / 2 No
PQHO2 Bronchitis  1 Yes / 2 No
PQHO2 Bronchiolitis  1 Yes / 2 No
PQHO4 Cold, throat infection  1 Yes / 2 No
PQHO5 Pneumopathy  1 Yes / 2 No
PQHO6 Diarrhoea, gastroenteritis  1 Yes / 2 No
PQHO7 Urinary infection  1 Yes / 2 No
PQHO8 Other infection  1 Yes / 2 No
PQHO9 Surgery  1 Yes / 2 No
PQHO10 Dizziness  1 Yes / 2 No
PQHO11 A fall on the head, blow to the head  1 Yes / 2 No
PQHO12 Other accident  1 Yes / 2 No
PQHO13 Weight or diet problem  1 Yes / 2 No
PQHO14 Other  1 Yes / 2 No
INT: LIST – SEVERAL ANSWERS POSSIBLE IF SEVERAL HOSPITALIZATIONS (FQHOSP>1) ASK THE PARENT TO LIST THE REASONS FOR EACH ONE

If PQHO8=1
PQHONF
Specify other infection (maximum 50 characters) ________________

If PQHO14=1
*PQHOP
What are the other reasons for hospitalization? (maximum 50 characters) ________________

If PQHO11=1 or PQHO12=1
TYPACCB
Was it:
1. A traffic accident
2. Another type of accident

If PQHO11=1 or PQHO12=1
When did the accident happen?
*DATACBJ
Day (1 to 31) (NA=88, DK 99) ____________

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

DATACBA
Year (2011 to 2012) (NA=8888, DK 9999) ____________

AGECH (Constructed variable) Age of child in days on date of accident leading to hospitalization ____________

For all children

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
9. [Doesn't know]

If VACBCG=1
When?
*DATJVAC
Day (1 to 31) (NA=88, DK 99) ____________

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

DATAVAC
Year (2011 to 2012) (NA=8888, DK 9999) ____________

AGEVAC
Constructed variable: Age of child when vaccinated for BCG: (Number of days) ____________
SCAN
Has [ELFE child] had one or more scans since he/she left the maternity unit?
1 Yes
2 No ⇒ ECHO
9 [Doesn’t know] ⇒ ECHO

INT: A SCAN IS A MEDICAL IMAGING TECHNIQUE THAT PRODUCES 2D IMAGES (ANATOMICAL SECTIONS) OR 3D IMAGES (RELIEF)

If SCAN=1
NBSCAN
How many x-rays (since he/she left the maternity unit)? | __ | __ | (1 to 20)

If SCAN=1
Of what part of the body?
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 1 Yes / 2 No
PASCAN6 Limbs 1 Yes / 2 No
PASCAN9 Doesn’t know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

ECHO
Has [ELFE child] had a hip scan?
1 Yes
2 No

RADIO
Has he/she had any x-rays (since leaving the maternity unit)?
1 Yes
2 No ⇒ PBAUTR
9 [Doesn’t know] ⇒ PBAUTR

If RADIO=1
NBRADIO
How many x-rays (since he/she left the maternity unit)? | __ | __ | (1 to 20)

If RADIO=1
Of what part of the body?
PARAD1 Entire body 1 Yes / 2 No
PARAD2 Head 1 Yes / 2 No
PARAD3 Chest (lungs) 1 Yes / 2 No
PARAD4 Stomach (abdomen) 1 Yes / 2 No
PARAD5 Pelvis 1 Yes / 2 No
PARAD6 Limbs 1 Yes / 2 No
PARAD9 Doesn’t know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE
If HOSP=1

PBAUTR
Apart from these problems, which led to hospitalization, has [ELFE child] had any other health problems since coming home?
1 Yes ⇒ QPROB
2 No ⇒ REFLU

INT: THIS INFORMATION MAY BE FOUND IN THE HEALTH BOOKLET BY THE RESPONDENT

If HOSP=2

PBSANT
Has [ELFE child] had any other health problems since coming home?
1 Yes ⇒ QPROB
2 No ⇒ REFLU

INT: THIS INFORMATION MAY BE FOUND IN THE HEALTH BOOKLET BY THE RESPONDENT

If PBSANT=1 or PBAUTR=1
Which one(s)?
(From wave 3, addition of Item 6 "Newborn colic" and Item 13 "Thrush")

QPROB1 A fever of 38°C or higher  1 Yes / 2 No
QPROB2 Bronchiolitis  1 Yes / 2 No
QPROB3 Another respiratory problem  1 Yes / 2 No
QPROB4 Diarrhoea  1 Yes / 2 No
QPROB5 Constipation  1 Yes / 2 No
QPROB6 Newborn colic  1 Yes / 2 No
QPROB7 Urinary infection  1 Yes / 2 No
QPROB8 Gastroesophageal reflux  1 Yes / 2 No
QPROB9 Weight problem  1 Yes / 2 No
QPROB10 Dizziness  1 Yes / 2 No
QPROB11 Cold, rhinitis, stuffed-up nose  1 Yes / 2 No
QPROB12 Conjunctivitis, blocked tear duct  1 Yes / 2 No
QPROB13 Thrush  1 Yes / 2 No
QPROB14 Other  1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

(From wave 3, addition of Item 6 "Newborn colic" and Item 13 "Thrush")

If QPROB3=1
*QPROBR
What other respiratory problem? ______________________

If QPROB14=1
*QPROBP
Other, specify clearly: ______________________

REFLU
Does [ELFE child] take any treatment for reflux such as a gel, a particular milk or medicine (including anti-reflux or comfort milks)?
(Addition of "including anti-reflux or comfort milks" from wave 2 on)
1 Yes ⇒ REFLU 1 à REFLU 15
2 No ⇒ VITA
INT: IF ANTI-REFLUX OR COMFORT MILKS, CODE YES

If REFLU=1
What kind of anti-reflux treatment?
REFLU1 Medical prescription of anti-reflux or comfort milk 1 Yes / 2 No
REFLU2 MagicMix (added in bottle) 1 Yes / 2 No
REFLU3 Gumilk (added in bottle) 1 Yes / 2 No
REFLU4 Gélopectose (added in bottle) 1 Yes / 2 No
REFLU5 Polysilane gel 1 Yes / 2 No
REFLU6 Gaviscon 1 Yes / 2 No
REFLU7 Primperan 1 Yes / 2 No
REFLU8 Peridy 1 Yes / 2 No
REFLU9 Motilium or Domperidone 1 Yes / 2 No
REFLU10 Prépulsid 1 Yes / 2 No
REFLU11 Raniplex 1 Yes / 2 No
REFLU12 Mopral 1 Yes / 2 No
REFLU13 Inexium 1 Yes / 2 No
REFLU14 Azantac 1 Yes / 2 No
REFLU15 Other treatment 1 Yes / 2 No

INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HIM

If REFLU 15=1
REFLUP
Other reflux treatments, specify clearly: ________________________


VITA
Does [ELFE child] take vitamin D or fluorine?
1 Yes
2 No
9 [Doesn't know]

INT: IF THE FATHER SAYS "NEITHER VITAMINS NOR FLUORINE", ASK HIM AGAIN BY READING THE NAMES OF THE MEDICINES ("ARE YOU SURE? OFTEN IT CAN BE UVESTEROL, ZYMAD, ETC.")

If VITA=1
What kind of product?
VITAPR1 Uvesterol 1 Yes / 2 No
VITAPR2 ZymaD 1 Yes / 2 No
VITAPR3 Stérogyl 1 Yes / 2 No
VITAPR4 Zymaduo 1 Yes / 2 No
VITAPR5 Fluosterol 1 Yes / 2 No
VITAPR6 Fluorex 1 Yes / 2 No
VITAPR7 Zymafluor 1 Yes / 2 No
VITAPR8 Zymafluor 1 Yes / 2 No
VITAPR9 Fluor Crinex 1 Yes / 2 No
VITAPR10 Other medicine 1 Yes / 2 No
INT: DO NOT LIST - SEVERAL ANSWERS POSSIBLE IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HIM

\textbf{If } VITAPR10=1
\textbf{VITAPRP}
Other medicine, specify clearly __________________________

Is [ELFE child] currently taking other treatments on an ongoing basis (prescription of over a month)?
\textbf{AUTTRAI}
No other treatment
1 Yes
2 No

\textbf{If } AUTTRAI=1
\textbf{AUTTRA1} Vitamin K 1 Yes / 2 No
\textbf{AUTTRA2} Foldine 1 Yes / 2 No
\textbf{AUTTRA3} Fumaer, Ferostane, Feromiel 1 Yes / 2 No
\textbf{AUTTRA4} Antibiotics 1 Yes / 2 No
\textbf{AUTTRA5} Anti-convulsive 1 Yes / 2 No
\textbf{AUTTRA6} Other medicine 1 Yes / 2 No

\textbf{INT: IF THE CHILD'S FATHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HER}

\textbf{If } AUTTRA6=1
\textbf{AUTTRAP}
Other medicine, specify clearly __________________________

\textbf{ALERLAI}
Has a doctor diagnosed an allergy to cow's milk proteins?
1 Yes
2 No

\textbf{If } ALERLAI=1
Did the diagnosis concern:
\textbf{ALDIAG1} The symptoms 1 Yes / 2 No
\textbf{ALDIAG2} A skin test (Diallertest or other) 1 Yes / 2 No
\textbf{ALDIAG3} A blood sample 1 Yes / 2 No
\textbf{ALDIAG9} Doesn't know 1 Yes / 2 No

\textbf{INT: LIST – SEVERAL ANSWERS POSSIBLE}

"I'm now going to ask you some precise questions on respiratory symptoms."

\textbf{SIFFL}
Has [ELFE child] has any wheezing in the chest?
1 Yes
2 No

\textbf{TOUX}
Has he/she coughed at night when sleeping?
1 Yes
2 No
GENRES
Have you noticed he/she has had difficulty breathing?
1 Yes
2 No

ENCOMB
Have you noticed any congestion?
1 Yes
2 No

From RESNUI to GENHOS, if a single symptom, replace "These respiratory symptoms" by [name of symptom]

If SIFFL=1 or if TOUX=1 or if GENRES=1 or if ENCOMB=1, if not go to PBDERM

RESNUI
Have these respiratory symptoms woken him/her up at night?
1 Yes
2 No

If RESNUI=1

FQNUI
How many times on average (have these symptoms woken him/her up at night)?
1 Less than 1 night a week
2 One or more nights a week
9 [Doesn't know]

GENBIB
In your opinion, have these respiratory symptoms bothered him/her from breastfeeding or taking his/her bottle?
1 Yes
2 No

GENDOC
Have these symptoms required a medical visit?
1 Yes
2 No

GENHOS
Have these symptoms required hospitalization?
1 Yes
2 No

If GENHOS =1

SONDHO
Did he/she receive oxygen (tube in nose) during this hospital visit?
1 Yes
2 No

If SIFFL=1 or if TOUX=1 or if GENRES=1 or if ENCOMB=1
Currently, would you say [ELFE child] has:

AGENE
A respiratory problem?
1 Yes
2 No
ASIFL
Wheezeing?
1 Yes
2 No

ATOUX
A cough?
1 Yes
2 No

AENC
Congestion?
1 Yes
2 No

If AGENE=1 or ASIFL=1 or ATOUX=1 or AENC=1, ask RESDUR

RESDUR
Would you say that it / that at least one of these symptoms has lasted more than a week?
1 Yes
2 No

PBDERM
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

DORDOS
Do you usually put [ELFE child] to sleep on his/her back?
1 Always ⇒ REVNUI
2 Often
3 Sometimes
4 Never

DORVEN
Do you put him/her to sleep on his/her stomach?
1 Always ⇒ REVNUI
2 Often
3 Sometimes
4 Never

DORCOT
Do you put him/her to sleep on his/her side?
1 Always
2 Often
3 Sometimes
4 Never

REVNUI
Currently, does [ELFE child] wake you (you or your partner) up at night?
1 Every night or almost
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2 Around one in two nights
3 Sometimes
4 Never or hardly ever

INT: LIST.

**PBSANT2**
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
9 [Doesn’t know]

*If PBSANT2=1
*PBTYP
Which one? (Maximum 50 characters) _________________________

INT: NOTE DOWN WORD FOR 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
9 [Doesn’t know]

*If SUISPE=1
*MALAD
What kind of illness? (maximum 30 characters) _________________________

└ └ └ └ └ └ kg (2.000 to 9.999)
**BEING A PARENT**

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father" from LANG1E to LANG3E and RELIGIMP to QLMUSUL, "father of placed child" from LANG1E to LANG3E and RELIGIMP to QLMUSUL.

"Now let's talk about you as a parent."

What languages, dialect or patois do you use when speaking to [ELFE child] (and [TWIN child])?

**LANG1E**
Language 1 (Display list of languages)

**LANG1EP**
Other language 1: ____________

**LANG2E**
Language 2 (Display list of languages)

**LANG2EP**
Other language 2: ____________

**LANG3E**
Language 3 (Display list of languages)

**LANG3EP**
Other language 3: ____________

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

**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

*If LANGDOM=1*

**LANG1DOM**
Language 1 (Display list of languages)

**LANG1DOMP**
Other language 1: ____________

**LANG2DOM**
Language 2 (Display list of languages)

**LANG2DOMP**
Other language 2: ____________

**LANG3DOM**
Language 3 (Display list of languages)

**LANG3DOMP**
Other language 3: ____________
INT: TELL THE RESPONDENT THAT SEVERAL LANGUAGES OR PATOIS ARE POSSIBLE

ANNAIS
Have you announced the birth of the child (children)?
1 Yes
2 Not yet, but it’s planned
3 No, it isn’t planned ⇒ PHOFIL
9 [Doesn’t know] ⇒ PHOFIL

INT: LIST. IT MAY BE A CARD, OR ANOTHER TRADITION OR CUSTOM

How did you or are you going to announce the birth?
(Wave 2: starting on 01/09, addition of “or a social media site (Facebook, etc.)”)
(Starting from wave 3: addition of “Face to face” (item 6) ⇒ other =7 instead of 6)
ANNAISP  By letter  1 Yes / 2 No
ANNAISS  By text message  1 Yes / 2 No
ANNAIS1  By email  1 Yes / 2 No
ANNAIST  By telephone  1 Yes / 2 No
ANNAISB  On a blog or social media site (Facebook)  1 Yes / 2 No
ANNAISV  Face to face  1 Yes / 2 No
ANNAISA  Another way  1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE – VALUES  1 Yes / 2 No

If ANNAISM=6
*CANNAISP
Which other way? ______________________

If ANNAISP=1 or ANNAISI=1
NBPNAIS
To how many people?
(1 to 999)

PHOFIL
Do you, your or your partner photograph or film [ELFE child] (and [TWIN child])?
1 Never ⇒ SEXDES
2 From time to time
3 Often

If PHOFIL=2 or 3
ALBPAP
Do you put the photos in an album?
1 Yes
2 No
3 Intend to

If PHOFIL=2 or 3
ALBNUM
Do you put these photos in a digital album, i.e. a file on your computer?
1 Yes
2 No
3 Intend to
If PHOFIL=2 or 3
MONPHO
Do you show them to other people?
1 Yes
2 No

If MONPHO=1
To whom?
QUIPHO1 Grandparents 1 Yes / 2 No
QUIPHO2 Brothers and sisters of your children [first names of ELFE children] 1 Yes / 2 No
QUIPHO3 Other family members 1 Yes / 2 No
QUIPHO4 Friends 1 Yes / 2 No
QUIPHO5 Other people 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE FOR TWINS

Before or during the mother’s pregnancy, personally, did you want:
SEXDES1 A boy 1 Yes / 2 No
SEXDES2 A girl 1 Yes / 2 No
SEXDES3 You didn’t have a preference 1 Yes / 2 No
SEXDES9 Doesn’t know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE ONLY IF TWINS

SEXDEM
Did you ask to know the sex of [ELFE child] (and [TWIN child]) before the birth?
1 Yes
2 No

CHOIX
Who chose the name of [ELFE child] (and [TWIN child])?
1 You mainly
2 Mainly the mother
3 The mother and you
4 Another person

INT: NOTE PRECISELY AND STATE RELATIONSHIP WITH CHILD. IF THE PERSON SAYS "ANOTHER FAMILY MEMBER", ASK: "FROM YOUR FAMILY OR THE CHILD'S FATHER'S FAMILY?"

If CHOIX=4
*CHOIXP
Other person, clearly specify (maximum 50 characters) ___________

Does the choice of the name of [ELFE child] (and [TWIN child]) refer to...
REF1 No-one in particular 1 Yes / 2 No
REF2 Someone in the mother’s family 1 Yes / 2 No
REF3 Someone in your family 1 Yes / 2 No
REF4 A famous person (media, film, music, politics, etc.) 1 Yes / 2 No
REF5 Religion, the culture of the parents or the meaning of the first name 1 Yes / 2 No
REF6 Other 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE ONLY IF TWINS IF THE PERSON SAYS "A CHARACTER FROM A FILM, SONG OR TV SERIES", CODE "FAMOUS PERSON"
Si REF6=1
*REFP
Other, clearly specify (maximum 50 characters) ____________

OCUP
Before you had your first child, had you ever taken care of a baby?
1 No, never
2 Yes, from time to time
3 Yes, often

If OCUP=2 or 3
Was it:
QIOCUP1 Your brother or sister 1 Yes / 2 No
QIOCUP2 Other children in your family, children of friends or neighbours 1 Yes / 2 No
QIOCUP3 A baby you looked after as a babysitter 1 Yes / 2 No
QIOCUP4 Children you looked after as part of your occupational activity (at a creche, hospital, etc.) 1 Yes / 2 No
QIOCUP5 Other children 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

RELIGIMP
How important is religion in your life?
1 Very important
2 Important
3 Quite important
4 Slightly important
5 Not very important
6 [None]
8 [Refuses]

INT: LIST.

OFFIC
Do you go to religious services, apart from baptisms, marriages, funerals, etc.?
1 Never
2 A few times a year
3 At least once a month
4 At least once a week

*ACRELI
What is your current religion?
1 [None]
2 Christian (catholic, protestant, orthodox, evangelical, etc.)
3 Muslim
4 Jewish
5 Buddhist
6 Hindu
7 [Other]
8 [Doesn’t want to answer]
9 [Doesn’t know]
INT: LIST IF NECESSARY
If ACRELI=2
*ACCHRET
Can you specify?
1 Catholic
2 Protestant
3 Orthodox
4 Other
6 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST

If ACRELI=3
*ACMUSUL
Can you specify?
1 Sunni
2 Shia
3 [Other]
5 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST

INRELI
Do you want to give ([ELFE child] (and [TWIN child])) religious education?
1 Yes
2 No
9 [Doesn't know]

INT: EXAMPLE OF RELIGIOUS EDUCATION: SUNDAY SCHOOL, KORANIC SCHOOL

If INRELI =1
*LRELI
Which?
1 Christian (catholic, protestant, orthodox, evangelical, etc.)
2 Muslim
3 Jewish
4 Buddhist
5 Hindu
6 [Other religion]
8 [Doesn't want to answer]
9 [Doesn't want to answer]

If QLRELI=1
*QLCHRET
Can you specify?
1 Catholic
2 Protestant
3 Orthodox
4 [Other]
6 [No further precision]
9 [Doesn't know]
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INT: DO NOT LIST. SAY "CAN YOU SPECIFY?" ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FURTHER PRECISIONS. IF THE PERSON UNPROMPTED SAYS "I'M CATHOLIC", "I'M PROTESTANT" "I'M ORTHODOX" TO THE PREVIOUS QUESTION, CODE DIRECTLY.

*QLMUSUL

Can you specify?
1  Sunni
2  Shia
3  [Other]
5  [No further precision]
9  [Doesn't know]

INT: DO NOT LIST. SAY "CAN YOU SPECIFY?" ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FURTHER PRECISIONS. IF THE PERSON UNPROMPTED SAYS "I'M SUNNI", "I'M SHIA" TO THE PREVIOUS QUESTION, CODE DIRECTLY.
**Organization of Day-to-Day Activities**

Questionnaires concerned: "cohabiting father" *if SITUAFAMP=1 ask from CHANGB to MEDB*, "referent father or non-cohabiting father" *if SITUAFAMP=3 ask from CHANGB to MEDB*

Since [ELFE child] (and [Twin child]) left the maternity unit, can you tell me who has been responsible during the week...

**CHANGB**
...for changing [ELFE child] (and [TWIN child])?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

**MANGB**
...feeding them (if breastfed, fill in "Not applicable")?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

**COUCHB**
...for putting them to bed?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

**LAVB**
...for washing or bathing them?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

**PROMB**
...for putting them to bed?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

NUIITPLEU
... for getting up at night if they cry?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

MEDB
Since you left the maternity unit, can you tell me who has been responsible for taking them to the doctor?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

Questionnaires concerned: "cohabiting father" or "cohabiting father of placed child" if $SITUAFAMP=1$ ask from VAISS to SAFTACE, "referent father", "non-cohabiting father" or "non-cohabiting father of placed child" if $SITUAFAMP=3$ ask from VAISS to SAFTACE

And now, concerning the division of household tasks and the organization of everyday life in the week, can you tell me...

VAISS
... who does the washing up or fills the dishwasher?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

COURS
... who does the food shopping?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

REPAS
... who prepares meals?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

LINGE
... who does the laundry?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

MENAGE
... who does the housework?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

REPAR
... who does odd jobs inside and outside the dwelling? Or who does the repairs?
1 Always you
2 Most often you
3 You and your partner
4 Most often your partner
5 Always your partner
6 Always or most often someone else
7 [Not applicable]

SAFTACM
Concerning household tasks, are you happy with the division of tasks between you and your partner?
1 Very satisfied
2 Rather satisfied
3 Rather dissatisfied
4 Very dissatisfied
8 [Refuses]

SAFTACE
Concerning child care, are you happy with the division of tasks between you and your partner?
1 Very satisfied
2 Rather satisfied
3 Rather dissatisfied
4 Very dissatisfied
8 [Refuses]
Questionnaires concerned: "cohabiting father", "referent father", "non-cohabiting father"

For the following activities,

**BAIN**
Bathing your [ELFE child] ([TWIN child]), would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

**COUP**
Cutting their nails, would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

**MOUCH**
Blowing their nose, would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

**TOILCH**
Changing their nappies, would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

**SOIN**
Taking care of them for irritations (buttocks, head, eyes), would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

**MANGE**
Blowing their nose, would you say that:
1. You like doing it
2. You do it because you have to
3. You avoid doing it yourself
4. [Not applicable]

Who or how were you informed of the care (health, bed, food) to be given to your child (children)?

**INFDOC** A doctor, a paediatric nurse, a midwife 1 Yes / 2 No
   If LIENTYP(i)=8 and SEXE(i)=2 or VIEMERB=1 or VIEMER=1

**INFMER** Your mother 1 Yes / 2 No
   If INFCONJ≠2 to 4 or RECON=1 or LIENTYP=7 or FC PLAPER≠2 to 5 or PLARECON=1

**INFCONJ** The father of [ELFE child] / [twins], your partner 1 Yes / 2 No
   If LIENTYP(i)=9 and SEXE(i)=2 or MCJVIV=1

**INFGM** The grandmother of [ELFE child] / [twins] 1 Yes / 2 No

**INFMEM** Another family member or a friend 1 Yes / 2 No
INFGRO  A group of parents  1 Yes / 2 No
INFCRE  Staff at the creche, the childminder, the nursery school assistant  1 Yes / 2 No
INFOVI  Neighbours  1 Yes / 2 No
INFLIV  A book, the press  1 Yes / 2 No
INFTV  A TV programme, the radio, a website  1 Yes / 2 No
INFEXP  Your personal experience  1 Yes / 2 No
INFAUT  Other  1 Yes / 2 No
INFAUC  No information received  1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If $INFLIV=1$
What type of book or magazine have you read?
TYPINF1  A specialized, general-public book (e.g.: Dr. Spock)  1 Yes / 2 No
TYPINF2  A medical book  1 Yes / 2 No
TYPINF3  A woman's magazine, a baby magazine  1 Yes / 2 No
TYPINF4  Documentation provided by mother and child protection, the maternity unit, the doctor  1 Yes / 2 No
TYPINF5  Other  1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If twins: "We are now going to talk about [ELFE child] alone, and later we will talk about [TWIN child]."

CHANT
Do you sing songs with [ELFE child]?
1 Every day
2 From time to time
3 Never

If twins: "We are now going to talk about [ELFE child] alone."

CHANT
Do you sing songs with [ELFE child]?
1 Every day
2 From time to time
3 Never

PARL
Do you talk to [ELFE child]?
1 Every day
2 From time to time
3 Never

PEAUN
Did you have the opportunity to hold your child against your body, skin to skin, at birth?
1 Yes
2 No

PEAUP
Today, from time to time, do you hold your child against you, skin to skin?
1 Yes
2 No

REGARD
Does [ELFE child] look for your gaze?
SOURIR
Does he/she smile at you?
1 Every day
2 From time to time
3 Never

PLEUR
In your opinion, [ELFE child] cries:
1 Rarely
2 Often
3 Very often

PQPLEUR
When he/she cries, do you know why?
1 Rarely
2 Yes, from time to time
3 Yes, in general

CALMPL
When he/she cries without being hungry, he/she manages to calm down:
1 Fairly often by himself/herself, including with a dummy
2 Only if you or your partner stay be his/her side without taking him/her in your arms
3 Only if you or your partner takes him/her in your arms
4 Never cries or hardly ever

ECOLAG
At what age would you like your child (children) to go to school?
1 I haven't thought about it
2 At two
3 At two-and-a-half
4 At three
5 Later
9 [I don't know]

INT: DO NOT LIST

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "cohabiting father of placed child", "non-cohabiting father of placed child"

SHBB1 SHBB2 SHBB3
What do you wish for the most for [ELFE child] (and [TWIN child])? Choose the three most important things from the following:

Items presented randomly
1 Social success
2 A good love life
3 An interesting job
4 Passionate leisure activities
5 A calm life
6 A big family
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7 A lot of friends
8 A fairer world
9 Good health
10 Other

**INT:** LIST ALL THE ITEMS THEN NOTE THE MOST IMPORTANT THINGS BY ORDER OF IMPORTANCE

*If 1SHBB=10 or 2SHBB=10 or 3SHBB=10

*SHBBP

**What is this other thing?**
1 The FIRST most important, specify_______________________________
2 The SECOND most important, specify_______________________________
3 The THIRD most important, specify_______________________________

**INT:** NOTE DOWN WORD BY WORD

**PSOC**

And concerning his/her/their occupation and social situation, do you think the position of [ELFE child] (and [TWIN child]) will be:
1 Much higher than that of your family
2 A little higher
3 Comparable
4 A little lower
5 Much lower than that of your family
9 [I don't know]
HARMONY WITHIN THE COUPLE

Questionnaires concerned only if SITUAFAMP=1, 2 "cohabiting father", "cohabiting father of placed child", "referent father" if mother not taking part

"Some couples experience a certain amount of stress with the arrival of a child, be it before, during or just after the birth."

DISAG
Before [Mother first name] was pregnant with [ELFE child] (and [TWIN child]), did you have any arguments with her about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISAG= 3 or 4

PBAGC
Before the pregnancy of [Mother first name], did she insult you or say harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISAG= 3 or 4

PBAGM
Before the pregnancy of [Mother first name], did you insult her or say harmful things to her?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

DISPG
And during her pregnancy, did you have any arguments with her about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

If DISPG= 3 or 4

PBPGC
Again during her pregnancy, did she insult you or say harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]
If $\text{DISPG} = 3$ or $4$

**PBPGM**
During her pregnancy, did you insult her or say harmful things to her?

1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

**DISAN**
And since the birth of [ELFE child] (and [TWIN child]), have you had any arguments with her about everyday life, friends, children, or occupational life?

1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If $\text{DISAN} = 3$ or $4$

**PBANC**
Again since the birth of [ELFE child] (and [TWIN child]), has she insulted you or said harmful things to you?

1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]

If $\text{DISAN} = 3$ or $4$

**PBANM**
Since the birth of [ELFE child] (and [TWIN child]), have you insulted or said harmful things to her?

1. Never
2. Rarely
3. Sometimes
4. Often
8. [Refuses]
THE CHILD’S DIET SINCE BIRTH

Questionnaire concerned: "referent father", "non-cohabiting father with child in alternating custody"

*If no Twin:* "We are now going to talk about the diet of [ELFE child] since birth: breastfed or not, the frequency of meals, etc."

*If Twin:* "We are going to talk about the diet of [ELFE child] (and [TWIN child]) since birth: whether they are breastfed or not, the frequency of their meals, etc. We will begin with [ELFE child] and subsequently talk about [TWIN child]."

NBBIB
How many times do you give the child a bottle per 24 hours? (1 to 50; 88 Refuses; 99 Doesn't know) | ___ | ___ |

STERIL
Do you sterilize the bottles?
1 Sometimes
2 Never
3 Always

AJFARI
Do you ever add infant cereals to the milk? We are talking about [ELFE child].
1 Yes
2 No

EAU
What kind of water do you give to [ELFE child] when preparing the bottle or quenching their thirst?
1 Tap water only => BOIS
2 Bottled water only (mineral or spring)
3 Both (tap water and bottled water)
4 Doesn't drink water

*If EAU=2 or 3*

EAUMARQ
Do you have a habitual brand?
1 Yes
2 No

*If EAUMARQ=1*

EAUMARQP
Which one?
1 Evian
2 Cristalline
3 Aquarel
4 Hépar
5 Les Abatilles
6 Mont-Roucous
7 Pierval
8 Plancoët
9 Saint Alban
10 Thonon
11 Valvert
If EAUMARQP=14

EAUMARQPP
Specify the habitual brand: ________________

AUTBOIS
Do you give other drinks to [ELFE child]?  
1 Yes  
2 No

If AUTBOIS=1

What kind?
TYPBOIS1 Flavoured water, herbal tea  1 Yes / 2 No
TYPBOIS2 Fruit or vegetable juices  1 Yes / 2 No
TYPBOIS3 Other drinks  1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If TYPBOIS3=1

TYPBOISP
Which other drink(s)? (Maximum 50 characters)

TPSBIB
Currently how long does a bottle feed last?  
1 Under 15 minutes  
2 15 to 30 minutes  
3 Over 30 minutes  
9 [Doesn't know]

RYTHAL
Usually, at what frequency do you feed [ELFE child]?  
1 On demand (you only feed him/her when they so demand)  
2 You feed him/her at regular times but in general only when he/she is awake...  
3 You wake him/her up to feed him/her

NUIAL
Do you ever feed them at night(11 pm to 6 am)?  
1 Yes, when they ask  
2 Yes, even when they don't ask  
3 No, even when they ask  
4 No, because they don't ask  
5 [Other]

PEUALI
What do you do when he/she doesn't breastfeed much or doesn't finish the bottle, when not ill?  
1 You insist  
2 You try again a little later on
3 You don't insist
4 It never happens
5 [Other]

**If PEUALI=5**

**PEUALIP**

What do you do? (maximum 50 characters) ________________________________

**SUSPOU**

Does [ELFE child] suck his/her thumb, fingers or fist?
1 Never
2 Sometimes
3 Often
4 All the time or almost

**TETINE**

Does/he she suck on a dummy?
1 Never
2 Sometimes
3 Often
4 All the time or almost

**If TETINE=2, 3 or 4**

**TETAUT**

At night, does/he she suck on a dummy dipped in something other than water?
1 Never
2 Sometimes
3 Often
4 All the time or almost

**INT: FOR EXAMPLE, IN HONEY**

"Let's talk about your diet when you were born."

**MERLAI**

Were you breastfed by your mother?
1 Yes
2 No
9 [Doesn't know]
HEALTH OF FATHER OR PARTNER

Questionnaires concerned: "referent father", "cohabiting father", "non-cohabiting father", "father of placed child"

SS1
Which social security scheme covers your healthcare costs?
1. General scheme and other schemes connected to general scheme (civil servants, state workers, local authority agents, approved healthcare professions, artists, religions, Alsace-Moselle, war invalids, beneficiaries of disabled adult allowance, holders of Social Security invalidity pensions)
2. MSA scheme for agricultural workers (MSA, AMEXA, ASA, GAMEX, AAEXA - including those of Alsace-Moselle)
3. The RSI social security scheme for the self-employed (RSI, AMPI, RAM: self-employed tradespeople, shopkeepers, manufacturers, liberal professions, doctors setting their own fees)
4. Another scheme: EDF/GDF, SNCF, Mines, RATP, career military, student
5. Basic universal health cover (CMU)
6. State medical aid
7. Non-French scheme
8. [No scheme - is not covered]
9. [Doesn't know]

If SS1≠9
SSB
Is it:
1. Your own social security scheme
2. That of your partner
3. That of another person
9. [Doesn't know]

SS2
Do you "still benefit (if SS2 documented YES in maternity unit) from supplementary health coverage, i.e. supplementary health insurance, an insurance policy, or a provident fund that reimburses your healthcare in addition to social security?"
1. Yes
2. No
9. [Doesn't know]

If SS2 =1
SS3
Is it "still" (if SS3 documented YES in maternity unit) basic universal health cover (CMU)?
1. Yes
2. No
9. [Doesn't know]

SANTGE
How would you describe your current state of health?
1. Very good
2. Good
3. Average
4. Poor
5. Very poor
LIMIT

Have you been limited for at least 6 months by a health problem in activities that people do regularly, excluding the classic limitations related to a pregnancy?
1 Yes, extremely limited
2 Yes, limited
3 No, not at all
9 [Doesn’t know]

MALCHR

Do you suffer from a chronic health problem or illness?
1 Yes
2 No → HOPMER

INT: A CHRONIC ILLNESS IS AN ILLNESS THAT HAS LASTED (OR WILL LAST) A LONG TIME AND/OR REOCCURS (OR WILL REOCCUR) REGULARLY

If MALCHR=1 ask SECU

SECU

Is it an illness for which you are covered by social security for 100% of healthcare costs? (illnesses such as diabetes, severe high blood pressure, multiple sclerosis, a serious immune system deficiency, an incapacity, a handicap, etc.)
1 Yes
2 No

POIDSP

How much do you weigh (in kg)?
kg (0.250)

INT: IF DK, CODE 999. IF REFUSAL, CODE 888 KG

TAILLEP

What is your height (in cm)?
cm (0.220)

INT: EXAMPLE: IF HE MEASURES 1.75M, CODE 175CM IF HE MEASURES 1.50M, CODE 150CM IF DK, CODE 999. IF REFUSAL, CODE 888 CM

TABA

Do you smoke?
1 Yes
2 No

If TABA=1

NBTABA

How many cigarettes a day on average?
(1 to 60)

EXPTAB

Is your child currently exposed to cigarette smoke?
1 Never or hardly ever
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
Have you suffered or do you suffer from:

**ASTHM**
Asthma
1 Yes
2 No
9 [Doesn't know]

**ECZEM**
Eczema
1 Yes
2 No
9 [Doesn't know]

**RHUM**
Hay fever
1 Yes
2 No
9 [Doesn't know]

How much do you sleep at night? (Approximate number of hours)

**TPSNUIH**
Hours (0 to 16)
AND
**TPSNUIM**
Minutes (0 to 60)

**INT:** IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT LAST NIGHT.
CODE THE NUMBER OF HOURS AND MINUTES: IF 6 HOURS CODE 6 HOURS AND 0 MINUTES

And in the day, be it the morning or afternoon, how much time do you sleep or rest in general? (Approximate number of hours)

**TPSJH**
Hours (0 to 16)
AND
**TPSJM**
Minutes (0 to 60)

**INT:** IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT LAST NIGHT.
CODE THE NUMBER OF HOURS AND MINUTES: IF 6 HOURS CODE 6 HOURS AND 0 MINUTES

If SOMME (TPSNUIH; TPSJH)>24
Active warning: "The number of hours slept is too high. Change TPSNUIH or TPSJH."

"There are moments in life when one feels better or worse, and this is particularly true with the arrival of a baby. We would like to know how you feel."

**BBL1**
In the past week, you were able to laugh and look on the bright side of things.
1 As much as usual
2 Not quite as much
3 Really a lot less these days
4 Absolutely not
8 [Refuses]
Again in the past week, you have felt confident and happy thinking about the future.
1 As much as usual
2 Not quite as much
3 Really a lot less these days
4 Absolutely not
8 [Refuses]

And, again in the past week, you blamed yourself without reason for being responsible when things go wrong.
1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, never
8 [Refuses]

And, again in the past week, you have felt worried or concerned without reason.
1 No, not at all
2 Almost never
3 Yes, sometimes
4 Yes, very often
8 [Refuses]

And, again in the past week, you have felt afraid or panicked for no real reason.
1 Yes, very often
2 Yes, sometimes
3 No, not very often
4 No, not at all
8 [Refuses]

And, again in the past week, you have felt overwhelmed by events.
1 Yes, most of the time, you feel incapable of coping with situations
2 Yes, sometimes, you have not felt as capable of coping as usual
3 No, you have been able to cope with most situations
4 No, you have felt as capable as usual
8 [Refuses]

And, again in the past week, you have felt so unhappy that you have had problems sleeping.
1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, never
8 [Refuses]

And, again in the past week, you have felt sad or not very happy.
1 Yes, most of the time
2 Yes, sometimes
BBL9
And, again in the past week, you have felt so unhappy that you have cried.
1  Yes, most of the time
2  Yes, very often
3  Only from time to time
4  No, never
8  [Refuses]

BBL10
And, again in the past week, have you thought about harming yourself?
1  Yes, very often
2  Sometimes
3  Almost never
4  Never
8  [Refuses]

INT: IF YOU NEED TO, SAY: "THIS IS A STANDARD QUESTIONNAIRE ASKED COMMONLY TO ADDRESS THE QUESTION OF BABY BLUES. IT MAY SEEM A LITTLE LONG, BUT WE NEED TO ASK ALL THE QUESTIONS"
HOUSEHOLD CARE-GIVING AND RESPONSIBILITIES

Questionnaires concerned: "referent father", "non-cohabiting father", "non-cohabiting father of placed child"

"We are now going to talk about care-giving in your household and the social aid that your family may benefit from."

HANDIC1E
Are there any handicapped people in your household?
1 Yes
2 No ⇒ PROC1
8 [Doesn't want to answer]

If HANDIC1E=1
Who?
*HANDIC2E1 First person NOI |______|
*HANDIC2E2 Second person NOI |______|
*HANDIC2E3 Third person NOI |______|
*HANDIC2E4 Fourth person NOI |______|
*HANDIC2E5 Fifth person NOI |______|
*HANDIC2E6 Sixth person NOI |______|

PROC1
Is there anyone in your household (partner, children, etc.) whose state of health concerns you or has concerned you a lot lately?
1 Yes
2 No ⇒ PROC2

if PROC1=1
Who?
*SANTPROC11 First person NOI |______|
*SANTPROC12 Second person NOI |______|
*SANTPROC13 Third person NOI |______|
*SANTPROC14 Fourth person NOI |______|
*SANTPROC15 Fifth person NOI |______|
*SANTPROC16 Sixth person NOI |______|

PROC2
And outside your household (parents, friends, etc.) is there anyone whose state of health concerns you or has concerned you a lot lately?
1 Yes
2 No ⇒ FASTHM

if PROC2=1
Who?
SANTPROC21 Your mother 1 Yes / 2 No
SANTPROC22 Your father 1 Yes / 2 No
SANTPROC23 The father of your child (children) 1 Yes / 2 No
SANTPROC24 The mother of the father of your child (children) 1 Yes / 2 No
SANTPROC25 The father of the father of your child (children) 1 Yes / 2 No
SANTPROC26 One of your brothers and sisters, half-brothers and half-sisters 1 Yes / 2 No
SANTPROC27 One of the brothers and sisters of the father of your child (children) 1 Yes / 2 No
SANTPROC28  Another member of your family (your grandparents or those of the father, uncles, etc.)  1 Yes / 2 No
SANTPROC29  A close friend  1 Yes / 2 No
SANTPROC210  Other  1 Yes / 2 No

INT: DO NOT LIST - TWO ANSWERS POSSIBLE – VALUES 0 NO / 1 YES. THE "OTHER" MUST BE USED ON AN EXCEPTIONAL BASIS ONLY

If "referent father" and there is a LIENTYP=3, 4 or 5, or ADFRAT=1 otherwise, go to AIDPUER

FASTHM
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-sister who suffers from asthma?  
1 Yes  
2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household)  
*QFASTHM1  First person  NOI/ NOIDFRA | ______
*QFASTHM2  Second person  NOI/NOIDFRA | ______
*QFASTHM3  Third person  NOI/NOIDFRA | ______
*QFASTHM4  Fourth person  NOI/NOIDFRA | ______
*QFASTHM5  Fifth person  NOI/NOIDFRA | ______
*QFASTHM6  Sixth person  NOI/NOIDFRA | ______

FECZEM
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-sister who suffers from eczema?  
1 Yes  
2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household)  
*QFECZEM1  First person  NOI/ NOIDFRA | ______
*QFECZEM2  Second person  NOI/NOIDFRA | ______
*QFECZEM3  Third person  NOI/NOIDFRA | ______
*QFECZEM4  Fourth person  NOI/NOIDFRA | ______
*QFECZEM5  Fifth person  NOI/NOIDFRA | ______
*QFECZEM6  Sixth person  NOI/NOIDFRA | ______

FRHUMF
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-sister who suffers from hay fever?  
1 Yes  
2 No

Who? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)  
*QFRHUMF1  First person  NOI/ NOIDFRA | ______
*QFRHUMF2  Second person  NOI/NOIDFRA | ______
*QFRHUMF3  Third person  NOI/NOIDFRA | ______
*QFRHUMF4  Fourth person  NOI/NOIDFRA | ______
*QFRHUMF5  Fifth person  NOI/NOIDFRA | ______
*QFRHUMF6  Sixth person  NOI/NOIDFRA | ______

If "referent father" and (LIENTYP in 3, 4, 5) or ADFRAT=1) and under 18 years old then ask

Does your family benefit for [ELFE child] ([TWIN child]) or one of their brothers, or sisters:
AIDPUER  From the assistance of paediatric nurse or midwife from mother-and-child protection at your home  1 Yes / 2 No
AIDTR  From the assistance of a family worker  1 Yes / 2 No
**AIDASS** From the support of a social worker 1 Yes / 2 No

**AIDPSY** From the support of a psychologist 1 Yes / 2 No

**AIDED** From the support of an educator 1 Yes / 2 No

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDPSY=1 or AIDED=1 then ask

Who benefits? (Display NOI and first name of brothers / sisters / half-brothers / half-sisters, in the household and aged under 18)

*ENFAIDJUG1 First person* NOI/NOIDFRA |____|

*ENFAIDJUG2 Second person* NOI/NOIDFRA |____|

*ENFAIDJUG3 Third person* NOI/NOIDFRA |____|

*ENFAIDJUG4 Fourth person* NOI/NOIDFRA |____|

*ENFAIDJUG5 Fifth person* NOI/NOIDFRA |____|

*ENFAIDJUG6 Sixth person* NOI/NOIDFRA |____|

**AIDJUG** From the supervision of a juvenile judge 1 Yes / 2 No

If AIDPUER=1 or AIDTR=1 or AIDASS=1 or AIDPSY=1 or AIDED=1 or AIDSOC=1 or AIDJUG=1 then ask

FQPROA

How often do you see these professionals?
1 More than once a week
2 Once a week
3 2 to 3 times a month
4 Once a month or less

If ENFAIDJUG= 12 [ELFE child] or [TWIN child]

DSUIVI

How long has this supervision lasted? |__|__|

DSUIVIP

D=number of days, M=number of months, Y=number of years |__|

If AIDASS=1 or AIDSOC=1 or AIDED=1 or AIDJUG=1

AEMOD

Is/are [ELFE child] or [TWIN child] (or one of their brothers or sisters or half-brothers or half-sisters) supervised 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, by a juvenile judge (measure taken by a juvenile judge) ⇒ DATPRJ
2 Yes, by the child welfare service (measure taken by the child welfare service) ⇒ DATPRJ
3 No ⇒ ACHARGE

If TYPEMPLOI =1 or 2

*ENFAIDEDU1 First person* NOI/NOIDFRA |____|

*ENFAIDEDU2 Second person* NOI/NOIDFRA |____|

*ENFAIDEDU3 Third person* NOI/NOIDFRA |____|

*ENFAIDEDU4 Fourth person* NOI/NOIDFRA |____|

*ENFAIDEDU5 Fifth person* NOI/NOIDFRA |____|

*ENFAIDEDU6 Sixth person* NOI/NOIDFRA |____|

If AEMOD = 1 or 2 and LIENTYP=12 [ELFE child] or [TWIN child]

Date of start of supervision (the start may pre-date the birth of the child)?

*DATPRJ*

Day (1 to 31) (NA=88, DK 99) |__|__|
*DATPRM
Month (1 to 12) (NA=88, DK 99)

DATPRA

DUREPRIS
Planned duration of supervision?
No. of weeks (NA=888, DK 999) min 1 max 99

ACHARGE
Do you or another member of your household regularly provide financial assistance to people not belonging to your household, including a living allowance or the direct or indirect payment of rent?
Don’t include Christmas or birthday presents
1 Yes
2 No ⇒ Next module

If ACHARGE=1
What type of aid?
TYPAIDE1 The direct or indirect payment of rent 1 Yes / 2 No
TYPAIDE2 A living allowance 1 Yes / 2 No
TYPAIDE3 Other financial assistance 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPAIDE= 3
TYPAIDEP
Is this other financial assistance:
1 Regular
2 Occasional
TYPE OF CARE

Questionnaire concerned: "referent father"

"Lastly, let's talk about child-minding and [ELFE child] ([TWIN child])."

GARDID
For you, what is the "ideal" type of childcare for your child (your twins)?
1. You and their mother
2. Another family member
3. A nursery assistant
4. A crèche
5. An employee at home
9. [Doesn't know]

INT: INSIST ON THE "IDEAL" ASPECT

GARDREG1
Currently, does someone other than yourself mind [ELFE child] (and/or [TWIN child])?
1. Yes
2. No

If GARDREG1=1 and twins
GARDREG1J
Are the twins minded by someone other than yourself
1. Yes, both of them
2. No, only [ELFE child] is minded
3. No, only [TWIN child] is minded

If GARDREG1=1 and INFPER≠2 to 4 or FC_RECON=1 or FC_PLAPER≠2 to 5 or FC_PLARECON=1
GARDPER
Is this other person the mother of the child (of your children)?
1. Yes
2. No ⇒ TYPGARD

If GARDPER=1 then ask
GARDPER1
Is he/she minded by someone other than you and the mother?
1. Yes ⇒ TYPGARD
2. No

If GARDREG1=2 or GARDPER1=1
GARDREG2
Do you think he/she/they will soon have to be regularly minded by someone other than yourself?
1. Yes
2. No

If GARDREG1=2 or 3
GARDREG2J
Do you think [ELFE child] (OR [TWIN child]) will soon have to be regularly minded by someone other than yourself?
1. Yes
2. No
If $\text{GARDREG2}=2$, ask $\text{PQGARD}$, otherwise go to $\text{RENS}$

For which main reasons do you want to mind your child (children) yourself? (2 answers possible)

$\text{PQGARD1}$ Another care solution would cost more 1 Yes / 2 No

$\text{PQGARD2}$ You don't have another solution 1 Yes / 2 No

$\text{PQGARD3}$ Your working hours are not compatible with the hours of childcare services 1 Yes / 2 No

$\text{PQGARD4}$ You want to fully devote yourself to the education of your child (children) 1 Yes / 2 No

$\text{PQGARD5}$ It is the most beneficial solution for your child 1 Yes / 2 No

$\text{PQGARD6}$ You don't have a job 1 Yes / 2 No \Rightarrow \text{Next module}

$\text{PQGARD7}$ Another reason (specify) 1 Yes / 2 No

If $\text{GARDPER}=7$ then ask

*$\text{PQGARDDP}$

Specify this other reason. ______________________

If $\text{GARDREG2}=1$ or $\text{GARDREG2J}=1$ otherwise go to $\text{DEMAND}$

$\text{RENS}$

Have you searched for information on or undertaken procedures for the care of your child (children)?

1 Yes, before the birth
2 Yes, since the birth
3 No \Rightarrow \text{TYPGARD}

$\text{INT: PROCEDURES MEANS VISITING THE TOWN HALL, ORGANIZATIONS OR MOTHER AND CHILD PROTECTION SERVICES}$

If $\text{GARDREG2}=1$ or $\text{GARDREG2J}=1$ ask $\text{DEMAND}$ otherwise go to $\text{INFGARD}$

$\text{DEMGARD}$

Where are you currently at in terms of your requests for childcare?

1 You have just started seeking information or have made the initial contacts
2 You are actively looking for childcare or you have submitted a request and are waiting for an answer
3 You have found a childcare service

Who did you ask for information?

$\text{INFGARD1}$ Your network of acquaintances 1 Yes / 2 No

$\text{INFGARD2}$ A crèche 1 Yes / 2 No

$\text{INFGARD3}$ A nursery assistant Yes / 2 No

$\text{INFGARD4}$ Mother and Child Protection 1 Yes / 2 No

$\text{INFGARD5}$ Family allowance office 1 Yes / 2 No

$\text{INFGARD6}$ Mother and Child Protection 1 Yes / 2 No

$\text{INFGARD7}$ An organization 1 Yes / 2 No

$\text{INFGARD8}$ Other information resource 1 Yes / 2 No

$\text{INT: LIST – SEVERAL ANSWERS POSSIBLE}$

If $\text{INFGARD8}=1$

*$\text{INFGARDDP}$

Which other information resource? ______________________

$\text{ACINF}$

Have you been able to access all the necessary information?

1 Yes
2  No

_if GARDREG1=1 or GARDREG2=1 or GARDREG2J=1_

If GARDREG1=1
"What type of care?"
If GARDREG2=1 or GARDREG2J=1
"What will the type of care be?"

**TYPGARD1**  A crèche 1 Yes / 2 No
**TYPGARD2**  A nursery assistant 1 Yes / 2 No
**TYPGARD3**  An employee at home 1 Yes / 2 No
**TYPGARD4**  Grandparents 1 Yes / 2 No
**TYPGARD5**  Another member of the family 1 Yes / 2 No
**TYPGARD6**  Other 1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

**GARDAUT**
Since the birth, when you have had to go out for a moment, was/were [ELFE child] (and [TWIN child]) minded by another person other than you or the mother?
1  Yes, by a member of your family
2  Yes, by a person not from your family
3  No

**ENFCOM**
Do you take public transport with [ELFE child] (and [TWIN child])?
1  Never
2  From time to time
3  Often

END