NATIONAL 2 MONTH SURVEY
Administered in 2011
MOTHER'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.

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GENERAL INFORMATION

<TELNIE>
ELFE child ID number

<IDSI>
IS ID

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)

<PREFN>
ELFE child first name ____________________________

SEXE
ELFE child sex
1 Boy
2 Girl

NOMFAM
What is the [ELFE child]'s last name today?
1 … the father’s name
2 … the mother’s name
3 … composite of both parents' names
4 … another name

NOMFAMO
In which order?
1 The father's name then the mother's name
2 The mother's name then the father's name
**PARENT CONTACT DETAILS**

<table>
<thead>
<tr>
<th><strong>&lt;NOMM&gt;</strong> Mother’s last name</th>
<th><strong>&lt;PRENM&gt;</strong> Mother’s first name</th>
<th><strong>&lt;NOMP&gt;</strong> Father’s last name</th>
<th><strong>&lt;PRENP&gt;</strong> Father’s first name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother’s contact details</strong></td>
<td></td>
<td><strong>Father’s contact details</strong></td>
<td></td>
</tr>
<tr>
<td><strong>&lt;TELM1&gt;</strong> Tel no.</td>
<td></td>
<td><strong>&lt;TELP1&gt;</strong> Tel no.</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;TELM2&gt;</strong> Tel no.</td>
<td></td>
<td><strong>&lt;TELP2&gt;</strong> Tel no.</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;TELM3&gt;</strong> Tel no.</td>
<td></td>
<td><strong>&lt;TELP3&gt;</strong> Tel no.</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;TELM10M&gt;</strong> Tel no. used to get in touch</td>
<td></td>
<td><strong>&lt;ADR1P&gt;</strong> Stairway, floor, apartment, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;EMAILMON&gt;</strong> Email address</td>
<td>1 Yes / 2 No</td>
<td><strong>&lt;ADR2P&gt;</strong> Building</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;EMAILM&gt;</strong> Email address</td>
<td></td>
<td><strong>&lt;ADR3P&gt;</strong> Street number and street</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;INTDOM&gt;</strong> Internet access at home</td>
<td>1 Yes / 2 No</td>
<td><strong>&lt;ADR4P&gt;</strong> Additional address information</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADR1M&gt;</strong> Stairway, floor, apartment, etc.</td>
<td></td>
<td><strong>&lt;ADRCPP&gt;</strong> Father’s postcode</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADR2M&gt;</strong> Building</td>
<td></td>
<td><strong>&lt;ADRCOMP&gt;</strong> Municipality</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADR3M&gt;</strong> Street number and street</td>
<td></td>
<td><strong>&lt;CODGEOP&gt;</strong> Father’s municipality of residence (INSEE code)</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADR4M&gt;</strong> Additional address information</td>
<td></td>
<td><strong>REGP</strong> Father’s region of residence (INSEE code)</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADRCPM&gt;</strong> Mother’s postcode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>&lt;ADRCOM&gt;</strong> Municipality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>&lt;CODGEOM&gt;</strong> Mother’s municipality of residence (INSEE code)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REGM</strong> Mother’s region of residence (INSEE code)</td>
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<td></td>
</tr>
</tbody>
</table>

**Relay person 1**

<table>
<thead>
<tr>
<th><strong>&lt;NOMR&gt;</strong> Last name of relay person</th>
<th><strong>&lt;PRENR&gt;</strong> First name of relay person</th>
<th><strong>&lt;TELR1&gt;</strong> Tel no. 1 of relay person</th>
<th><strong>&lt;TELR2&gt;</strong> Tel no. 2 of relay person</th>
<th><strong>&lt;TELR3&gt;</strong> Tel no. 3 of relay person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>&lt;ADR1R&gt;</strong> Stairway, floor, apartment, etc.</td>
<td><strong>&lt;ADR2R&gt;</strong> Building</td>
<td><strong>&lt;ADR3R&gt;</strong> Street number and street</td>
<td><strong>&lt;ADR4R&gt;</strong> Additional address information</td>
<td><strong>&lt;ADRCPR&gt;</strong> Postcode</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 ELFE CHILD

Always interview MOTHER first

MANAGING THE FIRST CONTACT WITH THE MOTHER WHO ACCEPTS TO TAKE PART TO DETERMINE THE TYPE OF QUESTIONNAIRE SHE WILL BE ASKED.

EFVIT
Is [ELFE child] alive?
If NAISGEM =1
Do [ELFE child] and ([TWIN child]) live...?
1 With you and their father  ⇒ Q Mother referent parent
2 With you and not their father  ⇒ INFPER then Q Mother referent parent
3 With their father and not you  ⇒ EFVOI
4 You and their father on an alternating basis  ⇒ Q Mother referent parent
5 Neither with you or their father (he is with another person or at a non-hospital institution)  ⇒ EFVITP
6 [The child/children has/have not left hospital]  ⇒ MOTIFH
7 (If NAISGEM =1) [One of the twins has not left hospital]  ⇒ EFVITJ

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

If EFVIT=7
EFVITJ
Is it:
1 [ELFE child first name]
2 [TWIN child first name]
⇒ ACCHOP

Question about the health of [ELFE child] hospitalized since birth

MOTIFH
For what reasons is he/she in hospital?________________________

SERVICE
Which type of hospital unit?________________________

ETABLIS
Is it in the same establishment they were born in?
1 Yes
2 No

If EFVIT=2
INFPER
Can I ask you why [ELFE child] lives with you only and not their father?
1 The father lives elsewhere (separation or never lived together)
2 The father has died
3 Doesn't know who the father is (including insemination)
4 The mother considers that the biological father is not the child's father
5 [Refuses to answer]
⇒ Q Referent mother Parent

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

If INPER=1

RECON

Does the child’s father recognize [ELFE child]?
1 Yes
2 No

If EFVIT=3

EFVOI

Since your child was born, you have seen him/her...?
1 Every day ⇒ Q Non-cohabiting mother
2 More than once a week ⇒ Q Non-cohabiting mother
3 Once a week ⇒ Q Non-cohabiting mother
4 Once or twice in last month ⇒ Q Non-cohabiting mother
5 Not since the birth ⇒ Q Mother of placed child without placed child questions

If EFVIT=5

EFVITP

Your child lives:
1 With a family member

EFVITPP

Specify __________
2 In a nursery
3 In a boarding school-home
4 In a host family
5 In a children’s village
6 Other

EFVITPPP If other, specify ___________________

If EFVIT=5

EFLIEU

Do you see your child:
1 Where he/she lives
2 At your house
3 It depends
4 You haven’t seen your child since the birth ⇒ End of interview: "We will contact you in a year for the first birthday of [ELFE child]"

If EFLIEU≠4

EFVOI3

Have you seen your child:
1 Every day
2 More than once a week
3 Once a week
4 Once or twice in the last month ⇒ End of interview: "We will contact you in a year for the first birthday of [ELFE child]"
If EFVIT=6 or 7

ACCHOP
Do you consent to answer questions on your household, occupational activity and health?
1 Yes ⇒
If EFVIT = 6 ⇒ Q Mother of placed child (without placed child questions)
If EFVIT = 7 and EFVITJ = 1 ⇒ Q Mother of placed child (without placed child questions) + twin child questions in their entirety
If EFVIT = 7 and EFVITJ = 2 ⇒ Q Referent mother without twin child questions
2 No ⇒ End of interview: "We will contact you in a year for the first birthday of [ELFE child]"

If ACCHOP=1
If EFVOI2= 1, 2 or 3

PLAPER
Do you live with the father of the [ELFE child] in the same dwelling?
1 Yes
2 No, the father lives elsewhere (separation or never lived together)
3 The father has died
4 Doesn't know who the father is (including insemination)
5 The mother considers that the biological father is not the child's father
⇒ Q Mother of placed child

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

If PLAPER=2

PRECON
Has the child's father recognized [ELFE child]?
1 Yes
2 No

The IT determination of the TYPE of FATHER questionnaire is made on the basis of the answers provided during contact and the availability of the contact details of the father.

If EFVIT=1
⇒ Questionnaire Cohabitating father
If EFVIT=2 and INFPER=1 or 5 and father phone number available
⇒ Questionnaire Non-cohabiting father
If EFVIT=3 and father phone number available
⇒ Questionnaire Referent father
If EFVIT=4 and father phone number available
⇒ Questionnaire Non-cohabiting father
If EFVIT=5 and PLAPER = 1
⇒ Questionnaire Non-cohabiting father of placed child
If EFVIT=5 and PLAPER = 2 and father phone number available
⇒ Questionnaire Non-cohabiting father of placed child
If CONTACTM=6, 7 or 8
⇒ Questionnaire Referent father
If EFVIT=2 and LIENRTYPE=7 and SEXE=2 in Questionnaire Referent mother Parent: same-sex parenting
⇒ Questionnaire Cohabitating father
If EFVIT=7
⇒ EFVITJ =1 et SITUAFAMM=1 or 2 Questionnaire Cohabitating father of placed child
(without placed child questions) + twin questions in their entirety

If $EFVIT=7$

$\Rightarrow$ $EFVITJ=1$ and $SITUAFAMM=3$ and $LIEN\backslash TYPE=7$, $SEXE=2$ same-sex parenting: Questionnaire Cohabiting father of placed child (without placed child questions) + twin questions in their entirety

If $EFVIT=7$

$\Rightarrow$ $EFVITJ=1$ and $SITUAFAMM\neq 1$ or 2 and Tel. no. of father available Questionnaire Non-cohabiting father of placed child (without placed child questions) + twin questions in their entirety

If $EFVIT=7$

$\Rightarrow$ $EFVITJ=2$ and $SITUAFAMM=1$ or 2 Q Cohabiting father without twin questions

If $EFVIT=7$

$\Rightarrow$ $EFVITJ=2$ and $SITUAFAMM=3$ and $LIEN\backslash TYPE=7$, $SEXE=2$ same-sex parenting Q Cohabiting "father" without twin questions

If $EFVIT=7$

$\Rightarrow$ $EFVITJ=2$ and $SITUAFAMM\neq 1$ or 2 and Tel. no. of father available Non-cohabiting father without twin questions

END of contact with the mother

- Ask the mother if the questionnaire on diet diversity if possible on the Internet If yes, validate email address.
- At end of contact, validation of all contact details from the contact sheet.
- Thank the mother and announce contact with father if contact details available. Depending on the statements of the mother, the interviewer may tick one of these wordings:
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
MOTHER QUESTIONNAIRE

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LIST AND CIVIL STATUS OF INHABITANTS OF RESIDENCE

Questionnaires concerned: "mother referent", "non-cohabiting mother", "mother of placed child" (with or without placed child questions)

The variables from NBNOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the ELFE child, a possible twin and the mother

The variables from NBNOI to NATIO1N are pre-filled on the basis of the maternity unit questionnaire for the father if EFVIT=1 or PLAPER=1

With:
- One child:
  NOI=1 for the ELFE child, NOI=3 for the mother and NOI=4 for the father (if the father is present)
- Twins, regardless of different configurations:
  NOI=1 for the ELFE child, NOI=2 for the twin, NOI=3 for the mother and NOI=4 for the father (if the father is present)

Then for each NOI: the first name, sex, date of birth, the LIEN=12 (for ELFE children) LIEN=2 for the mother, LIEN=1 for the father, the department of birth, the country of birth, the nationality.

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

Witness "Referent mother" 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 NBNOI 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"

Display variables NBNOI to NATIO1N already coded for the mother

Witness "Non-cohabiting Mother" or "Mother of Placed Child" questionnaires

INTRODUCTION: "We are going to start by talking about [ELFE child’s] family.
First I’m going to check the information you gave us in the maternity unit. Your child/children is/are well"

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

Then
"We will begin with the list of people who live here on a regular basis and quickly describe them, starting with yourself"

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

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 generally live in your household?  |___|___|

NOI
Individual rank order: ________________

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

SEXEC1
(Corrected variable) You (he/she) are (is):
1 Male
2 Female

What is your (her) date of birth?
*JNAIS Day (1 to 31, NA=88, DK=99) |___|___|
*MNAIS Month (1 to 12, NA=88, DK=99) |___|___|
ANAIS Year (1900 to 2011, NA=8888, DK=9999) |___|___|___|___|
⇒ See end of chapter for constructed variable

LIENTYP
You are (he, she is) the ... of [ELFE child]?
(IT consistency test, e.g. a sole father, a sole partner, etc.)
1 Father
2 Mother
3 Brother, sister
4 Half-brother, half-sister on the mother's side
5 Half-brother, half-sister on the father's side
6 Another child with no family connection to [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 (j) 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

*NATIO25N1
(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 \textit{NATIODBL}=1
\*\textit{NATIO2SN2}
\textbf{UPD} (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
\*\textit{NATIO2NP}
Specify other nationality if not in list ____________________________

If \textit{LIENTyp}=8 and \textit{SEXE}=1
\textbf{MERPLAN}
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 \textit{LIENTyp}=8 and \textit{SEXE}=2
\textbf{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 \textit{LIENTyp}=9 and \textit{SEXE}=2
\textbf{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 \textit{LIENTyp}=9 and \textit{SEXE}=1
\textbf{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 \textit{LIENTyp}=2 and \textit{LIENTyp}=8 and \textit{SEXE}=1
\textbf{MEREPBIO}
Is [first name] your father:
1 Biological, adoptive or legal
2 Or a person that you consider as the grandfather of the child

\textbf{INT:} BY LEGAL, WE MEAN THE ONE WHO RECOGNIZED YOU LEGALLY

If \textit{LIENTyp}=2 and \textit{LIENTyp}=8 and \textit{SEXE}=2
MEREMBIO
Is [first name] your mother:
1 Biological, adoptive or legal
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 mother" or "Mother of placed child" or if EFVIT≠4, and automatic coding for the other situations
For all members of the household:

TYPOLOG
Do you (he, she) live in your residence...?
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]

INT: IF SOMEONE HAS LIVED IN THE HOUSEHOLD FOR LESS THAN A YEAR, ASK WHAT THEIR PLANS ARE
If TYPOLOG=2
JOURAN
How many days a year? (1 to 366, NA=888, DK=999)

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

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

If TYPOLOG=5
JOUR2AN
Roughly how many days in the last year? (1 to 366, NA=888, DK=999)

Do not ask LIENTYP=12 if "non-cohabiting mother" or "mother of placed child" questionnaire

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

If AUTLOG=1 (if the person lives in another dwelling)

TYPOLOGCO
Where?
1 Barracks, camp
2 Boarding school
3 University housing or student house
4 Home for young workers
5 Penitentiary facility
6 Sanatorium, care centre or hospital
7 Retirement home
8 Temporary public works construction site
9 With a family member
10 With their father/mother
11 In a nursery, host family, children's home, other socio-educational centre
12 Individual housing
13 Other

**INT: LIST IF NECESSARY**

*If TYPLOGCO=13*

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

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

**REGUDANAIS**
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
04 La Réunion
06 Mayotte
11 Île-de-France
21 Champagne-Ardenne
22 Picardie
23 Haute-Normandie
24 Centre
25 Basse-Normandie
26 Bourgogne
31 Nord-Pas-de-Calais
<table>
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<tr>
<th></th>
<th>Region</th>
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<tr>
<td>41</td>
<td>Lorraine</td>
</tr>
<tr>
<td>42</td>
<td>Alsace</td>
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<td>43</td>
<td>Franche-Comté</td>
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<td>52</td>
<td>Pays de la Loire</td>
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<td>53</td>
<td>Bretagne</td>
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<td>Poitou-Charentes</td>
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<td>Aquitaine</td>
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<td>Midi-Pyrénées</td>
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<td>Limousin</td>
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<td>Rhône-Alpes</td>
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<td>Auvergne</td>
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<tr>
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<td>Languedoc-Roussillon</td>
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<td>Provence-Alpes-Côte d'Azur</td>
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<td>Corse</td>
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</table>
PLACED CHILD

Questionnaires concerned: Mother 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 INTERVIEW GIVES A DATE OR A NUMBER OF MONTHS OR WEEKS

*PLAC4M
Months from end of placement (1 to 12) (NA=88, DK 99)
|__|___|
PLAC5A
Years from end of placement (2011 to 2030) (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  

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 mother", "non-cohabiting mother", "mother of placed child"

Ask this section to all the people in the household aged 15 and over, starting with the mother. Depending on the filter, some questions concern only the mother.

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

(if LIENTYP=1 and LIENTYP=7 the father is more important in this case, so we consider LIENTYP=1)

COUPLE1
Are you currently in a couple with [father first name] (if LIENTYP=1) or [partner first name] (if LIENTYP=7)?
1 Yes
2 No

COUPLE2
if COUPLE1=2
But are you currently in a couple?
If no LIENTYP=1 or LIENTYP=7
Are you currently in a couple?
1 Yes
2 No

If COUPLE2=1 and no LIENTYP=1
PERENF
Is this person the father of the child?
1 Yes
2 No
8 Refuses to answer

SITUAFAMM
Situation of couple and cohabitation of the mother

If COUPLE1=1 and LIENTYP(i)=1 with a TYPOLOG(i)=1
1 The mother is in a couple and cohabits on a permanent basis with the father of the child

If COUPLE1=1 and LIENTYP(i)=1 with a TYPOLOG(i)≠1
2 The mother is in a couple with the father of the child but on a non-permanent basis

If COUPLE1=1 and LIENTYP(i)=7 with a TYPOLOG(i)=1
3 The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child" ("Twin child")

If COUPLE1=1 and LIENTYP(i)=7 with a TYPOLOG(i)≠1
4 The mother says she is in a couple with a person living in the household on a permanent basis and this person is not the father of the "ELFE child" ("Twin child")
If COUPLE2=1 and PERENF=1
5 The mother is in a couple with the father of the child and he doesn't live with her

If COUPLE2=1 and PERENF= 2 or 9
6 The mother says she is in a couple with a person not living in the household and this person is not the father of the child (or doesn't know)

If COUPLE2=1
7 The mother is not in a couple

NB: The mother may live with the father but not be in a couple with him

ETAMATRI
What is your legal marital status?
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".

QMARIPACS
V1: IF MATRIPERE=1 AND SITUAFAMM=1, 2, 5 / if MATRICONJ=1
V2.3.4.: IF MATRICOUPM=1 OR MATRICOUPHM=1
(Constructed variable) The mother is married or in a civil partnership with the person that she is in a couple with
1 Yes
2 No

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

For household members under 15 apart from the father or partner

COUPLE3
Is he/she [first name] 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

ETAMATRI3
What is their legal marital status?
1 Married or remarried including legally separated
2 Civil partnership
3 Divorced
4 Single
5 Widow

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".
SIBLINGS OUTSIDE THE HOUSEHOLD

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

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

If INFPER≠(3,4) and if PLAPER≠(4,5)

AFRAT
Have you had other children with the father of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.
1 Yes
2 No ⇒ ADFRAT

NBNOIFRA
How many (other children with the father of [ELFE child] [TWIN child], whether still living or not)? |___|

NOIFRA
Individual rank order: _____________________

<PRENFRAMA>
Starting with the eldest, what is the first name of each of the other children you have had with the father of [ELFE child] [TWIN child], whether still living or not? _____________________

For each child, ask questions SEXEFRA to NBENFRA depending on the case.

SEXEFRA
[PRENFRAMA] is (was)...
1 Male
2 Female

LOGFRA
Does [PRENFRAMA] live:
1 In an individual dwelling
2 With another member of the family ⇒ LOGFAFRA
3 In a medical institution
4 Other ⇒ LOGINFRA
5 He/she is dead ⇒ ANDECFRA
9 [Doesn't know]

If LOGFRA=2
Filter with their father/mother if SITUAFAMM =1 or 2

LOGFAFRA
With another member of the family, specify:
1 With their father
2 With their mother
3 With another family member
If LOGFRA=4
LOGINFRA
Other, specify:
1 In a nursery
2 In a boarding school-home
3 In a host family
4 In a children’s village
5 He/she is dead
6 Other

If LOGFRA=5
ANDECFRA
In what year did [PRENFR] die? Move on to next child

If LOGFRA not 5
DNAFRA
What is the year of birth of [PRENFR]? |__|__|__|__|

*DNMFRA
What is the month of birth of [PRENFR]? |__|__|

PAYSFRA
Where does [PRENFR] live?
1 France (metropolitan or FODT)
2 Outside France
9 [Doesn't know]

If over 14
ACTIVFRA
He/she currently:
1 Has a job (if over 16)
2 Is an apprentice under contract or in a paid internship (if over 14).
3 Is a student, pupil, in training or in an unpaid internship
4 Is unemployed (registered with the employment office) - (if over 16)
5 Other situation
9 [Doesn't know]

If ACTIVFRA=3 ask NIVEAUFRA, if not go to COUPLEFRA
NIVEAUFRA
What class or year of studies is he/she currently in?
(Code based on list)

If under 16 and LOGFRA not 5
COUPLEFRA
Is [PRENFR] in a couple?
1 Yes
2 No
9 [Doesn't know]
If under 16 and LOGFRA not 5

**ENFRA**
Does [PRENFRA] have any children?
1 Yes
2 No
9 [Doesn't know]

**NBENFRA**
How many (children does [PRENFRA] have)? |__|__|

If INFPER not (3,4) and if PLAPER not (4,5)

**ADFRAT**
Have you had other children with another person other than the father of [ELFE child] [TWIN child], whether still living or not? Do not count the children living in your household.
1 Yes
2 No ⇒ ADFRATP

**NBNOIDFRA**
How many (children with another person other than the father of [ELFE child] [TWIN child], whether still living or not)? |__|

**NOIDFRA**
Individual rank order: ________________

<PRENDFRA>
Starting with the eldest, what is the first name of each of the other children you have had with a person other than the father of [ELFE child] [TWIN child], whether still living or not? ________________

For each child, ask questions SEXEFRA to NBENFRA depending on the case.

**SEXEDFRA** [PRENDFRA] is (was)...
1 Male
2 Female

**LOGDFRA**
Does [PRENDFRA] live:
1 In an individual dwelling
2 With another member of the family ⇒ LODGAFRA
3 In a medical institution
4 Other ⇒ LOGINDFRA
5 He/she is dead ⇒ ANDECDFRA
9 [Doesn't know]

If LOGDFRA=2

**LOGFADFRA**
With another member of the family, specify:
1 With their father
2 With their mother (filtered item)
3 With another family member
**LOGINDFRA**
Other, specify:
1 In a nursery
2 In a boarding school-home
3 In a host family
4 In a children’s village
5 He/she is dead
6 Other

*If LOGDFRA=5*
**ANDECDFRA**
In what year did [PRENDFRA] die? |__|__|__|__|
Move on to next child

*If LOGDFRA not 5*
**DNADFRA**
What is the year of birth of [PRENDFRA]? |__|__|__|__|

*DNMDFRA*
What is the month of birth of [PRENDFRA]? |__|__|

**PAYSDFRA**
Where does [PRENDFRA] live?
1 France (metropolitan or FODT)
2 Outside France
9 [Doesn’t know]

*If over 14*
**ACTIVDFRA**
He/she currently:
1 Has a job (if over 16)
2 Is an apprentice under contract or in a paid internship (if over 14).
3 Is a student, pupil, in training or in an unpaid internship
4 Is unemployed (registered with the employment office) - (if over 16)
5 Other situation
9 [Doesn’t know]

*If ACTIVDFRA=3 ask NIVEAUDFRA, if not go to COUPLEDFRA*

**NIVEAUDFRA**
What class or year of studies is he/she currently in? (Code based on list)

*If under 16 and LOGDFRA not 5*
**COUPLEDFRA**
Is [PRENDFRA] in a couple?
1 Yes
2 No
9 [Doesn’t know]

*If under 16 and LOGFRA not 5*
ENDFRA
Does [PRENDFRA] have any children?
1 Yes
2 No
9 [Doesn't know]

NBENDFRA
How many (children does [PRENDFRA] have)?

If INFPER not (3,4) and if PLAPER not (4,5)
ADFRATP
Does the father of [ELFE child] (TWIN child), have any other children, whether still living or not? Do not count the children living in your household.
1 Yes
2 No
9 [Doesn't know]

If ADFRATP=1
NBENDFRAP
How many (other children of the father living elsewhere than with you or who are dead)?

If at least 1 LIENTYP in (3, 4, 5) or NBNOIFR do not 'blank' or DNOIFRA do not 'blank'
ENFADOPT
Are any of the brothers, sisters, half-brothers or half-sisters of [ELFE child] (TWIN child) adopted?
1 Yes
2 No ⇒ Next module

If PLAC4=1
ADOPT1
Adopted child 1

ADOPT2
Adopted child 2
EXTENDED FAMILY

Questionnaires concerned: "referent mother", "non-cohabiting mother", "mother 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)

If at least one LIENTYP in (8,9)
You told me that [first name of LIENTYP=8] [first name LIENTYP=9] lived in this dwelling.

GDPARDOM
Would you say that it is he/she/them who live(s) with you?
1 Yes
2 No

If GDPARDOM = 2
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

GPMATERD generation (maternal grandparents living at dwelling of ELFE child ([TWIN child]))
If no LIENTYP = 8 (No maternal grandparents (biological or otherwise) in dwelling) ⇒ GPMATERD=0
If MEREMBIO=1 and MEREPBIO=1 (both biological grandparents in dwelling) ⇒ GPMATERD=1
If MEREMBIO=1 and MEREPBIO=2 (maternal biological grandmother and paternal social grandfather in dwelling) ⇒ GPMATERD=2
If MEREMBIO=1 and MEREMBIO=2 (maternal biological grandfather and paternal social grandmother in dwelling) ⇒ GPMATERD=3
If MEREMBIO=2 and MEREMBIO=2 (both maternal social grandparents in dwelling) ⇒ GPMATERD=4
If MEREMBIO=1 and MEREPBIO='blank' (biological maternal grandmother only in dwelling) ⇒ GPMATERD=5
If MEREMBIO=2 and MEREPBIO='blank' (social maternal grandmother only in dwelling) ⇒ GPMATERD=6
If MEREPBIO=1 and MEREMBIO='blank' (biological maternal grandfather only in dwelling) ⇒ GPMATERD=7
If MEREPBIO=2 and MEREMBIO='blank' (social maternal grandfather only in dwelling) ⇒ GPMATERD=8
If GPMATERD= 0 ⇒ VIEMER
If GPMATERD=1 ⇒ ELEV
If GPMATERD=2 ⇒ VIEPERB
If GPMATERD=3 ⇒ VIEMERB
If GPMATERD=4 ⇒ VIEMERB
If GPMATERD=5 ⇒ VIEPER
If GPMATERD=6 ⇒ VIEMERB
If GPMATERD=7

If GPMATERD=8 ⇒ VIEMER

If GPMATERD in (3, 4, 6)

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

If GPMATERD 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, ask MBDECE

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

If VIEMERB=1 or VIEMER=1, ask MBCOUP

If GPMATERD 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

MBANAIS
In what year was she born? (from 1900 to 1990) Doesn't know (9999) |___|___|___|___|

MBAGE
How old is she? (From 0 to 120) Doesn't know (9999) |___|___|___|

If VIEMERB=2 or VIEMER=2, ask MBDECE

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

MBLIEU
Was she born in:
1 France (metropolitan or FODT)
Another country

*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

*MBPAYS\textsuperscript{SP}
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]

*MBFRANC=3

*MBNATION\textsuperscript{5} (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

*MBFRANC =1, 2 or 3

MBNATION\textsuperscript{DBL}
Does/did she have dual nationality?
1 Yes
2 No

*MBNATION\textsuperscript{DBL}=1
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

Other nationality, specify: __________________________

If (VIEMERB=1 or VIEMER=1) or (VIEMERB=2 or VIEMER=2)

Currently (What was her last occupation), 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]

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 MBSITUA=2 or 3 or 4

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

If MBSITUA=1 or MBACTIVANTE=1

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

INT: CODE THE OCCUPATION

If MBPROFI5 is not coded

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

INT: NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE
**MBCSP**
Grandmother occupation code
(Display list of occupations)

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

**INT:** TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE YOUR MOTHER EXPRESSED HERSELF AT THE TIME OF HER DEATH

**MBLANGP**
Other language, specify: ___________________

If $GPMATERD$ in (2, 4, 8) and $MBCOUP\neq 1$
If $GPMATERD$ in (2, 4, 8) and $MBCOUP=1$ then filter and $VIEPERB=1$

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

If $GPMATERD$ in (0, 5, 6) and $MBCOUP\neq 1$
If $GPMATERD$ in (0, 5, 6) and $MBCOUP=1$ then filter and $VIEPER=1$

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

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

If $VIEPERB=2$ or $VIEPER=2$, ask $PBDECE$

**PBDECE**
In what year did he die? | ___ | ___ | ___ | ___ | \(\Rightarrow\) $PBAGEDC$
(NA=8888, DK=9999, check against year of birth of the father of [ELFE child])

If $VIEPERB=1$ or $VIEPER=1$, ask $PBCOUP$ (If $VIEPERB=1$ or $VIEPER=1$ and $GPMATERD$ in (2, 5) do not ask wording 1) we know the biological father does not live with the biological mother
If $MBCOUP=1$, pre-fill automatically $PBCOUP=1$ and filter

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

If $VIEPERB=1$ or $VIEPER=1$
In what year was he born (or how old is he)? We are talking about the (biological) father of the mother (maternal grandfather).
PBANAIS
In what year was he born? (From 1900 to 1990) Doesn’t know (9999)
|___|___|___|___|

PBAGE
How old is he? (0 to 120) Doesn’t know (999)
|___|___|___|

If VIEPERB=2 or VIEPER =2

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

PBLIEU
He was 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 VIEPER =1) or (VIEPERB=2 or VIEPER =2)
PBSITUA
Currently (What was his last occupation), 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 TIME

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

**INT: CODE THE OCCUPATION**

*If PBPROFI5 not coded*

**PBPROFIC2**

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

**INT: NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE**

**PBSCP**
Grandfather occupation code
(Display list of occupations)

**PBLANG**
What language or patois does/did he use the most often at home?
(Display list of languages and ad hoc code)

**INT: TO FIND OUT MORE ABOUT THE ORIGINS OF THE FAMILY MEMBERS, WE WOULD LIKE TO KNOW IN WHAT LANGUAGE YOUR FATHER EXPRESSED HERSELF AT THE TIME OF HIS DEATH**

*PBLANGP*
Other language, specify: ____________________

"Now let’s talk about your mother-in-law."

*If PBCOUP=2 (mother-in-law alive)*

**BMANAIS**
In what year was she born?  
(1900 to 1990) Doesn’t know (9999)

**BMAGE**
How old is she? (18 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**
(Corrected variable) In which country?  
1 European Union  
2 Turkey  
3 Morocco  
4 Algeria
30/03/2016

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 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

*BMNATIONP2
Other nationality, specify: ____________________

If PBCOUP=2

BMSITUA
Currently (What was her last occupation), 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

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 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 BMSITUA =1 or BMACTIVANTE=1

BMPROFI5
What is/was her (last) occupation?
(Automatic coding)
If DK, code undetermined occupation

INT: CODE THE OCCUPATION

If BMPROFI5 not coded

BMPROF16C2
What kind of job does/did she have exactly? (corrected) ____________________

BMCSP
Mother-in-law occupation code
(Display list of occupations)

BMLANG
What language or patois does she use the most often at home?
(Display list of languages and ad hoc code)

*BMLANGP
Other language, specify: ____________________
"Now let's talk about your father-in-law."

*If BPCOUP=2 (father-in-law alive)*

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

- **BPANAI**
  - In what year was he born? (1900 to 1990) Doesn’t know (9999) |___|___|___|___|

- **BPAGE**
  - How old is he? (0 to 120) Doesn’t know (999) |___|___|___|

- **BPLIEU**
  - He was born in:
    - 1 France (metropolitan or FODT)
    - 2 Another country
    - 9 [Doesn’t know]

*If BPLIEU=2 (if foreign country)*

**BPPAYS25**

*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

**BPPAYSP**

Other country, specify: _____________

- **BPFRANC**
  - 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 BPFRANC=3*

**BPNATIONS**

*UPD* (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
BNATIONDBL
Does/did he have dual nationality?
1 Yes
2 No

* If BPNATIONDBL = 1
*BPNAION25
(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

*BPNAIONP2
Other nationality, specify: ________________

* If MBCOUP = 2
BPSITUA
Currently (What was his last occupation), 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 TIME

* 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

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

INT: CODE THE OCCUPATION

If BPPROFI not coded

BPPROFI6C2
UPD> What kind of job does/did he exactly? (corrected) ________________

BPCSP
Father-in-law occupation code
(Display list of occupations)

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

*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

INT: LIST - Several answers possible

If MENDOMGP not 1

AGEAUTDO
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
30/03/2016

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

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

TEMRETPARA
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?
(years) |__|__|

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.
- Maternal grandmother
- Maternal grandfather

Ask if the maternal grandmother is alive and whether she lives in dwelling or not
- Grandparents alive not in dwelling

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

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

If (GPMATERD in (2,5) and (VIEPERB=1 or VIEPER =1)
Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandmother who lives with you to play?

- Grandfather in dwelling, grandmother not
if (GPMATERD 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 maternal grandmother who doesn’t live with you to play?

- Grandparents in dwelling
if (GPMATERD =4 and VIEMERB<>1 and VIEPER<>1)

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

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

**MMMOCUP**
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]

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

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

**MMMSOUT**
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 maternal grandfather is alive and whether he lives in dwelling or not.
- Grandparents alive not in dwelling
  If \( GPMATERD = 1 \) or \((VIEMERB=1 \) or \( VIEMER=1\) and \( VIEPERB=1 \) or \( VIEPER = 1\))
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandfather to play?

- Grandfather alive not in dwelling
  If \( (GPMATERD \text{ in } \{2,5\} \) or \( (VIEMERB=1 \) or \( VIEPER=1\)) \) 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 maternal grandfather to play?

- Grandfather in dwelling, grandmother not
  If \( (GPMATERD \text{ in } \{2,5\} \) and \( (VIEMERB=1 \) or \( VIEPER=1\)) \)
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandfather who lives with you to play?

- Grandfather not in dwelling, grandmother in dwelling
  If \( (GPMATERD \text{ in } \{3,7\} \) and \( (VIEMERB=1 \) or \( VIEPER=1\)) \)
  Between now and the start of nursery school for [ELFE child] ([TWIN child]), if it were possible, what roles would you like their maternal grandfather who doesn’t live with you to play?

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

PMMOCUP
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]

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

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

Adviser 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"

---

*If no LIENTYP=9 or LIENTYP(i)=9 and SEXE(i)=1*

**MCJVIV**

Is the mother of the father of [ELFE child] ([TWIN child]) still alive?

1. Yes
2. No
9. [Doesn't know]

*If no LIENTYP=9 or LIENTYP(i)=9 and SEXE(i)=2*

**PCJVIV**

Is the father of the father of [ELFE child] ([TWIN child]) still alive?

1. Yes
2. No
9. [Doesn't know]

The following questions are asked to the interview, concerning the paternal grandparents of [ELFE child] [TWIN child] who do not live in the household.

- Paternal grandmother
- Paternal grandfather

*If paternal grandmother alive and paternal grandparents not living in dwelling*  
*If [MCJVIV=1 and PCJVIV=1] or (MCJVIV=1 and PCJVIV=2 or DK)*

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?

**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"

*If paternal grandfather alive and paternal grandparents not living in dwelling*

*If (MCJVIV=1 and PCJVIV=1) or (MCJVIV=2 or DK and PCJVIV=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?

**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]

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

Advising 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"

"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 (maternal) side in all? (1 to 15, 0 by default, 99 if DK)

If ARRGPVI=1

NBARRGMP2
How many great grandparents on the father's (paternal) side in all? (1 to 15, 0 by default, 99 if DK)
EDUCATION

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

If the mother is in a couple with the father of the child and permanently cohabits with him or if she is in a couple with a woman on a permanent basis, ask her only about herself
If SITUAFAMM=1 or (SITUAFAM=3 with a LIENFAM=7, SEXE=2)

For other cases, ask all the people in the household aged 2 and over
If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENFAM=7, SEXE=2)

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, except for the questions already answered.

Ask this module to all household members aged 2 and over, except FORMINIT, which is to be asked to people aged 16 and over
If SITUAFAMM=1 or (SITUAFAM=3 with a LIENFAM=7, SEXE=2)
"We are now going to talk about your education."

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENFAM=7, SEXE=2)
"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

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

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

If ETUDES=2 or FORMINIT=2 (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
How old were you? (NA=88, DK=99) |__|__|
**DIPLOME**
What is your (his/her) highest level diploma?
1 No diploma
2 Primary studies certificate or overseas equivalent
3 Certificate of general education, elementary education or overseas equivalent
4 Certificate of professional competence, diploma of occupational studies or diploma of this level (nursing auxiliary, personal carer)
5 Technical or occupational high school diploma (or occupational, or technician or master craftsperson certificate)
6 General high school diploma (series A, B, C, D, E, ES, L, S), advanced diploma, legal studies diploma, university access degree or overseas equivalent
7 Diploma of two years' higher education
8 Diploma of over two years' higher education

INT: LIST. 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**

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**

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
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
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
5 [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 school?
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

DIPLEC
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

INT: DO NOT LIST

DIPLECAUT1
Specify: ____________________
If DIPEC=6:
Which three-year higher education diploma?

- **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 mother", "non-cohabiting mother", "mother of placed child"

**If LIENTYP=2**

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

**IF REDOUB =1**
Which year(s)?
- **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:** ASK IN SUB-QUESTIONS

**If ETUDES=2 for LIENTYP =2**

**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 initial studies)?

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

**TPSETUD**
In W=weeks, M=months or Y=years:

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

**If LIENTYP =2**

**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 AFOPRO=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 COURSES, CONSIDER THE MOST RECENT
MAIN SITUATION REGARDING WORK

Questionnaires concerned: "referent mother" or "mother of placed child"

If the mother is in a couple with the child and permanently cohabits with him or if she is in a couple with a woman on a permanent basis, ask her only about herself

\[ \text{If } \text{SITUAFAMM}=1 \text{ or } (\text{SITUAFAM}=3 \text{ with a } \text{LIENTYP}=7, \text{SEXE}=2) \]

For other cases, ask all the people in the household aged 2 and over

\[ \text{If } \text{SITUAFAMM}=2, 4, 5, 6 \text{ or } 7 \text{ or } (\text{SITUAFAM}=3 \text{ without } \text{LIENTYP}=7, \text{SEXE}=2) \]

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, except for the questions already answered

"I am now going to ask you a few questions about the work situation of each person." (Age \( \geq 15 \))

\[ \text{For } \text{LIENTYP}=2 \text{ (or 1 if cohabiting father not taking part)} \]

CONGMATPAR

(First name), are you 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]

\[ \text{If household individual is a student} \]

SITUAE

\[ \text{If } \text{LIENTYP}=2 \text{ (First name) You told me that you're currently a student, but do you also have a job? Are you an apprentice under contract or in a paid internship? Or are you unemployed?} \]

\[ \text{If } \text{LIENTYP}=1 \text{ (First name) is currently a student, but does he also have a job? Is he an apprentice under contract or in a paid internship? Or is he unemployed?} \]

\[ \text{If } \text{LIENTYP}<>1,2 \text{ (First name) is currently a student, but does he/she also have a job? Is he/she an apprentice under contract or in a paid internship? Or is he/she unemployed?} \]

1. Has(have) a job
2. Is (are) an apprentice under contract or in a paid internship
3. Is (are) unemployed (registered with the national employment agency or not)
4. [None of these situations]

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

\[ \text{If household individual is not a student} \]

SITUA

\[ \text{If } \text{CONGMATPAR}=1 \text{ and } \text{LIENTYP}=2 \text{ You are currently on maternity/paternity leave, but what is your/his/her occupational situation?} \]

\[ \text{If } \text{CONGMATPAR}=2 \text{ and } \text{LIENTYP}=2 \text{ You are currently on parental child-rearing leave, but what is your occupational situation?} \]

\[ \text{If } \text{CONGMATPAR}=3 \text{ or } 4 \text{ and } \text{LIENTYP}=2 \text{ You are currently on leave. What is your occupational situation?} \]

\[ \text{If } \text{CONGMATPAR}=5 \text{ and } \text{LIENTYP}=2 \text{ What is your current occupational situation?} \]
If CONGMATPAR = 1 and LIENTYP = 1 (First name) is currently on maternity/paternity leave. But what is his occupational situation?
If CONGMATPAR = 2 and LIENTYP = 1 (First name) is currently on parental leave. But what is his occupational situation?
If CONGMATPAR = 3 or 4 and LIENTYP = 1 (First name) is currently on leave. What is his occupational situation?
If CONGMATPAR = 5 and LIENTYP = 1 What is his current occupational situation?
LIENTYP ≠ 1 or 2 (First name) What is his/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, CODE "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
(First name) 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 (first name) you (he/she) stop your (his/her) activity the last time?
DD/MM/YYYY (from 01/01/1960 to 31/12/2011)
*DATMDR Month (1 to 12)
|__|__|
DATADR Year |__|__|__|__|

Current status or last job, depending on case.
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 current/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
(First name) Are/were you (is/was he/she) a salaried employee in the private sector?
1 Yes
2 No
If STATUT2 = 1
STATUT3
(First name) Are/were you (is/was he/she):
An employee of a private company, a self-employed tradesperson, an organization
An employee of a private individual

If STATUT2 = 2
STATUT4
(First name) 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
(First name) How many employees do/did you (he/she) employ?
0 None
1 Under 10
2 10 or more

INT: IF WORKS ALONE, CODE 0

If SITUA=1 or 2 or SITUA2 1 or 2 or ACTIVANTE=1 (For all those who work or have already worked)
PROFISC

What is/was your (his/her) exact occupation? (corrected)
(Additional list of occupations)

INT: IF THE MOTHER SAYS SHE ALREADY ANSWERED THIS QUESTION IN THE MATERNITY UNIT, TELL HER IT IS FOR “TECHNICAL” REASONS THAT THE QUESTION IS BEING ASKED AGAIN

If occupation not found in PROFIS
*PROFI6C1

If mother: In other words, what kind of work do/did you do exactly? (What is/was your (last) occupation?) (Corrected) ____________________________
Other person in household: In other words, what kind of work does/did he/she do exactly? (What is/was his/her (last) occupation?) (Corrected) ____________________________

INT: DO NOT REENTER THE NAME OF THE OCCUPATION.
NOTE AS MANY DETAILS AS POSSIBLE ON THE OCCUPATION GIVEN BY THE INTERVIEWEE.
IF YOU HESITATED BETWEEN SEVERAL NAMES, SAY WHY

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
Specify ____________________

P8CSP
Occupation and socio-occupational category
(Automatic coding)

For all those working apart from family carers/assistants.

STATUT1=1

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

INT: IF NONE OF THE LISTED WORDINGS CHOSEN: "WHAT TYPE OF JOB DO YOU (DOES HE /SHE) HAVE?"

If TYPEMPLOI =1 or 2
CDAID
(First name) is/was it an 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)?
1 Yes
2 No

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

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) If DK code 99

DATASIR
Year

People saying they are farmers

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

If less than 5 hectares

SUPA
What is the exact area in ares (first name)?

OPA
What do you produce mainly?
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

EMPL
In your (his/her) current or most recent job, do/did you (he/she) work...?
1 Full time    ⇒ RECHEMPLOI
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 (%)? (10 to 97)

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

PQPART
What is 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
9 [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

The following questions, from A1EMP to MOMCHOM, are asked only to the mother.

*If SITUA=1, 2 or SITUA=1, 2 or ACTIVANTE=1 (For all those who work or have already worked)*
"Let's go back to your occupational situation."

**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?

|__|__|__|__|

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

*If A1EMP≠0*

**INTERI**
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 one or more fixed-term contracts? (If TYPEMPLOI=2, "Have you had one or more other fixed-term contracts?")
1 Yes
2 No

**ACDI**
Have you ever had one or more open-ended contracts? (If TYPEMPLOI=1, "Have you had one or more other open-ended contracts?")
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 INTERI=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"). How old were you or in what year did you get your FIRST temp job?

**AGINT**
How old were you or in what year?

|__|__|

**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 TYPEMPOI=2 "You told me that you already had another fixed-term contract"). How old were you or in what year did you get your FIRST fixed-term contract?

AGCDD
How old were you or in what year?

DURCDD
Since you have worked, how much time IN TOTAL have you spent 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"). How old were you or in what year did you get your FIRST open-ended?

AGCDI
How old were you or in what year?

DURCDI
Since you have worked, how much time IN TOTAL have you spent on open-ended contract (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. How old were you or in what year did you get your FIRST small paid job?

AGPTBO
How old were you or in what year?

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

TPSPPTBO
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?

*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

**PROFI6C3**
In other words, what kind of work does/did he do exactly? (What is/was his/her (last) occupation?) (Corrected) __________________
HOUSING

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

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

For other cases, ask the entire module
If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

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

TYPLOG

What type of dwelling is it?
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, reli-
gious 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)
⇒ TYPLOGT then following 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 disabil-
ities, 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 in the building? 0 to 99

If ETAGE <> 0 ask QETAGE

QETAGE
What floor do you live on? 0 to 99


If TYPLOG not 7

NPIECES
How many rooms in the dwelling?
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 [ELFE child] and [TWIN child] 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 PIEGPOU = 1

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 PIEGINS = 1
PIGERENV
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 PIGERENV=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 not 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)
SURFTR
What do you think it measures?
Word [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 Another case

If TYPLOG=1 or 2

ANLOG
What year was your dwelling built in? (From 1800 to 2011; 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 MM (1 to 12; 88 Refuses; 99 Doesn’t know)
DATAAR Year YYYY (1950 to 2012; 88 Refuses; 99 Doesn’t know)  |___|___|___|___|

INT: 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): ________________________________

*CPEPRE
Postcode (01000 to 99000)  |___|___|___|___|

*VILPRE
Municipality (maximum 60 characters): ________________________________

INT: IN THE EVENT OF REFUSAL “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
Poser 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

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

1 Yes
2 No

**TOIL**
Are there toilets in your dwelling?
1 Yes
2 No

*If NPİECES'>1 and CHAMİB=2 and no twin*

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

"Now we are going to describe..."
"We are now going to ask you a few questions about your living habits in your home."

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

\text{CHAUFC}  

Do you have collective heating?  
1 Yes  
2 No  

If \text{CHAUFC}=2  

\text{EAUCHC1} \text{ Town or mains gas} 1 \text{ Yes} / 2 \text{ No}
EAUCHC2  Gas from a bottle or tank  1 Yes / 2 No
EAUCHC3  Fuel oil  1 Yes / 2 No
EAUCHC4  Oil  1 Yes / 2 No
EAUCHC5  Electricity  1 Yes / 2 No
EAUCHC6  Wood  1 Yes / 2 No
EAUCHC7  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  Oil  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
GARAG
Do you have a garage attached directly to your house, either on the ground floor or on a lower level?
1  Yes
2  No

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

If TYPLOG=1, 2 or 6
OPRENO
Did you do any renovations or repairs in the dwelling during your pregnancy. 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
OPRENO7  Wall or ceiling insulation  1 Yes / 2 No
OPRENO8  Construction / knocking out of walls  1 Yes / 2 No
OPRENO9  Other repairs or renovations  1 Yes / 2 No

If OPRENO=1 et 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 RENOCH=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 repairs or renovations  1 Yes / 2 No

If QLRENO11=1

QLRENOP
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 RENOCH2=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
QLRENO31  Other repairs or renovations  1 Yes / 2 No

__INT: ASK IN SUB-QUESTIONS__

_If QLRENO31=Yes_

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 RENOUCH=1 or RENOUCH2=1_

PRESTR
Were you in the dwelling during the work?
  1 Yes
  2 No

_If PRESTR=1_

PARTTR
Did you 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]

Is there a cordless landline telephone with a base (DECT) in your dwelling?
TLFIX1 In the room where you work  1 Yes / 2 No / 9 [Doesn't know]
TLFIX2 In your room  1 Yes / 2 No / 9 [Doesn't know]
TLFIX3 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
Do you have WiFi in your home (excluding public networks)?
1 Yes, connected on a permanent basis
2 Yes, connected sometimes
3 No
9 [Doesn't know]

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

If ORDI1=1
Where is the central unit of the computer(s)?
ORDIL1 It's a laptop 1 Yes / 2 No
ORDIL2 On the floor 1 Yes / 2 No
ORDIL3 On a desk 1 Yes / 2 No
ORDIL4 Other 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

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

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

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 ga-rden (weeds, insects, disease, other)?
1 Yes
2 No
If PESPOT=1

APPLPOT
Who applied this treatment mainly?
0 Yourself - Mother
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).

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 for 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 Granules 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
Specify what other form these pesticides were used in mainly? ________________

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

PLANTTEXT
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
2 No

If PLANTTEXT=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 mainly?
0 Yourself - Mother
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, FLOWERS OR OTHER OUTDOOR PLANTS (INCLUDING ON A BALCONY/TERRACE).

If PESPLAN=1
BUTPLAN
To treat what mainly?
1 Insects
2 Weeds
3 Moss, lichen
4 Disease
5 Snails, slugs
6 Other
9 [Doesn’t know]

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

If BUTPLAN=6
BUTPLANP
Specify for other purposes: ______________________

If PESPLAN=1
FQPLAN
How much in the last 12 months?
1 Once or twice a year
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 Granules 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 mainly?
1 Insects
2 Disease
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
30/03/2016

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 in?
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?
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
5 Traps
6 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 mainly?
0 Yourself
2 Your partner or someone in your family
3 A professional
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 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 TRAITTER=1

APPLTER

Who applied this treatment mainly?
0 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
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?
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?
0 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 \( ANIMAU = 1 \)

What pets do you have
\( ANIMAU1 \) Cat  1 Yes / 2 No  
\( ANIMAU2 \) Dog  1 Yes / 2 No  
\( ANIMAU3 \) Bird  1 Yes / 2 No  
\( ANIMAU4 \) Hamster, rabbit, guinea pig  1 Yes / 2 No  
\( ANIMAU5 \) Others  1 Yes / 2 No

\( INT: \) ASK IN SUB-QUESTIONS

\( TRAITPOU \)
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

If \( TRAITPOU = 1 \)

\( APPLPOU \)
Who applied this treatment mainly?
0 Yourself  
2 Your partner or someone in your family  
3 A professional

\( INT: \) WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES

If \( TRAITPOU = 1 \)

\( FQPOUC \)
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
[Doesn’t know]

INT: LIST. WE ARE TALKING ABOUT PESTICIDES TO TREAT AGAINST LICE AND SCABIES
HOUSEHOLD INCOME

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

If the mother is in a couple with the father of the child and permanently cohabits with home or if she is in a couple with a woman on a permanent basis, ask her only the greyed-out questions if \texttt{SITUAFAMM=1 or (SITUAFAM=3 with a LIENTYP=7, SEXE=2)}

For other cases, ask the entire module if \texttt{SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)}

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, except for the questions already answered.

"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
Does your household receive 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 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 SITUA=1 or SITUAE=1 of respondent
SALMON
What is the NET monthly or annual amount of your salary (or income from an independent activity)?
|__|__|__|__|__| 0 to 99,999 + (DK) + (REF)

INT: THIS IS THE NET SALARY (MINUS SOCIAL SECURITY CONTRIBUTIONS AND SUPPLEMENTARY SOCIAL SECURITY CONTRIBUTIONS) BEFORE TAX (INCLUDING MATERNAL LEAVE PAYMENTS)
Specify:
1 Monthly
2 Yearly
8 [Refuses]
9 [Doesn't know]

If SITUA=1 o2 or SITUAE=1 o2 of the partner of the respondent (LIENTYP=1 or 7)
SALMONC
What is the NET monthly or annual amount of your partner's salary (or income from an independent activity)?
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0 to 99,999 + (DK) + (REF)

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

SALMONC
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?
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</table>
0 to 99,999 + (DK) + (NA) + (REF)

ACLCAP
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?
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</table>
0 to 99,999 + (DK) + (NA) + (REF)

ACLCMGP
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?

This is net income (minus social security contributions and supplementary social security contributions) before tax. If the income fluctuates, take the average.

|__|__|__|__|__|__|  (1 to 99999)

INT: IF DK, CODE 99 999; IF REFUSAL, CODE 88 888

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=1o2 or SITUAE=1o2 of respondent

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]
LIVING CONDITIONS

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

If the mother is in a couple with the father of the child and permanently cohabits with home or if she is in a couple with a woman on a permanent basis, ask her only the greyed-out questions

If SITUAFAMM=1 or (SITUAFAM=3 with LIENTYP=7, SEXE=2)

For other cases, ask the entire module

If SITUAFAMM=2, 4, 5, 6 or 7 or (SITUAFAM=3 without LIENTYP=7, SEXE=2)

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, except for the questions already answered.

If STOC = 1

LOYER
What is your monthly rent, service charges included? |___|___|___|___| €/month (0 to 9999)

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

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) |___|___|___|___| an (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 BILL MONTHLY OR YEARLY TERMS

PROJ
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 \(\Rightarrow\) DEC

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

Was it for:

\(\text{PQPROJ1} \quad \text{A property purchase} \quad 1 \text{ Yes} / 2 \text{ No}\)
\(\text{PQPROJ2} \quad \text{A capital goods purchase} \quad 1 \text{ Yes} / 2 \text{ No}\)
\(\text{PQPROJ3} \quad \text{Other} \quad 1 \text{ Yes} / 2 \text{ No}\)
\(\text{PQPROJ4} \quad \text{None} \quad 1 \text{ Yes} / 2 \text{ No}\)

If \(\text{PQPROJ}=2 \Rightarrow\) DEC

\(\text{DEPLIE}\)

Were these expenses related to the birth of [ELFE child] / [TWIN child]?

1 Yes
2 No \(\Rightarrow\) DEC

\(\text{DEC}\)

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]

\(\text{RENT}\)

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."

\(\text{ACTFI}\)

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]

\(\text{FUTFI}\)

In the ten coming years, do you think the living standard of the household will:

1 Improve considerably
2 Improve slightly
30/03/2016

3  Remain the same
4  Worsen slightly
5  Worsen considerably
9  [Doesn't know]

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:

PFACT
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
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
EXPOSURE AND ENVIRONMENT / PREGNANCY HISTORY

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

"Now let's look at the circumstances of the arrival of your pregnancy and some of the aspects of your pregnancy."

**INTENF**
Before you were pregnant with [ELFE child] ([TWIN child]), did you personally want to have a child (another child) one day?
1 Yes
2 No
3 Wasn’t sure
9 [Doesn’t know]

_INT: DO NOT LIST_

*If SITUAFAMM=1, 2 and 5*

**INTPER**
Couples don’t always have the same desires concerning the number of children and the time of their arrival. Just before you got pregnant, did the father of [ELFE child] ([TWIN child]) want another child?
1 Yes
2 No
3 He wasn’t sure
9 [Doesn’t know]

*If [INTENF = 2 or 9] ask METHC otherwise go to TPSAES*

**METHC**
When you got pregnant, were you using a method to avoid getting pregnant?
1 Yes
2 No
3 [Not applicable]

*If METHC=1*

**QMETHC**
Was it:
1 Oral contraceptive
2 IUD
3 Male contraception
4 Implant
5 Another technique

*If QMETHC=1*

**PMETHC**
Was it a mini-pill?
1 Yes
2 No
How long had you avoided getting pregnant? |___|___|

If METHC=2

And did you use one before?
1 Yes ⇒ NBAMET
2 No ⇒ PORT

When the pregnancy began, since when had you stopped using a contraceptive method?
(Include methods such as withdrawal, temperature, Ogino method, etc.)

NBAMET years |___|___| (0 to 40; 88 Refuses, 99 DK)
And NBMMET months |___|___| (0 to 12; 88 Refuses; 99 DK)
And NBSMET weeks |___|___| (0 to 50; 88 Refuses; 99 DK) ⇒ then PORT

If INTENF= 1 or 3

How long did you have to wait before getting pregnant?
It took (approximately):

TPSAES years |___|___| (0 to 40, DK=99, Refuses=88 and unplanned pregnancy=77)
Et TPSMES months |___|___| (0 to 12, DK=99, Refuses=88 and unexpected pregnancy=77)
Et TPSSES weeks |___|___| (0 to 52, DK=99, Refuses=88 and unplanned pregnancy=77)

INT: IN THE EVENT OF MISCARRIAGES, COUNT THEM IN THE TIME PERIOD.
IF THE INTERVIEWEE SAYS "DIDN'T WAIT, WAS PREGNANT IMMEDIATELY", DON'T ASK TPSAES, TPSMES OR TPSSES. FILL IN ALL FIELDS.

If TPSAES and TPSMES and TPSSES <> unplanned pregnancy
Wave 2: from 01/09: filter if period less than 3 months = 12 weeks

FAUS
During this [TPSAES/ TPSMES/TPSSES] period [or "When you tried to get pregnant and the start of your pregnancy", if DK or Refuses for TPSAES/ TPSMES/ TPSSES], did you have any miscarriages?
1 Yes
2 No

If FAUS=1

NBFAUS
How many (miscarriages)? (0 to 10, DK, Refuses) |___|___|

If INTENF=1 or 3 or METHC=2

CONS LT
To make the pregnancy possible, did you, your partner or you and your partner consult a doctor?
1 Yes, you alone
2 Yes, your partner only
3 Yes, both of us
4 No, neither one of us ⇒ PORT
8 [Doesn't want to answer] ⇒ PORT

MED
Did the conception of [ELFE child] ([TWIN child]) occur following medical treatment or surgery?
If MED=1

MEDP
Did you become pregnant through:
1 In vitro fertilization with ICSI (= treatment whereby sperm is injected into the ovum)
2 "Regular" in vitro fertilization
3 Artificial insemination (AID= with the sperm of a donor or AIH = with your partner’s sperm)
4 Hormonal stimulation only, without IVF or ICSI or artificial insemination
5 After an operation
6 After your partner received treatment or an operation
7 Another technique or medicine
8 [Doesn't want to answer]

"We are now going to move on to another subject and talk about your mobile phone use and occupational activity during your pregnancy."

PORT
Do you have a mobile phone?
1 Yes
2 No

TELPOR
Did you use a mobile phone during your pregnancy?
1 Yes
2 No

"We are going to talk about ALL the calls you MADE and RECEIVED PER MONTH on your mobile phone during your pregnancy."

If TELPORT=1
What is the approximate duration of the calls you MADE PER MONTH (call plan and otherwise) on your mobile phone during your pregnancy?
PTELPORT (hours per month) (999 if DK) |___|___|___|
PTELPORTM (minutes per month) (99 if DK) |___|___|

If TELPORT=1
And what is the approximate duration of the calls you RECEIVED PER MONTH on your mobile phone during your pregnancy?
RTELPORT (hours per month) (999 if DK) |___|___|___|
RTELPORTM (minutes per month) (99 if DK) |___|___|

If PORT=1
UTELPORT
Do you use your phone when travelling in cars, on foot or on trains?
1 Yes
2 No
If PORT=1
INTERPORT
Do you use the internet on your mobile phone?
1 Yes
2 No

If PORT=1
UKIT
Do you use a hands-free kit or an earpiece?
1 Yes
2 No

If UKIT=1
UKITP
What proportion of your time on the phone do you use them? (hands-free kit or earpiece)
1 Less than a quarter of the time (<25%)
2 Less than half of the time ( >25% et <50%)
3 Half the time or more ( ≥50%)
4 Always (100%)
9 [Doesn't know]

INT: LIST

If SITUA =1 or SITUAE=1 or ACTIVANTE=1, otherwise go to the "Couple situation" module
TRGR
Did you work during your pregnancy?
1 Yes
2 No => Next module

If TRGR=1 and if PROFI5 filled in
VALPROFESS
Were you OK [PROFI5]?
1 Yes
2 No

If VALPROFESS=1 fill in PROFESSG automatically with [PROFI5]
If VALPROFESS=2
PROFESSG
What was your exact occupation during your pregnancy? __________________________

INT: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL

TACHEG
What were your precise tasks during your pregnancy? (Classifying files, sending mail, telephone, cash register, product labelling, assistant at automatic cash registers, etc.) __________________________

INT: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL. ONE REMINDER ONLY
**RFIX**
When you worked (regardless of the duration) during your pregnancy, did you have a fixed workplace?
1 Yes
2 No ⇒ POST

**INT**: A FIXED WORKPLACE, I.E. WITHOUT CONTINUOUS TRAVEL (LESS THAN 50% OF YOUR WORK TIME)

**TRGRDOM**
Was it at home?
1 Yes ⇒ TELFIX4 to ORDIL2 then next module
2 No

**INT**: TICK IF THE PERSON HAS ALWAYS WORKED AT HOME

**ACTPEG**
What is the main business activity of the company you worked at during your pregnancy (supermarket, IT maintenance and repair, care, hotel, etc.)? ______________________

**INT**: NOTE DOWN WORD FOR WORD. MAXIMUM DETAIL

What was your work address during your pregnancy?

**TRNOM**
Company name ______________________

**TRNUM**
Number (1 to 997) |___|___|___|

**TRRUE**
Street name (maximum 50 characters) ______________________

**TRCP**
Postcode (de 01000 à 97500) |___|___|___|___|___|

**TRCOM**
Municipality (maximum 30 characters)

On what date did you start working at this address(month, year)?

**DATMTR**  Month (01 to 12; 88 Refuses; 99 Doesn't know) |___|___|

**DATATR**  Year (1950 to 2011) |___|___|___|___|

**DELAITR** (Constructed variable) Time in days between the day you started working at this address and the conception date |___|___|
**NBHTR** How many hours a week on average did you spend at your workplace during your pregnancy?

Hours per week (1 to 70) |___|___|

**INT:** SPECIFY THAT EXTERIOR TRAVEL IS TO BE DEDUCTED

**WNUIT**

Did you work at night?

1 Yes
2 No

**HNUIT**

Did your working hours vary?

1 Yes
2 No

**POST**

Was your work station adapted during your pregnancy?

1 Yes
2 No => TELFIX4

**INT:** ADAPTED WORK STATION NOT ADAPTED WORKING HOURS

*If POST=1 otherwise go to TELFIX4*

**DATPAM**

How many months into your pregnancy were you?

Months (1 to 9) (88 Refuses; 99 DK) |___|___|

**INT:** IF LESS THAN ONE, CODE 0

Was it because of:

**RISINF**

A risk of infection (toxoplasmosis, CMV, rubella, VZV, parovirus B19, HIV, tuberculosis, hepatitis)?

1 Yes
2 No
9 [Doesn't know]

**RISCH**

A chemical risk?

1 Yes
2 No
9 [Doesn't know]

*If RISCH=1*

Specify (if possible) if it was related to:

**RISCHP1** Benzène  1 Yes / 2 No
**RISCHP2** Polycyclic hydrocarbons  1 Yes / 2 No
**RISCHP3** Other solvents  1 Yes / 2 No
**RISCHP4** Arsenic  1 Yes / 2 No
**RISCHP5** Mercury  1 Yes / 2 No
**RISCHP6** Lead  1 Yes / 2 No
**RISCHP7** Other metals (chrome, nickel, beryllium, cadmium, selenium, cyanide)  1 Yes / 2 No
**RISCHP8** Pesticides  1 Yes / 2 No
RISCHP9  Silicium  1 Yes / 2 No
RISCHP10  Medicines and other care products (chemotherapy, antivirals, anaesthetics)  1 Yes / 2 No
RISCHP11  Other  1 Yes / 2 No
RISCHP99  Doesn’t know  1 Yes / 2 No

If RISCHP=6
PLOMP
Was the lead surveillance realized as part of your job?
1  Yes
2  No
9  [Doesn’t know]

RISPHY
Was it because of physical risks such as radiation, noise, etc.?
1  Yes
2  No

INT: WE ARE TALKING ABOUT A WORK STATION ADAPTATION DURING YOUR PREGNANCY

If RISPHY=1
Specify (if possible). Was it:
RISPHYP1  Ionizing radiation  1 Yes / 2 No
RISPHYP2  Non-ionizing radiation (MRI, etc.)  1 Yes / 2 No
RISPHYP3  Work in a hyperbaric environment  1 Yes / 2 No
RISPHYP4  Noise  1 Yes / 2 No
RISPHYP5  Vibrations  1 Yes / 2 No
RISPHYP6  Extreme temperatures  1 Yes / 2 No
RISPHYP7  Other  1 Yes / 2 No
RISPHYP9  Doesn’t know  1 Yes / 2 No

If RISPHYP=1
CATRI
Were you classified in a category?
1  Category A
2  Category B
3  In another category
9  [Doesn’t know]

INT: WE ARE TALKING ABOUT IONIZING RADIATION

If RISPHYP=1
SUIVIRI
Did you receive dosimetric monitoring?
1  Monthly
2  Quarterly
3  [None]

RISFAT
Was it because of physical effort such as carrying loads?
1  Yes
2  No
RISAUT
For other reasons?
1 Yes
2 No

INT: WE ARE TALKING ABOUT A WORK STATION ADAPTATION DURING YOUR PREGNANCY

If RISAUT=1
*RISAUTP
If yes, specify (maximum 50 characters)

If TRGR=1 (do not ask if RFIX=2)
TELFIX4
Was there a cordless landline telephone with a base (DECT) in your workplace?
1 Yes
2 No
9 [Doesn't know]

If TRGR=1 (do not ask if RFIX=2)
WIFI2
Did you have WiFi in your workplace (excluding public networks)?
1 Yes
2 No
9 [Doesn't know]

If TRGR=1 (do not ask if RFIX=2)
ORDI2
In your workplace, did you use a computer for several hours a day?
1 Yes
2 No
9 [Doesn't know]

If ORDI2=1
Where was the central unit of the computer(s)?
ORDIL21 It was a laptop 1 Yes / 2 No
ORDIL22 On the floor 1 Yes / 2 No
ORDIL23 On a desk 1 Yes / 2 No
ORDIL24 Other 1 Yes / 2 No

If TRGRDOM =2 then ask
If RFIX =1 During your pregnancy, what public transport did you use for your job?
If RFIX =2 During your pregnancy, how did you commute?
TVOIT Car 1 Yes / 2 No
TDROU Motorized two-wheeler 1 Yes / 2 No
TBUS Bus, coach 1 Yes / 2 No
TTRAIN Train 1 Yes / 2 No
TTRAM Tram 1 Yes / 2 No
TMETRO Metro, regional rail system 1 Yes / 2 No
TVELO Bike 1 Yes / 2 No
TPIED On foot 1 Yes / 2 No
INT: LIST - SEVERAL ANSWERS POSSIBLE

If RFIX = 1 During your pregnancy, for your job, how long did you spend...
If RFIX = 2 During your pregnancy, for your commutes, how much time did you spend...
(DK and refusal possible)

If TVOIT=1
In a car
VOITHJ |__|__| h VOITMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
VOITHS |__|__| h VOITMS |__|__| minutes per week (00h05mn to 36h59mn)

If TDROU=1
On a motorized two-wheeler
DROUHJ |__|__| h DROUMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
DROUHS |__|__| h DROUMS |__|__| minutes per week (00h05mn to 36h59mn)

If TBUS=1
On a bus, coach
BUSHJ |__|__| h BUSMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
BUSHS |__|__| h BUSMS |__|__| minutes per week (00h05mn to 36h59mn)

If TTRAIN=1
On a train
TRAINHJ |__|__| h TRAINMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
TRAINHS |__|__| h TRAINMS |__|__| minutes per week (00h05mn to 36h59mn)

If TTRAM=1
On a tram
TRAMHJ |__|__| h TRAMMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
TRAMHS |__|__| h TRAMMS |__|__| minutes per week (00h05mn to 36h59mn)

If TMETRO=1
On a metro, regional rail system
METROHJ |__|__| h METROMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
METROHS |__|__| h METROMS |__|__| minutes per week (00h05mn to 36h59mn)

If TVELO=1
On a bike
VELOHJ |__|__| h VELOMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
VELOHS |__|__| h VELOMS |__|__| minutes per week (00h05mn to 36h59mn)

If TPIED=1
On foot
PIEDHJ |__|__| h PIEDMJ |__|__| minutes per day (00h05mn to 06h59mn)
OR
30/03/2016

PIEDHS | ___ | h PIEDMS | ___ | minutes per week (00h05mn to 36h59mn)

INT: LET THE INTERVIEWEE DECIDE ON PER DAY OR PER WEEK. DON’T TAKE OCCASIONAL JOURNEYS INTO ACCOUNT
MATERNITY LEAVE

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

"We are now going to talk about your maternity leave, if you took leave, as well as your occupational projects in the coming months."

If CONGMATPAR ≠ 1
CONGMAT
Were you on maternity leave?
1 Yes, but not anymore
2 No

INT: BY MATERNITY LEAVE, WE MEAN LEAVE FROM WORK RELATED TO THE BIRTH OF A CHILD

If CONGMAT = 2
ACTIV
At the end of your pregnancy, were you (in the last 2 months)?
1 Working => DATMCT
2 Unemployed => Next module
3 A student, on a training course => Next module
4 On parental leave => Next module
5 A homemaker => Next module
6 Other => Next module

If CONGMATPAR = 1 or CONGMAT = 1
(If DATMDR and DATADR filled in, the programme pre-enters by date of interruption of activity)
On which date did you stop working, including sick leave?
DD/MM/YYYY (from 2009 to 2011)
*DATMCE
DATACE
DELAICE
(Constructed variable) Period in days between the date the person stopped working and the date of conception

If CONGMATPAR = 1 or CONGMAT = 1
On which date did you/will you return to work?
DD/MM/YYYY (from 2009 to 2015; Doesn't know; Not returning to work)
*DATMREPC
DATAREPC
DELAIREPC
(Constructed variable) Period in days between the date the person returned to work and the date of birth of the child

If CONGMATPAR = 1 or CONGMAT = 1
NBCONG
How many weeks was your maternity leave initially planned for?
Number of weeks: (1 to 97, Refuses=98; Doesn't know=99)
If \( \text{CONGMATPAR}=1 \) or \( \text{CONGMAT}=1 \)

**CONGIN**

During your maternity leave, did you receive or are you receiving a daily allowance, a salary, or income from an occupational activity?

1. Yes, with full pay
2. Yes, without full pay
3. No
9. [Doesn't know]  \( \Rightarrow \) Next module

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

On which date did you stop working before the birth?

DD/MM/YYYY (from 2009 to 2011)

*DATMCT

|__|__|

\*DATACT

|__|__|__|__|

**DELAICT**  (Constructed variable) Period in days between the date the person stopped working and the date of conception

|__|__|

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

On which date did you/will you return to work?

DD/MM/YYYY (from 2009 to 2015; Doesn't know; Not returning to work)

*DATMRT

|__|__|__|

\*DATART

|__|__|__|__|

**DELAIRT**  (Constructed variable) Period in days between the date the person returned to work and the date of birth of the child (for economically active mothers in the last two months of the pregnancy)

|__|__|
INTENTION OF RETURNING TO WORK

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

If CONGMATPAR=1
(IT programming filter error in wave 1 – omitted to indicate that it concerns the NOI 3; for wave 1, this variable is empty)

SITU
What is your current situation or what will it be in the coming days and weeks?
1 You will return to work in the same conditions
2 You will return to work but in different conditions, with more work
3 You will return to work but in different conditions, with less work
4 You will look for an(other) job (item added)
5 Apprentice under contract or in training
6 Unemployed
7 Homemaker
8 On parental leave or CLCA free choice of activity supplement
9 Retired
99 [You don’t know]

INT: WHAT THE MOTHER INTENDS TO DO AFTER LEAVE

If CONGMAT=1 and (SITUA=1 or 2 or SITUAE=1 or 2)
SITU1
What is your situation now relative to your situation before maternity leave?
1 You have returned to work in the same conditions
2 You have returned to work but in different conditions, with more work
3 You have returned to work but in different conditions, with less work
4 You are looking for another job

INT: LIST - WHAT THE MOTHER IS DOING CURRENTLY

If SITU=7
SITUTPS
For how long?
1 One year (or less)
2 Over one year
9 [Doesn’t know]

If SITU=8
CONG
Is it leave?
1 Full time
2 Part time
9 [Doesn’t know]

If CONG=2
CONGTX
At what rate (%)? (10 to 97) |

If INFCONJ ≠ 2 to 4 or RECON=1 or PLAPER ≠ 2 to 5 or PLARECON=1
If (INFCONJ=1 and RECON=2) or (PLAPER=1 and PLARECON=2)

CONGPAT

Has/will the father of [ELFE child] ([TWIN child]) taken/take paternity leave?
1  Yes, already taken
2  No, but will take
3  No, will not take
4  Is not entitled to paternity leave
9  [Doesn’t know]

If CONGPAT=1 or 2

How long was or will be the leave period? Number of days, weeks or months

CONGPI Days (1 to 21, Doesn’t know) ☐☐☐
OR
CONGPS Weeks (1 to 3, Doesn’t know) ☐☐☐
OR
CONGM Months (1 to 36, Doesn’t know) ☐☐☐
SITUATION OF COUPLE

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

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

If $SITUAFAMM=1$, 2 or 5

DEBRELP
In what year did your relationship with the father of [ELFE child] ([TWIN child]) begin?
Year (1960 to 2011) |__|__|__|__|

If $SITUAFAMM=1$ 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 $SITUAFAMM\neq1$ or 2 and $INFCONJ\neq3$ or 4

VECU6MP
Have you in the past lived with the father of [ELFE child] ([TWIN child]) for a period of at least 6 months in the same dwelling?
1 Yes
2 No

If $VECU6MP=1$ then ask $VECDEBP$ and $VECFINP$

VECDEBP
Starting when (from which year)? |__|__|__|__|

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

If $VECU6MP=2$

REL6MP
Have you in the past had a relationship of at least 6 months with the father of [ELFE child] ([TWIN child])?
1 Yes
2 No

If $REL6MP=1$

MRELATP
How long did the relationship last?
(In months) (6 to 11) |__|__|

OR

ARELATP
How long did the relationship last?
(In years) (0 to 50) |__|__|

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

If SITUAFAMM = 5

For what reasons do you not live with the father of [ELFE child]?

RAISNV1 Owing to 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) ________________________________

If SITUAFAMM= 3, 4, 6 or 7 and ((INFCONJ ≠ 2 to 4 or RECON=1) OR PLAPER ≠ 3 to 5 or PLARECON=1)) then ask

if (INFCONJ=1 and RECON=2) or (PLAPER=1 and PLARECON=2) then filter

POSREL

"Can we ask you a few questions about your relationship with the father of [ELFE child] ([TWIN child])?"

1 Yes  ⇒ VUPER

2 No

If POSREL=2

REPREL

For what reason do you not want to answer the questions about your relationship with the father of
[ELFE child] ([TWIN child])?

1 You don’t know anything about him  ⇒ DEBRELC

2 You are in conflict, you have split up ⇒ DEBRELC

3 He doesn’t want you to talk about the relationship  ⇒ DEBRELC

4 Another reason  ⇒ DEBRELC

INT: DO NOT LIST

If REPREL=5

*REPQL

Which? (maximum 50 characters) ________________________________

If POSREL=1

VUPER

Since his/her (their) birth, has/have [ELFE child] ([TWIN child]) seen his/her (their) father?

1 Several times a week

2 Once a week

3 At least once every fortnight

4 Once

5 Never

If VUPER=5

PERSAI
Does the father of [ELFE child] ([TWIN child]) know that you had this/these child/children by him or was he told that you were pregnant?
1 Yes
2 No

If PERSAI=2
Why didn’t you tell him?
PQSAI1 You don’t know who the father is 1 Yes / 2 No
PQSAI2 You don’t know how to contact him 1 Yes / 2 No
PQSAI3 It is pointless, you know he won’t want to know the child 1 Yes / 2 No
PQSAI4 You don’t want him to have any rights over the child 1 Yes / 2 No

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

If SITUAFAMM=3, 4 or 6
DEBRELC
In what year did the relationship begin? |__|__|__|__|

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

If SITUAFAMM = 6
For what reasons do you not live with your current partner (on a permanent basis)?
RAISNVC1 Owing to reasons of health, occupation, education 1 Yes / 2 No
RAISNVC2 You and/or your partner want to keep your independence 1 Yes / 2 No
RAISNVC3 You are with [first name] and in the midst of a separation 1 Yes / 2 No
RAISNVC4 He is in a couple 1 Yes / 2 No
RAISNVC5 He is in the midst of a separation with another person 1 Yes / 2 No
RAISNVC6 You yourself are in the midst of a separation with a former partner 1 Yes / 2 No
RAISNVC7 Owing to other reasons 1 Yes / 2 No

INT: ASK IN SUB-QUESTIONS

If RAISNVC7=1
*RAISNVCP
Specify which (Maximum 50 characters) ____________________________

If SITUAFAMM=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 (ADDED); IF DK, ASK AGAIN TO GET AN APPROXIMATE YEAR

If SITUAFAMM=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 from (which year)?

|___|___|___|___|

VECFINC  Until (which year)?

|___|___|___|___|
THE CHILD’S HEALTH

Questionnaires concerned: “referent mother”

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 you left the maternity unit, have you had a visit from a midwife at your house (once or more)? We are talking about [ELFE child].
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: We are talking about [ELFE child].
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

If SAGEF=1
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 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)

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

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

POIDSSORTIEC2 (Corrected variable) How much did the child weigh when 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 ⇒ DATJVIB
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 will find this information on page 18 of the health booklet.

**DATIVI** 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)  |

**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?  |

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?  |

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?
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 which (maximum 30 characters) ________________________

What was the reason for the visit?

**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 occurring after leaving the maternity unit

(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

(SUIVI 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)

**INT:** NOTER PRECISELY

* 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
PREOC3 Jaundice (doctors also refer to it as icterus)  1 Yes / 2 No
PREOC4 Regurgitation  1 Yes / 2 No
PREOC5 Colic  1 Yes / 2 No
PREOC6 Diarrhoea  1 Yes / 2 No
PREOC7 Constipation  1 Yes / 2 No
PREOC8 Respiratory problem  1 Yes / 2 No
PREOC9 Dizziness  1 Yes / 2 No
PREOC10 Fever  1 Yes / 2 No
PREOC11 Cold, rhinitis, stuffed-up nose  1 Yes / 2 No
PREOC12 Conjunctivitis, blocked tear duct  1 Yes / 2 No
PREOC13 Thrush  1 Yes / 2 No
PREOC14 Shock, trauma  1 Yes / 2 No
PREOC15 Other  1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOC15=1
*PREOC
Specify (maximum 30 characters): ________________

If PREOC14<>1 and CONSUL=1 => go to HOSP
If PREOC14<>1 and CONSUL=2 => go to DATJVI2
If PREOC14=1
CONSURGT
Was it a blow to the head (cranial trauma)?
1 Yes
2 No  ⇒ If CONSUL=1 => go to HOSP / if CONSUL=2 => go to DATJVI2
9 [Doesn't know] ⇒ If CONSUL=1 => go to HOSP / if CONSUL=2 => go to DATJVI2

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)
*DATMV12 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.

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

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.

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

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
2 No => HOSP

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:
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?
*DATIVIB 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?
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

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

If QIPRB=10 or 11
*QIPRBP
Specify with whom? (maximum 30 characters) ______________________________

If CONSUL=3
For what reason did you make this appointment?
DEBSURB
The beginning of regular monitoring (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 occurring after leaving the maternity unit
*(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
*(SUIVI 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: ____________________

**INT:** NOTE PRECISELY

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

**PREOCB1** Need advice on the diet of [ELFE child] 1 Yes / 2 No
**PREOCB2** Weight problem 1 Yes / 2 No
**PREOCB3** Jaundice (doctors also refer to it as icterus) 1 Yes / 2 No
**PREOCB4** Regurgitation 1 Yes / 2 No
**PREOCB5** Colic 1 Yes / 2 No
**PREOCB6** Diarrhoea 1 Yes / 2 No
**PREOCB7** Constipation 1 Yes / 2 No
**PREOCB8** Respiratory problem 1 Yes / 2 No
**PREOCB9** Dizziness 1 Yes / 2 No
**PREOCB10** Fever 1 Yes / 2 No
**PREOCB11** Cold, rhinitis, stuffed-up nose 1 Yes / 2 No
**PREOCB12** Conjunctivitis, blocked tear duct 1 Yes / 2 No
**PREOCB13** Thrush 1 Yes / 2 No
**PREOCB14** Shock, trauma 1 Yes / 2 No
**PREOCB15** Other 1 Yes / 2 No
INT: LIST - SEVERAL ANSWERS POSSIBLE

If PREOCB15=1
*PREOCBP
Other, clearly specify (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
N8HOSP
How many times has [ELFE child] been hospitalized?
(1 to 30) |___|___|

If HOSP=1
TPSHOS
Since coming home, how many days in all has he/she been hospitalized?
(Days) (1 à 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?
PQH01 Fever (38° or +) with no other symptoms 1 Yes / 2 No
PQH02 Bronchitis 1 Yes / 2 No
PQH03 Bronchiolitis 1 Yes / 2 No
PQH04 Cold, throat infection 1 Yes / 2 No
PQH05 Pneumopathy 1 Yes / 2 No
PQH06 Diarrhoea, gastroenteritis 1 Yes / 2 No
PQH07 Urinary infection 1 Yes / 2 No
PQH08 Other infection 1 Yes / 2 No
PQH09 Surgery 1 Yes / 2 No
PQH10 Dizziness 1 Yes / 2 No
PQH11 A fall on the head, blow to the head 1 Yes / 2 No
PQH12 Other accident 1 Yes / 2 No
PQH13 Weight or diet problem 1 Yes / 2 No
PQH14 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 PQH08=1
*PQHOINF
What is this other infection? (maximum 50 characters) _______________________

If PQH14=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?**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATACBJ</td>
<td>Day</td>
<td>(1 to 31) (NA=88, DK 99)</td>
</tr>
<tr>
<td>DATACBM</td>
<td>Month</td>
<td>(1 to 12) (NA=88, DK 99)</td>
</tr>
<tr>
<td>DATACBA</td>
<td>Year</td>
<td>(2011 to 2012) (NA=8888, DK 9999)</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
</table>

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?**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATJVAC</td>
<td>Day</td>
<td>(1 to 31) (NA=88, DK 99)</td>
</tr>
<tr>
<td>DATMVAC</td>
<td>Month</td>
<td>(1 to 12) (NA=88, DK 99)</td>
</tr>
<tr>
<td>DATAVAC</td>
<td>Year</td>
<td>(2011 to 2012) (NA=8888, DK 9999)</td>
</tr>
</tbody>
</table>

**AGEVAC**

Constructed variable: Age of child when vaccinated for BCG: (in number of days)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
</table>

**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?  ▼  ▼  ▼ (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 (lungs)  1 Yes / 2 No
PASCAN4  Stomach (abdomen)  1 Yes / 2 No
PASCAN5  Pelvis  1 Yes / 2 No
PASCAN6  Limb  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  Limb  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 Gastrooesophageal 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

If QPROB3=1
*QPROBR Another respiratory problem, specify clearly: ______________________

If QPROB14=1
*QPROP14 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)?
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 Peridys 1 Yes / 2 No
REFLU9 Motilkium or Dompéridone 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 MOTHER DOESN'T REMEMBER, READ THE LIST OF MEDICINE NAMES TO HELP HER

If REFU 15=1

REFLP
Other reflux treatments, specify clearly: ____________________

INT: RATHER THAN READING THE LIST, THE INTERVIEWER TICKS THE ANSWERS GIVEN BY THE MOTHER.
IF THE MOTHER DOESN'T REMEMBER, THE INTERVIEWER READS THE LIST OF MEDICINE NAMES TO HELP HER.

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

INT: RATHER THAN READING THE LIST, THE INTERVIEWER TICKS THE ANSWERS GIVEN BY THE MOTHER.
IF THE MOTHER DOESN'T REMEMBER, THE INTERVIEWER READS THE LIST OF MEDICINE NAMES TO HELP HER.
IF THE WOMAN SAYS "NEITHER VITAMINS NOR FLUORINE", ASK HER AGAIN BY READING THE NAMES OF THE MEDICINES ("ARE YOU SURE? OFTEN IT CAN BE UVESTEROL, ZYMAD, ETC.")

If VITA=1

Which 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 Zymafiuor 1 Yes / 2 No
VITAPR8 Calci氟or 1 Yes / 2 No
VITAPR9 Fluor Crinex 1 Yes / 2 No
VITAPR10 Other 1 Yes / 2 No

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

If VITAPR10=1

VITAPRP
Other medicine, specify clearly: ______________________________

Is [ELFE child] currently taking other treatments on an ongoing basis (prescription of over a month)?
AUTTRA
No other treatment
1 Yes
2 No
If AUTTRA1=2
AUTTRA1 Vitamin K 1 Yes / 2 No
AUTTRA2 Foldine 1 Yes / 2 No
AUTTRA3 Fumafer, Ferostrane, Feromiel 1 Yes / 2 No
AUTTRA4 Antibiotics 1 Yes / 2 No
AUTTRA5 Anti-convulsive 1 Yes / 2 No
AUTTRA6 Other medicine 1 Yes / 2 No

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

If AUTTRA6=1
AUTTRA6 Other medicine, specify clearly __________________________

ALLERLAI
Has a doctor diagnosed an allergy to cow's milk proteins?
1 Yes
2 No

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

INT: LIST – SEVERAL ANSWERS POSSIBLE

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

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

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?
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

ASIIFL
Wheezing?
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
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]

*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]

*MALAD
What kind of illness?
(Maximum 30 characters) __________________________
BEING A PARENT

Questionnaires concerned: "referred mother", "non-cohabiting mother", "mother of placed child" from LANG1E to LANG3E and RELIGIMP to PSOC

"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
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?
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

If ANNAISA=1
*CANNAISP
Which other way?
(Maximum 50 characters) ______________

If ANNAISP=1 or ANNAISI=1
NBPAIS
To how many people, roughly? | __ | __ | __ | (1 to 999)

PHOFIL
Do you photograph or film [ELFE child] (and [TWIN child])?
if LIENTYP=1 or 7
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 a paper album?
1 Yes
2 No
3 Intends 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 Intends 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 Your friends 1 Yes / 2 No
QUIPHO5 Other people 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

Before or during your 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 FOR 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 The father mainly
3 You and the father
4 Another person

If CHOIX=4
*CHOIXP
Another person, specify clearly
(Maximum 50 characters)____________________

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?"

Does the choice of the name of [ELFE child] (and [TWIN child]) refer to...
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REF1 No-one in particular  1 Yes / 2 No
REF2 Someone in the father'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"

If REF=6
*REFP
Other, specify clearly (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

INT: LIST
*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 specification]
9 [Doesn't know]

INT: DO NOT LIST

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

INT: LIST IF NECESSARY

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 one?
1 Christian (catholic, protestant, orthodox, evangelical, etc.)
2 Muslim
3 Jewish
4 Buddhist
5 Hindu
If QLRELI=1
*QLCHRET
Can you specify?
1 Catholic
2 Protestant
3 Orthodox
4 Other
6 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST. SAY "CAN YOU SPECIFY?" ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FURTHER PRECISONS. IF THE PERSON UNPROMPTED SAYS "I'M CATHOLIC", "I'M PROTESTANT" "I'M ORTHODOX" TO THE PREVIOUS QUESTION, CODE DIRECTLY.

If QLRELI=2
*QLMUSUL
Can you specify?
1 Sunni
2 Shia
3 Other
6 [No further precision]
9 [Doesn't know]

INT: DO NOT LIST. SAY "CAN YOU SPECIFY?" ONLY IF THE PERSON ANSWERED "CHRISTIAN" WITH NO FURTHER PRECISONS. IF THE PERSON UNPROMPTED SAYS "I'M SUNNI", "I'M SHIA" TO THE PREVIOUS QUESTION, CODE DIRECTLY.
ORGANIZATION OF DAY-TO-DAY ACTIVITIES

Questionnaire concerned: "referent mother"

If SITUAFAMM=1 or 3, ask from CHANGB to MEDB

Since you left the maternity unit, can you tell me who is 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 walking 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]

NUITPLEU
... 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 is 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: "referent mother", "mother of placed child", "non-cohabiting mother"

If SITUAFAMM=1 or 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]

COURSES
... 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?
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1 Very satisfied
2 Rather satisfied
3 Rather dissatisfied
4 Very dissatisfied
8 [Refuses]

Questionnaires concerned: "referent mother", "non-cohabiting mother"

Ask from BAIN to CALMPL

For the following activities,

BAIN
Bathing your child (children), 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
Feeding them, 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 et SEXE(i)=2 or VIERMERB=1 or VIERMER=1*

**INFMER** Your mother  1 Yes / 2 No
*If INFCONJ=2 à 4 or RECON=1 or LIENTYP=7 or FC_PLAPER=2 à 5 or PLARECON=1*

**INFCRE** Staff at the creche, the childminder, the nursery school assistant  1 Yes / 2 No

**INFAUT** Other  1 Yes / 2 No

**INFLIV** A book, the press  1 Yes / 2 No
*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 INFLIV=1*

Do you sing songs to [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
Today, from time to time, do you hold your child against you, skin to skin?
1 Yes
2 No

INT: IF THE MOTHERS SAYS SHE BREASTFEEDS, TELL HER "APART FROM BREASTFEEDING"

Does [ELFE child] look for your gaze?
1 Every day
2 From time to time
3 Never

Does he/she smile at you?
1 Every day
2 From time to time
3 Never

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

When he/she cries, do you know why?
1 Rarely
2 Often
3 Very often

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

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

How would you describe your pregnancy?
1 A pleasant time
2 A fairly pleasant time despite a few slightly difficult moments
3 A difficult time

If LIENUTYP=2 and SITUAFAMM=7
During your pregnancy, do you think your partner supported you:
1 Very well
Well
Not much
Not at all

If LIENTYP=2 and SITUAFFAMM = 7

ENTAUT
During your pregnancy, did you feel that the people close to you supported you:
1 Very well
2 Well
3 Not much
4 Not at all

If ENTAUT=1 or 2

*ENTAUTP
Who supported you during your pregnancy? (maximum 30 characters) ____________________________

Questionnaires concerned: "referent mother", "non-cohabiting mother"

ECOLAG
At what age do you want your child 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 mother", "mother of placed child", "non-cohabiting mother"

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
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 FOR 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 [Doesn't know]
HARMONY WITHIN THE COUPLE

Questionnaires concerned:

*Ask if SITUAFAMM≠7: "referent mother", "mother of placed child"

"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 your pregnancy, did you have any arguments with your partner 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 your pregnancy, did your partner 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 your pregnancy, did you insult or say harmful things to your partner?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

**DISPG**
And during your pregnancy, did you have any arguments with your partner about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

*DISPG= 3 or 4*

**PBPGC**
Again during your pregnancy, did your partner insult you or say harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

*If DISPG= 3 or 4*

**PBPGM**

During your pregnancy, did you insult or say harmful things to your partner?
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 your partner about everyday life, friends, children, or occupational life?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

*If DISAN= 3 or 4*

**PBANC**

Again since the birth of [ELFE child] (and [TWIN child]), has your partner insulted you or said harmful things to you?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]

*If DISAN= 3 or 4*

**PBANM**

Since the birth of [ELFE child] (and [TWIN child]), have you insulted or said harmful things to your partner?
1 Never
2 Rarely
3 Sometimes
4 Often
8 [Refuses]
THE CHILD’S DIET SINCE BIRTH

Questionnaire concerned: "referent mother"

If no twins
"We are now going to talk about the diet of [ELFE child] since birth: breastfed or not, the frequency of meals, etc."

If twins
"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]."

TYPALI
Currently, how do you feed [ELFE child]?
1 Breastfeeding only => NBALI
2 Breastfeeding and bottle
3 Bottle only

If TYPALI=2 or 3
TYPALI2
What kind of bottle?
1 Mother’s milk only (milk pump, milk bank, etc) => NBBIB
2 Initial milk only or preparation for newborns => LAIAGE1
3 Mother’s milk and initial milk (combined breastfeeding)

If TYPALI=1 or 2
NBALI
How many times do you breastfeed the child per 24 hours?
(1 to 20; 99 for "Doesn’t know") => Direction

Direction:
If TYPALI=1 go to EAU
If TYPALI2=2 or 3
Is the initial milk or preparation for newborn that you use:
LAIAGE1 Hypoallergenic 1 Yes / 2 No / 3 [Doesn’t know]
LAIAGE2 Formulated for premature infants 1 Yes / 2 No / 3 [Doesn’t know]
LAIAGE3 Formulated with hydrolyzed proteins for allergic infants 1 Yes / 2 No / 3 [Doesn’t know]
LAIAGE4 Enriched in fatty acids (such as DHA) 1 Yes / 2 No / 3 [Doesn’t know]

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPALI2=2
LAIMAT
Has [ELFE child] ever been fed with mother’s milk since birth?
1 Yes
2 No => NBBIB
If LAIMAT=1

AGEARRLM
How old was [ELFE child] when you stopped breastfeeding him/her? |___|___|

AGEARRLMU
Unit of age when breastfeeding stopped – days or weeks
(Age of the child in days) |___|___|
(Age of the child in weeks) |___|___|

If TYPALI2=1 or 2 or 3

NBBIB
How many bottles do you give him/her per 24 hours?
(1 to 50; 88 Refuses; 99 Doesn't know) |___|___|

If TYPALI2=1 or 2 or 3

STERIL
Do you sterilize the bottles?
1 Sometimes
2 Never
3 Always

If TYPALI2 =2 or 3, if not go to EAU

On what date did you start with initial milk? DD/MM/YYYY

*DATJLP Day started (1 to 31; 88 Refuses; 99 Doesn't know) |___|___|

*DATMLP Month started (de 01 à 12; 88 Refuses; 99 Doesn’t know) |___|___|

DATALP Year started (2011 et 2012) |___|___|___|___|

AGELP (Constructed variable) Age of child in days when initial milk started |___|___|

LAIMAR
Which brand of initial milk do you currently use (for ELFE child)?
1 Alfare
2 Babybio
3 Bledilait
4 Bledina
5 Enfamil
6 Gallia
7 Guigoz
8 Hipp
9 Holle
10 Lemiel
11 Milumel
12 Milupa
13 Modilac
14 Nestlé
15 Nidal
16 Novalac
17 Picot
18 Prémilait
19 Prémilait Bio
20 Other
If LAIMAR=20

LAMARP
Specify the brand of initial milk currently used (Maximum 30 characters) ____________

LAINOM
What is the name of this milk? (Maximum 30 characters) ____________
Example: “Galisma formule X” by Gallia

CHANLAI
Have you changed the initial milk since you started using it?
1 Yes
2 No  ➔ AJFARI

NBCHAN
How many times have you changed milk?
(1 to 10; 88 Refuses; 99 Doesn’t know)  |___|___|

Why did you switch?
PQCHAN1 Medical prescription  1 Yes / 2 No
PQCHAN2 Without a medical prescription but for a health reason (allergy, colic, reflux, growth problem) 1 Yes / 2 No
PQCHAN3 Because of the price  1 Yes / 2 No
PQCHAN4 On advice from your chemist or people close to you  1 Yes / 2 No
PQCHAN5 Other raison  1 Yes / 2 No

INT: LIST - SEVERAL ANSWERS POSSIBLE

AJFARI
Do you ever add infant cereals to the milk?
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  ➔ AUTBOIS
2 Bottled water only (mineral or spring)
3 Both (tap water and bottled water)
4 Doesn’t drink water  ➔ AUTBOIS

If EAU=2 or 3

EAUMARQ
Do you have a habitual brand?
1 Yes
2 No

If EAUMARQ=1

EAUMARP
Which one?
1 Evian
2 Cristalline
3 Aquarel
4 Hépar
5 Les Abatilles
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6 Mont-Roucous  
7 Pierval  
8 Plancoët  
9 Saint Alban  
10 Thonon  
11 Valvert  
12 Vittel  
13 Volvic  
14 Other  
15 Aix les bains  
16 Luchon  
17 Wattwiller

(Items 15, 16 and 17 added from wave 3)

If $EAUMARQP=14$

$EAUMARQPP$

Specify ________________

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: SEVERAL ANSWERS POSSIBLE

If $TYPBOIS3=1$

TYPBOISP Others, specify (maximum 50 characters) _____________________________

"Organization and frequency of meals."

If $TYPALI=1$ or 2

TSPTE T

Currently how long does a breastfeed last?
1 Under 15 minutes
2 15 to 30 minutes
3 Over 30 minutes
9 [Doesn't know]

If $TYPALI2=1$ or 2 or 3

TPSBI B

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]

*If there is a LIENTYP=3 or 4, or AFRAT=1 or ADFRAT=1, otherwise go to next module*

ALAITENF
Did you breastfeed your other child/children?
1 Non
2 Yes (all)
3 Yes, but not all
GENERAL HEALTH OF THE MOTHER AND FAMILY HISTORY

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

“Let’s talk about your health.”

If social security scheme in maternity unit not documented, ask SS1 and SSB

SS1
Which social security scheme covers your healthcare costs?

If social security scheme in maternity unit documented, validate SS1 and ask SSB, respecting the filter

SS1
Is the social security scheme that covers your healthcare costs still [interviewer lists the systems]?

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
8 [Doesn't want to answer]

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

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
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

HOPMER
Have you been hospitalized since you left the maternity unit?
1 Yes
2 No

INT: DO NOT COUNT DIRECT TRANSFERS OF THE MOTHER FROM THE MATERNITY UNIT, WITH NO INTERVAL FROM RETURNING HOME

If HOPMER=1
HOPSER
In which service were you hospitalized?
1 Gynaecology
2 General medicine
3 Surgery
4 Mother and child
5 Psychiatry
6 [Other]
9 [Doesn't know]

If HOPSER=6
HOPSERP
Specify which service: ______________________________
(Maximum 30 characters)

INT: NOTE DOWN WORD FOR WORD

TABA
Do you smoke?
1 Yes
2 No

If TABA=1
NBTABA
How many cigarettes a day on average?
If over 60, interviewer instruction |__|__|

INT: THE PERSON SAYS THEY SMOKE OVER 60 CIGARETTES A DAY: ARE YOU SURE?

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)
OU 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)
Rest or sleep
TPSJH |___|___| hours (0 to 16)
TPSJMJ |___|___| minutes (0 to 60)

INT: IF THE PERSON DOESN'T KNOW, ASK THEM ABOUT YESTERDAY. IF DOESN'T SLEEP IN DAY CODE 0 HOURS

If SOMME (TPSNIJH + TPSJH)>24:
Active warning: "The number of hours slept is too high. Change TPSNIJH 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]

BBL2
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]

BBL3
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]

BBL4
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]

BBL5
And, again in the past week, you have felt afraid or panicked for no real reason.
BBL6
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]

BBL7
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]

BBL8
And, again in the past week, you have felt sad or not very happy.
1 Yes, most of the time
2 Yes, sometimes
3 Not very often
4 No, never
8 [Refuses]

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]

**HOUSEHOLD CARE-GIVING AND RESPONSIBILITIES**

Questionnaires concerned: "referent mother", "non-cohabiting mother", "mother 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. THE "OTHER" MUST BE USED ON AN EXCEPTIONAL BASIS ONLY
PROC2=1
When did the situation concern you or since when it has concerned you?
QDPREO1 Before your pregnancy 1 Yes / 2 No
QDPREO2 During your pregnancy 1 Yes / 2 No
QDPREO3 Since the birth 1 Yes / 2 No
QDPREO9 Doesn’t know 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If PROC2=2 and there is a LIENTYP=3, 4 or 5, or AFRAT=1 or ADFRAT=1, otherwise go to AIDPUER

FASTHM
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from asthma?
1 Yes
2 No

Who? (Display NOI / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)
*QFASTHM1 First person NOI/NOIFRA/NOIDFRA |_____
*QFASTHM2 Second person NOI/NOIFRA/NOIDFRA |_____
*QFASTHM3 Third person  NOI/NOIFRA/NOIDFRA |_____
*QFASTHM4 Fourth person NOI/NOIFRA/NOIDFRA |_____
*QFASTHM5 Fifth person NOI/NOIFRA/NOIDFRA |_____
*QFASTHM6 Sixth person NOI/NOIFRA/NOIDFRA |_____

FECZEM
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from eczema?
1 Yes
2 No

Who? (Display NOI / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)
*QFECZEM1 First person NOI/NOIFRA/NOIDFRA |_____
*QFECZEM2 Second person  NOI/NOIFRA/NOIDFRA |_____
*QFECZEM3 Third person NOI/NOIFRA/NOIDFRA |_____
*QFECZEM4 Fourth person NOI/NOIFRA/NOIDFRA |_____
*QFECZEM5 Fifth person NOI/NOIFRA/NOIDFRA |_____
*QFECZEM6 Sixth person NOI/NOIFRA/NOIDFRA |_____

FRHUMF
Does [ELFE child] ([TWIN child]) have a brother, half-brother, sister or half-brother who suffers from hay fever?
1 Yes
2 No

Who? (Display NOI / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)
*QFRHUMF1 First person NOI/NOIFRA/NOIDFRA |_____

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Does your family benefit for [ELFE child] ([TWIN child]) or one of their brothers, half-brothers, sisters or half-sisters: (if at least one LIEN TYP in (3, 4, 5))

**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 and/or AIDTR=1 and/or AIDASS =1 and/or AIDED=1

**AIDSOC** From the support of the child welfare service 1 Yes / 2 No

**AIDJUG** From the supervision of a juvenile judge 1 Yes / 2 No

Who? (Display NOI / NOIFRA/NOIDFRA and first name of brothers / sisters / half-brothers / half-sisters, in and outside the household)

**ENFAIDJUG1** First person NOI/NOIFRA/NOIDFRA |____|

**ENFAIDJUG2** Second person NOI/NOIFRA/NOIDFRA |____|

**ENFAIDJUG3** Third person NOI/NOIFRA/NOIDFRA |____|

**ENFAIDJUG4** Fourth person NOI/NOIFRA/NOIDFRA |____|

**ENFAIDJUG5** Fifth person NOI/NOIFRA/NOIDFRA |____|

**ENFAIDJUG6** Sixth person NOI/NOIFRA/NOIDFRA |____|

If the NOI of ENFAIDJUG is linked to LIEN TYP=12

**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 the NOI of ENFAIDJUG is linked to LIEN TYP=12

**DSUIVI**
How long has this supervision lasted?

[Number of days] |___|___|
[Number of months] |___|___|
[Number of years] |___|___|

**DSUIVIP**
D=number of days, M=number of months, Y=number of years |___|___|___|___|

If AIDASS =1 and/or AIDSOC=1 and/or AIDED=1 and/or AIDJUG=1

**AEMOD**
Is/are he/she/they 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 AEMOD = 1 or 2 and the NOI of ENFAIDEDU is associated with LIENTYP=12

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 (D1 to 12) (NA=88, DK 99) |__|__|

DATPRA
Year (2010, 2011 and 2012) (NA=8888, DK 9999) |__|__|__|__|

DELAIPR
(Constructed variable) Time in days between start of supervision and the date of the 2-month telephone interview |__|__|

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 assistance?
TYPAIDE1 The direct or indirect payment of rent 1 Yes / 2 No
TYPAIDE2 Alimony 1 Yes / 2 No
TYPAIDE3 Other financial assistance 1 Yes / 2 No

INT: LIST – SEVERAL ANSWERS POSSIBLE

If TYPAIDE3 = 1
TYPAIDEP
Is this other financial assistance:
1 ...Regular
2 ...Occasional
TYPE OF CARE

Questionnaire concerned: «"referent mother"

"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 his/her/their father
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 INFCONJ≠2 to 4 or FC_RECON=1 or FC_PLAPER≠2 to 5 or FC_PLARECON=1

GARDPER
Is this other person the father of the child (of your children)?
1 Yes
2 No ⇒ TYPGARD1

If GARDPER=1

GARDPER1
Is he/she minded by someone other than you and the father?
1 Yes
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 GARDREG1J=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 GARDREG2=2, ask PQGARD, otherwise go to RENS

For which main reasons do you want to mind your child (children) yourself? (2 answers possible)
PQGARD1 Another care solution would cost more 1 Yes / 2 No
PQGARD2 You don’t have another solution 1 Yes / 2 No
PQGARD3 Your working hours are not compatible with the hours of childcare services 1 Yes / 2 No
PQGARD4 You want to fully devote yourself to the education of your child (children) 1 Yes / 2 No
PQGARD5 It is the most beneficial solution for your child 1 Yes / 2 No
PQGARD6 You don’t have a job 1 Yes / 2 No ⇒ Next module
PQGARD7 Other reason (specify) 1 Yes / 2 No

If PQGARD7=1
*PQGARDDP
Other reason (specify) __________________________

If GARDREG2=1 or GARDREG2J=1

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 ⇒ TYPGARD

INT: PROCEDURES MEANS VISITING THE TOWN HALL, ORGANIZATIONS OR MOTHER AND CHILD PROTECTION SERVICES

If GARDREG2 = 1 or GARDREG2J=1

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?
INFGARD1 Your network of acquaintances 1 Yes / 2 No
INFGARD2 A crèche 1 Yes / 2 No
INFGARD3 A nursery assistant 1 Yes / 2 No
INFGARD4 Mother and Child Protection 1 Yes / 2 No
INFGARD5 Family allowance office 1 Yes / 2 No
INFGARD6 Town hall 1 Yes / 2 No
INFGARD7 An organization 1 Yes / 2 No
INFGARD8 Other information resource 1 Yes / 2 No

INT: SEVERAL ANSWERS POSSIBLE

If INFGARD=8
*INFGARDDP
Which other information resource? (Maximum 50 characters) __________________________
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 type of care will it 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 The child’s grandparents 1 Yes / 2 No
TYPGARD5 Another member of the family 1 Yes / 2 No
TYPGARD6 Other 1 Yes / 2 No

INT: 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 father?
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