



Singapore Longitudinal EARly Development Study

**Singapore Longitudinal EARly Development Study
(SG LEADS)**

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Child Booklet
2018 Wave I

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CHILD INFORMATION

Household ID: _____

Child ID: _____

1. Child Name: _____
2. Child Gender: Male Female
3. Date of Birth: |__|__| / |__|__| / |__|__|__|__| (Day/Month/Year)
4. Date of Interview: |__|__| / |__|__| / |__|__|__|__| (Day/Month/Year)
5. Age (in month): _____ Months
6. Nationality:
 1. Singaporean
 2. Malaysian
 3. Chinese, please specify _____
 - 3.1 People's Republic of China
 - 3.2 Hong Kong
 - 3.3 Taiwan
 - 3.4 Macau
 4. Indian
 5. Indonesian
 6. Filipino
 7. Vietnamese
 8. Other nationality, please specify _____
 9. Dual/multiple citizenship, please specify _____
7. Country/Region of birth:
 1. Singapore
 2. Malaysia
 3. People's Republic of China
 4. India
 5. Indonesia
 6. Philippine
 7. Vietnam
 8. Others, please specify _____
8. If not born in Singapore, date of arrival in Singapore: _____ / _____ (Month/Year)

9. Race/ethnicity (as registered in the passport):

1. Chinese
2. Malay
3. Indian
4. Indonesian
5. Filipino
6. Vietnamese
7. Thai
8. Others, please specify _____

10. Primary Caregiver's relationship to (CHILD):

1. Mother (biological, step, adoptive, or foster) [tick to specify]
2. Father (biological, step, adoptive, or foster) [tick to specify]
3. Legal Guardian of Child, please specify _____
4. Other adult who takes primary responsibility for child (excluding paid helpers), please specify

11. (CHILD's) relationship to EACH HH member (to auto-populate each HH member's name recorded in the screener)

1. (CHILD) self
2. Biological/adoptive mother
3. Biological/adoptive father
4. Stepmother
5. Stepfather
6. Sibling
7. Grandmother
8. Grandfather
9. Other relatives, please specify _____
10. Domestic helper
11. Other non-relatives, please specify _____

SECTION A: CHILD HEALTH

The following questions are about (CHILD)’s biological mother’s health behaviours and prenatal care during pregnancy with (CHILD), as well as (CHILD’s) health status since birth. Please click the “i” buttons if you want to know more about the terms or questions.

Child’s name: _____

A1. **[Self-administered]** Were there any pregnancy-related complications when (CHILD’s) biological mother was pregnant with (CHILD)? Only mark ‘yes’ for the complications diagnosed by a doctor or health-professional.

	YES	NO	Don’t Know
a. Pre-eclampsia (Pregnancy High Blood Pressure)	1	2	3
b. High Blood Pressure	1	2	3
c. Depression	1	2	3
d. Placenta Previa (Placenta starts forming very low in the uterus)	1	2	3
e. Gestational Diabetes	1	2	3
f. Other complications, specify _____	1	2	3

A2. **[Self-administered]** Did (CHILD’s) biological mother smoke during pregnancy?

1. Yes → **GO TO A2a**
2. No → **GO TO A3**
3. Don’t know → **GO TO A3**

A2a. **[Self-administered]** During pregnancy, how many cigarettes did (CHILD’s) biological mother smoke on an average day?

1. Fewer than one cigarette per day
2. 1 to 2 cigarettes per day
3. 3 to 5 cigarettes per day
4. 6 to 10 cigarettes per day
5. 11 to 20 cigarettes per day
6. More than 20 cigarettes per day

DON’T KNOW/ REFUSE

A2b. **[Self-administered]** Did (CHILD's) biological mother quit smoking during pregnancy?

1. Yes → **GO TO A2c**
2. No → **GO TO A3**

A2c. **[Self-administered]** From which month of pregnancy did (CHILD's) biological mother quit smoking? _____

DON'T KNOW/ REFUSE

A3. **[Self-administered]** Did (CHILD's) biological mother drink alcohol during pregnancy?

1. Yes → **GO TO A3a**
2. No → **GO TO A4**
3. Don't know → **GO TO A4**

A3a. **[Self-administered]** How often did (CHILD's) biological mother drink alcoholic beverages during pregnancy?

1. Monthly or less
2. 2 to 3 times a month
3. Once a week
4. 2 to 3 times a week
5. 4 to 6 times a week
6. Every day

DON'T KNOW/ REFUSE

A3b. **[Self-administered]** Did (CHILD's) biological mother quit alcohol during pregnancy?

1. Yes → **GO TO A3c**
2. No → **GO TO A4**

A3c. **[Self-administered]** From which month of pregnancy did (CHILD's) biological mother quit alcohol?

DON'T KNOW/ REFUSE

A4. **[Self-administered]** Did (CHILD's) biological mother take vitamins and/or mineral supplements at least 3 days a week during the 3 months before she found out that she was pregnant?

1. Yes
2. No
3. Don't know

A5. **[Self-administered]** Did (CHILD's) biological mother take vitamins and/or mineral supplements at least 3 days a week during the 3 months after she found out that she was pregnant?

1. Yes
2. No
3. Don't know

A6. **[Self-administered]** Did (CHILD's) biological mother ever visit a doctor or clinic or other health care professional for prenatal care when she was pregnant with (CHILD)?

1. Yes → **GO TO A7**
2. No → **GO TO A8**
3. Don't know → **GO TO A8**

A7. **[Self-administered]** During the whole course of pregnancy, how many visits of prenatal care did (CHILD's) biological mother attend? If you don't know exactly how many, please give your best guess. Don't count visits for the childbirth classes.

_____ Visits

DON'T KNOW/ REFUSE

A8. **[Self-administered]** Is (CHILD) the first born of (CHILD's) biological mother?

1. Yes → **GO TO A10**
2. No → **GO TO A9**
3. Don't know → **GO TO A10**

A9. **[Self-administered]** What is the interval between (CHILD's) birth and (his/her) biological mother's last live birth?

_____ Months

DON'T KNOW/ REFUSE

A10. **[Self-administered]** Did (CHILD's) parents encounter troubles paying for prenatal care?

1. Not at all
2. Some troubles
3. Lots of troubles
4. Don't know

A11. **[Self-administered]** Were all, some, or none of the medical expenses related to the pregnancy or the delivery of (CHILD) covered by private health insurance?

1. None
2. Some
3. All
4. Don't know

A12. **[Self-administered]** Did (CHILD's) biological mother live in Singapore when she was pregnant with (CHILD)?

1. Yes → **GO TO A13**
2. No → **GO TO A15**
3. Don't know → **GO TO A15**

A13. **[Self-administered]** Did Medisave pay for any of the medical bills related to pregnancy or the delivery of (CHILD)?

1. Yes
2. No
3. Don't know
4. Not applicable

A14. **[Self-administered]** Did (CHILD's) biological mother receive assistance from any other public agency (while she was pregnant with CHILD)?

1. Yes → **GO TO A14a**
2. No → **GO TO A15**
3. Don't know → **GO TO A15**

A14a. **[Self-administered]** Which agency?

1. Social Service Office (SSO) - Minister of Social and Family Development (MSF)
2. Others, specify _____

A14b. **[Self-administered]** What was the name of the programme? _____

A15. **[Self-administered]** At birth, was (CHILD) placed in a neonatal intensive care unit (NICU) or transitional nursery before discharge?

1. Yes → **GO TO A15a**
2. No → **GO TO A16**
3. Don't know → **GO TO A16**

A15a. **[Self-administered]** Why was (CHILD) placed in this care? (If it was a premature birth, please specify the specific condition/disease or reason.) (SELECT ALL THAT APPLY)

1. Breathing difficulties or Respiratory Distress Syndrome (RDS)
2. Sepsis or infection
3. Hypoglycemia
4. Decreased blood flow and oxygen
5. Swallowed blood
6. Too low birth weight / too small size
7. Other condition/disease, please specify _____

A15b. **[Self-administered]** How long did (CHILD) spend in the neonatal intensive care unit (NICU) or transitional nursery?

_____ (DAYS) **OR** _____ (WEEKS) **OR** _____ (MONTHS)

A16. **[Self-administered]** Was (CHILD) breast fed (as an infant)?

1. Yes → **GO TO A16a**
2. No → **GO TO A17**
3. Don't know → **GO TO A17**

A16a. **[Self-administered]** How many months old was (CHILD) when breast feeding stopped?

_____ # OF MONTHS

STILL BREASTFEEDING

A17. **[Self-administered]** Compared to other babies in general, would you say that (CHILD's) health at birth was better than other babies, the same as other babies, or worse than other babies?

1. Worse
2. Same
3. Better
4. Don't know

A18. **[Self-administered]** Has (CHILD’s) doctor or health professional ever said that (CHILD) had the following conditions? Only mark ‘yes’ for the conditions diagnosed by a doctor or health-professional. (SELECT ALL THAT APPLY)

	NO	YES
a. An epileptic fit or convulsion?	0	1
b. Asthma?	0	1
c. Diabetes?	0	1
d. Three or more ear infections in a year?	0	1
e. Speech impairment or delay?	0	1
f. Serious hearing difficulty or deafness?	0	1
g. Serious difficulty seeing or blindness?	0	1
h. Mental retardation?	0	1
i. A serious emotional disturbance?	0	1
j. Anemia or iron deficiency?	0	1
k. Elevated levels of lead in the blood?	0	1
l. Orthopedic impairment?	0	1
m. Developmental problems, such as learning disability or developmental delay?	0	1
n. Autism?	0	1
o. Hyperactivity, ADHD, or ADD?	0	1
p. Allergies?	0	1
q. Been obese, over-weight, or at risk of over-weight?	0	1
r. Any other problems? (specify): _____	0	1

A19. **[Self-administered]** Does (CHILD) currently have any physical or mental condition that would limit or prevent (his/her) ability to....

Limit (CHILD’s) ability to	NO	YES
a. do usual childhood activities such as play, or participate in games or sports?	0	1
b. attend school (including preschool and day care) regularly?	0	1
c. do regular school work?	0	1

A20. **[Self-administered]** Since (CHILD) was born, how many different times has (he/she) stayed in the hospital overnight or longer? Do not include the hospitalization when (he/she) was born.

_____ (NUMBER OF TIMES) → GO TO A20a

CHILD HAS NEVER BEEN HOSPITALIZED → GO TO A21

DON'T KNOW → GO TO A21

A20a. **[Self-administered]** When was the last time (CHILD) was hospitalized?

_____/_____
MONTH YEAR

A20b. **[Self-administered]** What was the reason for this hospitalization? (SELECT ALL THAT APPLY)

1. Fever
2. Asthma, bronchitis, or wheezing
3. Hand, Foot & Mouth Disease (HFMD)
4. Infection, specify_____
5. Injury, specify_____
6. Diarrhea or vomiting
7. Jaundice
8. Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency
9. Other reason, please specify_____

A21. **[Self-administered]** Now I would like to ask about (CHILD's) health care over the last year. About how many times in the past 12 months has (he/she) been seen by a doctor, nurse or other health care professional for illness?

_____ Number of times

A21a. **[Self-administered]** When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for illness?

_____/_____

MONTH YEAR → GO TO A21b

NEVER → GO TO A22

A21b. **[Self-administered]** For what illness(es) did (he/she) see the doctor, nurse or other health care professional? (SELECT ALL THAT APPLY)

1. Flu
2. Cough
3. Fever
4. Asthma, bronchitis or wheezing
5. Diarrhea or vomiting
6. Hand, Foot & Mouth Disease (HFMD)
7. Jaundice
8. Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency
9. Infection, please specify_____
10. Other illness, please specify

A22. **[Self-administered]** About how many times in the past 12 months has (CHILD) been seen by a doctor, nurse or other health care professional for an injury?

_____ NUMBER OF TIMES

A22a. **[Self-administered]** When was the last time (CHILD) was seen by a doctor, nurse or other health care professional for an injury?

_____/_____

MONTH YEAR → GO TO A22b

NEVER → GO TO A23

A22b. **[Self-administered]** For what **injury/injuries** did (he/she) see the doctor, nurse or other health care professional? After selecting the injury location(s), please specify the type of injury, e.g. fracture, dislocation, burn, wound, and so forth. **(SELECT ALL THAT APPLY)**

1. Forehead injury _____
2. Head injury _____
3. Eye injury _____
4. Nose injury _____
5. Shoulder injury _____
6. Chest injury _____
7. Back injury _____
8. Arm injury _____
9. Hand/finger injury _____
10. Leg injury _____
11. Knee injury _____
12. Foot/toe injury _____
13. Brain injury _____
14. Other injury/injuries _____

A23. **[Self-administered]** Has (CHILD) **ever** seen a psychiatrist, psychologist, doctor, or counsellor about an emotional, mental, or behavioural problem?

1. Yes → **GO TO A23a**
2. No → **GO TO A24**

A23a. **[Self-administered]** When was the last time (CHILD) was seen by a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioural problem?

_____/_____
MONTH YEAR

A24. **[Self-administered]** Has (CHILD) **ever** seen a doctor or clinic for a routine health check-up (i.e. not for reasons such as injuries and illness)?

1. Yes → **GO TO A24a**
2. No → **GO TO A25**

A24a. **[Self-administered]** When was (CHILD) last seen by a doctor or clinic for a routine health check-up? (i.e. not for reasons such as injuries and illness)

_____/_____
MONTH YEAR

A25. **[Self-administered]** Is (CHILD) up to date on (his/her) shots or immunisations?

1. Yes
2. No

A26. **[Self-administered]** How many of the past 12 months was (CHILD) covered by health insurance or any other kind of health care plan? Include health insurance obtained through parent's employment or purchased directly as well as government programmes like Medishield.

_____ NUMBER OF MONTHS → **GO TO A27**

If enter "0", GO TO A29.

A27. **[Self-administered]** Is (CHILD) covered by any health insurance now?

1. Yes → **GO TO A27a**
2. No → **GO TO A29**

A27a. **[Self-administered]** What kind of health insurance or health care coverage does (CHILD) have? [CHECK ALL THAT APPLY]

1. Private health insurance plan from parent's employment
2. Private health insurance plan purchased directly
3. Health insurance plan through government programmes (e.g. Medishield Life)
4. Other programmes (specify): _____

A28. **[Self-administered]** Is (CHILD) required to go to a certain primary care doctor, group of doctors, or certain clinic for all of (his/her) routine care? Do not include emergency care or care from a specialist (he/she) was referred to.

1. Yes
2. No

A29. **[Self-administered]** During the past 12 months did (CHILD) receive any health care which has been or will be paid for by Medisave?

1. Yes
2. No

A30. **[Self-administered]** During the past 12 months, about how much did you or your family spend on medical care for (CHILD)? Do not include the cost of health insurance premiums, over-the-counter remedies, or any costs for which you expect to be reimbursed.

\$ _____

A31. **[Self-administered]** In general, would you say (CHILD'S) health is poor, fair, good, very good, or excellent?

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

SECTION B: HOME ENVIRONMENT

B1. We are interested in your family’s lifestyle and rules. First, I would like to know about (CHILD’s) relationship to (his/her) parents.

Does (CHILD) have a:

(ASK OR VERIFY)	Living with child	Not living with child	Does not have
a. biological mother?	1	2	3
b. biological father?	1	2	3
c. adoptive mother?	1	2	3
d. adoptive father?	1	2	3
e. stepmother?	1	2	3
f. stepfather?	1	2	3
B1g RULE: The child is living with biological/adoptive/step-mother → GO TO B1h RULE The child is not living with or does not have any biological/adoptive/step-mother → GO TO B1g			
g. other mother-figure?	1	2	3
B1h RULE: The child is living with biological/adoptive/step-father → GO TO B2 The child is not living with and does not have any biological/adoptive/step-father → GO TO B1h			
h. other father-figure?	1	2	3

If any of the responses in B1 are “Does not have”, do **NOT** administer the corresponding item in B2.

B2. Does (CHILD) feel extremely close, quite close, fairly close or not at all close to...

[MARK “N” BOX IF CHILD DOES NOT HAVE]	NOT AT ALL CLOSE	FAIRLY CLOSE	QUITE CLOSE	EXTREME MELY CLOSE	DOES NOT HAVE THIS PARENT
a. (His/Her) biological mother?	1	2	3	4	NA
b. (His/Her) biological father?	1	2	3	4	NA
c. (His/Her) adoptive mother?	1	2	3	4	NA
d. (His/Her) adoptive father?	1	2	3	4	NA
e. (His/Her) stepmother?	1	2	3	4	NA
f. (His/Her) stepfather?	1	2	3	4	NA
g. (His/Her) other mother-figure?	1	2	3	4	NA
h. (His/Her) other father-figure?	1	2	3	4	NA

B3 RULE

1. CHILD IS LIVING WITH BOTH MOTHER (BIOLOGICAL MOTHER, ADOPTIVE MOTHER, OR STEP MOTHER) AND FATHER (BIOLOGICAL FATHER, ADOPTIVE FATHER, STEP FATHER OR FATHER-FIGURE) → **GO TO B3, ASK ABOUT THE PERSONS LIVING IN HH**
2. CHILD IS NOT LIVING WITH BOTH FATHER (BIOLOGICAL FATHER, ADOPTIVE FATHER, STEPFATHER OR FATHER-FIGURE) AND MOTHER (BIOLOGICAL MOTHER, ADOPTIVE MOTHER, STEP MOTHER OR MOTHER-FIGURE) → **GO TO B4**

B3. How often does (CHILD) eat a meal with both mother and father (including biological/adoptive/step-parents or mother/father-figure living in the Household)?

1. Never
2. A few times a year or less
3. About once a month
4. A few times a month
5. About once a week
6. Several times a week
7. At least once a day

B4. About how often does your whole family get together with friends or relatives?

1. Once a year or less
2. A few times a year
3. About once a month
4. Two or three times a month
5. About once a week or more

B5. Does (CHILD) usually eat breakfast in the morning?

1. Yes
2. No

B6. The following questions are about (CHILD’s) food and eating habits and preferences. How many times did (CHILD) eat the following food in the past week?

	Never	1-2 times	3-5 times	6-7 times or more
a. Green, leafy vegetables	1	2	3	4
b. Fruits	1	2	3	4
c. Fresh chicken, pork, beef, or other kinds of meat cooked separately or in dishes and soups	1	2	3	4
d. Fish, shrimp or other seafood	1	2	3	4
e. Cow’s milk or soy milk	1	2	3	4
f. Instant noodles	1	2	3	4
g. “Western fast food” (Food that you get from places such as McDonalds, KFC, Pizza Hut or other western fast-food restaurants, including hamburgers, fried chicken, fried fish, French fries, and pizza.)	1	2	3	4
h. Sugar sweetened beverages such as soft drink, milo, sweetened milk or juice	1	2	3	4
i. Sweetened or salted snacks and/or desserts such as cake, cookies, candies, potato or prawn cracker	1	2	3	4
j. Oily fried foods	1	2	3	4

B7. How often do you read to (CHILD)?

1. Never
2. Several times a year
3. Several times a month
4. About once a week
5. A few times a week
6. Every day

B8. What is your best estimate of the number of books (including e-books) that (CHILD) has?

_____books

If respondent gives an answer →GO TO B9 RULE
 If respondent is unable to give an estimate →GO TO B8a

B8a. About how many books (including e-books) does (CHILD) have?

1. None
2. 1 or 2
3. 3 to 9
4. 10 to 19
5. 20 or more

B9 RULE

1. CHILD IS AGE 1-6 YEARS → **GO TO B9**
2. CHILD BELOW 1 YEARS OLD → **GO TO B11 RULE**

B9. How often does (CHILD) read or look at books on (his/her) own for enjoyment?

1. Never
2. Several times a year
3. Several times a month
4. About once a week
5. A few times a week
6. Everyday

B10. How often do you encourage (CHILD) to learn to read?

1. Never
2. Several times a year
3. Several times a month
4. About once a week
5. A few times a week
6. Everyday

B11 RULE

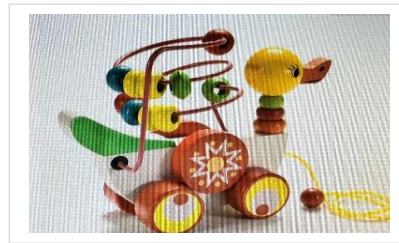
1. CHILD IS BELOW 3 YEARS OLD (0-35 MONTHS OLD) → **GO TO B11**
2. CHILD IS AGE 3-6 YEARS → **GO TO RULE B14**

B11. About how many, if any, cuddly, or soft toys like dolls or stuffed animals does (CHILD) have? (May be shared with a sister or brother.)

1. None
2. 1 or 2
3. 3 to 9
4. 10 to 19
5. 20 or more

B12. About how many, if any, push or pull toys does (CHILD) have? (May be shared with a sister or brother.)

1. None
2. 1 or 2
3. 3 to 9
4. 10 to 19
5. 20 or more



B13. Some parents spend time teaching their children new skills while other parents believe children learn best on their own. Which of the following best describes your attitude?

1. Always spend time teaching
2. Usually spend time teaching
3. Usually allow to learn on their own
4. Always allow to learn on their own

B14 RULE

1. CHILD IS AGE 3-6 YEARS → **GO TO B14**
2. CHILD IS BELOW 3 YEARS OLD (0-35 MONTHS OLD) → **GO TO B24**

B14. Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

1. Yes → **GO TO B15**
2. No → **GO TO B16**

B15. About how often does (CHILD) use these instruments?

1. Never
2. Several times a year
3. Several times a month
4. About once a week
5. A few times a week
6. Everyday

B16. How often has a family member taken or arranged to take (CHILD) to any type of museum (for example, children's, scientific, art, historical, etc.) within the past year?

1. Never
2. Once or twice
3. Several times
4. About once a month
5. More than once a month

B17. How often have you or another family member taken or arranged to take (CHILD) to the library within the past year?

1. Never
2. Once or twice
3. Several times
4. About once a month
5. More than once a month

B18. Was (CHILD) in a tuition programme in the last 12 months?

1. Yes → **GO TO B19**
2. No → **GO TO B23**

B19. What was the tuition for?
If necessary PROBE: Any others?

	NO	YES
a. Math	0	1
b. Reading	0	1
c. Other (specify): _____	0	1

B20. During the last 12 months, how often did (CHILD) spend time on tuition programmes?

1. Less than once a month
2. At least once a month
3. Once a week
4. More than once a week
5. Usually every day
6. Every day while programme lasted

B21. During the last 12 months, how much money did it cost in total for (CHILD) to be in the tuition programme(s)?

(If R says \$0, PROBE: Was this programme offered free of charge to child, or was there a cost covered by someone like a friend or family member?)

If the cost of programme was covered by someone else, ENTER the amount paid here.)

\$ _____ → GO TO B22

\$0 → GO TO B23

B22. Who paid for (CHILD's) tuition programmes? Include contributions from anyone else, such as other family members. (CHECK ALL THAT APPLY)

1. PCG and/or spouse/partner in household
2. (CHILD's) absent parent
3. (CHILD's) maternal grandparent(s)
4. (CHILD's) paternal grandparent(s)
5. Someone else (specify): _____

B23. Did (CHILD) take extracurricular lessons, such as music, dance, or drama in the last 12 months?

1. Yes → GO TO B23a, THEN SKIP B24 & B24a, JUMP TO B25
2. No → GO TO B28

B23a. Which lessons was (CHILD) involved in?

If necessary PROBE: Any others?

	NO	YES
a. Dance	0	1
b. Speech and Drama	0	1
c. Music	0	1
d. Arts	0	1
e. Sports	0	1
f. Other (specify): _____	0	1

B24. Did (CHILD) attend enrichment class, such as music, sensory/movement, or speech and drama, in the last 12 months?

1. Yes
2. No → **GO TO B28**

B24a. Which lessons was (CHILD) involved in?
If necessary PROBE: Any others?

	NO	YES
a. Sensory or movement	0	1
b. Speech and Drama	0	1
c. Music	0	1
d. Other (specify): _____	0	1

B25. During the last 12 months, how often did (CHILD) spend time on the lessons?

1. Less than once a month
2. At least once a month
3. Once a week
4. More than once a week
5. Usually every day
6. Every day while programme lasted

B26. During the last 12 months, how much money did it cost in total for (CHILD) to be involved in the lessons?

(If R says \$0, PROBE: Was this programme offered free of charge to child, or was there a cost covered by someone like a friend or family member?

If the cost of programme was covered by someone else, ENTER the amount paid here.)

\$_____ → **GO TO B27**

\$0 → **GO TO B28**

B27. Who paid for (CHILD)'s lessons? Include contributions from anyone else, such as other family members. (CHECK ALL THAT APPLY)
(DO NOT READ list)

1. PCG and/or spouse/partner in household
2. (CHILD's) absent parent
3. (CHILD's) maternal grandparent(s)
4. (CHILD's) paternal grandparent(s)
5. Someone else (specify): _____

B28. Which of these devices does (CHILD) have access to?

	No access – we don't have one	No access – have one in the household but (CHILD) does not have access to it	Has access – we have one in the household which (CHILD) can use	Has access – (CHILD) has one of (his/her) own
a. TV	1	2	3	4
b. Tablet	1	2	3	4
c. Smartphone	1	2	3	4
d. Video game console handheld (e.g. Xbox, Playstation, Nintendo Wii)	1	2	3	4
e. PC or Laptop	1	2	3	4
f. E-reader (e.g. Kindle, Sony reader or Kobo)	1	2	3	4
g. Other device(s), please specify: _____	1	2	3	4

B29. In the past 30 days, how often did (CHILD) use a computer or other electronic device (such as a smartphone or tablet)...

	Never	Less than once a week	Once a week	A few times a week	Every day
a. For learning?	1	2	3	4	5
b. To watch movies or TV shows or to listen to music?	1	2	3	4	5
c. Play games?	1	2	3	4	5

B30. Who is (CHILD) typically using the smartphone/tablet with?

1. By (himself/herself)
2. With parent(s) or other caregiver(s)
3. With other adult(s), e.g. domestic worker, nursery worker, school teacher
4. With a friend
5. With sibling(s)
6. (CHILD) does not use smartphone/tablet → **GO TO B32**

B31. Which of the following types of app does (CHILD) use? (CHECK ALL THAT APPLY)

	On a smartphone	On a tablet	Does not use this type of app	I am not sure
a. Learning (e.g. languages, matching shapes, learning numbers/letters/words/ animal names, puzzles, etc)	1	2	3	9
b. Basic Strategy Games (e.g. Temple Run, Subway Surfers, Angry Birds)	1	2	3	9
c. Creating virtual worlds (e.g. Minecraft) or taking care of virtual pets (e.g. Talking Tom/Angela, Pou)	1	2	3	9
d. Arts Creation (e.g. drawing, colouring, virtual instruments)	1	2	3	9

B32. In how many languages is (CHILD) spoken to? (Please include languages used by all regular caregivers who provide regular language input to the child, such as domestic helper, grandmother/father.)

_____ # of languages

B33. What percentage of the time does (CHILD) hear each language? (Please note all percentages should add up to 100%)

	Percentage (totaling 100%)
English	
Mandarin	
Malay	
Tamil	
Dialect - Hokkien	
Dialect - Teochew	
Dialect – Cantonese	
Dialect – Hainanese	
Dialect - Hakka	
Other language (specify): _____	

B34 RULE

1. CHILD HAS BIOLOGICAL FATHER, ADOPTIVE FATHER, OR STEP FATHER LIVING WITH CHILD → **GO TO B34, ASK ABOUT PERSON LIVING IN HH**
2. CHILD HAS NO BIOLOGICAL FATHER, ADOPTIVE FATHER, OR STEPFATHER IN HH → **GO TO B35 RULE**

B34. What language does (father/stepfather/adoptive father) primarily speak to (CHILD)?

1. English
2. Mandarin
3. Malay
4. Tamil
5. Other language (specify)_____

B35 RULE

1. CHILD HAS BIOLOGICAL MOTHER, ADOPTIVE MOTHER, OR STEP MOTHER LIVING WITH CHILD → **GO TO B35, ASK ABOUT PERSON LIVING IN HH**
2. CHILD HAS NO BIOLOGICAL MOTHER, ADOPTIVE MOTHER, OR STEPMOTHER IN HH → **GO TO B36 RULE**

B35. What language does (mother/stepmother/adoptive mother) primarily speak to (CHILD)?

1. English
2. Mandarin
3. Malay
4. Tamil
5. Other language (specify)_____

B36 RULE

1. MAIN CAREGIVER IS NOT MOTHER OR FATHER → **GO TO B36**
2. MAIN CAREGIVER IS MOTHER OR FATHER → **GO TO B37 RULE**

B36. What language does non-parent main caregiver primarily speak to (CHILD)?

1. English
2. Mandarin
3. Malay
4. Tamil
5. Other language (specify)_____

B37 RULE

1. THERE IS AT LEAST ONE DOMESTIC HELPER IN THIS HOUSEHOLD
→ **GO TO B37**
2. NO DOMESTIC HELPERS IN THIS HOUSEHOLD → **GO TO B38**

B37. What language does domestic helper primarily speak to (CHILD)?

1. English
2. Mandarin
3. Malay
4. Tamil
5. Other language (specify)_____

B38. Whether parents or primary caregiver celebrate cultural festivals with (CHILD)?

		No	Yes
a	Chinese New Year	0	1
b	Deepavali	0	1
c	Hari Raya Puasa	0	1
d	Hari Raya Haji	0	1
e	Pongal	0	1
f	Mid-Autumn Festival	0	1

C1 RULE

1. (CHILD) IS UNDER 3 YEARS (0-35 MONTHS OLD) → **GO TO SECTION C**
2. (CHILD) IS AGE 3-6 YEARS → **TURN TO SECTION D**

SECTION C: LANGUAGE (CHILDREN UNDER AGE 3)

C1 RULE 1

IF (CHILD) IS BETWEEN 12 AND 30 MONTHS → GO TO C1 RULE 2

IF (CHILD) IS BELOW 12 MONTHS → GO TO E1

IF (CHILD) IS BETWEEN 31 MONTHS AND 36 MONTHS → GO TO E1

IF (CHILD) IS 37 MONTHS AND ABOVE → GO TO D1 RULE

C1 RULE 2: REVIEW B33

If the exposure to any language is greater than 90%, review that language:

- If it is English/Mandarin/Malay/Tamil → GO TO that particular language list
- If it is NOT English/Mandarin/Malay/Tamil → GO TO E1

If the exposure to any language is NOT greater than 90%, review the two languages with largest percentages:

- If both languages are available in the CDI (i.e. English, Mandarin, Malay, and Tamil) → GO TO the particular two languages lists
- If only one language is available in the CDI → GO TO that available language list
- If neither language is available in the CDI → GO TO E1

C1. Please put a tick next to the words (CHILD) can say knowing its meaning for each language. Tick it only when (he/she) can understand the meaning of the word and produces the word in association with its intended meaning.

C1a. [Self-administered] English Vocabulary List

Please put a tick next to the words (CHILD) can say knowing its meaning in [English](#). Tick it only when (he/she) can understand the meaning of the word and produces the word (in English) in association with its intended meaning.

A total of 100 English words about animals, body parts, food, greetings, objects, action words, descriptives, people/pronouns, places/prepositions, question words, and days/time were presented.

C1b. [Self-administered] Mandarin Vocabulary List

Please put a tick next to the words (CHILD) can say knowing its meaning in [Mandarin](#). Tick it only when (he/she) can understand the meaning of the word and produces the word (in Mandarin) in association with its intended meaning.

A total of 100 Chinese words about animals, body parts, food, greetings, objects, action words, descriptives, people/pronouns, places/prepositions, question words, and days/time were presented.

C1c. [Self-administered] Malay Vocabulary List

Please put a tick next to the words (CHILD) can say knowing its meaning in [Malay](#). Tick it only when (he/she) can understand the meaning of the word and produces the word (in Malay) in association with its intended meaning.

A total of 100 Malay words about animals, body parts, food, greetings, objects, action words, descriptives, people/pronouns, places/prepositions, question words, and days/time were presented.

C1d. [Self-administered] Tamil Vocabulary List

Please put a tick next to the words (CHILD) can say knowing its meaning in [Tamil](#). Tick it only when (he/she) can understand the meaning of the word and produces the word (in Tamil) in association with its intended meaning.

A total of 100 Tamil words about animals, body parts, food, greetings, objects, action words, descriptives, people/pronouns, places/prepositions, question words, and days/time were presented.

TURN TO D1 RULE

SECTION D: CHILD BEHAVIOURS

D1 RULE

1. (CHILD) IS UNDER 2 YEARS (0-23 MONTHS OLD) → GO TO D1
2. (CHILD) IS AGE 2-3 YEARS OLD → GO TO D2
3. (CHILD) IS AGE 4-6 YEARS OLD → GO TO D3

D1. **[Self-Administered]** Here are some statements that describe children's reactions to a number of situations.

Please tell me how often you have observed these behaviours in (CHILD) **within the past six months**. I would just like to highlight that there are no "correct" ways of reacting; children differ widely in their reactions, and it is these differences we are trying to learn about. If you cannot answer one of the items **because you have never seen the child in that situation**, for example, if the statement is about the child's reaction to your singing and you have never sung to your child, **then circle NA (not applicable)**.

	Never	Very rarely	Less than ½ the time	About ½ the time	More than ½ the time	Almost always	Always	Does not apply
a. When tossed around playfully how often did (CHILD) laugh?	1	2	3	4	5	6	7	NA
b. When tired, how often did (CHILD) show distress?	1	2	3	4	5	6	7	NA
c. When introduced to an unfamiliar adult, how often did (CHILD) cling to a parent?	1	2	3	4	5	6	7	NA
d. How often during the last week did (CHILD) enjoy being read to?	1	2	3	4	5	6	7	NA
e. How often during the last week (CHILD) play with one toy or object for 5-10 minutes?	1	2	3	4	5	6	7	NA
f. How often during the week did (CHILD) move quickly toward new objects?	1	2	3	4	5	6	7	NA
g. When singing or talking to (CHILD), how often did s/he soothe immediately?	1	2	3	4	5	6	7	NA
h. When placed on (his/her) back, how often did (CHILD) squirm and/or turn body?	1	2	3	4	5	6	7	NA
i. During a peekaboo game, how often did (CHILD) laugh?	1	2	3	4	5	6	7	NA
j. How often did (CHILD) seem angry (crying and fussing) when you left her/him in the crib/cot?	1	2	3	4	5	6	7	NA

	Never	Very rarely	Less than ½ the time	About ½ the time	More than ½ the time	Almost always	Always	Does not apply
k. When visiting a new place, how often did (CHILD) get excited about exploring new surroundings?	1	2	3	4	5	6	7	NA
l. How often during the last week did (CHILD) smile or laugh when given a toy?	1	2	3	4	5	6	7	NA
m. How often during the last week did (CHILD) protest being placed in a confining place (infant seat, play pen, car seat, etc.)?	1	2	3	4	5	6	7	NA
n. When being held, in the last week, did (CHILD) seem to enjoy (himself/herself)?	1	2	3	4	5	6	7	NA
o. When showing (CHILD) something to look at, how often did (he/she) soothe immediately?	1	2	3	4	5	6	7	NA
p. How often during the last week did (CHILD) enjoy gentle rhythmic activities, such as rocking or swaying?	1	2	3	4	5	6	7	NA
q. When (CHILD) wanted something, how often did (he/she) become upset when (he/she) could not get what (he/she) wanted?	1	2	3	4	5	6	7	NA
r. When in the presence of several unfamiliar adults, how often did (CHILD) cling to a parent?	1	2	3	4	5	6	7	NA

GO TO D4 RULE

D2. [Self-Administered] Please tell me how frequently each statement applies to (CHILD) **during the last two weeks**: never, very rarely, less than half the time, about half the time, more than half the time, almost always, always or does not apply..

The “Does Not Apply” column (NA) is used when you did not see the child in the situation described during the last two weeks. For example, if the situation mentions the child going to the doctor and there was no time during the last two weeks when the child went to the doctor, circle the (NA) column. “Does Not Apply” (NA) is different from “NEVER” (1). **“Never” is used when you saw the child in the situation but the child never engaged in the behaviour mentioned in the last two weeks.**

	Never	Very rarely	Less than ½ the time	About ½ the time	More than ½ the time	Almost always	Always	Does not apply
a. When approached by an unfamiliar person in a public place (for example, the grocery store), how often did (CHILD) cling to a parent?	1	2	3	4	5	6	7	NA
b. While having trouble completing a task (e.g. building, drawing, dressing), how often did (CHILD) get easily irritated?	1	2	3	4	5	6	7	NA
c. When a familiar child came to your home, how often did (CHILD) seek out the company of the child?	1	2	3	4	5	6	7	NA
d. While playing outdoors, how often did (CHILD) choose to take chances for the fun and excitement of it?	1	2	3	4	5	6	7	NA
e. When engaged in play with (his/her) favorite toy, how often did (CHILD) continue to play while at the same time responding to your remarks or questions?	1	2	3	4	5	6	7	NA
f. When encountering a new activity, how often did (CHILD) get involved immediately?	1	2	3	4	5	6	7	NA
g. When engaged in an activity requiring attention, such as building with blocks, how often did (CHILD) tire of the activity relatively quickly?	1	2	3	4	5	6	7	NA
h. During everyday activities, how often did (CHILD) pay attention to you right away when you called to (him/her)?	1	2	3	4	5	6	7	NA

	Never	Very rarely	Less than ½ the time	About ½ the time	More than ½ the time	Almost always	Always	Does not apply
i. When playing outdoors with other children , how often did (CHILD) seem to be one of the most active children?	1	2	3	4	5	6	7	NA
j. When told “no” , how often did (CHILD) stop the forbidden activity?	1	2	3	4	5	6	7	NA
k. When told “no” , how often did (CHILD) become sadly tearful?	1	2	3	4	5	6	7	NA
l. Before an exciting event (such as receiving a new toy) , how often did (CHILD) get very excited about getting it?	1	2	3	4	5	6	7	NA
m. When (CHILD) asked for something and you said “no” , how often did (he/she) have a temper tantrum?	1	2	3	4	5	6	7	NA
n. When asked to wait for a desirable item (such as ice cream) , how often did (CHILD) wait patiently?	1	2	3	4	5	6	7	NA
o. When visiting a new place , how often did (CHILD) not want to enter?	1	2	3	4	5	6	7	NA
p. When (CHILD) was upset , how often did (he/she) cry for more than 3 minutes, even when being comforted?	1	2	3	4	5	6	7	NA
q. When you were busy , how often did (CHILD) find another activity to do when asked?	1	2	3	4	5	6	7	NA
r. When around large gatherings of familiar adults or children , how often did (CHILD) enjoy playing with a number of different people?	1	2	3	4	5	6	7	NA

GO TO D4 RULE

D3. **[Self-Administered]** Here are some statements that describe children's reactions to a number of situations. Please tell me what (CHILD)'s reaction is likely to be in those situations and decide whether it is a "true" or "untrue" description of (CHILD)'s reaction **within the past six months**: never, very rarely, less than half the time, about half the time, more than half the time, almost always, always or does not apply..

There are of course no "correct" ways of reacting; children differ widely in their reactions, and it is these differences we are trying to learn about. If you cannot answer one of the items **because you have never seen the child in that situation**, for example, if the statement is about the child's reaction to your singing and you have never sung to your child, then **circle NA (not applicable)**.

(CHILD)...

	Never	Very rarely	Less than ½ the time	About ½ the time	More than ½ the time	Almost always	Always	Does not apply
a. Gets quite frustrated when prevented from doing something s/he wants to do.	1	2	3	4	5	6	7	NA
b. When drawing or colouring in a book, shows strong concentration.	1	2	3	4	5	6	7	NA
c. Likes going down high slides or other adventurous activities.	1	2	3	4	5	6	7	NA
d. Is quite upset by a little cut or bruise.	1	2	3	4	5	6	7	NA
e. Prepares for trips and outings by planning things s/he will need.	1	2	3	4	5	6	7	NA
f. Often rushes into new situations.	1	2	3	4	5	6	7	NA
g. Seems to be at ease with almost any person.	1	2	3	4	5	6	7	NA
h. Prefers quiet activities to active games.	1	2	3	4	5	6	7	NA
i. When angry about something, s/he tends to stay upset for ten minutes or longer.	1	2	3	4	5	6	7	NA
j. When building or putting something together, becomes very involved in what s/he is doing, and works for long periods.	1	2	3	4	5	6	7	NA
k. Seems to feel depressed when unable to accomplish some task.	1	2	3	4	5	6	7	NA
l. Is good at following instructions.	1	2	3	4	5	6	7	NA
m. Takes a long time in approaching new situations.	1	2	3	4	5	6	7	NA

n. Likes the sound of words, such as nursery rhymes.	1	2	3	4	5	6	7	NA
o. Is sometimes shy even around people s/he has known a long time.	1	2	3	4	5	6	7	NA
p. Is very difficult to soothe when s/he has become upset.	1	2	3	4	5	6	7	NA
q. Approaches places s/he has been told are dangerous slowly and cautiously.	1	2	3	4	5	6	7	NA
r. Gets angry when s/he can't find something s/he wants to play with.	1	2	3	4	5	6	7	NA

D4 RULE

1. CHILD IS AGE 3-6 YEARS → **CONTINUE TO D4**
2. CHILD IS BELOW 3 YEARS → **GO TO SECTION E**

D4. **[Self-Administered]** For the next set of statements, decide whether they are often true, sometimes true, or not true according to (CHILD's) behaviour.

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE
a. (He/She) has sudden changes in mood or feeling.	1	2	3
b. (He/She) feels or complains that no one loves him/her.	1	2	3
c. (He/She) is rather high strung, tense and nervous.	1	2	3
d. (He/She) cheats or tells lies.	1	2	3
e. (He/She) is too fearful or anxious.	1	2	3
f. (He/She) argues too much.	1	2	3
g. (He/She) has difficulty concentrating, cannot pay attention for long.	1	2	3
h. (He/She) is easily confused, seems to be in a fog.	1	2	3
i. (He/She) bullies or is cruel or mean to others.	1	2	3
j. (He/She) is disobedient.	1	2	3
k. (He/She) does not seem to feel sorry after (he/she) misbehaves.	1	2	3
l. (He/She) has trouble getting along with other children.	1	2	3
m. (He/She) is impulsive, or acts without thinking.	1	2	3
n. (He/She) feels worthless or inferior.	1	2	3
o. (He/She) is not liked by other children.	1	2	3
p. (He/She) has a lot of difficulty getting (his/her) mind off certain thoughts.	1	2	3
q. (He/She) is restless or overly active, cannot sit still.	1	2	3
r. (He/She) is stubborn, sullen, or irritable.	1	2	3
s. (He/She) has a very strong temper and loses it easily.	1	2	3
t. (He/She) is unhappy, sad or depressed.	1	2	3
u. (He/She) is withdrawn, does not get involved with others.	1	2	3

v. (He/She) breaks things on purpose or deliberately destroys (his/her) own or another's things.	1	2	3
w. (He/She) clings to adults.	1	2	3
x. (He/She) cries too much.	1	2	3
y. (He/She) demands a lot of attention.	1	2	3
z. (He/She) is too dependent on others.	1	2	3
aa. (He/She) feels others are out to get (him/her).	1	2	3
bb. (He/She) hangs around with kids who get into trouble.	1	2	3
cc. (He/She) is secretive, keeps things to (himself/herself).	1	2	3
dd. (He/she) worries too much.	1	2	3

D5. **[Self-Administered]** Please give your answers to the next questions on the basis of (CHILD)'s behaviour over the last six months. Answer as best you can, even if you are not absolutely certain.

Now, thinking about (CHILD), (CHILD)...

	Not true	Somewhat true	Certainly true
a. Is considerate of other people's feelings	1	2	3
b. Shares readily with other children (treats, toys, pencils etc.)	1	2	3
c. Is helpful if someone is hurt, upset or feeling ill	1	2	3
d. Is kind to younger children	1	2	3
e. Often volunteers to help others (parents, teachers, other children)	1	2	3

D6. **[Self-Administered]** Thinking about (CHILD), please tell me how much each statement applies to (CHILD) on a scale from 1-5, where 1 means “not at all like your child,” and 5 means “totally like your child,” and 2, 3 and 4 are somewhere in between.

	Not at all like child	A little like child	Somewhat like child	Mostly like child	Totally like child
a. Waits for (his/her) turn in games and other activities.	1	2	3	4	5
b. Thinks before (he/she) acts, is not impulsive.	1	2	3	4	5
c. Is able to concentrate or focus on an activity	1	2	3	4	5
d. Sticks with an activity until it is finished	1	2	3	4	5
e. Is patient when (he/she) wants something	1	2	3	4	5

**SECTION E:
SCHOOL ENROLMENT & EXPECTATIONS**

School enrolment

E1. Is (CHILD) **currently** in an infant care centre, child care centre, nursery school, preschool, kindergarten, or in primary school? (CHECK ALL THAT APPLY)

A. INFANT CARE CENTRE	GO TO E2
B. CHILD CARE CENTRE, NURSERY SCHOOL	GO TO E2
C. KINDERGARTEN	GO TO E2
D. PRIMARY ONE (i) Mainstream schooling (ii) Home schooling	GO TO E8
E. NOT IN ANY PROGRAMME	GO TO E23

E2. Is the care arrangement full day or half day?

1. Full day from _____ to _____
2. Half day from _____ to _____

E3. How many days a week does the child attend the infant care/child care centre or kindergarten?

— _____(number of days)

E4. How long has the child been attending this centre or kindergarten?

_____ (years)_____ (months)

E5. How many children are in (CHILD)'s class?

_____ (number of children)

E6. How many teachers and staff are **in (CHILD)'s class**?

— E6a. _____(number of teachers)

E6b. _____(number of staff)

E7. Who/which operator is providing this care? (see list in each option)

1. Operators under Anchor Operator Scheme
2. Operators under Partner Operator Scheme
3. Private operators that are not related to the above two schemes
4. Ministry of Education Kindergartens
5. Paid nannies, charity organization, and community informal care
6. Others, please specify: _____

Anchor Partner Scheme	Partner Operator Scheme
PCF SPARKLETOTS PRESCHOOL MY FIRST SKOOL MY WORLD PRESCHOOL SKOOL4KIDZ E-BRIDGE PRE-SCHOOL	ACE @ WORK AGAPE LITTLE UNI. ALLIANCE FIRST BRIGHT JUNIORS PTE. LTD. BRIGHT KIDS BUSY BEES SINGAPORE PTE LTD CARPE DIEM HOLDINGS PTE. LTD. FAITH EDUCARE CENTRE ICHIBAN MONTESSORI JUST KIDS KIDZ MEADOW CHILDCARE AND DEVELOPMENT CENTRE LEARNING KIDZ NURTURE EDUCATION GROUP PERDAUS PERSATUAN PERMUDI ISLAM SINGAPURA (PPIS) PRESBYTERIAN COMMUNITY SERVICES (PCS) SAFARI HOUSE PRESCHOOL SPRING BRAINY KIDZ STAR LEARNERS CHILD CARE SUNFLOWER CHILDCARE GROUP THE LITTLE SKOOL-HOUSE INTERNATIONAL PTE LTD THYE HUA KWAN MORAL SOCIETY YOUNG WOMEN’S CHRISTIAN ASSOCIATION OF SINGAPORE (YWCA)

E8. During the current school year, how many days did (CHILD) miss more than half of the day from (infant care/child care centre/nursery school/preschool/kindergarten/school) because of illness?

_____ NUMBER OF DAYS

E9. During the current school year, how many days did (CHILD) miss more than half of the day from (infant care/child care centre/nursery school/preschool/kindergarten/school) because of injury?

_____ NUMBER OF DAYS

E10 RULE: See E1

IF ANSWER IS D (PRIMARY ONE) → **GO TO E10**

ALL OTHER ANSWERS → **SKIP AND GO TO E11 RULE**

E10. In the last 12 months, how many times have you participated in any of the following activities at child's school?

ENTER a number from 0 to 365, If R says "None", ENTER [0]

	Number of times
(a). Volunteered in any classroom, school office, or library?	
(b). Attended a meeting of the Parent Teacher Association (PTA) or other such organization?	

E11 (IT IS A RULE FOR E12): SEE E1

1. CHILD IS IN KINDERGARTEN 1 OR 2 (K1 OR K2) → **GO TO E12**
2. CHILD IS IN PRIMARY SCHOOL → **GO TO E13**
3. ALL OTHERS → **TURN TO E23**

E12. How old was (CHILD) in years and months when (he/she) first started kindergarten programme (K1 or K2)?

YEARS _____ MONTHS _____

E13. For this school year, is (CHILD) attending a public school, a private school, or is (he/she) attending school at home?

1. Public school → **GO TO E13a**
2. Private school → **GO TO E14**
3. Attending school at home → **GO TO E13a**

E13a. (Between starting kindergarten and now,) did (CHILD) ever attend a religious or other private school (instead of public school)?

1. Yes → **GO TO E14**
2. No → **GO TO E15**

E14. What type of private school has (CHILD) attended: a private/religious school, a private/non-religious school or both?

1. Private/religious school → **GO TO E15**
2. Private/non-religious school → **GO TO E15**
3. Both → **GO TO E14a**
4. Other (specify): _____ → **GO TO E15**

E14a. Was most of the time spent in a religious private school or a non-religious private school?

1. Religious private school
2. Private/non-religious school

E15. Has your household received any subsidies for this school?

1. Yes
2. No

E15a. How much was it?

_____Singapore dollars

E15b. (Was that:)

1. Every Month
2. Ever Year
3. Other (specify)_____

E16. How much did you pay out of pocket (not covered by government or public agency) for this school? (IF MORE THAN ONE SCHOOL, PROBE FOR MOST RECENT SCHOOL ATTENDED.)

\$_____

E16a. (Was that:)

1. Per Hour
2. Per Day
3. Per Week
4. Every Two Weeks
5. Every Month
6. Every Year
7. Other (specify): _____

Special education/Early intervention programme

E17. Has (he/she) ever been classified by the school as needing special education?

- 1. Yes → **GO TO E17a**
- 2. No → **GO TO E18**

E17a. Is (CHILD) currently in a special education class?

- 1. Yes → **GO TO E17b**
- 2. No → **GO TO E18**

E17b. Please specify the programme:

E18. Has (CHILD) ever participated in any early intervention programme such as KidSTART?

- 1. Yes → **GO TO E18a**
- 2. No → **GO TO E19**

E18a. How old was (CHILD) at the time?

_____ (AGE IN YEARS)

E18b. How long did the programme last?

_____ (YEARS) _____ (MONTHS)

Rules about homework

E19. [**Self-Administered**] Does (CHILD) have homework?

- 1. Yes → **GO TO E20**
- 2. No → **GO TO E23**
- 3. Don't know → **GO TO E23**

E20. **[Self-Administered]** Do you have rules about when (CHILD) does (his/her) homework?

1. None
2. Yes, there are rules, but child makes own choices
3. Yes, there are general rules and they are monitored
4. Yes, there are clear rules and they are enforced

E21. **[Self-Administered]** How often do you set a place where (he/she) does homework?

1. Never
2. Less than half of the time
3. About half of the time
4. Most of the time
5. All of the time

E22. **[Self-Administered]** How often do you check (his/her) homework?

1. Never
2. Less than half of the time
3. About half of the time
4. Most of the time
5. All of the time

School expectations

E23. **[Self-Administered]** How much schooling do you expect that (CHILD) will complete?

0. No formal schooling/ Pre-Primary
1. Primary
2. Secondary ('O' / 'N' levels)
3. Post-Secondary (Non-Tertiary): General & Vocational ('A' levels)
4. Polytechnic Diploma
5. Professional Qualification and Other Diploma
6. Bachelor's and Equivalent
7. Postgraduate Diploma/ Certificate (Excluding Master's and Doctorate)
8. Master's and Doctorate or Equivalent

SECTION F: PARENTING

- F1. **[Self-administered]** In general, how much trouble has (CHILD) been to bring up?
1. None
 2. Just a little
 3. Quite a bit
 4. A lot
- F2. **[Self-administered]** How many close friends does (CHILD) have?
- _____ (NUMBER OF CHILDREN) → **GO TO F3**
- If enter "0" → **GO TO F4**
- F3. **[Self-administered]** How many of (CHILD's) close friends do you know by sight and by first and last name?
1. None of them
 2. Only a few
 3. About half
 4. Most of them
 5. All of them
- F4. **[Self-administered]** About how often do you know who (CHILD) is with when (he/she) is not at home?
1. Only rarely
 2. Some of the time
 3. Most of the time
 4. All of the time

F5. **[Self-administered]** About how often in the past month have you:

	NOT IN THE PAST MONTH	1 OR 2 TIMES IN THE PAST MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY
a. Hugged or shown physical affection to (CHILD)?	1	2	3	4	5
b. Told (CHILD) that you love (him/her)?	1	2	3	4	5
c. Spent time with (CHILD) doing one of (his/her) favorite activities?	1	2	3	4	5
d. Joked or played with (CHILD)?	1	2	3	4	5
e. Talked with (him/her) about things (he/she) is especially interested in?	1	2	3	4	5
f. Praised (CHILD) when (he/she) did something you appreciated?	1	2	3	4	5

F6. **[Self-administered]** Many parents use physical punishment to discipline their child. This includes things like spanking or slapping their child.
Have you ever spanked (CHILD)?

1. Yes → **GO TO F6a**
2. No → **GO TO F7, AND SELECT “1” IN F7(a) AND GO TO F7(b)**

F6a. **[Self-administered]** How old was (CHILD) when you first spanked (him/her)?

_____ (YEARS) _____ (MONTHS)

DON'T KNOW/ REFUSE

F7. **[Self-administered]** Sometimes kids behave pretty well and sometimes they don't. Sometimes they do things that make you feel good and sometimes they don't. About how often in the past month have you:

	NOT IN THE PAST MONTH	1 OR 2 TIMES IN THE PAST MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK	EVERY DAY
a. Spanked (CHILD)?	1	2	3	4	5
b. Grounded (CHILD)?	1	2	3	4	5
c. Taken away TV or other privileges?	1	2	3	4	5
d. Had to scold or threaten your child for misbehaviour?	1	2	3	4	5
e. Sent (CHILD) to (his/her) room?	1	2	3	4	5

SECTION G: EXPENDITURES AND SAVINGS

Child Development Account

G1. Are you aware of the Child Development Account (CDA) scheme?

1. Yes → **GO TO G2**
2. No → **GO TO G11**

[Interview Note: In 2001, the government created the Child Development Account (CDA) as part of the Baby Bonus Scheme. The CDA is a special savings account to help parents save up for your child's healthcare and educational expenses, up to age 12. To encourage saving, the government matches the parent's contributions to the CDA at a 1-to-1 ratio, up to certain limits.]

G2. Have you (and your family) opened a CDA for (CHILD)?

1. Yes → **GO TO G3**
2. No → **GO TO G2A, THEN GO TO G11**

G2a. What is the main reason why you (and your family) have not opened a CDA for (CHILD)?

1. (CHILD) was not eligible for a CDA
2. I was / We were not aware of the CDA scheme
3. I/We do/did not know how to open a CDA
4. I/We do/did not have money to contribute to a CDA
5. Other reason, please specify_____

G3. When did you (and your family) create the CDA for (CHILD)? Tick the box that best applies.

1. Within 1 week of birth
2. After 1 week, but within 1 month of birth
3. After 1 month, but within 3 months of birth
4. After 3 months, but within 1 year of birth
5. After 1 year of birth

G4. Have you or your family contributed money into (CHILD's) CDA?

1. Yes → **GO TO G5**
2. No → **GO TO G6**

G5. When and how much did you (and your family) contribute into (CHILD's) CDA at these points in time? Please exclude any contributions by the government.

Age of Child	1 year	2 years	3 years	4 years	5 years	6 years
Amount						

For parents who cannot recall when they contributed to the CDA, cross (×) the relevant cells. Otherwise, fill in NA if not applicable.

G6. Have you or your family withdrawn money from (CHILD's) CDA to pay for (his/her) childcare expenses?

1. Yes → **GO TO G7**
2. No → **GO TO G10**

G7. When and how much did you (and your family) withdraw from (CHILD's) CDA at these points in time?

Age of Child	1 year	2 years	3 years	4 years	5 years	6 years
Amount						

For parents who cannot recall when they withdrew to the CDA, cross (×) the relevant cells. Otherwise, fill in NA if not applicable.

G8 RULE:
THE CHILD IS 6 YEARS AND ABOVE → GO TO G8
THE CHILD IS UNDER 6 → GO TO G9

G8. What was the balance in (CHILD's) CDA at age 6?

\$

For parents who don't remember/prefer not to say, cross (×) the cells.

G9. How have you (and your family) spent (CHILD's) CDA funds? Check all that apply.

Education (e.g. childcare and kindergarten)	
Medical expenses (e.g. clinics, pharmacies and spectacles)	
Medisave/ Medishield Life premiums	
Others, please specify _____	

RULE: After G9, GO TO G11

G10. What is the main reason why you (and your family) have not tapped upon (CHILD's) CDA funds? Check the box that best applies.

1. No expenses to tap on the CDA
2. Prefer to save the CDA funds in case of future major expenses (e.g. hospitalization)
3. Prefer to save the funds for (CHILD's) Post-Secondary Education Account (PSEA) after age 12
4. CDA offers better interest/terms than my current bank account.
5. Others (please specify) _____

Savings for the child

G11. Do you (and your spouse/partner) have any savings or assets (such as money in checking or savings accounts, money market funds, certificates of deposit, government savings bonds, treasury bills specifically; shares of stock, mutual funds, investment trusts; bond funds, cash value in a life insurance policy, a valuable collection for investment purposes, or rights in a trust or estate) specifically for (CHILD)?

1. Yes → **GO TO G11a**
2. No → **GO TO G12**

G11a. If you added up all such accounts for (CHILD), about how much would they amount to right now?

\$ _____

G12. Do you (and your spouse/partner) have money or assets set aside specifically for (CHILD) to attend college or other future schooling?
 (Includes all expenses/costs related to school)

1. Yes → **GO TO G12a**
2. No → **GO TO G13**

G12a. About how much does it amount to right now?

\$ _____

G13. Who else is saving money for (CHILD's) college, if anyone? (CHECK ALL THAT APPLY)

1. (CHILD's) nonresident parent
2. (CHILD's) maternal grandparent(s)
3. (CHILD's) paternal grandparent(s)
4. Others (specify): _____
5. No one

Subsidies and benefits of childrearing

G14. Has/Is this family used/using the following benefits/services for (CHILD)? (CHECK ALL THAT APPLY)

		No	Yes
a	Medisave maternity package	0	1
b	Enhanced baby bonus-Cash gift	0	1
c	Enhanced baby bonus-Child Development Account	0	1
d	Medisave grant for newborns	0	1
e	Medishield life coverage from birth	0	1
f	Enhanced foreign domestic worker levy concession	0	1
g	Parenthood tax rebate	0	1
h	Qualifying child relief	0	1
i	Working mother's child relief	0	1
j	Grandparent caregiver relief	0	1

SECTION H: CHILD CARE

Maternity/adoption/paternity/childcare leave

H1. Has/Is this family used/using the following leave for (CHILD)?

H1a/b Rule: Child lives with biological mother → **GO TO H1a, and SKIP H1b**
Child lives with adoptive mother → **GO TO H1b**
Child does not live with biological/adoptive mother → **GO TO H1c Rule**

- a. Paid maternity leave: _____ weeks for (CHILD)
- b. Paid adoption leave: _____ weeks for (CHILD)

H1c Rule: Child lives with biological or adoptive father → **GO TO H1c**
Child does not live with biological or adoptive father → **GO TO H1d**

- c. Paid paternity leave: _____ weeks for (CHILD)

H1d Rule: Child lives with biological/adoptive/step-mother → **GO TO H1d**
Child does not live with biological/adoptive/step-mother → **GO TO H1e Rule**

- d. Mother's paid childcare leave in the past 12 months: _____ days for (CHILD)

H1e Rule: Child lives with biological/adoptive/step-father → **GO TO H1e**
Child does not live with biological/adoptive/step-father → **GO TO H1f Rule**

- e. Father's paid childcare leave in the past 12 months: _____ days for (CHILD)

H1f Rule: Child lives with biological/adoptive/step-parent → **GO TO H1f**
Child does not live with biological/adoptive/step-parent → **GO TO H2 Rule**

- f. Unpaid infant care leave: _____ days for (CHILD)

Note. Fill in NA if not applicable (e.g. father/mother is not living in this household).

H2 RULE:
CHILD's biological/adoptive/step-mother is living in the household → **GO TO H2**
CHILD's biological/adoptive/step-mother is not living in the household → **GO TO H3 RULE**

H2. Is (CHILD's) (biological mother/adoptive/step) mother currently not working, working full time, or working part time?

1. Working full time
2. Working part time
3. Not working currently

H3 RULE: CHILD's biological/adoptive/step-father is living in the household → H3 CHILD's biological/adoptive/step-father is not living in the household → H4

H3. Is (CHILD's) (biological father/adoptive/step) father currently not working, working full time, or working part time?

1. Working full time
2. Working part time
3. Not working currently

Child care arrangements

H4. How old was (CHILD) when (he/she) was first cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for a month.

YEARS MONTHS

NEVER WAS CARED FOR BY SOMEONE ELSE → **GO TO SECTION J**

H4a RULE: REVIEW E1

- | |
|--|
| <ol style="list-style-type: none">1. CHILD IS IN K1, K2, OR PRIMARY SCHOOL → GO TO H4a2. ALL OTHERS → GO TO H4b |
|--|

H4a. Was that before or after (CHILD) started Kindergarten?

1. BEFORE → **GO TO H4b**
2. AFTER → **GO TO H13**

H4b. How many child care arrangements have you used for (CHILD) between (his/her) birth and when (he/she) started kindergarten?

_____ (number of child care arrangements)

The next questions ask about the child care arrangements or programmes that you have used for your (CHILD) since (his/her) birth. We want to start with the first arrangement you used for (CHILD) and then continue through any additional arrangements you may have used, in the order that you used them. We will end the history when (CHILD) started kindergarten.

Arrangements	#1	#2	#3
H5. What type of programme or arrangement was that?	1. RELATIVE IN THE CHILD'S HOME	1. RELATIVE IN THE CHILD'S HOME	1. RELATIVE IN THE CHILD'S HOME
	2. NON-RELATIVE IN THE CHILD'S HOME (DOMESTIC WORKER)	2. NON-RELATIVE IN THE CHILD'S HOME (DOMESTIC WORKER)	2. NON-RELATIVE IN THE CHILD'S HOME (DOMESTIC WORKER)
	3. CARE IN A RELATIVE'S HOME	3. CARE IN A RELATIVE'S HOME	3. CARE IN A RELATIVE'S HOME
	4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)	4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)	4. CARE IN A NON-RELATIVE'S HOME (FAMILY DAY CARE PROVIDER)
	5. INFANT CARE CENTRE	5. INFANT CARE CENTRE	5. INFANT CARE CENTRE
	6. NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTRE	6. NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTRE	6. NURSERY SCHOOL, PRESCHOOL, OR CHILD CARE CENTRE
	7. BEFORE OR AFTER-SCHOOL PROGRAMME	7. BEFORE OR AFTER-SCHOOL PROGRAMME	7. BEFORE OR AFTER-SCHOOL PROGRAMME
	8. CHILD CARES FOR SELF ALONE	8. CHILD CARES FOR SELF ALONE	8. CHILD CARES FOR SELF ALONE
	9. OTHER TYPE OF CHILD CARE, (SPECIFY): _____ _____	9. OTHER TYPE OF CHILD CARE, (SPECIFY): _____ _____	9. OTHER TYPE OF CHILD CARE, (SPECIFY): _____ _____
H6. How old was (CHILD) when you started using the programme or arrangement?	_____ _____ YEARS _____ _____ MONTHS	_____ _____ YEARS _____ _____ MONTHS	_____ _____ YEARS _____ _____ MONTHS
H7. How many <u>days</u> each week was (CHILD) cared for in this programme or arrangement?	_____ _____ DAYS/WEEK	_____ _____ DAYS/WEEK	_____ _____ DAYS/WEEK
H8. How many <u>hours</u> each week was (CHILD) cared for in this programme or arrangement?	_____ _____ HOURS/WEEK	_____ _____ HOURS/WEEK	_____ _____ HOURS/WEEK
H9. Did your household receive subsidies for this programme?	1. YES	1. YES	1. YES
	2. NO	2. NO	2. NO

H9a. How much was it?	\$_____	\$_____	\$_____
H9b. Was that...?	1. EVERY MONTH	1. EVERY MONTH	1. EVERY MONTH
	2. EVERY YEAR	2. EVERY YEAR	2. EVERY YEAR
	3. OTHER, (SPECIFY) _____	3. OTHER, (SPECIFY) _____	3. OTHER, (SPECIFY) _____
H10. How much did your household pay out of pocket (not covered by government or public agency) for this programme or arrangement?	\$_____	\$_____	\$_____
	NOTHING → GO TO H20	NOTHING → GO TO H20	NOTHING → GO TO H20
H10a. Was that...?	1. PER HOUR	1. PER HOUR	1. PER HOUR
	2. PER DAY	2. PER DAY	2. PER DAY
	3. PER WEEK	3. PER WEEK	3. PER WEEK
	4. EVERY 2 WEEKS	4. EVERY 2 WEEKS	4. EVERY 2 WEEKS
	5. EVERY MONTH	5. EVERY MONTH	5. EVERY MONTH
	6. EVERY YEAR	6. EVERY YEAR	6. EVERY YEAR
	7. OTHER, (SPECIFY) _____	7. OTHER, (SPECIFY) _____	7. OTHER, (SPECIFY) _____
H10b. Was that amount for (CHILD) only, or did it cover other children in your household?	1. CHILD ONLY → GO TO H11	1. CHILD ONLY → GO TO H11	1. CHILD ONLY → GO TO H11
	2. OTHER CHILDREN IN THE HOUSEHOLD	2. OTHER CHILDREN IN THE HOUSEHOLD	2. OTHER CHILDREN IN THE HOUSEHOLD
H10c. How many other children did it cover?	___ # OF CHILDREN	___ # OF CHILDREN	___ # OF CHILDREN
H11. How old was (CHILD) when you stopped using this programme or arrangement?	1. ENDED IN _____ YEARS _____ MONTHS	1. ENDED IN _____ YEARS _____ MONTHS	1. ENDED IN _____ YEARS _____ MONTHS
	2. HAS NOT ENDED, STILL USING ARRANGEMENT	2. HAS NOT ENDED, STILL USING ARRANGEMENT	2. HAS NOT ENDED, STILL USING ARRANGEMENT
H12. Did you use any other programmes or arrangements (before (CHILD) entered school) that you have not told me about? (This can be at same time as previous arrangement or after previous arrangement)	1. YES → GO TO ARR 2	1. YES → GO TO ARR 3	1. YES → GO TO H13 RULE
	5. NO → GO TO H13 RULE	5. NO → GO TO H13 RULE	5. NO → GO TO H13 RULE

H13 RULE: SEE E1

- 1. CHILD IS IN K1, K2, OR PRIMARY SCHOOL → **GO TO H13**
- 2. ALL OTHERS → **GO TO J1 RULE**

H13. Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for the last month. [CHECK ALL THAT APPLY]

A. RELATIVE UNDER 13 IN THE CHILD'S HOME

B. RELATIVE 13 OR OLDER IN THE CHILD'S HOME

C. NON-RELATIVE IN THE CHILD'S HOME (DOMESTIC WORKER)

D. CARE IN A RELATIVE'S HOME

E. CARE IN A NON-RELATIVE'S HOME (FAMILY DAYCARE PROVIDER)

F. NURSERY SCHOOL, PRESCHOOL, CHILD CARE CENTRE, OR INFANT CARE CENTRE

G. BEFORE OR AFTER-SCHOOL PROGRAMME CARE CENTRE

H. CHILD CARES FOR SELF ALONE

I. OTHER TYPE OF CHILD CARE (SPECIFY) _____

J. NONE, ONE PARENT ALWAYS CARES FOR CHILD

H14 RULE: SEE H13

- 1. "NONE" (BOX J) CHECKED AT H13 → **TURN TO J1 RULE**
- 2. MORE THAN ONE ARRANGEMENT CHECKED AT H13 → **GO TO H14**
- 3. ONLY ONE ARRANGEMENT CHECKED AT H13 → **WRITE LETTER OF THAT ARRANGEMENT IN H14 AND GO TO H17**

H14. Please tell me which of those arrangements you use the most hours each week.

_____ (LETTER OF FIRST ARRANGEMENT)

H14a. (IF ARRANGEMENT IN H13 IS LETTER A, B, OR D, ASK:) How is this person related to (CHILD)?

RELATIONSHIP TO CHILD

H15. (ASK IF NECESSARY, BUT MARK LETTER) Which arrangement do you use next most frequently?

_____ (LETTER OF SECOND ARRANGEMENT)

H15a. (IF ARRANGEMENT IN H13 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

RELATIONSHIP TO CHILD

H16. (ASK IF NECESSARY, BUT MARK LETTER) Which arrangement do you use next most frequently after that?

_____ (LETTER OF THIRD ARRANGEMENT)

H16a. (IF ARRANGEMENT IN H13 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

RELATIONSHIP TO CHILD

H17. How many days each week is (CHILD) cared for in (NAME OF ARRANGEMENT FROM H14)?

_____ (DAYS)

H18. How many hours each week is (CHILD) cared for in this programme/arrangement?

_____ (HOURS)

H19. For how long has (CHILD) been cared for on a regular basis in this programme/arrangement? Again, by regular, we mean at least once a week for the last month.

_____ MONTHS OR _____ (WEEKS) OR _____ DAYS

H20. Has your household received any subsidies for this programme/arrangement?

1. Yes → **GO TO H20a**
2. No → **GO TO H21**

H20a. How much was it?

_____ Singapore Dollars

H20b. Was it...?

1. Every month
2. Every year
3. Other, specify _____

H21. How much does your household pay out of pocket (not covered by government or public agency) for this programme/arrangement?

\$ _____ → GO TO H21a

NOTHING → GO TO H23 RULE

H21a. (Is that per hour, daily, weekly, every 2 weeks, every month or every year?)

1. Per hour
2. Daily
3. Weekly
4. Every 2 weeks
5. Every month
6. Every year

H22. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

1. Includes other children → GO TO H22a
2. Includes (CHILD) only → GO TO H23 RULE

H22a. How many other children does this payment include?

_____ NUMBER OF CHILDREN

H23 RULE: **SEE H15**

1. R HAS ANSWER IN H15 **GO TO H23** (ASK H23-H27 ABOUT THIS ARRANGEMENT)

2. ALL OTHERS → GO TO J1 RULE

H23. Now tell me about the programme/arrangement that you use the second greatest number of hours each week, (NAME OF ARRANGEMENT FROM H15). How many days each week is (CHILD) cared for in this programme/arrangement?

_____ DAYS

H24. How many hours each week is (CHILD) cared for in this programme/arrangement?

_____HOURS

H25. For how many months has (CHILD) been cared for on a regular basis in this programme/arrangement? Again, by regular, we mean at least once a week for the last month.

_____MONTHS OR _____WEEKS OR _____DAYS

H26. Has your household received any subsidies for this programme/arrangement?

1. Yes → **GO TO H26a**
2. No → **GO TO H27**

H26a. How much was it?

_____ Singapore Dollars

H26b. Was it...?

1. Every month
2. Every year
3. Other, specify _____

H27. How much does your household pay out of pocket (not covered by government or public agency) for this programme/arrangement?

\$ _____ → GO TO H27a

NOTHING

→ GO TO H29 RULE

H27a. (Is that per hour, daily, weekly, every 2 weeks, every month or every year?)

1. Per hour
2. Daily
3. Weekly
4. Every 2 weeks
5. Every month
6. Every year

H28. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

1. Includes other children → GO TO H28a
2. Includes (Child) only → GO TO H29 RULE

H28a. How many other children does this payment include?

_____NUMBER OF CHILDREN

H29 RULE: SEE H16

- 1. R HAS ANSWER IN H16 → GO TO H29 (ASK H29-H33 ABOUT THIS ARRANGEMENT)
- 2. ALL OTHERS → GO TO J1 RULE

H29. Now tell me about the programme/arrangement that you use the third greatest number of hours each week, (NAME ARRANGEMENT FROM H256). How many days each week is (CHILD) cared for in this (programme/arrangement)?

_____DAYS

H30. How many hours each week is (CHILD) cared for in this programme/arrangement?

_____HOURS

H31. For how many months has (CHILD) been cared for on a regular basis in this programme/arrangement? (Again, by regular, we mean at least once a week for the last month.)

_____MONTHS OR _____WEEKS OR _____DAYS

H32. Has your household received any subsidies for this programme/arrangement?

1. Yes → **GO TO H32a**
2. No → **GO TO H33**

H32a. How much was it?

_____ Singapore Dollars

H32b. Was it...?

1. Every month
2. Every year
3. Other, specify _____

H33. How much does your household pay out of pocket (not covered by government or public agency) for this programme/arrangement?

\$ _____ → **GO TO H33a**

NOTHING

 → **GO TO SECTION J**

H33a. (Is that per hour, daily, weekly, every 2 weeks, every month, or every year?)

1. Per hour
2. Daily
3. Weekly
4. Every 2 weeks
5. Every month
6. Every year

H34. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?

1. Includes other children → **GO TO H34a**
2. Includes (CHILD) only → **GO TO SECTION J**

H34a. How many other children does this payment include?

_____NUMBER OF CHILDREN

SECTION J: ABSENT PARENT

J1. RULE

- 1. BOTH OF CHILD'S BIOLOGICAL PARENTS ARE LIVING IN THIS HOUSEHOLD → **GO TO SECTION K**
- 2. CHILD'S BIOLOGICAL MOTHER IS IN HH, AND BIOLOGICAL FATHER NOT IN HH → **GO TO J1**
- 3. CHILD'S BIOLOGICAL FATHER IS IN HH, AND BIOLOGICAL MOTHER NOT IN HH → **GO TO J15**
- 4. NEITHER BIOLOGICAL MOTHER NOR BIOLOGICAL FATHER LIVING IN HH → **GO TO J1**

ABSENT FATHER

J1. (CHILD's) Biological Father Information

J1a. (CHILD's) Biological Father Birth Year: _____ (Month/Year)

J1b. (CHILD's) Biological Father Age (to be auto-populated)

J1c. (CHILD's) Biological Father Current Nationality

- a. Singaporean
- b. Malaysian
- c. Chinese, please specify _____
 - a. People's Republic of China
 - b. Hong Kong
 - c. Taiwan
- d. Indian
- e. Indonesian
- f. Filipino
- g. Other nationality, please specify _____
- h. Dual/multiple citizenship, please specify _____

If Don't Know / Refuse → GO TO J1c.2

All others → GO TO J1d

J1c.2 (CHILD's) Biological Father Last Known Nationality

1. Singaporean
2. Malaysian
3. Chinese, please specify _____
 - 3.1 People's Republic of China
 - 3.2 Hong Kong
 - 3.3 Taiwan
4. Indian
5. Indonesian
6. Filipino
7. Other nationality, please specify _____
8. Dual/multiple citizenship, please specify _____

J1d. (CHILD's) Biological Father Current Residency Status in Singapore

1. Citizen by birth
2. Citizen by conversion
3. Singapore permanent resident
4. Employment Pass or S Pass
5. Work permit
6. Long-term visit pass
7. Dependent pass
8. Student pass

If Don't Know / Refuse → GO TO J1d.2

All others → GO TO J1e

J1d.2 (CHILD's) Biological Father Last Known Residency Status in Singapore

1. Citizen by birth
2. Citizen by conversion
3. Singapore permanent resident
4. Employment Pass or S Pass
5. Work permit
6. Long-term visit pass
7. Dependent pass
8. Student pass

J1e. (CHILD's) Biological Father Race

1. Chinese
2. Malay
3. Indian
4. Others, please specify _____

J1f. (CHILD's) Biological Father Current Education Level

0. No formal schooling/Pre-Primary
1. Primary
2. Secondary ('O' / 'N' level)
3. Post- secondary (non-tertiary): General & Vocational ('A' level)
4. Polytechnic diploma
5. Professional qualification and other diploma
6. Bachelor's or Equivalent
7. Postgraduate diploma/ certificate (excluding Master's and Doctorate)
8. Master's and Doctorate or Equivalent

If Don't Know / Refuse → GO TO J1f.2

All others → GO TO J1g

J1f.2 (CHILD's) Biological Father Last Known Education Level

0. No formal schooling/Pre-Primary
1. Primary
2. Secondary ('O' / 'N' level)
3. Post- secondary (non-tertiary): General & Vocational ('A' level)
4. Polytechnic diploma
5. Professional qualification and other diploma
6. Bachelor's or Equivalent
7. Postgraduate diploma/ certificate (excluding Master's and Doctorate)
8. Master's and Doctorate or Equivalent

J1g. (CHILD's) Biological Father Current Employment Status

- a. Working → **GO TO J1h**
- b. Student (full-time) → **GO TO J2**
- c. National Service → **GO TO J2**
- d. Homemaker/Housewife → **GO TO J2**
- e. Retired (record previous occupation below)_____ → **GO TO J2**
- f. Unemployed (able to work) (record previous occupation)_____ → **GO TO J2**
- g. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any)_____ → **GO TO J2**
- h. Others, please specify_____ → **GO TO J2**

'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J1j
All others → GO TO J2

J1h. (CHILD's) Biological Father Current Occupation: _____

If Don't Know / Refuse → GO TO J1k
Answered → GO TO J2

J1j. (CHILD's) Biological Father Last Known Employment Status

- 1. Working → **GO TO J1k**
- 2. Student (full-time) → **GO TO J2**
- 3. National Service → **GO TO J2**
- 4. Homemaker/Housewife → **GO TO J2**
- 5. Retired (record previous occupation below)_____ → **GO TO J2**
- 6. Unemployed (able to work) (record previous occupation)_____ → **GO TO J2**
- 7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any)_____ → **GO TO J2**
- 8. Others, please specify_____ → **GO TO J2**

J1k. (CHILD's) Biological Father Last Known Occupation: _____

J2. (ASK ONLY IF NECESSARY, BUT MARK BOX)

Is (CHILD's) biological father still living?

- 1. Yes → GO TO J3
- 2. No → GO TO J2a
- 3. Don't know → GO TO J15 RULE

J2a. **[Self-Administered]** In what month and year did he pass away?

_____/_____
(Month) (Year) → GO TO J15 RULE

Don't know

 → GO TO J15 RULE

J3. **[Self-Administered]** Does he live in the same neighbourhood, different neighbourhood but in the same country, or another country?

- 1. Same neighbourhood → GO TO J4
- 2. Different neighbourhood but in the same country → GO TO J3a
- 3. Another country → GO TO J3b

J3a. **[Self-Administered]** About how far away from here does he live?

_____ # KM → GO TO J4

J3b. **[Self-Administered]** What country does he live in?

_____ (COUNTRY)

J4. **[Self-Administered]** Is he currently married?

- 1. Yes
- 2. No
- 3. Don't know

J5. **[Self-Administered]** Has he had any other children since those he had with (CHILD's) biological mother?

- 1. Yes → **GO TO J5a**
- 2. No → **GO TO J6**
- 3. Don't know → **GO TO J6**

J5a. **[Self-Administered]** How many?
_____ (NUMBER OF CHILDREN)

J6. **[Self-Administered]** During the past 12 months, about how often did (CHILD) talk on the telephone or receive a letter/email/message from (his/her) biological father?

- 1. Not at all
- 2. About once a year
- 3. Several times a year
- 4. One to three times a month
- 5. About once a week
- 6. Several times a week

J7. **[Self-Administered]** In what month and year did (CHILD) last see him?

_____/_____
(Month) (Year) → **GO TO J8 RULE**

Never

 → **GO TO J15 RULE**

J8. **RULE**

<p>[Self-Administered] HAS BIOLOGICAL FATHER SEEN (CHILD) IN LAST 12 MONTHS?</p> <ul style="list-style-type: none">1. YES → GO TO J92. NO → GO TO J15 RULE
--

J9. **[Self-Administered]** During the past 12 months, how often did (CHILD) see (his/her) biological father?

1. About once a year
2. Several times a year
3. One to three times a month
4. About once a week
5. Several times a week

J10. **[Self-Administered]** How many days did (CHILD) stay with (his/her) biological father during the past 12 months?

_____ NUMBER OF DAYS

J11. **[Self-Administered]** How often do you talk about (CHILD) with him?

1. Not at all
2. About once a year
3. Several times a year
4. One to three times a month
5. About once a week
6. Several times a week

J12. **[Self-Administered]** How much influence does (CHILD's) biological father have in making decisions about such things as education, religion, and health care?

1. None
2. Some
3. A great deal

J13. **[Self-Administered]** How often does (CHILD's) biological father spend time with (CHILD) in each of the following activities? Would you say not at all, about once a year, several times a year, 1-3 times a month, about once a week, or several times a week?

	NOT AT ALL	ABOUT ONCE A YEAR	SEVERAL TIMES A YEAR	1 TO 3 TIMES A MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK
a. Leisure activities such as picnics, movies, sports, or visiting family friends or relatives	1	2	3	4	5	6
b. Religious activities.	1	2	3	4	5	6
c. Talking, working on a project, or playing together.	1	2	3	4	5	6
d. School or other organized activities.	1	2	3	4	5	6

J14. **[Self-Administered]** Has (CHILD's) biological father done any of the following things for (CHILD) during the past year?

	NO	YES
a. Buy clothes, toys or presents.	0	1
b. Pay for enrichment lessons.	0	1
c. Take (CHILD) on vacation.	0	1
d. Pay for dental or insured medical expenses.	0	1
e. Pay for (CHILD's) medical insurance.	0	1
f. Any other things? (SPECIFY): _____	0	1

J15. RULE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. CHILD'S BIOLOGICAL MOTHER DOES NOT LIVE IN HOUSEHOLD → GO TO J15 |
| <input type="checkbox"/> | 2. ALL OTHERS → GO TO SECTION K |

ABSENT MOTHER

J15. (CHILD's) Biological Mother Information

J15a. (CHILD's) Biological Mother Birth Year: _____ (Month/Year)

J15b. (CHILD's) Biological Mother Age (to be auto-populated)

J15c. (CHILD's) Biological Mother Current Nationality

1. Singaporean
2. Malaysian
3. Chinese, please specify _____
 - 3.1 People's Republic of China
 - 3.2 Hong Kong
 - 3.3 Taiwan
4. Indian
5. Indonesian
6. Filipino
7. Other nationality, please specify _____
8. Dual/multiple citizenship, please specify _____

If Don't Know / Refuse → GO TO J15c.2

All others → GO TO J15d

J15c.2 (CHILD's) Biological Mother Last Known Nationality

1. Singaporean
2. Malaysian
3. Chinese, please specify _____
 - 3.1 People's Republic of China
 - 3.2 Hong Kong
 - 3.3 Taiwan
4. Indian
5. Indonesian
6. Filipino
7. Other nationality, please specify _____
8. Dual/multiple citizenship, please specify _____

J15d. (CHILD's) Biological Mother Current Residency Status in Singapore

1. Citizen by birth
2. Citizen by conversion
3. Singapore permanent resident
4. Employment Pass or S Pass
5. Work permit
6. Long-term visit pass
7. Dependent pass
8. Student pass

If Don't Know / Refuse → GO TO J15d.2

All others → GO TO J15e

J15d.2 (CHILD's) Biological Mother Last Known Residency Status in Singapore

1. Citizen by birth
2. Citizen by conversion
3. Singapore permanent resident
4. Employment Pass or S Pass
5. Work permit
6. Long-term visit pass
7. Dependent pass
8. Student pass

J15e. (CHILD's) Biological Mother Race

1. Chinese
2. Malay
3. Indian
4. Others, please specify _____

J15f. (CHILD's) Biological Mother Current Education Level

0. No formal schooling/Pre-Primary
1. Primary
2. Secondary ('O' / 'N' level)
3. Post- secondary (non-tertiary): General & Vocational ('A' level)
4. Polytechnic diploma
5. Professional qualification and other diploma
6. Bachelor's or Equivalent
7. Postgraduate diploma/ certificate (excluding Master's and Doctorate)
8. Master's and Doctorate or Equivalent

If Don't Know / Refuse → GO TO J15f.2
All others → GO TO J15g

J15f.2 (CHILD's) Biological Mother Last Known Education Level

0. No formal schooling/Pre-Primary
1. Primary
2. Secondary ('O' / 'N' level)
3. Post- secondary (non-tertiary): General & Vocational ('A' level)
4. Polytechnic diploma
5. Professional qualification and other diploma
6. Bachelor's or Equivalent
7. Postgraduate diploma/ certificate (excluding Master's and Doctorate)
8. Master's and Doctorate or Equivalent

J15g. (CHILD's) Biological Mother Current Employment Status

1. Working → **GO TO J15h**
2. Student (full-time) → **GO TO J16**
3. National Service → **GO TO J16**
4. Homemaker/Housewife → **GO TO J16**
5. Retired (record previous occupation below)_____ → **GO TO J16**
6. Unemployed (able to work) (record previous occupation)_____ → **GO TO J16**
7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any)_____ → **GO TO J16**
8. Others, please specify_____ → **GO TO J16**

If Don't Know / Refuse → GO TO J15j
All others → GO TO J16

J15h. (CHILD's) Biological Mother Current Occupation: _____

If Don't Know / Refuse → GO TO J15k
Answered → GO TO J16

J15j. (CHILD's) Biological Mother Last Known Employment Status

1. Working → **GO TO J15k**
2. Student (full-time) → **GO TO J16**
3. National Service → **GO TO J16**
4. Homemaker/Housewife → **GO TO J16**
5. Retired (record previous occupation below) _____ → **GO TO J16**
6. Unemployed (able to work) (record previous occupation) _____ → **GO TO J16**
7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any) _____ → **GO TO J16**
8. Others, please specify _____ → **GO TO J16**

J15k. (CHILD's) Biological Mother Last Known Occupation: _____

J16. (ASK OR VERIFY, BUT MARK BOX) Is (CHILD's) biological mother still living?

- 1. Yes → **GO TO J17**
- 2. No → **GO TO J16a**
- 3. Don't know → **GO TO SECTION K**

J16a. [**Self-Administered**] When did she pass away?

_____/_____
(Month) (Year) → **GO TO SECTION K**

Don't know

 → **GO TO SECTION K**

J17. **[Self-Administered]** Does she live in the same neighbourhood, different neighbourhood in the same country, or another country?

1. Same neighbourhood → **GO TO J18**
2. Different neighbourhood but in the same country → **GO TO J17a**
3. Another country → **GO TO J17b**

J17a. **[Self-Administered]** About how far away from here does she live?

_____ # KM → **GO TO J18**

J17b. **[Self-Administered]** What country does she live in?

_____ (COUNTRY)

J18. **[Self-Administered]** Is she currently married?

- 1. Yes
- 2. No
- 3. Don't know

J19. **[Self-Administered]** Has she had any other children since those she had with (CHILD's) biological father?

- 1. Yes → **GO TO J19a**
- 2. No → **GO TO J20**
- 3. Don't know → **GO TO J20**

J19a. **[Self-Administered]** How many?

_____ NUMBER OF CHILDREN

J20. **[Self-Administered]** During the **past 12 months**, about how often did (CHILD) talk on the telephone or receive a letter/email/message from (his/her) biological mother?

1. Not at all
2. About once a year
3. Several times a year
4. One to three times a month
5. About once a week
6. Several times a week

J21. **[Self-Administered]** In what month and year did (CHILD) last see her?

_____/_____
(Month) (Year) → **TURN TO J22 RULE**

Never

 → **GO TO SECTION K**

J22. **RULE**

[Self-Administered] HAS BIOLOGICAL MOTHER SEEN (CHILD) IN LAST 12 MONTHS?

1. YES → **GO TO J23**
2. NO → **GO TO SECTION K**

J23. **[Self-Administered]** During the past 12 months, how often did (CHILD) see (his/her) biological mother?

1. About once a year
2. Several times a year
3. One to three times a month
4. About once a week
5. Several times a week

J24. **[Self-Administered]** How many days did (CHILD) stay with (his/her) biological mother during the past 12 months?

_____ NUMBER OF DAYS

J25. **[Self-Administered]** How often do you talk about (CHILD) with (his/her) biological mother?

1. Not at all
2. About once a year
3. Several times a year
4. One to three times a month
5. About once a week
6. Several times a week

J26. **[Self-Administered]** How much influence does (CHILD's) biological mother have in making decisions about such things as education, religion, and health care?

1. None
2. Some
3. A great deal

J27. **[Self-Administered]** How often does (CHILD's) mother spend time with (CHILD) in each of the following activities?

	NOT AT ALL	ABOUT ONCE A YEAR	SEVERAL TIMES A YEAR	1 TO 3 TIMES A MONTH	ABOUT ONCE A WEEK	SEVERAL TIMES A WEEK
a. Leisure activities such as picnics, movies, sports, or visiting family friends or relatives.	1	2	3	4	5	6
b. Religious activities.	1	2	3	4	5	6
c. Talking, working on a project, or playing together.	1	2	3	4	5	6
d. School or other organized activities.	1	2	3	4	5	6

J28. **[Self-Administered]** Has (CHILD's) biological mother done any of the following things for (CHILD) during the past year?

	NO	YES
a. Buy clothes, toys or presents.	0	1
b. Pay for enrichment lessons.	0	1
c. Take (CHILD) on vacation.	0	1
d. Pay for dental or insured medical expenses.	0	1
e. Pay for (CHILD's) medical insurance.	0	1
f. Any other things? (SPECIFY): _____	0	1

SECTION K: TIME DIARY

Instructions

An important part of our research is to find out how children of all ages spend time during the week and on the weekends. The Diary is a listing of **your child's** activities during one **weekday and** during one **weekend day**. The time diary is from the perspective of the **child** and what the **child** was doing during a day. These diaries will help us collect the most accurate information possible.

- Please complete the Time Diary for the **day of the week** specified in the header. Please try your best to recall all activities your **child** was doing during that day.
- You may like to work with **other main caregiver** (e.g. spouse, domestic helper, grandparents) of the child, to make the Time Diary as complete and accurate as possible.
- Please describe the day of the **child** in detail. Your interviewer will help you code the activities.
 - Please provide more details of each **activity**, to help your interviewer select the right codes. For example, elaborate the games the child was playing. Provide 'travel' information between two different locations.
 - Please describe **where** the child was while he/she was doing each activity.
 - Please indicate **who was doing the activity with the child**. He/she may be doing the activity together with the child or helping the child.
 - Please indicate **who (else) was in the same location** where he/she could see or hear the child. He/she was **not doing the activity with the child**, but he/she was available to help (if the child calls them for help).
- Please complete the diary for the entire 24-hour time period, starting with **midnight (12am)** on the specified day and running until **1159pm** of the day. Every minute of a 24-hour time period must be accounted for. Describe the child's first activity of the day, the child's second activity of the day, on to the child's last activity on the day.

Please find some examples below of these activities and how they would be filled out for this time diary. The following scenario is only an example of how to fill out a time diary. It may not be at all reflective of a day in the life of your child. Your interviewer will be glad to answer your questions.

Example:

	A	B	C	F	G	H
TIME	What did your child do?	Time Began	Time End	Where was child?	Who was doing the activity with child?	Who (else) was there but not directly involved in the activity?
Midnight	<i>Sleeping</i>	<i>12:00</i>	<i>7:30</i>	<i>at home</i>	<i>Not applicable</i>	<i>Not applicable</i>
	<i>Face-to-face communication</i>	<i>7:30</i>	<i>7:40</i>	<i>at home</i>	<i>mother</i>	<i>no one</i>
	<i>Cleaning teeth / washing face</i>	<i>7:40</i>	<i>7:45</i>	<i>at home</i>	<i>alone</i>	<i>no one</i>
	<i>Eating breakfast</i>	<i>7:45</i>	<i>8:15</i>	<i>at home</i>	<i>alone</i>	<i>mother, father, cousin</i>
	<i>Getting dressed for school</i>	<i>8:15</i>	<i>8:45</i>	<i>at home</i>	<i>mother</i>	<i>father, cousin</i>
	<i>Going to school (travel by private vehicle)</i>	<i>8:45</i>	<i>9:05</i>	<i>in car</i>	<i>mother</i>	<i>no one</i>
	<i>School lessons</i>	<i>9:05</i>	<i>3:15</i>	<i>school</i>	<i>teacher, other children</i>	<i>no one</i>
	<i>Playing basketball</i>	<i>3:15</i>	<i>5:00</i>	<i>YMCA</i>	<i>other children</i>	<i>counselor</i>
	<i>Going home from YMCA (travel by private vehicle)</i>	<i>5:00</i>	<i>5:30</i>	<i>In car</i>	<i>father</i>	<i>no one</i>
	<i>Watching TV</i>	<i>5:30</i>	<i>6:00</i>	<i>at home</i>	<i>father, cousin</i>	<i>mother</i>
	<i>Eating dinner</i>	<i>6:00</i>	<i>6:25</i>	<i>at home</i>	<i>father, mother, cousin</i>	<i>no one</i>
	<i>Reading book from library</i>	<i>6:25</i>	<i>7:00</i>	<i>at home</i>	<i>alone</i>	<i>cousin, mother, father</i>
	<i>Playing computer games</i>	<i>7:00</i>	<i>7:30</i>	<i>at home</i>	<i>cousin</i>	<i>mother, father</i>
	<i>Taking a bath</i>	<i>7:30</i>	<i>8:20</i>	<i>at home</i>	<i>alone</i>	<i>no one</i>
	<i>Brushing teeth</i>	<i>8:20</i>	<i>8:30</i>	<i>at home</i>	<i>alone</i>	<i>no one</i>
	<i>Watching TV</i>	<i>8:30</i>	<i>9:00</i>	<i>at home</i>	<i>cousin</i>	<i>father, mother</i>
	<i>Listening to bedtime story</i>	<i>9:00</i>	<i>9:20</i>	<i>at home</i>	<i>mother</i>	<i>father</i>
Midnight	<i>Sleeping</i>	<i>9:20</i>	<i>11:59</i>	<i>at home</i>	<i>Not applicable</i>	<i>Not applicable</i>

**K1. What Did Your Child Do from Midnight until Noon
(WEEKDAY)**

					DO NOT ANSWER IF SLEEPING OR PERSONAL CARE	
TIME	A	B	C	F	G	H
	What did your child do?	Time Began	Time End	Where was child?	Who was doing the activity with child?	Who (else) was there but not directly involved in the activity?
Midnight		12:00				
12 Noon						

**What Did Your Child Do from Noon until Midnight
(WEEKDAY)**

					DO NOT ANSWER IF SLEEPING OR PERSONAL CARE	
TIME	A	B	C	F	G	H
	What did your child do?	Time Began	Time End	Where was child?	Who was doing the activity with child?	Who (else) was there but not directly involved in the activity?
Midnight			23:59			

Please answer the following questions:

K2a. Who completed the time diary? **(Please circle)**

1. Mother/Primary Caregiver alone
2. Other caregiver alone, specify _____
3. Mother/Primary Caregiver and other caregiver together
4. Mother/Primary Caregiver and target child together
5. Other caregiver and target child together
6. Mother/Primary Caregiver, other caregiver, and target child together
7. Other (specify): _____

K2b. How typical/representative was this day (for that day of the week)?
(Please mark an X in the box)

Not at all Typical/ Representative Very Typical/ Representative

1	2	3	4	5
---	---	---	---	---

K2c. What kind of day is described in this diary?

1. An ordinary weekday
2. A holiday or a family celebration
3. A school holiday for (CHILD)
4. A school holiday for brother/sister
5. A parent took time off work
6. Our family dealt with a crisis
7. We had guests staying with us
8. A family member was away
9. I was ill
10. This child was ill
11. This child was a great deal more stressed than normal
12. An unusual day for another reason (please give details):

K2d. On what date was this diary completed?

_____ (DAY) _____ (MONTH) _____ (YEAR)

**K3. What Did Your Child Do from Midnight until Noon
(WEEKEND DAY)**

					DO NOT ANSWER IF SLEEPING OR PERSONAL CARE	
TIME	A	B	C	F	G	H
	What did your child do?	Time Began	Time End	Where was child?	Who was doing the activity with child?	Who (else) was there but not directly involved in the activity?
Midnight		12:00				
12 Noon						

**What Did Your Child Do from Noon until Midnight
(WEEKEND DAY)**

					DO NOT ANSWER IF SLEEPING OR PERSONAL CARE	
TIME	A	B	C	F	G	H
	What did your child do?	Time Began	Time End	Where was child?	Who was doing the activity with child?	Who (else) was there but not directly involved in the activity?
Midnight			23:59			

Please answer the following questions:

K4a. Who completed the time diary? **(Please circle)**

1. Mother/Primary Caregiver alone
2. Other caregiver alone, specify_____
3. Mother/Primary Caregiver and other caregiver together
4. Mother/Primary Caregiver and target child together
5. Other caregiver and target child together
6. Mother/Primary Caregiver, other caregiver, and target child together
7. Other (specify): _____

K4b. How typical/representative was this day (for that day of the week)?
(Please mark an X in the box)

Not at all Typical/ Representative Very Typical/ Representative

1	2	3	4	5
---	---	---	---	---

K4c. What kind of day is described in this diary?

1. An ordinary weekend day
2. A holiday or a family celebration
3. Our family dealt with a crisis
4. We had guests staying with us
5. A family member was away
6. I was ill
7. This child was ill
8. This child was a great deal more stressed than normal
9. An unusual weekend day for another reason (please give details):

K4d. On what date was this diary completed?

_____ **(DAY)** _____ **(MONTH)** _____ **(YEAR)**

Codes

What did your child do?

- 1. Sleeping/Napping**
 10. Sleeping/napping
- 2. Eating/Drinking/Being fed**
 20. Eating/drinking/being fed
- 3. Personal Care / Medical/Health care**
 30. Cleaning teeth / washing face
 31. Showering/bathing
 32. Getting dressed / getting ready
 33. Hair care
 34. Other personal care
 35. Doctor
 36. Dentist
 37. Physiotherapist / Chiropractor
 38. Other medical/health care
- 4. Electronic Device Use**
 40. Watching TV
 41. Watching programs or movies/videos on other devices
 42. Listening to music, radio, iPod, other audio content
 43. Playing games on computers, tablets or smartphones
 44. General internet browsing
 45. Doing homework via electronic devices
 46. Other electronic device use
- 5. Non-Active Activities**
 50. Unstructured non-active play (free play, e.g. play house, play with soft toys, etc.)
 51. Singing or being sang for leisure
 52. Playing musical instruments for leisure
 53. Drawing, colouring, arts and crafts
 54. Playing board games, card games, puzzles, or Lego
 55. Reading or being read to for leisure
 56. Private music or arts lessons/practice
 57. Organized music or arts lessons
 58. Academic tutoring
 59. Study (e.g. doing math)
 510. Doing homework (not via electronic devices)
 511. Doing nothing
 512. Other non-active activities

6. Active Activities

- 60. Unstructured active play (free play, e.g. crawling, jumping ropes, running about, etc.)
- 61. Exercise (e.g. swimming, jogging, dancing) for leisure
- 61. Organized team sports and training
- 62. Organized individual sport and training
- 63. Shopping
- 64. Visiting friends or relatives
- 65. Religious activities / ritual ceremonies
- 66. Attending special events (e.g. live sporting events, concerts, or parties)
- 67. Walking pets / playing with pets
- 68. Other active activities

7. School / Non-home-based day care lessons

- 71. School / Non-home-based day care lessons

8. Home-based care

- 81. Home-based care

9. Communication

- 91. Talking face-to-face
- 92. Talking on a phone
- 93. Video chatting
- 94. Non-verbal interaction
- 95. Texting/email, online chatting /instant messaging
- 96. Other communication

10. Chores

- 100. Cleaning/tidying
- 101. Taking care of siblings
- 102. Food/drink preparation
- 103. Food/drink clean up
- 104. Laundry/clothes care
- 105. Gardening /lawn mowing
- 106. Animal care
- 107. Home maintenance
- 108. Other chores

11. Travel

- 110. By foot
- 111. By bike, scooter etc.
- 112. By private motor vehicle (including vehicles owned by friends and family)
- 113. By taxi or private hired car (e.g. Grab)
- 114. By public/chartered transport (e.g. bus, train etc.)
- 115. Other travel

12. Other

- 121. Other activity

Where was child?

1. Own home
2. Parent's place of work
3. Grandparent's home
4. Other relative's home
5. Friend's or neighbour's home
6. Babysitter's home or home-based day care
7. Child's other parent's home
8. School, preschool, day care centre (not home-based), playgroup
9. Restaurants, bars, fast-food places and their parking lots
10. Indoor recreation places (theatres, youth recreation center, sports centre, gym)
11. Outdoor recreation places (parks, neighborhood, outdoor playgrounds)
12. Church or other place of worship
13. Stores, shopping centers, malls and their parking lots, beauty parlor
14. Library, museum, gallery
15. Public buildings (e.g. banks, post office, offices, fire station)
16. Health facility or clinic, hospital, and their parking structure
17. Other indoors
18. Other outdoors
19. Transit – Car
20. Transit – Taxi or private hired car (e.g. GrabCar)
21. Transit – Bus or train
22. Transit – Bike, scooter etc.
23. Transit – Walking
24. Transit – Others

Who was doing the activity with child? (SELECT ALL THAT APPLY)

1. Alone (this option cannot be selected together with others)
2. Mother (biological/adoptive)
3. Father (biological/adoptive)
4. Stepmother
5. Stepfather
6. Paternal Grandmother
7. Paternal Grandfather
8. Maternal Grandmother
9. Maternal Grandfather
10. Domestic helper(s)
11. Sister(s), brother(s)
12. Cousin(s)
13. Other child(ren)
14. Teacher(s)
15. Other relative adult(s)
16. Other non-relative adult(s)
17. Dog, cat or other pet (not fish)

Who (else) was there but not directly involved in the activity? (SELECT ALL THAT APPLY)

1. No one (this option cannot be selected together with others)
2. Mother (biological/adoptive)
3. Father (biological/adoptive)
4. Stepmother
5. Stepfather
6. Paternal Grandmother
7. Paternal Grandfather
8. Maternal Grandmother
9. Maternal Grandfather
10. Domestic helper(s)
11. Sister(s), brother(s)
12. Cousins(s)
13. Other child(ren)
14. Teacher(s)
15. Other relative adult(s)
16. Other non-relative adult(s)
17. Dog, cat or other pet (not fish)

SECTION L: HEALTH BOOKLET

L1. RULE

1. The PCG has the Health Booklet of (CHILD) → **GO TO L1. TAKE PHOTO AND COPY THE ANSWERS TO L1-L25 FROM THE HEALTH BOOKLET**
2. The PCG does not have the Health Booklet of (CHILD) → **GO TO L2. ASK ALL THE QUESTIONS**

L1. Please take a photo of the “Birth Record and Particulars of Child” section on the Health Booklet.

L2 RULE:

Photo is successfully taken → GO TO Section M Rule

Photo is taken, but information is incomplete → GO TO L2 and fill in the information missing

Health Booklet is not available → GO TO L2

L2. Name of Child: _____

L3. Birth Certificate No: _____

L4. Date of Birth: |__|_| / |__|_| / |__|_|_|_| (Day/Month/Year)

L5. Time of Birth: [____|____|____|____] hrs

L6. Place of Delivery (Hospital): _____

L7. Sex: Male Female

L8. Ethnic Group: _____

L9. Duration of Gestation: _____ (number of) Weeks

L10. Mode of Delivery

1. Normal
2. LSCS (Lower segment Caesarean section)
3. Vacuum extraction
4. Forceps
5. Other

L11. Apgar score: 1min [____] 5min [____]

[No records/Cannot remember]

L12. Weight at Birth: [____|____|____|____] gm

OR [____|____|____|____] pounds

OR [____|____|____|____] ounces

L13. Length at Birth: [____|____| . |____] cm

L14 Head Circumference (at Birth): [____|____| . |____] cm

Significant events during pregnancy/delivery

L15. Significant Events during Pregnancy / Delivery:

L16a. Jaundice

1. Yes
2. No

L16b. Phototherapy

1. Yes
2. No

L16c. Exchange Transfusion

1. Yes
2. No

Newborn screening

L17. G6PD Deficiency

1. Yes
2. No

L18. Blood spot

L18a. Blood spot thyroid stimulating hormone (TSH): _____ mIU/L

L18b. thyroxine (fT4): _____ pmol/L

L18c. Date of Test: |_|_| / |_|_| / |_|_|_|_| (Day/Month/Year)

[No records/Cannot remember]

L19. Inborn Errors of Metabolism (IEM) Screening Done

1. Yes
2. No

L19a. Date: |_|_| / |_|_| / |_|_|_|_| (Day/Month/Year)

[No records/Cannot remember]

L20. Hearing Screening

L20a. Oto-Acoustic Emission (OAE) Left Pass:

1. Yes
2. No

L20b. OAE Right Pass:

1. Yes
2. No

L20c. Automated Brainstem Auditory Evoked Response (ABAER) Left Pass:

1. Yes
2. No

L20d. ABAER Right Pass:

1. Yes
2. No

L20e. Needs further evaluation:

1. Yes
2. No

L20f. Date of Test: |_|_| / |_|_| / |_|_|_|_| (Day/Month/Year)

Investigation(s) done (if any)

L21. Serum Bilirubin (highest level): _____ μmol/L

L21a. Date of Test: |_|_| / |_|_| / |_|_|_|_| (Day/Month/Year)

[No records/Cannot remember]

L22. Blood Group: _____

L22a. Date of Test: |_|_| / |_|_| / |_|_|_|_| (Day/Month/Year)

L23. Other Tests (please specify): _____

Information on discharge from hospital

L24. Discharge Date: |__|_| / |__|_| / |__|_|_|_| (Day/Month/Year)

L25. Weight at discharge: [____|____|____|____] gm

OR [____|____|____|____] pounds

OR [____|____|____|____] ounces

L26. Breast Feeding (at discharge)

1. Yes
2. No

L27. Serum Bilirubin (if done) before discharge: _____ $\mu\text{mol/L}$

CHILD BOOKLET 2 RULE:

IF THERE IS SECOND ELIGIBLE CHILD → GO TO NEXT CHILD BOOKLET

IF THERE IS ONLY ONE ELIGIBLE CHILD → GO TO SECTION M TO COLLECT CONTACT INFORMATION

**SECTION M:
CONTACT INFORMATION**

Thank you for taking part in our survey. We would like to keep in touch with you. If we could get your contact information, we would be happy to share the results of our research with you. We will comply closely with the ethics of scientific research and the Personal Data Protection Act in Singapore, and keep all the information you provided in the strictest confidence. Your information would only be used for research purposes, and will never be released to any work unit or individual.

Thanks for your understanding and support!

M1. **[Self-Administered]** Your name is: _____

M2. **[Self-Administered]** Your mobile phone number is:

[____|____|____|____|____|____|____|____]

M2a. **[Self-Administered]** Is this a home phone, work phone, personal mobile phone, or something else?

1. Personal handphone 2. Home 3. Work 4. Other (specify): _____

M3. **[Self-Administered]** A second phone number is:

[____|____|____|____|____|____|____|____]

M3a. **[Self-Administered]** Is this a home phone, work phone, cell phone, or something else?

1. Personal handphone 2. Home 3. Work 4. Other (specify): _____

M4. **[Self-Administered]** Your email address is: _____

M5. **[Self-Administered]** Your mailing address is:

Building Name/Blk No.: _____ Unit #: _____

Street: _____

City: _____ Country: _____

Postal Code: _____

M6. **[Self-Administered]** Please provide the name and contact information of two of your closest relatives or friends:

1. Name: _____

How are you related to him/her? _____

His/Her mobile phone number is:

Record: [____|____|____|____|____|____|____|____]

2. Name: _____

How are you related to him/her? _____

His/Her mobile phone number is (add area code if required):

Record: [____|____|____|____|____|____|____|____|____|____|____]

Building Name/Blk No: _____ Unit #: _____

Street: _____ Postal Code: _____

City: _____ Country: _____

M7. **[Self-Administered]** What would be the best way to keep in touch with you for future studies and updates?

Preferred mode of contact: _____

Thanks again for your support towards our survey!

SECTION N: INTERVIEWER OBSERVATION OF HOME ENVIRONMENT

ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATION OF THE HOME ENVIRONMENT OF EACH CHILD IN THE STUDY AT TIME OF YOUR VISIT.

N1. Interviewer Name(s): _____

N2. Primary caregiver spontaneously spoke or conversed with (CHILD) (excluding scolding or suspicious comments):

Never		Sometimes		Often
1	2	3	4	5

N3. Primary caregiver responded verbally to (CHILD)'s speech, questions or request:

Never		Sometimes		Often
1	2	3	4	5

N4. Primary caregiver caressed, kissed, or hugged (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N5. Primary caregiver slapped or spanked (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N6. Primary caregiver physically restricted or shook/grabbed (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N7. Primary caregiver provided toys or interesting activities for (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N8. Primary caregiver's voice conveyed positive feeling about this (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N9. Primary caregiver kept (CHILD) in view; could see (CHILD); looked at (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N10. Interior of the home is dark or perceptually monotonous.

Not at all Monotonous		Somewhat Monotonous		Very Monotonous
1	2	3	4	5

N11. All visible rooms in the (house/apartment) are:

Not at all Cluttered		Somewhat Cluttered		Very Cluttered
1	2	3	4	5

N12. All visible rooms in the (house/apartment) are:

Not at all Clean		Somewhat Clean		Very Clean
1	2	3	4	5

N13. How often did primary caregiver spontaneously praise (CHILD) for (his/her) behaviour, helpfulness, looks or other positive qualities?

Never		Sometimes		Often
1	2	3	4	5

N14. (CHILD)'s play environment is safe (no potentially dangerous health or structural hazards within a child's range). (EXAMPLES: Falling plaster, peeling paint, rodents, glass, poisons and cleaning materials, flames & heat, frayed electrical wires.)

- 1. Yes
- 2. No
- N. Not observed

N15. When interacting with child, was primary caregiver warm and affectionate:

Never		Sometimes		Often
1	2	3	4	5

N16. **IF CHILD IS YOUNGER THAN 3 YEARS OF AGE:** Primary caregiver interfered with (CHILD)'s actions, or restricted (CHILD) from exploring:

Never		Sometimes		Often	
1	2	3	4	5	N. INAP (3+YRS)

N17. **IF CHILD IS OLDER THAN 3 YEARS OF AGE:** Primary caregiver introduced interviewer to (CHILD) by name.

- 1. Yes
- 2. No
- N. INAP: CHILD UNDER 3

Based on your observation of the primary caregiver during this visit, please rate (her/him) on a scale from 1 to 5 for each characteristic below.

N18.

Extremely hostile, cold,
child

Extremely warm, loving harsh to
affectionate to child

N19.

Showed no pride or
child

Took a great deal of pride pleasure to
or pleasure in child

N20.

Never showed warmth in tone
child

Always showed warmth in tone when talking with
when talking with child

THUMBNAIL SKETCH

N21. Please provide a few words about this family unit which might help editors and coders understand any **potentially confusing family situations** or relationships (such as primary or other caregivers who are not the child's parents)

N22. Elaborate on any **ambiguous or conflicting information** in this interview that you want editors and coders to know about:

N23. How would you describe the interview situation? Please add any clarifying remarks that will be helpful to editors and coders when this interview is processed. If this family unit should be **recontacted for missing information**, is there something else we should be aware of?
