



Singapore Longitudinal EARly Development Study

# Singapore Longitudinal EARly Development Study (SG LEADS)

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*Child Booklet*  
**2021 Wave II**

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*Note: The numbering of questions may not be in complete sequential order due to removal of some  
questions after the pilot test.*

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## CHILD INFORMATION

(to autopopulate child's info from Wave 2 screener)

Wave 1 Household ID: \_\_\_\_\_

Wave 2 Household ID: \_\_\_\_\_

Wave 1 CHILD ID: \_\_\_\_\_

Wave 2 CHILD ID: \_\_\_\_\_

PN: \_\_\_\_\_

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: \_\_\_\_\_
7. Country (Region) of birth: \_\_\_\_\_
8. If not born in Singapore, date of arrival in Singapore: \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)
9. Race/ethnicity (as registered in the passport): \_\_\_\_\_
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 \_\_\_\_\_

Note. Foster care is not permanent like adoption. It is a temporary arrangement to meet the emergency care needs of a child, with the ultimate goal of re-integrating them with their natural family. The Fostering Scheme aims to provide an alternative care arrangement for children who are below 18 years of age and are in need of a safe, stable and nurturing home. Children are placed on the Fostering Scheme because they lack alternative kinship care arrangements and thus have to seek placement with a foster family.

12A. Is (CHILD's) paternal grandmother currently living in this household?

1. Yes → **GO TO 12B**
2. No, living in other household in Singapore -> 12A1, 12A2, 12A3
3. No, living in other countries -> 12A3
4. No, passed away -> 12A3

12A1. Is that house where (CHILD)'s paternal grandmother stays a ...?

1. HDB 1- and 2-Room Flat
2. HDB 3-Room Flat
3. HDB 4-Room Flat
4. HDB 5-Room, 3 Gen Flat, or Executive Flat (e.g. Executive Apartments and Executive Maisonette)
5. Condominium (including Executive Condo) or other Apartment
6. Landed Property
7. Others, specify\_\_\_\_\_

12A2. Is paternal grandmother's house...?

1. Owned by herself and/or her spouse/partner
2. Owned by her other family member(s) living in that household, specify\_\_\_\_\_
3. Owned by her other family member(s) not living in that household, specify\_\_\_\_\_
4. Rented entire housing unit
5. Rented part of other's housing or Subleased housing
6. Other (please specify: \_\_\_\_\_)

12A3. Paternal grandmother's education level

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

12B. Is (CHILD's) paternal grandfather currently living in this household?

1. Yes → **GO TO 12C**
2. No, living in other household in Singapore -> 12B1, 12B2, 12B3
3. No, living in other countries -> 12B3
4. No, passed away -> 12B3

12B1. Is that house where (CHILD)'s paternal grandfather stays a ...?

1. HDB 1- and 2-Room Flat
2. HDB 3-Room Flat
3. HDB 4-Room Flat
4. HDB 5-Room, 3 Gen Flat, or Executive Flat (e.g. Executive Apartments and Executive Maisonette)
5. Condominium (including Executive Condo) or other Apartment
6. Landed Property
7. Others, specify\_\_\_\_\_

12B2. Is paternal grandfather's house...?

1. Owned by himself and/or his spouse/partner
2. Owned by his other family member(s) living in that household, specify\_\_\_\_\_
3. Owned by his other family member(s) not living in that household, specify\_\_\_\_\_
4. Rented entire housing unit
5. Rented part of other's housing or Subleased housing
6. Other (please specify: \_\_\_\_\_)

12B3. Paternal grandfather's education level

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

12C. Is (CHILD)'s maternal grandmother currently living in this household?

1. Yes → **GO TO 12D**
2. No, living in other household in Singapore -> 12C1, 12C2, 12C3
3. No, living in other countries -> 12C3
4. No, passed away -> 12C3

12C1. Is the house where (CHILD)'s maternal grandmother stays a ...?

1. HDB 1- and 2-Room Flat
2. HDB 3-Room Flat
3. HDB 4-Room Flat
4. HDB 5-Room, 3 Gen Flat, or Executive Flat (e.g. Executive Apartments and Executive Maisonette)
5. Condominium (including Executive Condo) or other Apartment
6. Landed Property
7. Others, specify\_\_\_\_\_

12C2. Is maternal grandmother's house...?

1. Owned by herself and/or her spouse/partner
2. Owned by her other family member(s) living in that household, specify\_\_\_\_\_
3. Owned by her other family member(s) not living in that household, specify\_\_\_\_\_
4. Rented entire housing unit
5. Rented part of other's housing or Subleased housing
6. Other (please specify: \_\_\_\_\_)

12C3. Maternal grandmother's education level

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

12D. Is (CHILD)'s maternal grandfather currently living in this household?

1. Yes → **GO TO A1**
2. No, living in other household in Singapore -> 12D1, 12D2, 12D3
3. No, living in other countries -> 12D3
4. No, passed away -> 12D3

12D1. Is that house where (CHILD)'s maternal grandfather stays a ...?

1. HDB 1- and 2-Room Flat
2. HDB 3-Room Flat
3. HDB 4-Room Flat
4. HDB 5-Room, 3 Gen Flat, or Executive Flat (e.g. Executive Apartments and Executive Maisonette)
5. Condominium (including Executive Condo) or other Apartment
6. Landed Property
7. Others, specify\_\_\_\_\_

12D2. Is maternal grandfather's house...?

1. Owned by himself and/or his spouse/partner
2. Owned by his other family member(s) living in that household, specify\_\_\_\_\_
3. Owned by his other family member(s) not living in that household, specify\_\_\_\_\_
4. Rented entire housing unit
5. Rented part of other's housing or Subleased housing
6. Other (please specify: \_\_\_\_\_)

12D3. Maternal grandfather's education level

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

## SECTION A: CHILD HEALTH

We would like to know some information about (CHILD)'s biological mother's pregnancy, delivery, and health status of (CHILD).

(To preload data from Wave 1 to A1-A8a)

A1. **[Self-administered]** Duration of Gestation: \_\_\_\_\_ (number of) Weeks

Note. Gestation refers to the length of pregnancy with (CHILD). The full gestation period is usually 40 weeks. Gestation period for an extremely premature baby can be 25 weeks.

A2. **[Self-administered]** Mode of Delivery

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

A3. **[Self-administered]** Weight of (CHILD) **at birth:** [\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_] gm  
OR [\_\_\_\_|\_\_\_\_] pounds AND [\_\_\_\_|\_\_\_\_] ounces

Note. The average birth weight for full-term babies is around 3200g, and the usual range is from 2300g to 4000g. A very low-birth-weight baby may be less than 1500g, and some babies may exceed 4000g.

A4. **[Self-administered]** Length of (CHILD) **at birth:** [\_\_\_\_|\_\_\_\_] . [\_\_\_\_] cm

Note. The average length of full-term babies at birth is around 50cm, and the usual range is from 45cm to 54cm. An extremely premature baby may be around 31cm at birth.

A5. **[Self-administered]** Head Circumference of (CHILD) **at birth:** [\_\_\_\_|\_\_\_\_] . [\_\_\_\_] cm

Note. The average head circumference at birth is around 34.5cm, and the usual range is from 31.5cm to 36.5cm. An extremely premature baby may have a smaller head circumference of around 21cm.



A6. **[Self-administered]** Significant Events during Pregnancy / Delivery:

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A7. **[Self-administered]** Did (CHILD) experience jaundice [at birth](#)?

Note. Jaundice is a yellow discoloration seen in the skin of many newborns and happens when a chemical called bilirubin builds up in the baby’s blood. It has to be diagnosed by a doctor or health professional.

1. Yes
2. No

**A8 RULE:**

REVIEW WAVE 1 RESPONSES TO BREASTFEEDING QUESTION

IF ‘DON’T KNOW’ IN WAVE 1 → **GO TO A8**

IF CHILD WAS ‘STILL BREASTFEEDING’ IN WAVE 1 → **GO TO A8**

ALL OTHERS → **GO TO A9**

A8. **[Self-administered]** Was (CHILD) breast fed (as an infant)?

1. Yes → **GO TO A8a**
2. No → **GO TO A9**
3. Don’t know → **GO TO A9**

A8a. **[Self-administered]** How many months old was (CHILD) when breast feeding stopped?

\_\_\_\_\_ # OF MONTHS

STILL BREASTFEEDING

A9. [Self-administered] Has (CHILD’s) doctor or health professional ever said that (CHILD) had the following chronic conditions? Only mark ‘yes’ for the conditions diagnosed by a doctor or health-professional. (SELECT ALL THAT APPLY)

(CHILD’s) primary caregiver provided some information about (CHILD’s) chronic condition in Wave 1. Please verify the information or update the information if necessary.

Note. Only mark ‘yes’ for conditions diagnosed by a doctor or health professional.

(To autopopulate responses in Wave 1 for respondents to update)

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

A11. **[Self-administered]** Since (CHILD) was born, how many different times has (he/she) stayed in the hospital overnight or longer?

Note. Do not include the hospitalization when (he/she) was born.

\_\_\_\_\_ (NUMBER OF TIMES)

CHILD HAS NEVER  
BEEN HOSPITALIZED

→ GO TO A12

DON'T KNOW

→ GO TO A12

A11a. **[Self-administered]** When was the last time that (CHILD) was hospitalized?

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

A11b. **[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 \_\_\_\_\_

A12. **[Self-administered]** Now I would like to ask about (CHILD's) health care in the past 12 months. About how many times in the past 12 months has (CHILD) been seen by a doctor, nurse or other health care professional for illness?

\_\_\_\_\_ Number of times

NEVER

→ GO TO A13

A12a. **[Self-administered]** When was the last time that (CHILD) was seen by a doctor, nurse or other health care professional for illness?

\_\_\_\_\_/\_\_\_\_\_  
MONTH      YEAR

A12b. **[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\_\_\_\_\_

A13. **[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

NEVER
-------

 → GO TO A14

A13a. **[Self-administered]** When was the last time that (CHILD) was seen by a doctor, nurse or other health care professional for an injury?

\_\_\_\_\_/\_\_\_\_\_  
MONTH      YEAR

A13b. **[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 \_\_\_\_\_

A14. **[Self-administered]** Has (CHILD) **ever** seen a psychiatrist, psychologist, doctor, or counsellor about an emotional, mental, or behavioural problem?

1. Yes
2. No → **GO TO A16**

A14a. **[Self-administered]** When was the **last time** that (CHILD) was seen by a psychiatrist, psychologist, doctor, or counselor about an emotional, mental, or behavioural problem?

\_\_\_\_\_/\_\_\_\_\_  
MONTH      YEAR

A16. **[Self-administered]** Is (CHILD) up to date on (his/her) shots or immunisations?

1. Yes
2. No

A17. **[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

If enter "0", GO TO A20.

A18. **[Self-administered]** Is (CHILD) covered by any health insurance now?

1. Yes
2. No → **GO TO A20**

A18a. **[Self-administered]** What kind of health insurance or health care coverage does (CHILD) have? (**SELECT 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): \_\_\_\_\_

A20. **[Self-administered]** In the past 12 months did (CHILD) receive any health care which has been or will be paid for by Medisave?

1. Yes
2. No

A21. **[Self-administered]** In 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.

\$ \_\_\_\_\_

A22. **[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.

(\*\* Important! To autopopulate answers from Screener. E.g., if (CHILD’s) biological mother was reported as a HH member, preselect “living with child” in this question. Build internal consistency checks based on Screener and each member’s relationship to CHILD)

Does (CHILD) have a:

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

B2. [Self-administered] Does (CHILD) feel extremely close, quite close, fairly close or not at all close to...

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

[MARK “N” BOX IF CHILD DOES NOT HAVE]	Not At All Close	Fairly Close	Quite Close	Extremely Close	Does Not Have This Parent
a. (His/Her) biological mother?	1	2	3	4	N
b. (His/Her) biological father?	1	2	3	4	N
c. (His/Her) adoptive mother?	1	2	3	4	N
d. (His/Her) adoptive father?	1	2	3	4	N
e. (His/Her) stepmother?	1	2	3	4	N
f. (His/Her) stepfather?	1	2	3	4	N
g. (His/Her) other mother-figure?	1	2	3	4	N
h. (His/Her) other father-figure?	1	2	3	4	N

**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 B5**

B3. [Self-administered] 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



B5. **[Self-administered]** Does (CHILD) usually eat breakfast in the morning?

1. Yes
2. No

B6. **[Self-administered]** 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 meat (e.g. 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, soda, sport drinks, and fruit drinks (not including fresh fruit 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. **[Self-administered]** 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. **[Self-administered]** 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. **[Self-administered]** 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 to 39
6. 40 to 69
7. 70 to 99
8. 100 to 199
9. 200 or more

**B9 RULE**

1. CHILD IS AGE 1 YEARS AND ABOVE → GO TO B9
2. CHILD BELOW 1 YEARS OLD → GO TO B11 RULE

B9. **[Self-administered]** 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. **[Self-administered]** 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**

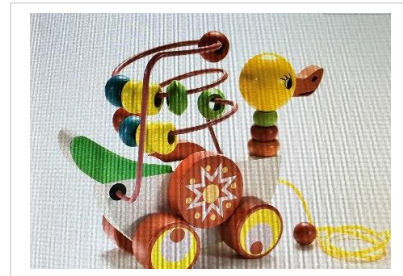
1. CHILD IS BELOW 3 YEARS OLD (0-35 MONTHS OLD) → **GO TO B11**
2. CHILD IS AGE 3 YEARS AND ABOVE → **GO TO RULE B14**

B11. **[Self-administered]** 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. **[Self-administered]** 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



**B14 RULE**

1. CHILD IS AGE 3 YEARS AND ABOVE → **GO TO B14**
2. CHILD IS BELOW 3 YEARS OLD (0-35 MONTHS OLD) → **GO TO B25**

B14. **[Self-administered]** Is there a musical instrument (for example, piano, drum, guitar, etc.) that (CHILD) can use at home?

1. Yes
2. No → **GO TO B16**

B15. **[Self-administered]** 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. **[Self-administered]** How often has a family member taken or arranged to take (CHILD) to any type of museum (including children's, scientific, art, and historical museums, such as National Museum, National Gallery, science centre, ArtScience Museum, Madame Tussauds Singapore etc) within the past 12 months?

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

B17. **[Self-administered]** How often have you or another family member taken or arranged to take (CHILD) to the library within the past 12 months?

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

B19. Was (CHILD) in a tuition programme in the past 12 months?

1. Yes
2. No → **GO TO B24**

B20. What was the tuition for?  
 If necessary PROBE: Any others?

	NO	YES
a. Math	0	1
b. Reading	0	1
c. Language	0	1
d. Phonics	0	1
e. Abacus	0	1
f. Science	0	1
g. Other (specify): _____	0	1

B21. In the past 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

B22. In the past 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 B23

\$0 → GO TO B24

B23. Who paid for (CHILD's) tuition programmes? Include contributions from anyone else, such as other family members. (SELECT 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): \_\_\_\_\_

B24. Did (CHILD) take extracurricular lessons, such as music, dance, or drama in the past 12 months?

1. Yes → **GO TO B24a, THEN SKIP B25 & B25a, JUMP TO B26**
2. No → **GO TO B29**

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

	<b>NO</b>	<b>YES</b>
a. Dance	<b>0</b>	<b>1</b>
b. Speech and Drama	<b>0</b>	<b>1</b>
c. Music	<b>0</b>	<b>1</b>
d. Arts	<b>0</b>	<b>1</b>
e. Sports	<b>0</b>	<b>1</b>
f. Right brain development (e.g., Shichida, Heguru, etc)	<b>0</b>	<b>1</b>
g. Robotics and coding	<b>0</b>	<b>0</b>
h. Other (specify): _____	<b>0</b>	<b>1</b>

B25. Did (CHILD) attend enrichment class, such as music, sensory/movement, or speech and drama, in the past 12 months?

1. Yes
2. No → **GO TO B29**

B25a. Which lessons was (CHILD) involved in?  
 If necessary **PROBE**: Any others?

	<b>NO</b>	<b>YES</b>
a. Sensory or movement	<b>0</b>	<b>1</b>
b. Speech and Drama	<b>0</b>	<b>1</b>
c. Music	<b>0</b>	<b>1</b>
d. Arts	<b>0</b>	<b>1</b>
e. Sports	<b>0</b>	<b>1</b>
f. Right brain development (e.g., Shichida, Heguru, etc)	<b>0</b>	<b>1</b>
g. Other (specify): _____	<b>0</b>	<b>1</b>

B26. In the past 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

B27. In the past 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 B28**

\$0 → **GO TO B29**

B28. Who paid for (CHILD)'s lessons? Include contributions from anyone else, such as other family members. (**SELECT 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): \_\_\_\_\_

B29. **[Self-administered]** 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

B30. **[Self-administered]** **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

B31. **[Self-administered]** Who is (CHILD) typically using the smartphone/tablet with?

1. By (himself/herself)
2. With parent(s) or other caregivers
3. With other adult, e.g. domestic helper, nursery worker, school teacher
4. With a friend
5. With sibling
6. (CHILD) does not use smartphone/tablet → **GO TO B33 RULE**



B32. **[Self-administered]** Which of the following types of app does (CHILD) use? (**SELECT ALL THAT APPLY**)

	<b>On a smartphone</b>	<b>On a tablet</b>	<b>Does not use this type of app</b>	<b>I am not sure</b>
a. Learning (e.g. languages, matching shapes, learning numbers/ letters/ words/ animal names, puzzles, etc)	<b>1</b>	<b>2</b>	<b>3</b>	<b>997</b>
b. Basic Strategy Games (e.g. Temple Run, Subway Surfers, Angry Birds)	<b>1</b>	<b>2</b>	<b>3</b>	<b>997</b>
c. Creating virtual worlds (e.g. Minecraft) or taking care of virtual pets (e.g. Talking Tom/Angela, Pou)	<b>1</b>	<b>2</b>	<b>3</b>	<b>997</b>
d. Arts Creation (e.g. drawing, colouring, virtual instruments)	<b>1</b>	<b>2</b>	<b>3</b>	<b>997</b>

**B33 RULE**

1. CHILD IS BELOW 6 YEARS → **GO TO B35**
2. CHILD IS AGED 6 YEARS AND ABOVE → **GO TO B33**

B33. **[Self-administered]** In the past six months, how often did (CHILD)...

	<b>Never/ Almost Never</b>	<b>Less Than Half</b>	<b>About Half The Time</b>	<b>More Than Half</b>	<b>Almost Always</b>
a. Make (his/her) own bed?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b. Clean (his/her) own room?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c. Clean up after spills?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d. Bathe (himself/herself)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e. Pick up after (himself/herself)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

B35. In how many languages is (CHILD) spoken to?

Note. Please include languages used by all regular caregivers who provide regular language input to the child, such as domestic helper, grandmother/father.

\_\_\_\_\_ # of languages

B36. What percentage of the time does (CHILD) hear each language?

Note. Please note all percentages should add up to 100%

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

**B37 RULE**

1. CHILD HAS BIOLOGICAL FATHER, ADOPTIVE FATHER, OR STEP FATHER LIVING WITH CHILD → **GO TO B37, ASK ABOUT PERSON LIVING IN HH**
2. CHILD HAS NO BIOLOGICAL FATHER, ADOPTIVE FATHER, OR STEPFATHER IN HH → **GO TO B38 RULE**

B37. What language does (father/stepfather/adoptive father) primarily speak to (CHILD)?

Note. This question is for the father currently residing in the household.

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

**B38 RULE**

1. CHILD HAS BIOLOGICAL MOTHER, ADOPTIVE MOTHER, OR STEP MOTHER LIVING WITH CHILD → **GO TO B38, ASK ABOUT PERSON LIVING IN HH**
2. CHILD HAS NO BIOLOGICAL MOTHER, ADOPTIVE MOTHER, OR STEPMOTHER IN HH → **GO TO B39 RULE**

B38. What language does (mother/stepmother/adoptive mother) primarily speak to (CHILD)?

Note. This question is for the mother currently residing in the household.

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

**B39 RULE**

1. MAIN CAREGIVER IS NOT MOTHER OR FATHER → **GO TO B39**
2. MAIN CAREGIVER IS MOTHER OR FATHER → **GO TO B40 RULE**

B39. What language does non-parent main caregiver primarily speak to (CHILD)?

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

**B40 RULE**

1. THERE IS AT LEAST ONE DOMESTIC HELPER IN THIS HOUSEHOLD → **GO TO B40**
2. NO DOMESTIC HELPERS IN THIS HOUSEHOLD → **GO TO D4 RULE**

B40. What language does the domestic helper primarily speak to (CHILD)?

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

## SECTION D: CHILD BEHAVIOURS

### D4 RULE

1. CHILD AGED 3 YEARS AND ABOVE → 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.

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

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

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

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

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

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.

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

**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? **(SELECT ALL THAT APPLY)**

A. INFANT CARE CENTRE (catering for children below 18 months old)	GO TO E1a
B. CHILD CARE CENTRE, NURSERY SCHOOL	GO TO E1a
C. KINDERGARTEN	GO TO E1a
D. PRIMARY SCHOOL (i) Mainstream schooling (ii) Home schooling	GO TO E1a
E. OTHER (including Special Needs School), SPECIFY _____	GO TO F4
F. NOT IN ANY PROGRAMME	GO TO F4

E1a. What grade is (CHILD) attending in school?

1. Infant care → GO TO E3
2. Pre-nursery / playgroup / toddler class → GO TO E3
3. Nursery 1 (N1) → GO TO E3
4. Nursery 2 (N2) → GO TO E3
5. Kindergarten 1 (K1) → GO TO E2
6. Kindergarten 2 (K2) → GO TO E2
7. Primary 1 (P1) → GO TO E9
8. Primary 2 (P2) → GO TO E9
9. Primary 3 (P3) → GO TO E9
10. Primary 4 (P4) → GO TO E9

E2. How old was (CHILD) in years and months when (he/she) first started K1 or K2?

\_\_\_\_\_      \_\_\_\_\_  
YEARS      MONTHS



E3. Is the arrangement full day or half day?

1. Full day from \_\_\_\_\_ to \_\_\_\_\_

2. Half day from \_\_\_\_\_ to \_\_\_\_\_

E4. How many days a week does (CHILD) attend the school/infant care/child care centre or kindergarten?

\_\_\_\_\_ (number of days)

E5. How long has (CHILD) been attending this school/centre/kindergarten?

\_\_\_\_\_ (years) \_\_\_\_\_ (months)

E6. How many children are in (CHILD)'s class?

\_\_\_\_\_ (number of children)

E7. How many teachers and staff are in (CHILD)'s class?

E7a. \_\_\_\_\_ (number of teachers)

E7b. \_\_\_\_\_ (number of staff)

E8. Who/which operator is providing this care?

1. Operators under Anchor Operator Scheme (select the operator from the options below)
2. Operators under Partner Operator Scheme (select the operator from the options below)
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 Operator 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)

E9. The name of the school/child care centre/kindergarten: \_\_\_\_\_

Note. If option 1 or option 2 in E8 were selected, the name of the child care centres or kindergarten will be selected from the table above.

E10a. In the past 12 months, 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

E10b. In the past 12 months, 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

E11. In the past 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?	
(c) Had an informal conversation with (CHILD)’s teacher?	
(d) Had an informal conversation with (CHILD)’s principal?	
(e) Attended a school event in which (CHILD) participated such as a play, sporting event or concert?	

**E12 RULE. REVIEW E1a**

1. (CHILD) IS IN K1/K2/P1/P2/P3/P4 → **GO TO E12**
2. (CHILD) IS IN INFANT CARE/PRE-NURSERY OR PLAYGROUP OR TODDLER CLASS/N1/N2 → **GO TO E14**

E12. In the past 12 months, please tell me how often you discussed the following with (CHILD).  
 Would you say never, once or twice in the past 12 months, a few times in the past 12 months,  
about once a week, more than once a week, or every day?

	<b>Never</b>	<b>Once or Twice in the Past 12 Months</b>	<b>A Few Times in the Past 12 Months</b>	<b>About Once a Week</b>	<b>More Than Once a Week</b>	<b>Every Day</b>
a. School/centre/kindergarten activities or events of particular interest to (CHILD)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
b. Things (CHILD) has studied in class?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
c. (CHILD)'s experiences in school/centre/kindergarten?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

E13. Children sometimes have problems adjusting to school/child care centre/kindergarten. On average, in the past 12 months, would you say the following statement happened more than once a week, once a week or less, or not at all?

	<b>More than once a week</b>	<b>Once a week or less</b>	<b>Not at all</b>
a. Did (CHILD) complain about school?	<b>1</b>	<b>2</b>	<b>3</b>
b. Was (CHILD) upset or reluctant to go to school?	<b>1</b>	<b>2</b>	<b>3</b>
c. Did (he/she) pretend to be sick to stay home from school?	<b>1</b>	<b>2</b>	<b>3</b>
d. Did (he/she) say good things about school?	<b>1</b>	<b>2</b>	<b>3</b>
e. Did (CHILD) say (he/she) liked (his/her) teacher?	<b>1</b>	<b>2</b>	<b>3</b>
f. Did (he/she) look forward to going to school?	<b>1</b>	<b>2</b>	<b>3</b>

E14. In the past 12 months, has (CHILD) changed schools (including transition/graduating to primary school)?

1. Yes
2. No → E15

E14a. In the past 12 months, how many times has (CHILD) changed schools?

\_\_\_\_\_ time(s)

E14b. In the past 12 months, when was the last time (CHILD) changed school?

\_\_\_\_\_

14c. What was the change?

1. From a child care centre (including infant care) to a kindergarten
2. From a kindergarten to a child care centre
3. To another child care centre ((including infant care)
4. To another kindergarten
5. From preschool (including children care centre and kindergarten) to primary school
6. To another primary school

14d. What was the reason for the change? (**SELECT ALL THAT APPLY.**)

1. Moved house
2. Due to job-related changes
3. Transition from preschool to primary school
4. Others, specify\_\_\_\_\_

E15. 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 E17**
2. Private school → **GO TO E16**
3. Attending school at home (using curriculum approved by MOE) → **GO TO E17**

E16. What type of private school has (CHILD) attended: a private/religious school, a private/non-religious school or both?

1. Private/religious school
2. Private/non-religious school
3. Both
4. Other (specify): \_\_\_\_\_

E16b. In which grade or grades did (CHILD) attend a private school? **(SELECT ALL THAT APPLY)**

1. Infant care
2. Pre-nursery / Playgroup / Toddler class
3. N1
4. N2
5. K1
6. K2
7. P1
8. P2
9. P3
10. P4

E17. Has your household received any subsidies for the current school?

Subsidies include child care centres subsidy for working mothers, additional subsidy based on monthly household income, and Kindergarten Fee Assistance Scheme (KiFAS).

1. Yes
2. No

E17a. How much was it?

(E.g., Subsidy for full-day child care centres: \$300 per month for working mothers; up to \$150 per month for non-working mothers; additional subsidy of \$80, \$130, \$190, \$260, \$340, \$440, and \$467 for families with a monthly household income ceiling of \$12,000, \$10,500, \$9000, \$7500, \$6000, \$4500, and \$3000 or \$3,000/\$2625/\$2,250/\$1,500/\$1,125/\$750 per cap, respectively. Subsidy for half-day child care would be half of the above. Kindergarten Fee Assistance Scheme (KiFAS) provides a range of subsidies based on gross monthly household and per cap income. KiFAS offers either \$21, \$51, \$71, \$91, \$111, \$156, \$170 for families with a monthly income ceiling of \$12,000, \$10,500, \$9000, \$7500, \$6000, \$4500, and \$3000, or \$3,000/\$2625/\$2,250/\$1,875/\$1,500/\$1,125/\$750 per cap, respectively).

\_\_\_\_\_Singapore dollars

E17b. (Was that:)

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

E18. How much did you pay out of pocket per month (excluding subsidy provided by government or public agency) for the current school?

(IF MORE THAN ONE SCHOOL, PROBE FOR MOST RECENT SCHOOL ATTENDED.)

E18a. \$\_\_\_\_\_

E18b. (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**

E19. **[Self-Administered]** Has (he/she) ever been classified by the school as needing special education (e.g., assistance for disabilities that may be medical, mental, or psychological)?

1. Yes
2. No → **GO TO E20**

E19a. **[Self-Administered]** Is (CHILD) currently in a special education class?

1. Yes
2. No → **GO TO E20**

E19b. **[Self-Administered]** Please specify the programme:

---

E20. **[Self-Administered]** Has (CHILD) ever participated in any early intervention programme such as KidSTART?

1. Yes
2. No → **GO TO E22**

E20a. **[Self-Administered]** How old was (CHILD) when he/she started the programme?

\_\_\_\_\_ (AGE IN YEARS) \_\_\_\_\_ (AGE IN MONTHS)

E20b. **[Self-Administered]** How long was (CHILD) in the programme?

\_\_\_\_\_ (YEARS) \_\_\_\_\_ (MONTHS)

### **Rules about homework**

E22. **[Self-Administered]** Does (CHILD) have homework?

1. Yes → **GO TO E23**
2. No → **GO TO E26 RULE**
3. Don't know → **GO TO E26 RULE**

E23. **[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

E24. **[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



E25. **[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

### **Home-Based Learning**

**E26 RULE:**

1. (CHILD) IS IN K1 AND ABOVE → **GO TO E26**
2. ALL OTHERS → **GO TO F4**

As part of heightened safe distancing measures during the COVID-19 Circuit Breaker (from 7 April 2020 to 1 June 2020), all preschools and kindergartens suspended their general services from 8 April to 4 May 2020. During this period, students across all levels from primary schools to universities in Singapore shifted to full Home-Based Learning (HBL). Next, we would like to know about (CHILD's) HBL during circuit breaker.

E26. **[Self-Administered]** During the Circuit Breaker period while (CHILD's) school was closed, how much time did (CHILD) spend on his/her schoolwork or Home-Based Learning (HBL) per day?

\_\_\_\_\_ hours per day

E26a. **[Self-Administered]** Has (CHILD'S) school/preschool/daycare offered HBL while school was closed?

1. Yes → GO TO E27
2. No → GO TO E35

E27. **[Self-Administered]** Has (CHILD's) school provided them with sufficient information about HBL?

1. Provided sufficient information
2. Provided, but the information is not sufficient
3. Did not provide any information

E28. **[Self-Administered]** During the Circuit Breaker while (CHILD’s) school was closed, how often did (CHILD) and/or parents have regular contact with the teacher?

1. Several times a week
2. Once a week
3. Once a month
4. Once during circuit breaker
5. Never during circuit breaker

E29. **[Self-Administered]** To what extent does each of the following statements regarding parental support for HBL apply to you?

	Not at all	A little	Somewhat	Mostly	Completely	Does not apply to my household	I prefer not to answer
a. Parents provide help with (CHILD’s) HBL	1	2	3	4	5	6	7
b. There is a clear structure when (CHILD) is doing HBL	1	2	3	4	5	6	7
c. The extent of help that parents believe (CHILD) requires	1	2	3	4	5	6	7
d. Parents feel capable to provide support for (CHILD)’s HBL	1	2	3	4	5	6	7

E30. **[Self-Administered]** Do you have one device owned by the family, such as a computer and tablet that (CHILD) can use for their school work or HBL?

1. Yes → GO TO E31
2. No → GO TO E32

E31. **[Self-Administered]** Does (CHILD) need to share this device with siblings or parents for school work or HBL?

1. Yes
2. No

E32. **[Self-Administered]** Did (CHILD's) school/preschool/daycare, government agency, or other community groups loan you a device for (CHILD's) school work or HBL?

1. Yes
2. No

E34. **[Self-Administered]** Does (CHILD) have a quiet place to study?

1. Yes
2. No

E35. **[Self-Administered]** Was (CHILD) participating in [extra](#) online tutoring classes (not provided by school) [during Circuit Breaker](#)?

1. Yes
2. No

**SECTION F: PARENTING**

F4. **[Self-administered]** About how often in the past 30 days have you:

	<b>Not In The Past Month</b>	<b>1 Or 2 Times In The Past Month</b>	<b>About Once A Week</b>	<b>Several Times A Week</b>	<b>Every Day</b>
a. Hugged or shown physical affection to (CHILD)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b. Told (CHILD) that you love (him/her)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c. Spent time with (CHILD) doing one of (his/her) favorite activities?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d. Joked or played with (CHILD)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e. Talked with (him/her) about things (he/she) is especially interested in?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
f. Praised (CHILD) when (he/she) did something you appreciated?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

F6. **[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 30 days have you:

	<b>Not In The Past Month</b>	<b>1 Or 2 Times In The Past Month</b>	<b>About Once A Week</b>	<b>Several Times A Week</b>	<b>Every Day</b>
a. Spanked (CHILD)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b. Grounded (CHILD)?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c. Taken away TV or other privileges?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d. Had to scold or threaten your child for misbehaviour?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e. Sent (CHILD) to (his/her) room or naughty corner?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## SECTION G: EXPENDITURES AND SAVINGS

### Child Development Account

**RULE: REVIEW G1 (awareness of CDA) and G2 (opened CDA) in Wave 1**

1. If “NO” to G1 in Wave 1 → **GO TO G**
2. If “YES” to G1 but “NO” to G2 in Wave 1 → **GO TO G2**
3. IF “YES” to both G1 and G2 in Wave 1 → **GO TO G4**

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

1. Yes → **GO TO G4**
2. No → **GO TO G2A, THEN 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.]

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 (e.g., child is not a Singapore citizen, or child’s parents are not lawfully married)
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. I/We do/did not have time yet (e.g., baby was just born), and will open the CDA in the future
6. Other reason, please specify\_\_\_\_\_

G4. Since [Date of W1 interview], have you or your family contributed money into (CHILD’s) CDA?

1. Yes
2. No → **GO TO G6**

G5. Since [Date of W1 interview], how much did you (and your family) contribute into (CHILD’s) CDA?

\$ \_\_\_\_\_

G6. Since [Date of W1 interview], have you or your family withdrawn money from (CHILD's) CDA or spent the CDA funds to pay for (CHILD's) expenses?

1. Yes
2. No → **GO TO G11**

G7. Since [Date of W1 interview], how much did you (and your family) withdraw from (CHILD's) CDA?

\$ \_\_\_\_\_

### **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) set aside specifically for (CHILD)?

1. Yes
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
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? **(SELECT ALL THAT APPLY)**

1. (CHILD's) nonresident parent
2. (CHILD's) maternal grandparent(s)
3. (CHILD's) paternal grandparent(s)
4. (CHILD's) aunt(s)/uncles
5. (CHILD's) sibling(s) or sibling-in-law(s)
6. Others (specify): \_\_\_\_\_
7. No one

**Subsidies and benefits of childrearing**

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

Some of the benefits were reported to have been used for (CHILD) in Wave 1, please update if your family has used or is using more benefits for (CHILD) since then.

(to autopopulate the responses from Wave 1, for respondents to verify)

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

## SECTION H: CHILD CARE

### H2 RULE:

1. CHILD's biological mother is living in the household → **H2**
2. CHILD's adoptive/step/foster mother is living in the household → **H2**
3. CHILD's biological/adoptive/step/foster mother is not living in the household → **H3 RULE**

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

Note. This question is for the mother currently residing in the household.

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

### H3 RULE:

1. CHILD's biological/adoptive/step/foster father is living in the household → **H3**
2. CHILD's biological/adoptive/step/foster father is not living in the household → **H13**

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

Note. This question is for the father currently residing in the household.

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



## Current Child Care Arrangements

Now we want to know the child care arrangements/programmes that you are currently using for (CHILD).

(Note for programmer: If any child care arrangement/programme among #1-#6 in the history section is reported as “still using”, the particular arrangement/programme should be auto-selected and auto-populated in this section “current child care arrangement”.)

H13. Please tell me which of these you currently use for (CHILD) on a regular basis. Child care arrangements include informal childcare provided by someone other than you or your spouse, and formal childcare provided by institutions (such as child care centre, nursery school, and after-school care programme). **(SELECT ALL THAT APPLY).**

Note. Regular basis means at least once a week in the past 30 days.

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 (E.G. DOMESTIC WORKER)
D.	CARE IN A RELATIVE'S HOME
E.	CARE IN A NON-RELATIVE'S HOME (E.G. FAMILY DAYCARE PROVIDER)
F.	NURSERY SCHOOL, PRESCHOOL, CHILD CARE CENTRE, OR INFANT CARE CENTRE
G.	BEFORE OR AFTER-SCHOOL PROGRAMME
H.	CHILD CARES FOR SELF ALONE
I.	OTHER TYPE OF CHILD CARE (SPECIFY) _____
J.	NONE OF THE ABOVE <b>(PCG AND/OR PCG'S SPOUSE ALWAYS CARE(S) FOR CHILD)</b>

### **H14 RULE: SEE H13**

- 1. “NONE” (BOX J) CHECKED AT H13 → **TURN TO J2 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 MOST FREQUENT ARRANGEMENT)

H14a. (IF ARRANGEMENT IN H14 IS LETTER A, B, OR D, ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD

H15. (ASK IF NECESSARY, AND MARK LETTER) Which arrangement do you use next most frequently (i.e. second most frequently)?

\_\_\_\_\_ (LETTER OF SECOND MOST FREQUENT ARRANGEMENT)

H15a. (IF ARRANGEMENT IN H15 IS LETTER A, B, OR D ASK:) How is this person related to (CHILD)?

\_\_\_\_\_  
RELATIONSHIP TO CHILD

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

\_\_\_\_\_ (LETTER OF THIRD MOST FREQUENT ARRANGEMENT)

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

\_\_\_\_\_  
RELATIONSHIP TO CHILD

H17. Now we would like to know more information about the programme/arrangement that you use for the greatest number of hours each week. 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 (NAME OF ARRANGEMENT FROM H14)?

\_\_\_\_\_ (HOURS)

H19. Since birth, for how long has (CHILD) been cared for on a regular basis in this type of programme/arrangement?

Note. Regular basis means at least once a week in the past 30 days.

\_\_\_\_\_ MONTHS

H20. Has your household received any subsidies for (NAME OF ARRANGEMENT FROM H14)?

1. Yes
2. No

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 (excluding subsidies from government or public agency) for (NAME OF ARRANGEMENT FROM H14)?

\$ \_\_\_\_\_ 

NOTHING
---------

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
7. Other, specify \_\_\_\_\_

- H22. Is this amount of payment for (CHILD) only, or does it cover other children in your household as well?
1. Includes other children
  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-H28 ABOUT THIS ARRANGEMENT)
2. ALL OTHERS → TURN TO J2 RULE

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

\_\_\_\_\_DAYS

H24. How many hours each week is (CHILD) cared for in (NAME OF ARRANGEMENT FROM H15)?

\_\_\_\_\_HOURS

H25. Since birth, for how long has (CHILD) been cared for on a regular basis in this type of programme/arrangement?

Note. Regular basis means at least once a week in the past 30 days.

\_\_\_\_\_MONTHS

H26. Has your household received any subsidies for (NAME OF ARRANGEMENT FROM H15)?

1. Yes
2. No

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 (excluding subsidies from government or public agency) for (NAME OF ARRANGEMENT FROM H15)?

\$\_\_\_\_\_ 

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
7. Other, specify\_\_\_\_\_

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

1. Includes other children
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 → TURN TO J2 RULE

H29. Now tell me about the programme/arrangement that you use for the third greatest number of hours each week, (NAME OF ARRANGEMENT FROM H16). How many days each week is (CHILD) cared for in this type of (NAME OF ARRANGEMENT FROM H16)?

\_\_\_\_\_DAYS

H30. How many hours each week is (CHILD) cared for in (NAME OF ARRANGEMENT FROM H16)?

\_\_\_\_\_HOURS

H31. Since birth, for how long has (CHILD) been cared for on a regular basis in this type of programme/arrangement?

Note. Regular basis means at least once a week in the past 30 days.

\_\_\_\_\_MONTHS

- H32. Has your household received any subsidies for (NAME OF ARRANGEMENT FROM H16)?
1. Yes
  2. No

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 (excluding subsidies from government or public agency) for (NAME OF ARRANGEMENT FROM H16)?

\$\_\_\_\_\_

NOTHING

→ GO TO NEXT 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
7. Other, specify\_\_\_\_\_

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

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

H34a. How many other children does this payment include?

\_\_\_\_\_NUMBER OF CHILDREN

**SECTION J: ABSENT PARENT**

J2. RULE

<input type="checkbox"/>	1. BOTH OF CHILD'S BIOLOGICAL PARENTS ARE LIVING IN THIS HOUSEHOLD → <b>TURN TO SECTION K</b>
<input type="checkbox"/>	2. CHILD'S BIOLOGICAL MOTHER IS IN HH, AND BIOLOGICAL FATHER NOT IN HH → <b>GO TO J2</b>
<input type="checkbox"/>	3. CHILD'S BIOLOGICAL FATHER IS IN HH, AND BIOLOGICAL MOTHER NOT IN HH → <b>TURN TO J16</b>
<input type="checkbox"/>	4. NEITHER BIOLOGICAL MOTHER NOR BIOLOGICAL FATHER LIVING IN HH → <b>GO TO J2</b>

**ABSENT FATHER**

J1. [Self-Administered] Is (CHILD's) biological father still living?

- 1. Yes → **GO TO J2**
- 2. No → **GO TO J1a, THEN GO TO J2a, J2b, J2c.2, J2d.2, J2e, J2f, J2g.2, J2j, J2k, SKIP J3-J16, GO TO J16 RULE**
- 3. Don't know → **GO TO J2, SKIP J3-J16, GO TO J16 RULE**

J1a. [Self-Administered] In what month and year did he pass away?

\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year) → **GO TO J2a, J2b, J2c.2, J2d.2, J2e, J2f, J2g.2, J2j, J2k, SKIP J3-J16, GO TO J16 RULE**

Don't know	→ <b>GO TO J2a, J2b, J2c.2, J2d.2, J2e, J22, J2g.2, J2j, J2k, SKIP J3-J16, GO TO J16 RULE</b>
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J2. (CHILD's) Biological Father Information

(to autopopulate the J2a-k information from Wave 1, for respondents to verify or update the information)

J2a. [Self-Administered] (CHILD's) Biological Father Birth Year: \_\_\_\_\_ (Year)

J2b. [Self-Administered] (CHILD's) Biological Father Age (to be auto-populated)

J2c. [Self-Administered] (CHILD's) Biological Father Current 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 \_\_\_\_\_

**If 'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J2c.2**  
**All others → GO TO J2d**

J2c.2 [Self-Administered] (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
  - 3.4 Macau
4. Indian
5. Indonesian
6. Filipino
7. Vietnamese
8. Other nationality, please specify \_\_\_\_\_
9. Dual/multiple citizenship, please specify \_\_\_\_\_

J2d. [Self-Administered] (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' (hidden) is chosen → GO TO J2d.2**  
**All others → GO TO J2e**

J2d.2 [Self-Administered] (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

J2e. [Self-Administered] (CHILD's) Biological Father Race

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

**J2f. [Self-Administered]** (CHILD's) Biological Father Country (region) of Birth

1. Singapore
2. Malaysia
3. People's Republic of China
4. Hong Kong
5. Taiwan
6. Macau
7. India
8. Indonesia
9. Philippines
10. Vietnam
11. Others, please specify \_\_\_\_\_

**J2g. [Self-Administered]** (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' (hidden) is chosen → GO TO J2g.2**  
**All others → GO TO J2h**

**J2g.2 [Self-Administered]** (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

J2h. [Self-Administered] (CHILD's) Biological Father Current Employment Status

1. Working → **GO TO J2i**
2. Student (full-time) → **GO TO J3**
3. National Service → **GO TO J3**
4. Homemaker/Housewife → **GO TO J3**
5. Retired (record previous occupation below)\_\_\_\_\_ → **GO TO J3**
6. Unemployed (able to work) (record previous occupation)\_\_\_\_\_ → **GO TO J3**
7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any)\_\_\_\_\_ → **GO TO J3**
8. Others, please specify\_\_\_\_\_ → **GO TO J3**

**Working → GO TO J2i**

**'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J2j**

**All others → GO TO J3**

J2i. [Self-Administered] (CHILD's) Biological Father Current Occupation: \_\_\_\_\_

**If 'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J2k**

**Answered → GO TO J3**

J2j. [Self-Administered] (CHILD's) Biological Father Last Known Employment Status

1. Working → **GO TO J2k**
2. Student (full-time) → **GO TO J3**
3. National Service → **GO TO J3**
4. Homemaker/Housewife → **GO TO J3**
5. Retired (record previous occupation below)\_\_\_\_\_ → **GO TO J3**
6. Unemployed (able to work) (record previous occupation)\_\_\_\_\_ → **GO TO J3**
7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any)\_\_\_\_\_ → **GO TO J3**
8. Others, please specify\_\_\_\_\_ → **GO TO J3**

J2k. [Self-Administered] (CHILD's) Biological Father Last Known Occupation: \_\_\_\_\_

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

Note. Please consider the same neighbourhood to be within 15-20 minutes walking distance from your house

1. Same neighbourhood
2. Different neighbourhood but in the same country
3. Another 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]** In 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) → **TURN TO J8**

Never → **GO TO J11**

J8. **RULE**

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

1. YES → **GO TO J9**
2. NO → **TURN TO J11**

J9. **[Self-Administered]** In 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 in the past 12 months?

\_\_\_\_\_ NUMBER OF DAYS

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

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) in the past 12 months?

	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

J16 RULE

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. CHILD'S BIOLOGICAL MOTHER DOES NOT LIVE IN HOUSEHOLD → <b>GO TO J16</b> |
| <input type="checkbox"/> | 2. ALL OTHERS → <b>TURN TO SECTION K TIME DIARY</b>                        |

**ABSENT MOTHER**

J15. [Self-Administered] Is (CHILD's) biological mother still living?

- 1. Yes → **GO TO J16**
- 2. No → **GO TO J15a, THEN GO TO J16a, J16b, J16c.2, J16d.2, J16e, J16f, J16g.2, J16j, J16k, SKIP J16-J28.**
- 3. Don't know → **GO TO J16, SKIP J17-J28, TURN TO SECTION K**

J15a. [Self-Administered] In what month and year did she pass away?

\_\_\_\_\_/\_\_\_\_\_  
(Month) (Year) → **GO TO J6a, THEN GO TO J16a, J16b, J16c.2, J16d.2, J16e, J16f, J16g.2, J16j, J16k, SKIP J16-J28.**

Don't know	→ <b>GO TO J6a, THEN GO TO J16a, J16b, J16c.2, J16d.2, J16e, J16f, J16g.2, J16j, J16k, SKIP J16-J28.</b>
------------	--



J16. (CHILD's) Biological Mother Information  
(to autopopulate the J16a-k information from Wave 1 to verify or update the information)

J16a. [Self-Administered] (CHILD's) Biological Mother Birth Year: \_\_\_\_\_ (Year)

J16b. [Self-Administered] (CHILD's) Biological Mother Age (to be auto-populated)

J16c. [Self-Administered] (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
  - 3.4 Macau
4. Indian
5. Indonesian
6. Filipino
7. Vietnamese
8. Other nationality, please specify \_\_\_\_\_
9. Dual/multiple citizenship, please specify \_\_\_\_\_

**If 'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J16c.2**  
**All others → GO TO J16d**

J16c.2 [Self-Administered] (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
  - 3.4 Macau
4. Indian
5. Indonesian
6. Filipino
7. Vietnamese
8. Other nationality, please specify \_\_\_\_\_
9. Dual/multiple citizenship, please specify \_\_\_\_\_

J16d. **[Self-Administered]** (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' (hidden) is chosen → GO TO J16d.2**  
**All others → GO TO J16e**

J16d.2 **[Self-Administered]** (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

J16e. **[Self-Administered]** (CHILD's) Biological Mother Race

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

J16f. [**Self-Administered**] (CHILD's) Biological Mother Country (region) of Birth

1. Singapore
2. Malaysia
3. People's Republic of China
4. Hong Kong
5. Taiwan
6. Macau
7. India
8. Indonesia
9. Philippines
10. Vietnam
11. Others, please specify \_\_\_\_\_

J16g. [**Self-Administered**] (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' (hidden) is chosen → GO TO J16g.2**  
**All others → GO TO J16h**

J16g.2 [**Self-Administered**] (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

J16h. [Self-Administered] (CHILD's) Biological Mother Current Employment Status

1. Working → **GO TO J16i**
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**

**Working → GO TO J16h**

**'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J16j**

**All others → GO TO J16**

J16i. [Self-Administered] (CHILD's) Biological Mother Current Occupation: \_\_\_\_\_

**If 'Don't Know' / 'Refuse' (hidden) is chosen → GO TO J16k**

**Answered → GO TO J16**

J16j. [Self-Administered] (CHILD's) Biological Mother Last Known Employment Status

1. Working → **GO TO J16k**
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. previous occupation, if any)\_\_\_\_\_ → **GO TO J16**
9. Others, please specify\_\_\_\_\_ → **GO TO J16**

J16k. [Self-Administered] (CHILD's) Biological Mother Last Known Occupation:  
\_\_\_\_\_

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

Note. Please consider the same neighbourhood to be within 15-20 minutes walking distance from your house

1. Same neighbourhood
2. Different neighbourhood but in the same country
3. Another 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]** In 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

NEVER

→ GO TO J25

J22. RULE

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

1. YES → GO TO J23

2. NO → GO TO J25

J23. **[Self-Administered]** In 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 in the past 12 months?

\_\_\_\_\_NUMBER OF DAYS

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

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? 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

J28. **[Self-Administered]** Has (CHILD's) biological mother done any of the following things for (CHILD) in the past 12 months?

	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 caregivers** (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 (00:00)** on the specified day and running until **23:59** 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:**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>	<b>G</b>	<b>H</b>
<b>TIME</b>	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?
<b>Midnight</b>	<i>Sleeping</i>	<i>00:00</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>15:15</i>	<i>school</i>	<i>teacher, other children</i>	<i>no one</i>
	<i>Playing basketball</i>	<i>15:15</i>	<i>17:00</i>	<i>YMCA</i>	<i>other children</i>	<i>counselor</i>
	<i>Going home from YMCA (travel by private vehicle)</i>	<i>17:00</i>	<i>17:30</i>	<i>In car</i>	<i>father</i>	<i>no one</i>
	<i>Watching TV</i>	<i>17:30</i>	<i>18:00</i>	<i>at home</i>	<i>father, cousin</i>	<i>mother</i>
	<i>Eating dinner</i>	<i>18:00</i>	<i>18:25</i>	<i>at home</i>	<i>father, mother, cousin</i>	<i>no one</i>
	<i>Reading book from library</i>	<i>18:25</i>	<i>19:00</i>	<i>at home</i>	<i>alone</i>	<i>cousin, mother, father</i>
	<i>Playing computer games</i>	<i>19:00</i>	<i>19:30</i>	<i>at home</i>	<i>cousin</i>	<i>mother, father</i>
	<i>Taking a bath</i>	<i>19:30</i>	<i>20:20</i>	<i>at home</i>	<i>alone</i>	<i>no one</i>
	<i>Brushing teeth</i>	<i>20:20</i>	<i>20:30</i>	<i>at home</i>	<i>alone</i>	<i>no one</i>
	<i>Watching TV</i>	<i>20:30</i>	<i>21:00</i>	<i>at home</i>	<i>cousin</i>	<i>father, mother</i>
	<i>Listening to bedtime story</i>	<i>21:00</i>	<i>21:20</i>	<i>at home</i>	<i>mother</i>	<i>father</i>
<b>Midnight</b>	<i>Sleeping</i>	<i>21:20</i>	<i>23:59</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		00:00				
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?
<b>Midnight</b>			12:00			

**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)**

					<b>DO NOT ANSWER IF SLEEPING OR PERSONAL CARE</b>	
<b>TIME</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>	<b>G</b>	<b>H</b>
	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?
<b>Midnight</b>		12:00				
<b>12 Noon</b>						

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

					<b>DO NOT ANSWER IF SLEEPING OR PERSONAL CARE</b>	
<b>TIME</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>F</b>	<b>G</b>	<b>H</b>
	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?
<b>Midnight</b>			12:00			

**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):

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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. Online Home-Based Learning**
  40. Online academic tutoring
  41. Home-Based Learning conducted by school/child care centre
- 5. Electronic Device Use**
  50. Watching TV
  51. Watching programs or movies/videos on other devices
  52. Listening to music, radio, iPod, other audio content
  53. Playing games on computers, tablets or smartphones
  54. General internet browsing
  55. Doing homework via electronic devices
  56. Other electronic device use
- 6. Non-Active Activities**
  60. Unstructured non-active play (free play, e.g. play house, play with soft toys, etc.)
  61. Singing or being sang for leisure
  62. Playing musical instruments for leisure
  63. Drawing, colouring, arts and crafts
  64. Playing board games, card games, puzzles, or Lego
  65. Reading or being read to for leisure
  66. Private music or arts lessons/practice
  67. Organized music or arts lessons
  68. Academic tutoring
  69. Study (e.g. doing math)
  610. Doing homework (not via electronic devices)
  611. Doing nothing
  612. Other non-active activities



## **7. Active Activities**

- 70. Unstructured active play (free play, e.g. crawling, jumping ropes, running about, etc.)
- 71. Exercise (e.g. swimming, jogging, dancing) for leisure
- 72. Organized team sports and training
- 73. Organized individual sport and training
- 74. Organized dance or drama class
- 75. Shopping
- 76. Visiting friends or relatives
- 77. Religious activities / ritual ceremonies
- 78. Attending special events (e.g. live sporting events, concerts, or parties)
- 79. Visiting museums, science centres, galleries, or other indoor attractions (e.g. Aquarium)
- 710. Outdoor outings (e.g. visiting zoo, Sentosa, or other outdoor attractions)
- 711. Volunteering (e.g. elderly befriending, animal care or food drives accompanied by adults)
- 712. Walking pets / playing with pets
- 713. Other active activities

## **8. School / Non-home-based day care lessons**

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

## **9. Home-based care**

- 90. Home-based care

## **10. Communication**

- 100. Talking face-to-face
- 101. Talking on a phone
- 102. Video chatting
- 103. Non-verbal interaction
- 104. Texting/email, online chatting /instant messaging
- 105. Other communication

## **11. Chores**

- 110. Cleaning/tidying
- 111. Taking care of siblings
- 112. Food/drink preparation
- 113. Food/drink clean up
- 114. Laundry/clothes care
- 115. Gardening /lawn mowing
- 116. Animal care
- 117. Home maintenance
- 118. Other chores

## **12. Travel**

- 120. By foot
- 121. By bicycle, scooter, stroller etc.
- 122. By motorbike
- 123. By personal mobility device (e.g. e-scooter, unicycle, hoverboards etc.)
- 124. By private motor vehicle (e.g. cars owned by friends and family)
- 125. By taxi or private hired car (e.g. Grab)
- 126. By public/chartered transport (e.g. bus, train etc.)
- 127. Other travel

## **13. Other**

131. 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, hawker centres, foodcourts and their parking lots
10. Indoor recreation places (theatres, youth recreation center, sports centre, gym, indoor playgrounds)
11. Outdoor recreation places (parks, zoo, Sentosa, neighborhood, outdoor playgrounds)
12. Church or other place of worship
13. Stores, shopping centers, malls and their parking lots, beauty parlor
14. Supermarket, wet market
15. Library, museum, gallery, science centres, discovery centres
16. Public buildings (e.g. banks, post office, offices, fire station)
17. Community centres, community clubs
18. Health facility or clinic, hospital, and their parking structure
19. Elderly care centres, senior activity centres
20. Multi-purpose hall, function rooms
21. Resort, hotel
22. Other indoors
23. Other outdoors
24. Transit – Walking
25. Transit – Bicycle, scooter, stroller etc.
26. Transit – Motorbike
27. Transit – Personal mobility device (e.g. e-scooter, unicycle, hoverboards etc.)
28. Transit – Car
29. Transit – Taxi or private hired car (e.g. GrabCar)
30. Transit – Bus or train  
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)

**CHILD BOOKLET 2 RULE:**

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

**IF THERE IS ONLY ONE ELIGIBLE CHILD → PROCEED TO COLLECT CONTACT INFORMATION ABOUT PCG**

**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!

**Please verify and update your following details**

[To preload the contact information from Wave 1. Respondent to verify and update information]

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 **second phone number** 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: [\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_]

Building Name/Blk No: \_\_\_\_\_ Unit #: \_\_\_\_\_

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

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!

Please pass the tablet back to the interviewer

**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.

N. Interviewer Name(s): \_\_\_\_\_

**HOUSEHOLD LEVEL**

(Note to programmer: N1-N4 will only be shown once for one household.)

N1. Interior of the home is dark or perceptually monotonous.

Not at all Monotonous		Somewhat Monotonous		Very Monotonous
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

N2. All visible rooms in the (house/apartment) are:

Not at all Cluttered		Somewhat Cluttered		Very Cluttered
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

N3. All visible rooms in the (house/apartment) are:

Not at all Clean		Somewhat Clean		Very Clean
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

N4. Children'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

**CHILD LEVEL (TO EACH SPECIFIC CHILD)**

(Noted to programmer: If there is a child 2, repeat N5-N28, and preload the child's name.)

N5. Primary caregiver spontaneously spoke or conversed with (CHILD) (excluding scolding or suspicious comments):

Never		Sometimes		Often
1	2	3	4	5

N6. Primary caregiver responded verbally to (CHILD)'s speech, questions or request:

Never		Sometimes		Often
1	2	3	4	5

N7. Primary caregiver caressed, kissed, or hugged (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N8. Primary caregiver slapped or spanked (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N9. Primary caregiver physically restricted or shook/grabbed (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N10. Primary caregiver provided toys or interesting activities for (CHILD):

Never		Sometimes		Often
1	2	3	4	5



N11. Primary caregiver's voice conveyed positive feeling about this (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N12. Primary caregiver kept (CHILD) in view; could see (CHILD); looked at (CHILD):

Never		Sometimes		Often
1	2	3	4	5

N13. When interacting with child, was primary caregiver warm and affectionate:

Never		Sometimes		Often
1	2	3	4	5

N14. 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

N15. How often was the primary caregiver hostile, cold, or harsh towards (CHILD)?

Never		Sometimes		Often
1	2	3	4	5

N17. Primary caregiver helped (CHILD) demonstrate some achievement during visit or mentioned a particular skill, strength, or achievement?

Never		Sometimes		Often
1	2	3	4	5

N18. Primary caregiver encouraged (CHILD) to contribute to the conversation during visit?

Never		Sometimes		Often
1	2	3	4	5

N19. Primary caregiver showed some positive emotional responses to praise of (CHILD) by visitor?

Never		Sometimes		Often
1	2	3	4	5

N20. Primary caregiver used some term of endearment or some diminutive for (CHILD)'s name when talking about or to him/her during visit?

Never		Sometimes		Often
1	2	3	4	5

N21. Primary caregiver scolded, derogated, or criticized (CHILD)?

Never		Sometimes		Often
1	2	3	4	5

N22. Primary caregiver shouted at (CHILD) during visit?

Never		Sometimes		Often
1	2	3	4	5

N23. Primary caregiver expressed overt annoyance with or hostility toward (CHILD), complained, described him/her as 'bad', said he won't mind, etc?

Never		Sometimes		Often
1	2	3	4	5

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.

N27.

Shown no pride or pleasure to child			Took a great deal of pride or pleasure in child	
1	2	3	4	5

N28.

Never showed warmth in tone talking with child			Always showed warmth in when tone when talking with child	
1	2	3	4	5

**THUMBNAIL SKETCH**

(Note to Programmer: N29-N31 will be shown only once for one household.)

N29. 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)

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N30. Elaborate on any **ambiguous or conflicting information** in this interview that you want editors and coders to know about:

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N31. 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?

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