

Vastaanottaja  
maksaa  
postimaksun  
Mottagaren  
betalar portot

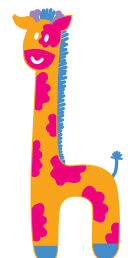
Terveyden ja hyvinvoinnin laitos  
LTH  
Tunnus 5021360  
00003 VASTAUSLÄHETYS

Please return the questionnaire to the National Institute for  
Health and Welfare in the attached pre-paid envelope.

## Children's Health, Well-being and Services survey (LTH) 2018



### Survey for 4-year-olds and their families Guardian's questionnaire





## Guardian of a 4-year old child, welcome to the LTH survey (Children's Health, Well-being and Services)!

We would like to thank you and your 4-year old child for taking part in the National Institute for Health and Welfare's survey called Children's Health, Well-being and Services (LTH)!

We value your responses highly.

We would like to hear about your views of your family's health, well-being, service use and experiences of services. By responding you can influence the services offered to families with young children.

Select the option that best describes your view or experiences. Some of the questions may feel very sensitive and even bring back painful memories. If something is troubling you or if you need help, you can always talk about it confidentially, for example with a public health nurse. Your responses to the questionnaire will not be passed on to a public health nurse or other professionals unless you bring these issues up yourself.

The child's experiences of his or her own well-being are important for us! At the end of the questionnaire, we have included three questions to your 4-year-old child. Put these questions to your child in an ordinary everyday situation.

All of your responses will be treated confidentially. Your actual responses will only be read by researchers. The results will be published in the form of a summary, and no-one will be able to identify your family by your responses.

The identification data will only be used for the purpose of linking the collected data with register data (Care Registers for Health Care, the Register of Congenital Malformations and possibly the Register of Child Welfare as well as data on care allowances, purchases of pharmaceuticals and reimbursement for medicine expenses collected by Kela) by the Information Services unit of the National Institute for Health and Welfare. After the data have been linked, the material will only be handled by researchers who have no access to the respondents' identities. All persons involved in collecting and processing the data have a duty of non-disclosure. Do not hesitate to contact the National Institute for Health and Welfare researchers if you would like more information about the research or instructions for responding to the questionnaire.

### Instructions for responding

- If you have twins, triplets or quadruplets, think of your oldest child in your answers.
- If you cannot answer one of the questions, you can move on to the next one.
- Please use a pen or a pencil.
- Respond by writing an x in a box.
- If you would like to change your reply, do not use an eraser. Colour in the box your marked first and then mark the correct alternative.

For more information on the research and instructions, please contact:

- On-call telephone number: 029 524 8197 and e-mail address: [lastenhyvinvointi@thl.fi](mailto:lastenhyvinvointi@thl.fi)
- Maaret Vuorenmaa, tel. 029 524 7008, [maaret.vuorenmaa@thl.fi](mailto:maaret.vuorenmaa@thl.fi), Senior Researcher (chief researcher)





## Background information

### 1. Are you the 4-year-old child's?

- biological parent
- adopted parent
- other guardian

### 2. What gender is your 4-year-old child?

- boy
- girl
- other

### 3. What is your gender?

- male
- female
- other

### 4. What is your year of birth (in four digits, for example 1987)?

\_\_\_\_\_

### 5. What is your municipality of residence?

\_\_\_\_\_

### 6. What is your postal code?

\_\_\_\_\_

### 7. What is your level of basic education?

- less than comprehensive school
- comprehensive school
- matriculation examination (upper secondary school)

### 8. What is the highest degree or qualification you have completed after basic education?

- no vocational education or training
- no more than an occupational course or on-the-job training
- vocational qualification or specialist vocational qualification
- Bachelor's or Master's degree from a university or a university of applied sciences
- Doctorate or Licentiate

### 9. At the moment, are you principally? *You may choose one or more alternatives.*

- a wage-earner employed by someone else
- a hired employee
- self-employed (sole trader, self-employed, freelancer, grant beneficiary)
- self-employed with employees
- a student
- in the military or in alternative civilian service
- on parental leave (on maternity, paternity or parental leave or receiving a child home care allowance)
- unemployed or laid off *Respond by writing a number, for example 3. the duration of the current period in months* \_\_\_\_\_ months
- not in working life for other reasons (for example, because of a long-term illness)
- other





If you are not in working life at the moment, skip to question 14.

**10. Do you work?**

- full time
- part time

**11. Are your working hours?**

- regular daytime work
- regular shift work
- regular evening work
- regular night work
- regular morning work
- regular weekend work
- irregular shift work
- irregular working times
- other

**12. How many hours a week (7 days) do you work on average. Also include the time you spend on your paid employment at home. Write in the number in full hours, for example 40.**

\_\_\_\_\_ hours a week

**13. Have you done overtime in the last 12 months?**

- almost daily
- weekly
- at least once a month
- less often or never

**14. Are you in a relationship at the moment?**

- yes, we live together
- yes, we do not live together
- no (skip to question 16)

**15. What is your spouse's gender?**

- male
- female
- other





## Family and housing

### 16. Which option describes the 4-year-old child's living arrangements the best?

#### The child lives:

- in a shared home with both parents (skip to question 18)
- in alternative weeks/roughly for the same length of time with both parents, who do not live together (skip to question 18)
- mainly or only with me
- mainly or only with the other parent
- in a foster family (including relatives as foster parents)
- in a family home
- in a child welfare institution
- some other arrangement (for example, with grandparents)

### 17. How often does the 4-year-old child meet the parent/s he or she does not usually live with?

- more than twice a month
- at most twice a month
- less often
- not at all
- the child has no parent/s

### 18. In addition to your 4-year-old child, are there other children aged under 18 years living with your family (including children who live part time with your family)?

- yes
- no (skip to question 21)

### 19. How many children aged under 18 are living with your family in addition to the 4-year-old child?

\_\_\_\_\_ living with the family full time

\_\_\_\_\_ living with the family part time

### 20. Are the children living with your family in addition to the 4-year-old child?

Select all alternatives that describe your situation.

- your and your current spouse's child/ren
- your child/ren (also the children who live with your family part time)
- your spouse's child/ren (also the children who live with your family part time)
- foster child/ren
- special needs child/ren
- twins, triplets or quadruplets





**21. In what country was your 4-year-old child born?**

- Finland (skip to question 23)
- Russia
- Estonia
- Sweden
- Somalia
- Iraq
- Thailand
- China
- Turkey
- Afghanistan
- Some other European country
- Some other country

**22. For how many years has your 4-year-old child lived in Finland in total?**

*If less than a year, write down the months, otherwise in years.*

\_\_\_\_\_ years \_\_\_\_\_ months

**23. In what country were you born?**

- Finland (skip to question 25)
- Russia or the former Soviet Union
- Estonia
- Sweden
- Somalia
- Iraq
- Thailand
- Former Yugoslavia
- China
- Turkey
- Afghanistan
- Some other European country
- Some other country

**24. In total, for how many years have you been living in Finland?**

*If less than a year, write down the months, otherwise in years.*

\_\_\_\_\_ years \_\_\_\_\_ months





**25. In what country was your 4-year-old child's other guardian born?**

- Finland (skip to question 27)
- Russia or the former Soviet Union
- Estonia
- Sweden
- Somalia
- Iraq
- Thailand
- Former Yugoslavia
- China
- Turkey
- Afghanistan
- Some other European country
- Some other country
- My child only has one guardian (skip to question 27)

**26. For how many years in total has he/she been living in Finland?**

*If less than a year, write down the months, otherwise in years.*

\_\_\_\_\_ years \_\_\_\_\_ months

**Your 4-year-old child's health**

**27. How do you find your 4-year-old child's general state of health?**

- very good
- fairly good
- average
- fairly bad or very bad

**28. Does your 4-year-old child have a chronic illness or other chronic health problem?**

- no
- yes







**29. Does your 4-year-old child have difficulties with**

	Not difficult at all	A little difficult	Very difficult	Not able at all
Seeing (if he/she wears eyeglasses or contact lenses, evaluate his/her vision while wearing them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing (if he/she uses a hearing aid, evaluate his/her hearing with the hearing aid on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking (if he/she uses an assistive device, evaluate his/her mobility while using that device)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picking up small objects in his or her hand (compared to children of the same age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning new things (compared to children of the same age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing (compared to children of the same age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**30. Do you find it difficult to understand your 4-year old child when he or she talks?**

- not difficult at all
- a little difficult
- very difficult
- I am not able at all

**31. In the past six months, has your 4-year-old child had any of the following symptoms, and how often?**

	Never	Less than once a month	Approximately once a month	Approximately once a week	Almost every day/night
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting/need for a nappy at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low spirits, crying, or lack of enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenseness, fears or clinginess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







## Your 4-year-old child's behaviour

### 32. How does your 4-year-old child behave with other children?

	Never	Rarely	Often	Very often
Having a short temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bursts of anger and fits of rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taunts and mocks other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disputes and argues with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annoys and disturbs other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers to help other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates enthusiastically in joint activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to be a good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes other children's feelings into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows other children that he/she accepts them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your 4-year-old child and bullying

Bullying means a hurtful or damaging interactive process in a group that over time leads to excluding one or several children from the group. Bullying may involve not including a child in games, saying nasty things to the child, pushing, hitting, or holding on too tight. Bullying differs from fighting and playing in that bullying is repeated, and the victim is in some way defenceless or in a weaker position than the bully.

### 33. Has your 4-year-old child been bullied in the last 12 months at home, in day-care or during leisure time?

- no
- sometimes
- often
- I don't know



## Your health

### 34. How do you find your general state of health?

- very good
- fairly good
- average
- fairly bad or very bad

### 35. Do you have a chronic illness or other chronic health problem?

- no
- yes

### 36. Are you restricted from participating in common activities by a health problem?

- seriously restricted
- restricted, but not seriously
- not restricted at all (skip to question 38)

### 37. Have these restrictions existed for at least the past six months?

- yes
- no

### 38. Over the past 4 weeks, for how much of the time have you felt?

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Not at all
Very nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So down in the dumps that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm and peaceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downhearted and sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 39. Over the past 12 months, have you ever had a period of two weeks or more when for most of the time you have felt

	No	Yes
Down, melancholy or depressed	<input type="checkbox"/>	<input type="checkbox"/>
That you have lost your interest in most things that usually give you pleasure (hobbies, work, and other doings)	<input type="checkbox"/>	<input type="checkbox"/>

### 40. Do you ever feel lonely?

- never
- very rarely
- sometimes
- fairly often
- all the time



## Your 4-year-old child's lifestyle

41. For how many hours does your 4-year-old child usually sleep at night?

on average \_\_\_\_\_ hours \_\_\_\_\_ minutes

42. For how many hours does your 4-year-old child usually sleep during the day?

on average \_\_\_\_\_ hours \_\_\_\_\_ minutes

43. How often does your 4-year-old child have the following foods or drinks during an ordinary week (7 days)?

	At least three times every day	1-2 times every day	4-6 days a week	1-3 days a week	Less often or never
Fruit or berries (excluding juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh or cooked vegetables (other than potato)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweets, chocolate, ice cream, biscuits or other sweet baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft drinks or juices with sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. How much brisk or fast-paced exercise does your 4-year-old child take during the day at home? (for example, playing tag, cycling, running, jumping on a trampoline, climbing and skiing)

- more than 2 hours a day
- more than 1–2 hours a day
- from half an hour to one hour a day
- less than half an hour a day
- not at all

45. How much light exercise does your 4-year-old child take during the day at home? (for example, walking, swinging and balancing)

- more than 2 hours a day
- more than 1–2 hours a day
- from half an hour to one hour a day
- less than half an hour a day
- not at all





## Your and your family's lifestyle

**46. How often does your family have a meal together in an ordinary week (7 days)? (at least one of the parents eats together with the children)**

- every day
- on 4-6 days
- on 1-3 days
- never

**47. How often do you take exercise for at least 30 minutes after which you are at least slightly out of breath and sweating?**

- daily
- 4-6 times a week
- 3 times a week
- 2 times a week
- once a week
- 2-3 times a month
- a few times a year or less often
- I cannot exercise because of an illness or injury

**48. Are you smoking currently (cigarettes, cigars or a pipe)?**

- yes, daily
- occasionally
- not at all
- I have never smoked

**49. Do you or does some other member of your family smoke inside your home?**

	No	Yes
Myself	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>

**50. Do you currently use electronic cigarettes (e-cigarettes)?**

- yes, daily
- occasionally
- not at all
- I have never used electronic cigarettes

**51. Do you or does some other member of your family smoke e-cigarettes inside your home?**

	No	Yes
Myself	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>



**52. Do you currently use snuff?**

- yes, daily
- occasionally
- not at all
- I have never used snuff

**53. Have you been drinking alcohol in the last 12 months?**

- no (skip to question 56)
- yes

**54. How often in the past 12 months have you had at least 5 (women) or 7 (men) servings of alcohol at a time?**

See the attached fact boxes.

- never (skip to question 56)
- less than once a month
- once a month
- once a week
- daily or almost daily

<p><i>One serving of alcohol is: a bottle (33 cl) of beer or cider, or a glass (12 cl) of mild wine, or a small glass (8 cl) of strong wine, or a restaurant serving (4 cl) of spirits</i></p>	<p><i>Examples: A 0.5 l glass of beer or cider = 1.5 servings A 0.5 l glass of strong beer or cider = 2 servings A 0.75 l bottle of mild wine (12%) = 6 servings A 0.5 l bottle of spirits = 13 servings</i></p>
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**55. Was your 4-year-old child with you while you were drinking as described in the previous question or immediately afterwards?**

- never
- sometimes
- mostly or always

**56. Have you used cannabis (hashish, marijuana) or some other narcotic during the past 12 months?**

You may choose one or more alternatives.

- no
- yes, cannabis
- yes, another narcotic





## Parenthood

### 57. How happy are you with yourself as a parent?

- very happy  
 quite happy  
 neither happy nor unhappy  
 rather unhappy  
 very unhappy

### 58. How often the following is true for you?

	Never	Rarely	Sometimes	Often	Always
I have fun with my 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to my 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try and see things from my 4-year-old child's perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to settle my 4-year-old child when he or she is upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about my coping as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel inadequate as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually agree with the child's other guardian about how to bring up the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 59. Do you approve of pulling the child's hair or pinching the child?

- no  
 yes

## Leisure time

### 60. Has the 4-year-old child taken part in the following activities in the past 12 months?

	Yes, several times a week	Yes, once a week	Yes, occasionally	Has not taken part
Children's club or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play areas and exercise facilities (for example, parks, playgrounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor-led exercise for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor-led art or music activities for children (for example, a music club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural activities for children (for example, library, concerts, theatre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family café, open day-care centre, family house or a family centre's open meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**61. How do you find the hobbies and leisure activities for families with children in your living area?** *Living area means your district or, in smaller localities, for example a municipality or an urban centre.*

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
Interesting hobbies and leisure activities are organised for families with children in my living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the hobbies and leisure activities for families with children in my living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hobbies and leisure activities that would be suitable for us are too far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hobbies and leisure activities that would interest us are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Access to help and services**

**62. How much knowledge do you have about the following services or benefits?**

	Not applicable to me	Enough	More or less enough	Average	Not quite enough	Not enough
Early childhood education and care services (for example, day care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club, playground or family café activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services supporting your intimate relationship (including advice, courses, professionally organised peer support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive devices or services for the disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowances and benefits paid by Kela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowances and benefits paid by the municipality (for example, additional child care allowance paid by the municipality, preventive social assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







**63. Do you find that your 4-year-old child has received enough of the following services in the past 12 months?**

	Has not needed them	Has used the service and it was adequate	Has used the service but it was not adequate	Would have needed the service but did not get it	Would have needed the service but I did not bring it up
Child health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services of a physician or a psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy, occupational therapy or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood education and care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive devices or services for the disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**64. Do you feel you have received enough of the following services for families in the past 12 months?**

	Did not need	I have used the service and it was adequate	I have used the service but it was not adequate	I would have needed the service but did not get it	I would have needed the service but I did not bring it up
Professionally organised peer support (including a parents' peer support group, divorce counselling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services supporting your intimate relationship (including advice, courses, professionally organised peer support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family law services (issues related to the child's care, maintenance and visitation rights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family social work or child welfare social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting and family counselling centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A support family or a support person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother and baby home and shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster family, family care home, youth home or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**65. In the past 12 months, have you received sufficient support for the following issues from professionals in different fields (including the child health clinic and early childhood education and care)?**

	Did not need	I received adequate support	I received support but it was not adequate	I would have needed support but did not get it	I would have needed support but I did not bring it up
Your 4-year-old child's growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your 4-year-old child's behavioural or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term illness or health problem of your 4-year-old child or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your 4-year-old child's weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving up smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing intoxicant use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not visited the child health clinic with your 4-year-old, skip to question 67.

**66. To what extent are the following true for your 4-year-old child's visits to the clinic?**

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
The 4-year-old child's health, growth and development have been monitored competently and with expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received enough information about vaccinations and the diseases they prevent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues that are important for me were discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things I wanted to say were listened to carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The whole family's well-being was asked about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received adequate support for my parenthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I could talk honestly about my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**67. Does your 4-year-old child have a private insurance policy that covers private medical appointments?**

- yes
- no





## Violence

Families with young children experience many types of life situations, and some families also have to deal with difficult issues. There are different ways of encountering persons close to you. An encounter may sometimes involve abusive or violent treatment. In order to develop support and services, we also need comprehensive information about these issues and access to help.

### 68. Have you experienced any of the following in your intimate relationship in the last 12 months?

	No	Yes	I have not been in a relationship over the past 12 months
Physical violence (including kicking, hitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental violence (including threats, verbal abuse, humiliation, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual violence (including being forced into sexual acts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial violence (including being prevented from making decisions about the family's financial affairs or shopping on your own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents and children sometimes have small or bigger disagreements. We would like you to think back to disagreements between adults and the child over the past 12 months and answer the following questions as truthfully as you can.

### 69. Have you, or your 4-year-old child's other parent, your spouse or your ex-spouse done any of the following in the past 12 months?

	Never	Once	Occasionally	Often
Lost control with the 4-year-old child in a conflict situation and only just managed to stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrown, hit or kicked an object in anger (for example slammed doors) in front of the 4-year old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left the 4-year-old child without care and attention for a longer period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbally threatened the 4-year-old child with violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called names, belittled, criticised sharply or otherwise verbally abused the 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinched, pulled hair or slapped the 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicked or hit the 4-year-pold child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated the 4-year-old child violently in some other way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you feel your home is unsafe or if you would like to talk about these issues with someone, contact **Nollalinja** (telephone: 080 005 005), a **shelter** (<https://www.thl.fi/turvakotipalvelut>) or the **public health nurse at your clinic**.

If you responded **no to all parts** of question 68 and **never** to question 69, skip to question 71.





**70. Do you find you have received sufficient help for the situations involving violence you described above in the last 12 months?**

	Did not need	I received adequate help	I received help but it was not adequate	I would have needed help but did not get it	I would have needed help but I did not bring it up
From a nurse, a public health nurse etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From a social worker, a family worker etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other services (including the police, a shelter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From a professional in a telephone or online service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionally organised peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From your spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From your friends and others close to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The family's everyday life and life management**

**71. Have any of the following changes taken place in your family during the past 12 months?**

	Yes	No
Relocation to another community	<input type="checkbox"/>	<input type="checkbox"/>
We have had a baby	<input type="checkbox"/>	<input type="checkbox"/>
Separation/divorce	<input type="checkbox"/>	<input type="checkbox"/>
My spouse and I have moved in together	<input type="checkbox"/>	<input type="checkbox"/>
My spouse's children have moved in to live with us	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child has become seriously ill, disabled or similar	<input type="checkbox"/>	<input type="checkbox"/>
Serious illness or death of a family member or someone else close to the 4-year-old	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>

**72. How satisfied are you with your life at the moment?**

- very satisfied
- fairly satisfied
- neither satisfied nor dissatisfied
- fairly dissatisfied
- very dissatisfied





**73. How well do your family's daily routines typically run?**

- well
- fairly well
- neither well nor poorly
- rather poorly
- poorly

**74. How well do the following issues work in your family?**

	Does not concern my family	Well	Fairly well	Neither well nor poorly	Rather poorly	Poorly
Equal treatment of the children in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships within the family (for example, with siblings, spouse's children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with persons outside the family (for example, with grandparents, ex-spouses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship between the 4-year-old child and his/her grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing of costs related to the 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings between the 4-year-old child and parent/s who live elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agreement on the 4-year-old child's guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your 4-year-old child's living arrangements if the child has two or more homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your 4-year-old child's adaptation to a reconstituted family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**75. In the past 12 months, have you spent less time than you would like:**

	Not applicable to me	Never	Sometimes	Often	All the time
With my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**76. Please estimate how you would expect to receive help from the following when you need help or support.**

*You may choose one or more alternatives.*

	Spouse, partner	The 4-year-old child's grandparents	Close friend	Close neighbour	Other person close to you	No one
With whom can you share everyday joys and cares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who do you believe truly cares about you, whatever may happen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who will provide practical help when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who will help you care for the child when you need help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not in a relationship, skip to question 78.

**77. How happy are you with the different aspects of your intimate relationship?**

	Very happy	Quite happy	Neither happy or unhappy	Rather unhappy	Very unhappy
Mutual respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time spent together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking openly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division of labour in household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division of labour in child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of togetherness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Reconciling work and family life

If you are not in working life at the moment, skip to question 81.

### 78. In the last 12 months, have you had

- too little work
- the right amount of work
- too much work
- my work situation varies a lot

### 79. Does your workplace provide for flexibility regarding working times or the place where the work is done using the following methods?

	Yes, also in practice	Yes, at least in principle	No possibility	Cannot say
Flexible working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility to take time off to compensate for overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility for teleworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility to leave the workplace to take care of private business during the working day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility to say no to overtime if you need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 80. Are the following statements about home and work accurate for you?

	Completely accurate	Somewhat accurate	Somewhat inaccurate	Completely inaccurate	Don't know or not applicable
When I come home, I stop thinking about my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am neglecting domestic issues because of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes neglect my family when I am wholly absorbed in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often find it difficult to concentrate on my work because of domestic issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more energy to be with the children when I also go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often have to extend my working day to finish my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to do more overtime than I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My working times are sufficiently flexible to meet my family's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







## Income

81. How would you rate your family's financial situation?

- very good
- fairly good
- moderate
- fairly poor
- very poor

82. Have you within the past 12 months ever:

	No	Yes
Feared that you will run out of food before you can get money to buy more	<input type="checkbox"/>	<input type="checkbox"/>
Had to decide not to buy medicine because you did not have money	<input type="checkbox"/>	<input type="checkbox"/>
Had to decide not to go to the doctor because you did not have money	<input type="checkbox"/>	<input type="checkbox"/>

83. Has your family received income support during the last 12 months?

- no
- yes, for less than 4 months
- yes, for 4 months or more

## Inclusion

84. I feel I am an important member of

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
My immediate family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My group of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The community in the area we live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The group of people in my hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The online community I visit most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My workplace/study community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finnish society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Your childhood

### 85. When you think of the time when you were growing up before the age of 16...

	No	Yes	Cannot say
Did your family have financial difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your father or mother often unemployed even if they wanted to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father or mother have a serious illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father have problems because of drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother have problems because of drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father have a mental health problem (for example, depression, anxiety, schizophrenia, psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother have a mental health problem (for example, depression, anxiety, schizophrenia, psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there serious conflicts in your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your parents get divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you bullied at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your 4-year-old child's care arrangements

### 86. How is the care of your 4-year-old child arranged at the moment?

*You may choose one or more alternatives.*

- I care for the child myself
- my spouse or the child's other guardian cares for the child
- cared by an unpaid minder at home or outside the home (for example, a grandparent)
- cared by a paid minder at home or outside the home (for example, an au pair, other childminder)
- at a municipal day-care centre
- at a private day-care centre
- in municipal family day care or group family day care
- in private family day care or group family day care
- other arrangement

If your 4-year-old child does not go to a day-care centre, family day care or group family day care, skip to question 94.

### 87. On average, how many days during an ordinary week (7 days) does your 4-year-old child spend at a day-care centre or in family day care or group family day care?

*Write in a number, for example 5.*

\_\_\_\_\_ days a week

### 88. On average, how many hours during an ordinary week (7 days) does your 4-year-old child spend at a day-care centre or in family day care or group family day care?

*Write in a number, for example 40.*

\_\_\_\_\_ hours a week



**89. How often does your 4-year-old child spend time at a day-care centre or in family day care or family group day care as follows?**

	Never	Daily	Every week	A few times a month	A few times a year
10 hours a day without a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the mornings between 5 and 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the evenings between 6 and 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**90. Does your 4-year-old child spend time at a day-care centre or in family day care or family group day care when a guardian is at home (for example caring for other siblings)?**

- no
- yes, at maximum 20h/week
- yes, more than 20h/week

**Your 4-year-old child's early childhood education and care at a day-care centre or in family day care or group family day care**

**91. When you think of how well your 4-year-old child has enjoyed going to the day-care centre or to family day care or family group day care in the last four weeks, how would you assess the following?**

	Never	Rarely	Sometimes	Quite often	Very often	Always
My 4-year-old child likes going to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child tries to avoid contacts with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult for my 4-year-old child to say goodbye to the parents, he/she is anxious or upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child cannot relax in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child really enjoys the games and play equipment in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**92. How do you find the early childhood education and care your 4-year-old child receives at the day-care centre or in family day care or group family day care?**

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
Early childhood education meets our family's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child is regarded as an individual and his/her background is taken into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child receives care and attention that meet his/her individual needs (for example meals, rest, safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interactive relationship between my 4-year-old child and the staff is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child is listened to, and he/she can take part in planning and developing the activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**93. The following questions are about your 4-year old child's wellbeing and your cooperation with early childhood education and care staff. To what extent do you agree or disagree with the following statements?**

	Fully agree	Agree	Neither agree nor disagree	Disagree	Fully disagree
I receive enough information about my 4-year-old child's daily events in care and the way the unit works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk to the staff about issues related to my 4-year-old child's care, upbringing and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my 4-year-old child has problems related to behaviour, I have to solve them with no support from the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff ask me about my opinions and suggestions about issues related to my 4-year-old child's education and upbringing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff take my opinion into consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I respect the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff respect me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell the staff if I am worried about my 4-year-old child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff are honest even if they have bad news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel welcome in my 4-year-old child's place of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Home care of a 4-year-old child

If your 4-year-old child is **mainly cared for at home**, answer the following question, otherwise skip to question 95.

### 94. How important are the following in terms of caring for your 4-year-old child at home?

	Not applicable to our family	Highly important	Important	Quite important	Not very important	Not at all important
Our family's financial situation makes it possible to care for the 4-year-old child at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person caring for the 4-year-old child at home is unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Because of low pay, it is not worth going to work for the person caring for the 4-year-old child at home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The person caring for the 4-year-old child at home is on family leave (maternity, paternity or parental leave or on home care allowance) with a younger sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
We want to care for our 4-year-old child at home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The care options or early childhood education and care services do not meet our family's needs (for example, too far away)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of early childhood education and care is not what we expect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, young children should be cared for at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My 4-year-old child has special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





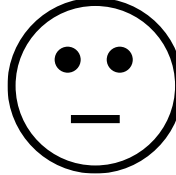


## The following questions are addressed to your 4-year-old child

Ask your child to answer these questions in an ordinary everyday situation. Do not put your child under pressure to answer – if he or she does not want to answer, you can try again later or, if you think this is best, leave a question empty.

If you know that the child's other guardian already has asked the child these questions, you do not need to repeat them.

If the child is currently with the other guardian, you can skip these questions.

### 95. How are you?

				
I almost always feel sad or miserable	I often feel sad or miserable	I feel happy and sad equally often	I am quite often happy and in a good mood	I am very often happy and in a good mood
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ask your child the following questions. Do not lead the child or guide his or her answers. Let the child answer in his or her own words, exactly as he or she wants to. Try and write down the child's answers in his or her own words as far as possible.

### 96. What makes you happy?

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### 97. What annoys you?

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Feedback on this form:

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Thank you for your responses!

Please return the questionnaire to the National Institute for Health and Welfare in the attached pre-paid envelope.